

“THEY LET ME LOOSE, WILL YOU HOLD ME TIGHT?”  
ADULT ADOPTEES AND THEIR ROMANTIC PARTNERS’ EXPERIENCE OF  
ATTACHMENT AFTER PARTICIPATING IN THE HMT PROGRAM

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by

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## **ABSTRACT**

**“THEY LET ME LOOSE, WILL YOU HOLD ME TIGHT?”  
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Adult adoptees may be blocked from feeling securely attached to their romantic partners and they may not even know it or what to do about it. The literature shows adult adoptees being overrepresented in insecure attachment styles, and not enough attention has been paid to the effect this has had on adoptees in their romantic relationships. In fact, no known study, to date, has provided an attachment-based psychoeducational approach for this marginalized population. The purpose of this introductory qualitative study was to explore the experiences and meaning-making of attachment, specifically related to adoption, for the adult adoptee and their romantic partner once they had attended a Hold Me Tight program (based on the principles of emotionally focused therapy). Semistructured dyadic interviews of three couples who identified as one partner being adopted were analyzed by using experiential thematic analysis. Results of this study demonstrated the need for the adult adoptee to vulnerably share their experiences of adoption-related attachment injuries with their partner. This sharing created new understandings, awareness, and a deeper connection for the couples. Themes included sharing adoption-related attachment burden with their partner, finding the reason for adoption-related attachment injuries, attachment in the adoptive parent relationship and transitions from birthmother to adoptive parents, adoption-related attachment injury of social stigma, and the adoptee's negative view-of-

self. These themes point to the need to promote attachment security for these unique couples through attachment-related education programs such as the one used in the study. One important finding was that avoidantly attached adult adoptees could lean into more securely attached behavior with their romantic partners after learning about their attachment through the HMT. The results of this study highlight a need for researchers, mental health professionals, families, and society to understand there may be a significant link between these couples and adoption-related attachment injury and support them in research, therapy, and understanding. This dissertation is available in open access at AURA, <http://aura.antioch.edu/> and OhioLINK ETD Center, <https://etd.ohiolink.edu>

*Keywords:* adoption, attachment, couples, adult adoptee, romantic relationships, psychoeducation, Hold Me Tight, emotionally focused therapy

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## CHAPTER I: INTRODUCTION

To love at all is to be vulnerable  
—C.S. Lewis, *The Four Loves*

It is vulnerable to love, for all of us. The natural fear of rejection and the need to feel needed is inherent in us all. Yet, for many of the approximately seven million adult adoptees living in the United States (Adoption Research, 2013), this fear can go beyond vulnerability and into dangerous territory, as they are at risk for increased attachment insecurity. And yet, millions of adult adoptees live and venture into these romantic attachment relationships every day. Why? Because, according to attachment theory, the need to seek and maintain a closely attached bond is the most universal human need (Bowlby, 1988). In other words, romantic relationships are attachment relationships (Hazan & Shaver, 1987), thus romantic relationships are in jeopardy for the adult adoptee.

### Problem Statement

The vast majority of attention in adoption research and attachment has focused on the adopted child, the adoptive parents, and birthparents. Yet, there seems to be a striking finding that may have been greatly overlooked in the treatment and exploration for a subset of the adopted child's position in the adoption triad: Adult adoptees are overrepresented in insecure attachment compared to the general population in the majority of the literature (Borders et al., 2000; Despax et al., 2019; Feeney et al., 2007; Groncki, 2010; Howe, 2001; Irhammar & Bengtsson, 2004; Paperny, 2003). This means that adult adoptees are living with a heightened sense of attachment insecurity in their closest relationships. Verzulli (2000) reported that adoptees experience intense fear of being abandoned, identity problems, a feeling of inner emptiness, difficulty trusting people, not feeling loved or being worthy of love, a visceral fear of

being separated, and a need to exert control over their emotional lives. Field and Pond (2018) added the lack of trust and unresolved feelings of uncertainty and rejection can show up as long lasting insecure attachment to an adoptee's marital partners. Further studies support this research by underscoring how attachment plays an integral role in the romantic relationship between adult adoptees and their partners and support the use of attachment theory in understanding adult adoptees' attachment security in their romantic relationships (Burns, 2015; Feeney et al., 2007; Groncki, 2010). Moreover, researchers have recommended adoption and attachment education for adopted persons, especially for attachment-related issues that may impact their connection with their romantic partner (Groncki, 2010).

John Bowlby (1969), colloquially referred to as the "father of attachment theory" has described attachment as a "lasting psychological connectedness between human beings" (p. 194) and hypothesized that corrective attachment experiences may enhance attachment security (Bowlby, 1952, 1969, 1988). Attachment theorists, conducting empirically validated studies, have since supported this hypothesis with regard to healing attachment insecurities within romantic relationships using a model of attachment theory called emotionally focused therapy (EFT; Greenberg & Johnson, 1986; Johnson, 2004; Johnson & Greenberg, 1985; Johnson et al., 1999). Many therapies address romantic relationships; however, a meta-analysis of EFT has shown groundbreaking efficacy (Johnson et al., 1999), and EFT is known as one of the most widely studied and evidence-based couples therapy models that uses attachment-based therapy in decreasing marital distress. Johnson went on to develop her attachment-based group psychoeducational program, Hold Me Tight (HMT; Johnson, 2010), based on the principles of EFT and the need for distressed couples to create a stronger attachment bond. This stand-alone psychoeducational program has been shown to provide significant quantitative and promising

qualitative results (Conradi et al., 2018; Fisher et al., 2014; Kennedy et al., 2018; Lesch et al., 2018; Morgis et al., 2019; Stavrianopoulos, 2015; Wong et al., 2018).

Despite two decades of research on the link between attachment and adult adoptees, and even specifically in their romantic relationships, no attachment-based treatment or psychoeducational approach has been used to explore attachment in their relationships. Furthermore, neither EFT nor HMT has specifically been used with this population and their distinct attachment concerns presented in the literature. This qualitative study was the first of its kind to bridge the gap between the strong recommendations in the literature regarding connecting adult adoptees with the attachment-based psychoeducational program, HMT. It addressed the adult adoptee and their romantic partner's lived experience of learning about their attachment style and patterns in their relationship, while exploring these experiences in connection to adoption.

### **Purpose Statement**

The purpose of this qualitative study was to explore the experiences of adult adoptees and their romantic partners' attachment after they have completed the online psychoeducational attachment-based HMT program based in the United States in July of 2021.

The exploratory study was conducted through a qualitative phenomenological (Moustakas, 1994) lens using the specific method of experiential thematic analysis (Braun & Clarke, 2006, 2013) using semistructured dyadic interviews with a systemic focus. The phenomenological qualitative approach was used to explore the meaning-making of attachment for the adoptees and their partners in order to garner a rich understanding of their experiences with specific regard to how attachment and adoption intersect and this specific attachment impact on their romantic relationship.

## Research Question

The research question to be addressed is: “How do the adult adoptee and their romantic partner experience attachment in their romantic relationship after attending an HMT attachment-based psychoeducational program specifically relating to adoption, if at all?”

## Significance

Using an attachment-based treatment approach, such as the psychoeducational HMT program with this specific adoptive population of adult adoptees and their romantic partners in order to understand their experience of attachment could test the waters in the greater fields of couple and family therapy and adoption studies. Groncki (2010) argued that further research is needed to determine the impact of adoption on adult attachment-related experiences. Despax et al. (2019) noted that dyadic adjustment is particularly influenced by attachment among adoptees and more attention could be paid to an adoptee’s attachment, which can produce protective factors. By connecting this marginalized adoptive population with an attachment-based psychoeducational approach, this research may be the first to illuminate the need for such protective factors and create a heightened awareness for researchers and practitioners to respond to this population’s unique attachment-related needs. This awareness could inspire expanded research and clinical specialty, which could generate further contributions to the field.

In this study, *both* partners’ experiences of this phenomenon were explored. This is aligned with systemic/relational thinking in which both partners may be affected by the relational patterns as the result of insecure attachment, and therefore, both voices are heard, together. In addition, the qualitative work can create a richer understanding of experiences.

Creating positive social change is a lofty goal for any novice researcher; however, Creswell (2015) states “Giving voice to people silenced, not heard, or rejected in society” is enough of a reason to put in the effort (p. 63). To provide knowledge to adult adoptees and their romantic partners and give new meaning to their possible long-held negative internal beliefs of self and other, and a voice to share their new understandings, contributes to society in the most meaningful of ways.

### **Summary**

This chapter provided a grounding for the study along with exploring the problem, sharing the purpose, introducing the research question, and providing significance in the field and beyond. Chapter 2 will present a review of the literature, dealing with the connection of attachment theory and intervention associated with the population of the study. Chapter 3 describes the methodology, including the research design and rationale, researcher role, participants, instrumentation used, procedures, data collection, data analysis, validity and reliability, ethics, and researcher reflexivity. Chapter 4 provides the results of the study. Chapter 5 discusses the results.

## CHAPTER II: LITERATURE REVIEW

Adoption research is primarily aimed toward the adopted child, adoptive parents, and birthparents. A considerable body of research has focused on attachment and the adopted child; however, less attention has been paid to adult adoptees, which creates a marginalization for this population in the literature. Out of this minimal attention, research is focused on different themes around adults who were adopted, but when introducing the concept of attachment and the adopted adult, the field gets narrower (Betchen, 2011; Borders et al., 2000; Despax et al., 2019; Feeney et al., 2007; Field and Pond, 2018; Groncki, 2010; Howe, 2001; Irhammar & Bengtsson, 2004; Lieberman & Morris, 2004; Paperny, 2003; Robertson, n.d.; Verzulli, 2000; Waters et al., 2003). These studies, as a whole, provide little connection among adult adoptees, attachment, and their romantic partners. However, a handful of studies, including more recent works, have specifically addressed this relationship (Burns, 2015; Deluca Bishop et al., 2019; Despax et al., 2019; Feeney et al., 2007; Field & Pond, 2018; Groncki, 2010). Half of these authors (Burns, 2015; Field & Pond, 2018; Groncki, 2010) found that attachment plays an integral role in the romantic relationship between adult adoptees and their partners and support the use of attachment theory in understanding adult adoptees' attachment security in their romantic relationships. In fact, the systematic literature review by Field and Pond (2018) showed that "being adopted was seen to affect intimate relationships with partners in foundational ways, influencing attachment style" (p. 43). Interestingly, the other three authors (Deluca Bishop et al., 2019; Despax et al., 2019; Feeney et al., 2007) found results concluding that adoptees were similar to nonadoptees in most of the variables for romantic relationships. However, attachment was a variable that appeared to need attention. For example, Feeney and colleagues' (2007)



results showed that recent relationship difficulties were predictive of insecurity, but *only* for adoptees, and further concluded that attachment has a key role in the adoptee's romantic experience. Deluca Bishop et al. (2019) did not focus on attachment but suggested that future studies should be conducted to examine the romantic relationship quality of adoptees in order to gain a more "up-to-date" understanding. Despax et al. (2019) found the *only* significant difference in their study was for attachment and showed that attachment security and dyadic adjustment were linked among adoptees but not among nonadoptees (this was shown on the security dimension from The Reinforcement Sensitivity Questionnaire; RSQ). The authors concluded that adoptees were sensitive to attachment security and that the predictive power of attachment on romantic experience is a specific feature of adoptees.

The preceding studies and the subsequent more in-depth exploration of the literature provided a reasonable base for further exploration around the link between adult adoptees and their romantic partner's experience of attachment. To date, no other study has provided attachment-based psychoeducation for these marginalized couples in order to understand and explore the ways they experience attachment in their relationship. Moreover, to the best of my knowledge, no other study has provided *any* attachment-based intervention specifically intended for adult adoptees and their romantic partners regarding any aspect of their relationship. It was the intent of this exploratory qualitative study to introduce psychoeducation to the adult adoptees and their romantic partners in order to elicit exploration of their experiences surrounding the meaning of attachment in their relationship.

This literature review will begin by exploring the basic theory of attachment and then turn toward the adult adoptee and explore the specific research with regard to attachment and this

population. Next, research regarding the adult adoptee specific to their romantic relationship will be explored. Following this will be an overview of the attachment-based theory emotionally focused therapy (EFT), its effectiveness, and the model's relation to adoption. The Hold Me Tight (HMT) psychoeducational program will then be thoroughly examined in the research, and the efficacy of the seven relevant studies, to date, conducted with this program will be highlighted. The rationale for using the HMT with the adult adoptees and their romantic relationships will be established.

### **Attachment Theory**

Over the last 50 or so years, attachment theory has become one of the most popular theories of child development. Bowlby has described attachment as a lasting psychological connectedness between human beings (Bowlby, 1969). It is this affectional bond in close relationships that provides security and comfort (Feeney et al., 2007). Bowlby's theory of attachment was born out of observing infants and young children who were separated from their primary caregiver. He came to believe that internal working models, learned early in life through interactions with their primary caregiver, provide the basis for attachment security or insecurity (Bowlby, 1969). An assistant to Bowlby, Mary Ainsworth, created a real-life experiment, called the Strange Situation, to complement Bowlby's work in understanding the attachment relationship between primary caregiver and child (Ainsworth et al., 1978). In her experiment, researchers observed very young children as they responded to a situation in which they were briefly left alone and then reunited with their mothers (Ainsworth et al., 1978). Through the children's reactions to their primary attachment figure in this study, the classifications of attachment styles were named: secure, insecure, anxious/ambivalent, and insecure-avoidant. Upon the return of their attachment figure and in the child's distress, the securely attached

children were easily soothed; the insecure, anxious/ambivalent children, although having initial “clingy” behavior, would reject their attachment figures; and the insecure-avoidant children would not seek contact with or avoid them. In fact, when the insecure-avoidant child was offered their attachment figure or a stranger, they would, generally, show no preference (Ainsworth et al., 1978). Main and Solomon (1986) later presented a fourth insecure attachment style named the insecure-disorganized/disoriented style which many researchers and clinicians call the “mixed” (showing both avoidance and resistance) style. These children show a more fearful or conflicted style of attachment.

These attachment styles are used today to describe the type of attachment one feels and exhibits in relation to someone who is close to them and affects their primal instincts of needing safety and comfort, such as their parent. However, from this early study of Ainsworth et al. (1978), to the vast research over the past 50 years, with significant links demonstrated between early parental sensitivity and responsiveness and attachment security across the lifespan, it is now generally accepted that attachment is influential from “the cradle to the grave” (Bowlby, 1969, 1982, p. 127). Thus, we have seen an emergence of interest in other attachment figures (apart from the primary caregiver) with the now known attachment transfer from parents to peers and romantic partners as adults (Fraley & Davis, 1997).

### **Attachment and the Romantic Relationship**

This study’s focus on attachment specifically addressed adult romantic relationships. Hazan and Shaver (1987) were among the first researchers to extend the work of Bowlby and Ainsworth into the attachment between romantic partners and theorized that the early

infant-caregiver attachment was impactful on the adult attachment to their romantic partner. Bowlby (1988) supported this new theory. The authors suggested that romantic relationships are attachment relationships and follow much of the same function as does the parent-child attachment relationship, in that they have the same attachment styles. They found, through implementing their three-category measure, that the classifications of secure, avoidant, and anxious resistant attachment in the romantic relationship paralleled the classification of the infant's attachment. They concluded that in the romantic relationship, the adult romantic partner would feel more secure when their partner was responsive and more insecure when their partner was inaccessible, similar to the findings of the Ainsworth study.

Many researchers followed this impactful work in the area of romantic relationships and attachment by looking at the link between the quality of the relationship and adult attachments. Numerous studies have supported this link (Burgess Moser et al., 2016; Butzer & Campbell, 2008; Cann et al., 2008; Collins & Read, 1990; Feeney, 1999; Greenman & Johnson, 2013; Halchuk et al., 2010; Li & Chan, 2012; Shaver & Mikulincer, 2010; Tilden & Dattilio, 2005). Collins and Read (1990) suggested that insecure attachment styles, both avoidant and anxious, were associated with a negative relationship quality in adults. Feeney (1999) noted in her research that secure attachment with open expression of thoughts and feelings led to higher relationship quality. Burgess Moser et al. (2016) underscored the responsiveness from their romantic partner when they were in distress or need and related this to early attachment experiences with their primary caregivers. Feeney et al. (2007) also highlighted the responsive quality in the romantic relationship by focusing on how it creates feelings of security and positive expectations, beliefs, and feelings about self and others, noting that insecurity is caused by the lack of these.

A systematic review of the studies by Mikulincer and Shaver (2018) explored attachment theory as a framework for studying relationship dynamics and functioning. The researchers developed a model describing the links between the partner's attachment security and the quality of their relationship. Another groundbreaking study for this link between romantic partners and attachment was conducted by Li and Chan (2012) in their meta-analytic review of how anxious and avoidant attachment affects romantic relationship quality. In this work, the authors examined the associations between the two insecure attachment styles and found that both anxiety and avoidance were detrimental to the cognitive, emotional, and behavioral aspects of relationship quality. A compelling finding of the study, which many attachment theorists feature today, is that the avoidant attachment style, when compared with the anxious style, was more negatively associated with general satisfaction, connectedness, and general support in relationships. The authors found that the anxious attachment was more positively associated with general conflict. This seems to highlight the differences in perceptions of the romantic relationship between the adults with differing attachment styles. In later work, Feeney (2016) corroborated with this finding, noting specifically, with regard to attachment style, that avoidantly attached partners prioritized independence and interpersonal distance, self-disclosed less and were less likely to seek support or intimacy from others. Meanwhile, their more anxiously attached counterparts worry about being abandoned or rejected and lean into intimacy with others.

Researchers have also been interested in how the adult romantic relationship attachment differs from the infant-caregiver attachment. For example, Hazan and Shaver (1987) examined other motivational systems within the attachment relationship of the couple. They could see the emergence of caregiving and sexuality as attachment themes in these relationships. Hazan et al. (2006) also saw sexuality as a way that attachments differ. They furthered the research by calling

attention to the reciprocal nature of adult relationships. In this, the adults provide a mutual proximity to each other and provide safety and security. Whether it was intended or not, it is important to add that this is different from the hierarchical relationship between parent and child. It appears these differences are still coming to light in that attachment may take on many different forms in different attachment figures, and that the attachment process happens over time, and on many levels throughout our lifespan (Hazan et al., 2006).

Relating to attachment over the lifespan, a question was forming in the minds of researchers Waters et al. (2003) about the long-term impact of attachment on individuals' romantic relationships. They posed the question: if an individual is identified with having an insecure attachment, does this mean that the attachment style cannot be changed throughout their lifetime? Waters et al. (2003), in their 20-year longitudinal study, looked at attachment security in infancy and early adulthood. They used the participants of the original aforementioned Strange Situation study (Ainsworth et al., 1978) and interviewed them using the Adult Attachment Inventory (AAI). This groundbreaking study by Waters and colleagues has been a key study in the field. Seventy-two percent of infants received the same secure versus insecure attachment style in early adulthood. There were changes noted. These findings supported Bowlby's hypothesis that individual differences in attachment security can be stable across significant portions of the lifespan yet can remain open in light of experience. This shows that in the case of attachment in the romantic relationship, change is possible for those with insecure attachment styles. This study here sought not only to provide an experience but also to understand the experience of adult adoptees in romantic relationships, with regard to their attachment. The goal was not to understand whether change is reported (although that was a possibility), but whether the experience of learning about attachment and exploring it may alter the experiences of their

attachment, and therefore, down the road, lead to change in both participants' attachment styles and relationships.

### **Attachment and the Adult Adoptee**

After reviewing the literature on attachment and the romantic relationship, our focus shifts toward the specific population being explored in that romantic relationship, the adult adoptee. Although a considerable body of research has been conducted about the adopted child and attachment, far less attention has been paid to the adopted adult.

As previously noted, the link between the adopted adult and attachment in the literature is present, however limited (Betchen, 2011; Borders et al., 2000; Despax et al., 2019; Feeney et al., 2007; Field & Pond, 2018; Groncki, 2010; Howe, 2001; Irhammar & Bengtsson, 2004; Lieberman & Morris, 2004; Paperny, 2003; Robertson, n.d.; Verzulli, 2000; Waters et al., 2003). When reviewing literature specifically looking at adoptees versus nonadoptees and their attachment, we find the majority of the research shows that insecure attachment is overrepresented in adoptees versus the general population (Borders et al., 2000; Despax et al., 2019; Feeney et al., 2007; Groncki, 2010; Howe, 2001; Irhammar & Bengtsson, 2004; Paperny, 2003).

Borders et al. (2000) are known to be the first researchers to systematically explore the link between adoption and attachment security and to look specifically at the differences between adoptees and nonadoptees with regard to attachment. Interestingly, they found those differences in attachment yet did not find differences on other measures for marital satisfaction or sensitivity to rejection. According to their results, it can be said they pioneered the finding that nonadoptees are overrepresented in secure attachment and adoptees are overrepresented in insecure

attachment (preoccupied and fearful group, in their specific findings). This study set a groundbreaking path for further attachment research on adult adoptees supporting their connection with insecure attachment versus the general population.

A few years later, in her research on attachment and adoption, Paperny (2003) suggested that being adopted has barriers for secure attachment formation and, in her 2004 study, followed this up by looking at the attachment of young adult adoptees. She concluded that the adoptee distribution differed significantly from what was expected for non-adoptees and her study supported the theory that adoptees are at a greater risk for insecure attachments than their nonadopted counterparts. Around the same time, Feeney et al., (2007) found that adoptees scored higher than other groups on avoidance, anxiety, and fear, the key measures of adult attachment. Feeney and colleagues furthered this work with adult adoptees on attachment and relationship concerns, finding that insecurity was higher for adoptees and *only* for the adoptees in her study. In that same year, researchers Lieberman and Morris (2004) discovered, in their study on long-term effects of adoption on adult adoptees, that adoptees were significantly higher on some *alienation* scores, and nonadoptees were significantly higher on some *affiliation* scores. Although not specifically looking at attachment, the alienation and affiliation do underscore the idea of “belonging/not belonging,” and therefore, one may posit that there may be ties to attachment insecurity for adult adoptees in this study.

The literature also presents caveats to the general support that adult adoptees are overrepresented in insecure attachment. Some studies found that insecure attachment was shown only when the child was adopted at an older age (Howe, 2001; Irhammar & Bengtsson, 2004). In the Irhammar and Bengtsson study of adult international adoptees, they found that, compared to the normative group, the adoptees did not have a significant difference in attachment and only



associated insecure attachment with late adoptions and ones where the adoptee wanted to uncover their biological heritage. It may be important to note that for the intent of this study, the focus narrowed the participants to domestic adoptions only and was representative of early adoptions, before the age of 6 months.

It seems fair to acknowledge that the majority of the research on this subject points to the view that attachment insecurity is overrepresented in adopted adults. The basis of this insecurity has been largely debated and exploration of that is greater than the narrow scope of this study. However, researchers such as Field and Pond (2018, p. 26) highlight from the following literature that the majority of researchers regard adoption as an ongoing life experience that places adoptees at risk for lifelong psychosocial adjustment and attachment difficulties (Brodzinsky & Brodzinsky, 1992; Haenga-Collins & Gibbs, 2015; Howe & Feast, 2001; Rosenberg & Groze, 1997). From its theoretical underpinnings, Verrier (1993) and Lifton (1994) asserted that separating infants from birthmothers result in lasting feelings of abandonment and rejection for the adoptee, and Verzulli (2000) related this to their findings that adoptees feel intense feelings of abandonment, identity problems, inner emptiness, difficulty trusting people, not feeling loved, not feeling worthy of love, a deep fear of separation, and a need to have control in their emotional lives. Many researchers joined in on these hypotheses and connected these difficulties with attachment (Groncki, 2010; McGinn, 2000; Topfer, 2012). Groncki (2010) found that one could assume that the infant's separation from the biological parent has a lasting effect on their attachment, as their biological mother is their first attachment. Feeney and colleagues (2007) take this a step further in their study by pointing out that adoptees have lost their birthparents, but it may be deeper than that. They emphasized that adoptees have lost other birth relatives, knowledge of genetic heritage, and the knowledge of being biologically tied to

significant others (Jones, 1997; Schechter & Bertocci, 1990) and pointed out that generally, adoptees have a sense of being different (Brodzinsky & Brodzinsky, 1992). Other theorists, such as Leon (2002), may oppose some of these arguments and findings, believing that adoption-related losses may be socially constructed. It is my belief that, even if this is the case, the literature supports that the lived experiences of attachment related to adult adoptees and their partners needs further exploration. This is especially true in the qualitative realm, as adoption research has predominantly been quantitative to date. Groncki endorses this idea as she reflects on the next steps after conducting her study in 2010:

Future research should involve qualitative studies of adult adoptees' attachment experiences within romantic relationships. This will help to capture the unique experiences of adoptees within romantic relationships and allow space for exploration of how those adoptees believe their adoption and adoptee experience has impacted their attachment to their partner(s) within romantic relationships. (p. 61)

By providing the vehicle of the Hold Me Tight (HMT) program in this study to learn about the adult adoptee and their romantic partner's experience of attachment, we had rich discussion and paved the way for deeper research and clinical care for this population.

### **Adult Adoptees Specific to Their Romantic Relationships and Attachment**

In reviewing the literature, strong links have been found between romantic relationships and attachment, as well as between the specific population of this study, the adopted adult, and attachment. It is now time to merge the two together and explore attachment among adult adoptees and their romantic partners. The literature shows that overrepresentation of attachment

insecurity in adopted adults, and that attachment plays a large role in romantic relationships; however, until recently, few attempts have been made to explore this important link between adult adoptees in their romantic relationships and attachment.

Looking back to Bowlby (1988), he supported Hazan and Shaver (1987) in the idea that romantic relationships are attachment relationships and theorized that early infant-caregiver attachment may impact the adult later in their romantic relationships (which has held strong in the literature). This informs the need to understand if adoptees, who are known to be overrepresented in insecure attachment, also experience this romantic relational impact. Feigelman (1997) was the first researcher to report that adoptees had lower levels of marital happiness. In 2000, a text by Verzulli shifted toward attachment theory and showed curiosity about the role attachment played in romantic relationships where *both* partners were adopted as children. Five adopted couples participated in the study with the focus on the presence of opposite attachment styles and disconnection believed to be caused by loss or abandonment. They found that if the partners could soothe and offer a safer space for each other when these feelings arose, they were able to move into a more secure attachment style. Later in this review, it will become clear how this finding and its work is indicative of EFT and the HMT intervention. More qualitative studies on this link between adult adoptees and their romantic relationships with attachment have emerged in the literature (Cole & Leets, 1999; Jordan & Dempsey, 2013; Lutz, 2011; Nowlan, 2016). These studies highlighted the experiences of the participants by exploring avoidance of interpersonal closeness, difficulties in trusting and committing to intimate relationships, highlighting the impact of attachment on adult adoptees and their romantic partners. An important note to these qualitative explorations is that some respondents experienced adoption as the *cause* of their intimate relationship difficulties (Field &

Pond, 2018). Quantitative studies (Burns, 2015; Deluca Bishop et al., 2019; Despax et al., 2019; Feeney et al., 2007; Field & Pond, 2018; Groncki, 2010) that examined the relationship between adult adoptees and romantic partners, and attachment have also emerged. The majority of these studies (Burns, 2015; Feeney et al., 2007; Field & Pond, 2018; Groncki, 2010) found that attachment plays an integral role in the romantic relationship between adult adoptees and their partners, and support the use of attachment theory in understanding adult adoptees' attachment security in their romantic relationships. Feeney and colleagues' (2007) study, the first to use attachment theory to explore relational experiences of adult adoptees, showed that recent relationship difficulties were predictive of insecurity, but *only* for adoptees and not the normative group. And further, they found that adoptees were overrepresented in insecure attachment, specifically the fearful style. They concluded that attachment has a key role in the adoptee's romantic experience. In fact, from the systematic literature review, Field and Pond's (2018) findings showed that "being adopted was seen to affect intimate relationships with partners in foundational ways, influencing attachment style" (p. 43).

The other authors (Deluca Bishop et al., 2019; Despax et al., 2019) concluded that adoptees were similar to nonadoptees in most of the variables for romantic relationships, yet attachment was a variable that appeared to be different and in need of attention. Deluca Bishop et al. (2019), in their meta-analysis, discovered that adoptees were similar to nonadoptees for most of the variables in romantic relationships; however, their study did not specifically focus on attachment. A limitation of the study, given by the authors, suggested that only five studies (at the time of publication) examined the quality of romantic relationships for the adoptees and therefore "the current findings should be interpreted with caution, as some analyses may be

under-powered to detect a statistically significant average effect size” (p. 11). The authors further suggest that future studies should be conducted to examine the romantic relationship quality of adoptees in order to gain a more up-to-date understanding. Despax et al. (2019) found the *only* significant difference in their study was for attachment (security dimension from the RSQ). This showed that attachment security and dyadic adjustment were linked among adoptees but not among nonadoptees. The authors concluded that adoptees were sensitive to attachment security and that the predictive power of attachment on romantic experience is a specific feature of adoptees. The authors noted that more attention could be paid to adoptees and their romantic attachment.

The evidence supports the view that attachment is impacted in the adult adoptees’ relationship with their romantic partner. More research is needed in exploring the experiences and meaning-making of this attachment-based impact with the adoptee and their romantic partner and the role it plays in their relationship. Further, the support of the romantic partner in these understandings is important, and the literature points to the relationship being a strong influence on the adult adoptee’s attachment. In fact, Helsen et al. (2000) believed that the romantic partner not only is a source of support for the adult adoptee but also an even greater support than that of the parent. In this, adult adoptees may spend more time in their life with their romantic attachments than with their primary caregivers, and thus the need for the exploration of this specific attachment needs to be addressed. This study sought to examine this connection by introducing specifically romantic relationship/attachment-based intervention (EFT/HMT) and then exploring the meaning of attachment for the couple in order to understand its specific relationship to adoption.

## Emotionally Focused Therapy

Emotionally focused therapy for couples is a brief attachment-oriented (Bowlby, 1969) couple therapy, with a humanistic and systemic base, that improves relationship satisfaction by having the goal of creating a secure attachment bond for the couple (Johnson, 2004). EFT has the highest success rate among models for distressed couples and is the most empirically based treatment approach (Dalglish et al., 2015; Fitzgerald & Thomas, 2012; Greenman & Johnson, 2013; Halchuk et al., 2010).

Johnson (2004) describes the evolution of this therapy as being “formulated in the early 1980s (Greenberg & Johnson, 1986; Johnson & Greenberg, 1985) as a response to the lack of clearly delineated and validated couple interventions, particularly more humanistic and less behavioral interventions” (p. 4). Johnson and Greenberg (1985) pioneered the focus of emotion in couples therapy and brought attention to these emotions in the relationship by examining interactional patterns of emotional communication and using these emotions in the pattern to create positive experiential change experiences and reconnection in the couple’s relationship (Johnson, 2004). Simply put, when a couple experiences new interactions with each other, where their primary emotions are explored, expressed and responded to (Johnson & Whiffen, 1999), they move out of distress (Johnson et al., 1999).

As the model was born from a “systematic observation of couples in therapy and the process by which they succeeded in repairing their relationships” (Johnson, 2004, p. 5), this observation provided interventions and a framework that is used today in the model. Johnson designed EFT to be implemented in 8-20 sessions of couple therapy. The theory is intended to be used with couples who have a longing to be together and not for separating couples or violent

couples. Johnson outlines how the change process is “delineated into three stages and nine steps” (p. 17). The three stages include: De-escalation of negative cycles, Changing interactional patterns, and Consolidation and Integration. In addition, three major shifts, within the stages, are important in the process of change in EFT; these are the negative cycle de-escalation, withdrawer engagement, and blamer softening (Johnson, 2004). These major shifts, with the aid of other interventions within the therapy, facilitate emotional change and bonding in the couple’s relationship.

### **Efficacy**

EFT is heavily based on attachment theory (Bowlby, 1969) and because of this, early EFT efficacy research lent itself to comparing it with more cognitive or behavioral approaches. Two of these studies included the work of Dandeneau and Johnson (1994) which found that greater levels of empathy, self-disclosure, and stability occurred for a couple when EFT was implemented. The other, by Johnson and Talitman (1997), found increases in relationship satisfaction for the couples in their studies. With these early positive results, the case was being built for EFT’s effectiveness.

In 1999, an EFT efficacy outcome study laid the groundwork for supporting EFT as one of the most effective therapeutic approaches (Johnson et al., 1999). The study reviewed both outcome and process research and provided meta-analytic data from randomized clinical trials to support the clinical impact of EFT on couple adjustment. This landmark study on EFT looked at seven previous studies that involved distressed couples and the use of EFT. The results indicated that, in the cases where the focus of treatment was marital distress, EFT had showed significant improvement within the measure of the Dyadic Adjustment Scale (DAS). It also resulted in large improvements in continued recovery, and low rates of deterioration in their relationship; about

half of the couples reported that they were no longer distressed in their marriage. This outcome data showed clinically significant evidence, compared to no treatment, that “EFT is an effective treatment for marital distress” (Johnson et al., 1999, p. 75).

The path for EFT research had been paved, and many researchers began to follow. New populations, diagnoses, traumas, and psychological stressors were all studied through the EFT lens. Couples affected with depression (Wittenborn et al., 2018), post-traumatic stress (MacIntosh & Johnson, 2008), couple distress (Lebow et al., 2012), cancer (McLean et al., 2013; Naaman, 2008) and childhood abuse (Dalton et al., 2013) were added to the literature. These, among numerous other studies, have produced positive results supporting the use of EFT with couples and have provided substantial contributions to the field of Marriage and Family Therapy, thus creating a wealth of empirically supported publications exploring and validating EFT’s effectiveness in treating couple distress.

The study by Wiebe et al. (2016) was among the first of the longitudinal studies highlighting longer-term effectiveness in EFT. The researchers also explored the role of trust, relationship-specific attachment, and emotional engagement with the aim of investigating predictors of long-term outcomes in relationship satisfaction. From an attachment standpoint, the authors specifically found that decreases in attachment avoidance were most predictive of higher relationship satisfaction across follow-up and that the couples who had a blamer-softening event in Stage 2 of the therapy showed significant linear decreases in attachment anxiety across the sessions. They concluded that the elevated attachment bond of the couple created the change in relationship satisfaction and that the partners were able to reach for each other even after the therapy was completed. Burgess Moser et al. (2016), in their own study, supported this attachment result by finding that participating couples in their study had an increase in secure



attachment and a decrease in insecure attachment. Both studies highlight that this happens when, through working the model of EFT with a couple, primary emotions become unblocked by the more reactive emotions and are able to be shared in a safe way, thus improving secure attachment bonding for the couple.

### **EFT in Relation to Adoption**

Turning the focus to adoption studies, scant evidence has been paid to the link between adoption and EFT. A notable recent study (Rouleau et al., 2018) linked adoption and attachment with adoptive couples (couples who have adopted a child); however, it did not specify a direct link to EFT. The link between birthparents and EFT (Claridge, 2014) is clear and suggests EFT as a treatment option for birthparents, although EFT treatment was not used in the study. Sun and Huang (2017), in their qualitative study, investigated the effectiveness of EFT and the cultural characteristics of Taiwanese adoptive couples (again, couples who have adopted children). For these couples who have adopted children the findings showed an experiential affectional bond and kindness translation, reduction of the negative cycle, and no more additional pain of infertility. The husband was more willing to share his attachment needs. The evidence of this study points to a positive impact of using EFT with adoptive couples (who have adopted children). However, the role of EFT is still poorly understood in the literature when linked with the adult adoptee and their romantic partner. There is most certainly a gap in the literature for adult adoptees and their partners undergoing EFT treatment and exploration of attachment after receiving this treatment.

Despite two decades of research on the link between attachment and adult adoptees, and even specifically in their romantic relationships, remarkably little is known about attachment-based treatment or psychoeducational approaches with this specific population. Few attempts

have been made to use a model-based treatment approach or psychoeducational approach with this specific population (e.g., Stokes & Poulsen, 2014, using narrative therapy). However, as aforementioned and supported in the literature, numerous studies have shown adult adoptees being overrepresented in insecure attachment, particularly avoidant, anxious, and fearful styles (Borders et al., 2000; Despax et al., 2019; Feeney et al., 2007; Groncki, 2010; Howe, 2001; Irhammar & Bengtsson, 2004; Paperny, 2003). Therefore, based on the review of the literature, I posit that using an attachment-based treatment approach, such as EFT, with this specific adoptive population of adult adoptees and their romantic partners could be highly beneficial. As the first of its kind, this study introduced an attachment-based psychoeducation approach, the HMT program, to inform adult adoptees and their partners and then explored attachment experiences in their romantic relationship.

### **HMT Program**

The premier psychoeducational attachment-based relationship program using emotionally focused therapy for couples is called *Hold Me Tight: Conversations for Connection* (HMT; Johnson, 2010). This eight-session psychoeducational program was born from a book written by Dr. Sue Johnson with a similar name (Johnson, 2008). Taking from the concepts of EFT, a substantially evidence-based model (Burgess Moser et al., 2016; Johnson, 2012; Johnson et al., 1999; Lebow et al., 2012; Wiebe et al., 2016, 2017), this psychoeducational program facilitates positive change and connection for the couple through seven conversations. These are: Recognizing Demon Dialogues, Finding the Raw Spots in Demon Dialogues, Revisiting a Rocky Moment, Hold Me Tight, Forgiving Injuries, Bonding Through Sex and Love, and Keeping Love Alive. The facilitator of the group (potentially with cofacilitators who are usually therapists trained in EFT; Johnson, 2010) guides the couples through these conversations with the goal of

understanding their negative patterns of disconnection, changing those patterns through the use of reaching for their partner in an emotionally vulnerable place, sharing their emotional injuries, and receiving acceptance of their pain in these injuries, which allows forgiveness to occur. The program also emphasizes sexual connection and integration of their new knowledges and increased attachment and emotional safety with each other into their daily lives. The overall goal of HMT is to educate and encourage couples to become more accessible, responsive and engaged (Johnson, 2010), therefore increasing their attachment security.

The HMT program (Johnson, 2010) was originally formatted to include eight sessions in 8 weeks (2 hours each). However, it has been modified over the years to include a “weekend” format that is usually completed in 2 to 3 days. The 2-day format typically includes two 12-hour sessions. The format for this study was this 2-day abbreviated version and included the seven conversations and all of the content of the program. The rationale for this adaptation is the extended time commitment for the couples that can be wearisome (Morgis et al., 2019) for couples not experiencing clinical levels of distress. The couples move through psychoeducational learning through watching videos, didactic conversations, homework assignments, lectures/presentations, and group discussion.

For each program offering, there is typically one to two lead facilitators. There can also be additional “helper” facilitators or cofacilitators. Johnson (2010) recommends that the facilitators spend time with each couple during the group exercises to assist them with any problems they are having or to help them safely deepen their work together. Lesch et al. (2018) also includes this type of recommendation, reporting in their study that they needed more assistance from facilitators. They used a ratio of three to one. In addition, the authors reported that they needed more time. Kennedy et al. (2018) also intimated that the depth of experiencing

in HMT groups have an impact on attachment security. Therefore, for this study, in addition to the lead facilitator, who was certified in EFT, and to maintain the integrity of the original HMT and its recommendations, there was a three to one ratio of facilitator per couple in the HMT. Maintaining this level of support for the couples, typically provided in the HMT program, helped to provide consistency of the program.

### **Efficacy of HMT**

There are seven known relevant studies on the efficacy of the HMT program (Johnson, 2010) at the time of this review (Conradi et al., 2018; Fisher et al., 2014; Kennedy et al., 2018; Lesch et al., 2018; Morgis et al., 2019; Stavrianopoulos, 2015; Wong et al., 2018). All studies are very recent (within seven years to the date) and include couples with marital distress. All studies were conducted with heterosexual couples and none specifically explored adoption. Five studies were quantitative, one was qualitative, and one was mixed methods. Positive results were reported for all studies; however, one (Fisher et al., 2014), concluded that although there were positive results, more qualitative research was needed.

The five quantitative studies showed effectiveness of the HMT program. In 2015, a study by Stavrianopoulos found that her 14 college-aged couples had a significant increase in relationship satisfaction after completing the 8-week HMT program. The author noted a higher increase for women in relationship satisfaction. Around this same time, the Fisher et al. (2014) study completed the same 8-week format with 10 couples and found that half of the participants reported an improvement in their romantic attachment bond with *no* negative responses. However, the author noted that the less happy couples showed a potential negative effect on their relationship. The author does share that the dependent variables may not have captured the experience of the participants (Fisher et al., 2014). The authors went on to suggest further

qualitative studies could uncover the participants' experience. This study aims to do this specifically with regard to the couple's (adopted adult and their romantic partner) experience of the attachment bond. Further attachment-related measures were examined in past HMT quantitative studies. Wong et al. (2018) studied 23 Chinese Canadian couples and also found a statistically significant increase in the couple's attachment security, as well as improvements in relationship satisfaction, couple relationship functioning, and family functioning. This was a longer-term HMT with 30 courses of 90 minutes each. Conradi et al. (2018), with the standard 8-week format, took a different spin on HMT efficacy by looking at differences in samples (self-referred versus clinician-referred) with a large participant group of 129 couples. The findings suggested that HMT is a promising intervention for enhancement of relationship functioning and "Security of Partner Bond." In the same year, Kennedy et al. (2018) published a larger outcome assessment of the HMT program, which included 16 HMT groups, using both 8-week and weekend formats (95 couples), across Canada and the United States with longitudinal data. Their results showed an increase of relationship satisfaction and trust, which supported short-term effectiveness; however, the results declined during the follow-up.

Only one purely qualitative work has emerged in the literature, a 2018 study by Lesch and colleagues that focuses on the marginalized population of couples in a South African setting. The authors worked with 10 couples and used thematic analysis in their methodology. They interviewed the couples together, in a dyad, and found positive effects such as the couples relating well and the deepening of their relationships.

The newest study, a mixed methods study on the Hold Me Tight Workshop for Couple Attachment and Sexual Intimacy (Morgis et al., 2019), brought forth the first precise look at the link between HMT and the sexual relationship, and the role attachment plays in sexual intimacy.

Fifteen couples were introduced to a 1-day HMT workshop, and results suggested movement in the expected direction for the couple's improvements in romantic attachment as well as sexual satisfaction, sexual communication, and relationship satisfaction with a trend toward statistical significance in sexual satisfaction.

The overall findings of these seven HMT groups in the current literature imply that the HMT could be effective for differentiating couple populations, specifically in areas such as attachment.

### **Rationale for HMT with Adult Adoptees and Their Romantic Partners**

The above review of literature has highlighted the links between the adult adoptee in their romantic relationship and attachment, yet, to date, no study had been conducted on HMT or any attachment-based psychoeducation or treatment approach with any adoptive population. This study was the first to bridge the gap between the strong recommendations in the literature by providing an attachment-based psychoeducation program (HMT) that addresses attachment in adoption, specifically for the adult adoptee and their romantic partner, and weave it through the qualitative work of experience and a deeper understanding.

In the previous sections on HMT, it is pointed out that the program could prove to be an excellent fit with this population. The literature widely points to psychoeducation, in general, to produce positive effects (e.g., a meta-analysis of 117 studies by Hawkins et al., 2008) for romantic relationships. Now, HMT, as a stand-alone psychoeducational approach, has recently shown to provide significant quantitative and promising qualitative results. This research was able to lean into the rationale for HMT with adult adoptees and their romantic partners in one word: attachment. Johnson (2004) started to develop her HMT intervention based on the need for a stronger attachment bond for couples. Feeney et al. (2007) points out that attachment

interventions may offer a useful approach for those specifically struggling with adoption-related issues. The author recognizes the need for these interventions to focus on a more secure emotional connection. Groncki (2010) became an enthusiastic supporter of psychoeducational groups for the adopted population, saying “Adopted women could greatly benefit from education about adoption and attachment, especially how those attachment-related issues may impact their connection with their romantic partner” (p. 57). She shared that the adopted women *and* their romantic partners would benefit from these groups. This suggestion is important for this completed study because both partners shared their experiences of attachment. Groncki added that it would be important for researchers not only to provide the vehicle for education about adoption-related issues but also to allow the space and time for the processing of one’s thoughts, feelings, and *experiences* regarding these adoption-related issues, and how they impact relationships.

The psychoeducation may include such issues as attachment, identity, and bonding with significant others. Furthermore, the psychoeducational groups would provide the validation of an adoptee’s unique life experience as an adoptee because clinicians would become more aware that adopted women are more likely to experience an avoidant or anxious attachment within their romantic relationship. She suggested that the clinician could educate their adopted client on this insecure attachment. Groncki (2010) says bluntly, “The clinician’s ability to relay this information to the adopted woman may in turn provide the space for dialogue about attachment-related difficulties within the adoptee’s romantic relationship(s) and allow for the possibility of metaling and ultimately putting into action different ways of interrelating with her significant other” (p. 57). If the HMT program replaces “the clinician” in the preceding discussion, this research gap would be filled and even expanded to include adoptees of all genders and would

provide a sense of “universality” to foster a sense of belonging for this marginalized population. It would seem that even Despax et al. (2019) is entering into the current need discussion and concluding after their study that dyadic adjustment can be influenced by attachment among adoptees, shining a light on the idea that more attention needs to be paid to the adoptee’s attachment, as this attention may be a protective factor. That is, by providing the HMT program and exploring the experiences of the adult adoptees and their romantic partners, these protective factors can begin to be implemented, explored, and examined.

Reviewing the literature leads back to the question “How does the adult adoptee and their romantic partner experience attachment in their romantic relationship after attending an HMT attachment-based psychoeducational program specifically relating to adoption, if at all?” Exploring these experiences is essential to furthering the conversation that mental health professionals, researchers, and theorists are having to understand these unique couples.



### **CHAPTER III: METHOD**

The literature review provided a solid foundation to further explore the adult adoptee in their romantic relationship with specific regard to their experience of attachment. It accentuated the gap in research of this marginalized population and underscored the overrepresentation of the adoptee's insecure attachment and its impact on their relationship. This exploratory study, through the lens of qualitative phenomenology (Moustakas, 1994), used the specific method of experiential thematic analysis (TA; Braun & Clarke, 2006, 2013), highlighting these experiences, located in themes, and providing a deeper understanding of this unique population. Providing the attachment-based psychoeducation program Hold Me Tight (HMT) allowed the participants to be educated in, and experience, their attachment in a way that promoted rich exploration and possibly new meanings in this phenomenon. It gave them an in-depth understanding of secure versus insecure attachment and how this shows up in their experiences with their romantic partners. The research question, "How does the adult adoptee and their romantic partner experience attachment in their romantic relationship after attending an HMT attachment-based, psychoeducational program, specifically relating to adoption, if at all?" was consistently threaded throughout the study.

In this chapter, the research methods design and rationale and the role of the researcher will be discussed. The selection of participants, instrumentation, procedures, data collection (including interview questions), data analysis, software, validity and reliability, ethics and researcher reflexivity will also be included.

#### **Design and Rationale**

The exploratory study was conducted through a qualitative phenomenological (Moustakas, 1994) lens using the specific method of experiential thematic analysis (Braun &

Clarke, 2006, 2013). The phenomenological qualitative approach is used to explore the meaning-making of attachment of the adoptees and their partners in order to garner a rich understanding of their experiences. The majority of the HMT program studies on attachment and the adopted population in the literature were carried out quantitatively. Many researchers have submitted a need for qualitative studies in this area. It is also important because this is an exploratory study and the population is marginalized in the literature, and it may create a depth to their experiences. This depth of experience of attachment and adoption could have elicited emotion in the adoptees and their partners, and the data was deep and complex. Shaw (2008) describes embracing this messiness through qualitative analysis, allowing for a possible broader understanding of the experience.

Phenomenology, understanding the lived experiences of participants, was the best fit for the study of this marginalized population. However, being able to identify broader themes across the couples to greater show the commonalities and express universality of the experiences is indicated. The specific method to do this was experiential thematic analysis (Braun & Clarke, 2006, 2013) because this method identifies themes and patterns of meaning across a data set in relation to a research question. The originators highlight that the experiential component focuses on the participant's standpoint, basically how they experience and make sense of the world. In this analysis, there are seven stages (Braun & Clarke, 2006, 2013): (a) transcription, (b) reading and familiarization, (c) coding, (d) theme searching, (e) reviewing themes, (f) defining and naming themes, and (g) writing the final analysis. The intended outcome for this methodology was to capture themes across the experience of attachment of the adult adoptee and their romantic partner once they have attended the HMT.

Semistructured dyadic interviews were used to generate and analyze data. Originally looking toward focus groups or individual interviews for data collection, it became apparent that the collection needed to be both safe and systemic for this population: *safe*, in allowing the couple to express their experiences outside of the larger group in order to get more authentic responses, and *systemic*, in coming from a relational background as a marriage and family therapist, providing a space for both voices to be heard and allow reciprocal movement in the experience of both partners. Universality was still utilized in the study because TA identifies patterns and themes in the data; therefore, holding safety remained, while keeping the sense of a collective voice of one population.

The participants knew that they were among other adoptees and their romantic partners and this was highlighted in their informed consent. Adoption was also addressed in the interview questions; however, specific adoption content was not presented in the HMT program as the study did not change the HMT content, and just used it as a vehicle to educate participants on attachment in order to understand their experience of it. When the topic of adoption arose, it was addressed and treated like any part of a conversation in the HMT. It was important that the HMT material stayed centered on what is taught in the workbook (Johnson, 2010).

HMT also recommends one or more cofacilitators assisting the main facilitator with the program. Researchers (Johnson, 2010; Kennedy et al., 2018; Lesch et al., 2018) have made recommendations regarding lack of depth or time constraints in processing for the couples; therefore, for the study, each couple had program-specific access to a highly trained facilitator or certified emotionally focused therapy (EFT) facilitator to aid in better understanding and assisting them in their possible negative cycles or attachment injuries, if they chose to. These facilitators were recruited based on their knowledge of EFT. Each facilitator had completed an

externship and a core skills seminar on EFT. Facilitators are aware they will not have authorship in the study.

## **Participants**

### **Identifying Participants**

From the phenomenological perspective, the targeted participants chosen for this study are those that have all experienced the same phenomena (Moustakas, 1994) of being an adult adoptee in a romantic relationship after attending the HMT. They also had the ability to share their experience regarding their attachment security in their relationship after the program was completed. In addition, the following criteria was addressed in the assessment and added to the homogeneous design in limiting the sample by way of age of adoption, contra-indicators to EFT, relationship length, and previous access to models (EFT and HMT). The adult adoptee was to be an English Speaker and must have been adopted between birth and 6 months of age. Eligible couples were those who have not received EFT or HMT treatment and were not currently experiencing (within the last year) domestic violence or unresolved domestic violence from the past, affairs, or addiction in their romantic relationship. If these contra-indicators were reported in the assessment, couples were referred to appropriate services in their areas and sent a copy of the HMT book. Couples are defined by each other being their “romantic partner.” This included couples who were married, cohabitating, or dating (6-month minimum length of time). Inclusion criteria was assessed directly before being admitted to the study. Couples could not attend EFT therapy sessions during the course of treatment.

### **Demographics**

The study welcomed all couples, within the preceding requirements, regardless of race, creed, color, ethnicity, national origin, religion, sexual orientation, gender expression, height, weight, physical ability, or socioeconomic status (SES) with the exception that couples must live

in the United States. Following the American Psychological Association (2010) guidelines, enough demographic information was collected to adequately describe the sample. Each individual in the couple completed a demographics questionnaire including age, race/ethnicity, cultural identifications, sex/gender, national origin, religion, sexual orientation, SES, education, occupation, qualifications, age at adoption, length of relationship, status of relationship, and foster care.

### **Methods of Sampling/Recruitment**

The participants were recruited to participate in the HMT program and complete the dyadic interview at the end of the program. Both the HMT and the interview were completely voluntary; a participant could “drop out” of the program or the interview at any time, this was explicit, and they would still receive the HMT book and referrals. The approach to the sampling was purposive with the goal of generating “insight and in depth understanding” (Patton, 2002, p. 230) into the experience of adoption linked with attachment for the couples. Two forms of sampling were conducted to achieve the recruitment of participants. Purposeful sampling was used to seek out participants who were defined as adult adoptees in romantic relationships, as well as the previously defined criteria. The second type of sampling, snowball sampling, occurred as the sample was generated through the networks of the researcher and other participants. There were four recruitment strategies:

1. Word-of-mouth and social networks available to the researcher.
2. Advertisements on adoption-related internet sites.
3. The International Center for Excellence in Emotionally Focused Therapy (ICEEFT) website.
4. University networks available to the researcher.

A participation letter and a flyer were used for these methods of recruitment. These strategies allowed for a wide range of recruitment options to increase the likelihood of reaching a greater number of couples for the study. Couples selected into the study were instructed to contact the researcher directly regarding their interest in the study. I carefully screened interested couples who had not received EFT or HMT treatment, and who did not report experiencing current abuse, affair, or addiction in their romantic relationship with their partner as well as the preceding criteria. The incentive for this study was that it had *no cost* for the participants, whereas the normal fee for this program can range from \$300 to \$1000. In addition, each couple I assessed, whether they were included or excluded from the study, received a copy of the book *Hold Me Tight* (Johnson, 2008), which was also an incentive for participation in the study.

### **Sample Size**

The HMT (Johnson, 2010) program advises a minimum of 4 to 30 couples. Thematic analysis researchers (Braun & Clark, 2013) recommend 6 to 10 interviews for a small project. Dukes (1984), an older study, recommends 3 to 10 participants and one phenomenon for a phenomenological study. This study set a target sample of 10 couples and I did not want to accommodate fewer than three per the above suggestions. The aim was to reach as many eligible participants as possible toward the target of 10 couples. Nine couples were assessed for the study. Up until the start date of the HMT, 5 couples were interested in attending. When the HMT started, 4 couples had been approved for the study and completed all required paperwork. Only 3 couples completed the HMT and the interview. One couple dropped out early on due to personal reasons and was provided the HMT book and is currently seeing an EFT therapist.

The sample was limited to living in the Midwest; couples in their 20s to 40s; professional, middle, or upper middle class; and opposite sexed couples. One couple was mixed

race, Asian/Caucasian. One couple had a partner identifying as bi-sexual and they were accepted into the study; however, the couple was unable to complete the study.

**Table 3.1**  
Participant Demographic Information

Couple	Charlotte* & Steve	Daniel* & Hannah	Alex* & Rachel
Age	Both in 30s	Both in 20s	Both in 40s
Relationship	Married, 13 years	Married, 1 mo. after 5 year relationship	Married 3.5 years
Race	C-Asian/Korean S-Caucasian	Both Caucasian	Both Caucasian
Gender Identification	C – cisgender female S – cisgender male	D – cisgender male H – cisgender female	A – cisgender male R – cisgender female
Adoption Information	C was adopted at 4 months, foster mother in Korea, adoption finalized in US	D was adopted at birth without foster care	A was adopted at 5 weeks of age

Note. \* = Adult Adoptee

### *Demographic Overview*

- **Couple 1—Charlotte (the adult adoptee) and Steve:** A couple in their thirties who have been married for 13 years. She identifies as cisgender female and he as cisgender male. She is Asian and he is Caucasian. They are an upper-middle-class professional couple and live in the Midwest. She was adopted at 4 months old, which included a foster mother in Korea up until the adoption was finalized in the United States.
- **Couple 2—Daniel (the adult adoptee) and Hannah:** A couple in their twenties who have been married for 1 month and in a romantic relationship for 5 years. She identifies as cisgender female and he as cisgender male. They are both Caucasian. They are a

middle-class professional couple and live in the Midwest. He was adopted at birth, straight to his adoptive parents without intervening foster care.

- **Couple 3—Alex (the adult adoptee) and Rachel:** A couple in their forties who have been married for 3-1/2 years. She identifies as cisgender female and he as cisgender male. They are both Caucasian. They are an upper-middle-class professional couple and live in the Midwest. He was adopted at five weeks of age.

If an overage of couples had occurred, they could have participated in the study as long as they were assessed before the cut-off date. All couples who were assessed for the study, whether they were included in the study or not, received a copy of the book *Hold Me Tight* (Johnson, 2008) and were given a local list of EFT therapists and HMT groups offered online or in their area within the current year. The participants who were assessed, and included or excluded from the study, were given my contact information.

## **Data Collection**

### **Pilot Testing**

A pilot test took place before the HMT program and meeting of the participants. A test was completed with a female adult adoptee and their romantic partner who have experienced EFT sessions. The main interview question and possible sub-question prompts were used as well as allowing organic follow-up questions. Based on this pilot test, the research question was not adjusted and no additional questions were added. There did not appear to be any flaws in the design of questioning or any other issues that were not accounted for.

### **Site for Participants**

The study occurred during the Covid-19 pandemic. Therefore, the HMT program took place online via the Zoom platform and was held for 2 days/16 hours (weekend format). Each



participating couple was given one Zoom link for the program before commencing. For the dyadic interviews, that took place at the conclusion of the HMT program, participating couples used the same Zoom link, but were admitted only to the room at their interview time. This provided a space for the couples and interviewer for participation in the interview process, directly after the completion of the program. In addition to the lead and cofacilitators, there was a technology expert, who was also a trained EFT therapist, present for the entire program to aid in logistical program fluidity.

### **Gaining Access/Developing Rapport**

Rapport was very important in gaining participants' trust. Especially in view of the marginalization in society that they may feel and/or experience. It is in this vein that I aimed to build rapport with the participants from the beginning of the HMT program. I was present for the program but only took on the role of researcher (handling all administrative aspects of the study) and observer (these observations are addressed below) to not interfere with the HMT design. As such, the lead facilitator and the cofacilitators provided the teaching and facilitating for the program.

To start in the rapport process, the facilitator introduced me and explained why the study was being done. The facilitator also mentioned, at the beginning of the program, that I have a special interest in this topic because I am a member of the adult adoptee in a romantic relationship population and am interested in attachment-related research. I was able to interact with the participants; however, at no time could I teach the group or lead them in an exercise. If a discussion took place calling me in, I was friendly, warm, and brief, as to maintain an alliance with the participants, but did not engage heavily with the material. This was done so that there was no influencing of responses of the participants during the dyadic interview process.

It was believed that if I was part of the “insider” group to the participants, then this allowed them to be more open and share more than with someone who was seen as an “outsider.” By giving the information that I was adopted and a member of their specific population, the intent was that I may be more relatable and not represent a member of the perceived dominant group. To further limit any position of power, I had no personal or professional relationships with the participants, prior to the study.

### **Instrumentation**

The study applied experiential thematic analysis (Braun & Clarke, 2013) and the instrument used was the semistructured dyadic interview. The experiential element of the thematic analysis mimics phenomenology (Moustakas, 1994) in that it is specifically aimed at understanding the lived experiences of the couple. The experiential component of thematic analysis (Braun & Clarke, 2013; Reicher, 2000) is interpreted to move away from critical approaches in that it aims to capture participants’ experiences and perspectives from their accounts which are heavily influenced by their words or language associated with their experience. Through this, we can emphasize and read the participants’ thoughts and feeling from their use of language opposed to critically assuming that language is only a description.

Each couple completed one 45–60-minute interview focusing on the research question. There was only one primary interview question (“As an adult adoptee in a relationship and as the partner of an adult adoptee in a relationship, how do you experience or make meaning of attachment in your relationship, specifically related to adoption, if at all?”) asked to allow for the richest exploration of experience on the topic. Organic follow-up or clarification questions were used. In addition, possible follow-up sub-questions were provided in the interview script if further prompting was needed to address the research question.

### **Preparation for the Semistructured Dyadic Interview**

Consent forms were distributed and returned *before* the HMT program. Prior to the interview, on the first morning of the HMT, I, in collaboration with the participants, assigned interview times. Suggestions from Creswell (2004) that participants be reminded, a day or two before data collection, of the exact time and day the researcher will observe or interview them and stage the data collection so that they will feel comfortable responding, and schedule it at a time that is most convenient for their schedules, were implemented. I also obtained permission from the participants and explained that they were going to be recorded (both video and audio) and further explained how the recordings would be used and stored and ultimately destroyed according to IRB policies. It was also explained that pseudonyms would be used to increase confidentiality.

### **Procedures**

After the study obtained IRB board approval through Antioch University New England, the research commenced. One certified EFT therapist was named the lead facilitator. EFT trained therapists were recruited to become helping facilitators. I, the researcher of the study (a certified EFT therapist and supervisor), met (telephonically) with each participating couple for screening. If not eligible for the study, a copy of the HMT book (Johnson, 2010) was provided to the couple as well as a list of EFT therapists in their area. If accepted into the study, I explained the research objectives and procedures and obtained informed consent for the couple to be a part of the study as well as acquired their demographic information. They were given detailed instruction to join the HMT program. Upon beginning the program, each couple was assigned a time for their dyadic interview that was held after the completion of the HMT.

The objective of the dyadic interview was to explore the couple's experience of the HMT intervention with specific regard to their attachment and if adoption had an impact on their experience. The interview question, and follow-up or clarification questions, were open-ended. Crosstalk was permitted to occur, as the interview was a systemic process. I also took notes during the HMT program to observe and record how the participants were experiencing the HMT and if any adoption-related experiences were brought up during the open sessions. If the information was pertinent to the research questions, those notations are addressed in the discussion section of this study. Each recording was orthographically transcribed.

A copy of the HMT book was sent, by mail, to the couple following the interview. This copy was given to each participating couple regardless of whether they completed the HMT program or interview. Couples who requested further help in their relationship were provided referrals to EFT therapists in their area. This may have included their assigned facilitator, if licensure in that state allows.

### **Recording and Storing Data**

The semistructured dyadic interviews were recorded by both video and audio, by separate means in case of error. Both recordings were transcribed to gain exact quotes and themes from participants. The interviews are stored securely on a computer with password protection security and HIPAA compliance. Backup files were made and secured.

## **Data Analysis**

### **Transforming, Analyzing, Interpreting, and Managing Data**

Thematic analysis (Braun & Clarke, 2013) was the method for analyzing the data for this study. After the data was transcribed orthographically, each interview was ready to analyze. Following the seven stages of coding and analysis by the authors (Braun & Clarke, 2013), after the transcription was complete, I read and became familiar with the data by taking notes of the items that may have had potential interest. This involved immersion in the data and noticing what pieces may be relevant to the research question. In addition, in TA, “complete” coding is coding across the entire data set and this method was used to address what was relevant to the research question. It was important to focus on one data item (each couple interview) at a time. Coding was done on hard-copy data, clearly writing down the code name next to the associated text. Once this was complete, I searched for themes. I identified and developed emergent themes and moved into a pattern-based analysis. Reviewing these patterns and themes and “mapping” them proved to be useful. Defining and naming the themes was the final stage before writing the final analysis. The data and the analytic process notations were password protected on a dedicated electronic device.

### **Validity and Reliability**

The following procedural measures were undertaken to promote the validity and reliability of this study. I included reflexivity and highlighted any biases that may have been present. Additional procedures outlined by Creswell and Poth (2017) were included and implemented. Prolonged engagement and observation in the field of study took place. During the HMT, I built rapport and trust with the participants by maintaining a presence at the program. To address validity in the study, triangulation occurred in the data analysis phase. A triangulated

investigator looked at the same transcriptions and made notes on coding, themes, and patterns using the same method, TA (Braun & Clarke, 2013), as I did. The triangulated investigator was my peer and this was done in a dyad. I accounted for peer dynamics by selecting someone who would challenge any biases I held. The triangulated investigator also code-checked the themes I identified and added theme suggestions, that were used in the analysis, that proved to help create a deeper understanding of the phenomenon. Peer review was also used to increase the validity of the design. A peer of mine reviewed the rough manuscript, as well as the analyses of the triangulated investigator and me, and provided feedback that was also used. The same careful selection of choosing a peer reviewer that would challenge my biases was incorporated. Member checking was implemented in the study which entailed randomly assigning a participant of the study and asking them to review the transcript for accuracy. The participant confirmed the accuracy of the transcript and no further feedback was given.

### **Ethics**

The first and foremost ethical consideration in conducting this study was to receive board approval from the Institutional Review Board of Antioch University New England. Following this, as generally outlined by Creswell and Poth (2017) a review of ethical standards took place, as well as approval seeking from the facilitators and participants of the study, and approval of all instruments in the study.

At the beginning of the HMT, it was deemed ethically necessary to speak with all participants and inform them about the study and that their participation was voluntary in both attending the program and participating in the interview. Participants were also told they could drop out at any point of the study and would be provided the HMT book and referrals at no cost to them. At this point, I obtained written consent and gathered demographic data from each

participant. While collecting the interview data, I built trust and alliance with the participants throughout the HMT and in the dyadic interview process. Before and during each dyadic interview, the purpose of the study, an ethical discussion, and sharing the incentive (no-cost treatment for HMT and copy of the HMT book), as well as the offering of further treatment opportunities (with the cost borne to the participants) was provided. They also were provided an explanation as to why the interview was being recorded and that the recordings would be reviewed and then ultimately destroyed according to IRB policies. Additionally, they were notified that the use of pseudonyms would be undertaken to increase confidentiality. The transcriptions and data were then securely stored to avoid breaching confidentiality. While analyzing the data, I made sure to assign pseudonyms to the participants and add these to the files. If this study is published, copies of the study will be provided to the facilitators and participants of the study. The information gained will not be used for another publication. Power imbalances were also examined around the data collection and other aspects of my participation in the HMT program. The lead facilitator, cofacilitators, and technology expert were paid for their services. The study was self-funded as the cost was borne by me, the researcher.

### **Researcher Reflexivity**

As the researcher for this study, I am a Licensed Marriage and Family Therapist, a certified EFT therapist and supervisor, and cofounder of The Michigan Community for Emotionally Focused Therapy. In my private practice, I provide EFT to couples and families. In my personal relationships, I utilize the principles of this theory. I am an adult adoptee in a relationship and have attended an HMT program with my partner and contribute to HMT programs as a helping facilitator. I am admittedly a biased researcher on this topic, which certainly provides the reasoning why I am so drawn and committed to this research. As a

practitioner, I have witnessed great improvement with clients using EFT and HMT as well as increased bonding and greater understanding of attachment with my partner and family using this theory. This being said, I also recognize the importance to remain ethically mindful in understanding and revealing different experiences other than my own in this study. It is important to note that, although I do work with adult adoptees, this is not my specialization nor have I previously conducted research on this population in respect to my clients. Having completed a case study on adoption as a thesis in my prior master's program, I researched the concept of role confusion regarding my personal adoption triad; however, I have never looked specifically on attachment and the adopted adult in their romantic relationship. It has become a growing interest as my studies in attachment and EFT have continued, which afforded an experience to realize a gap in the literature. Acknowledging that all results of this study are up to interpretation, I understand the importance, as the researcher, to bracket off my perceptions to avoid biases and to do this to the best of my ability. Using a triangulated investigator, peer review, and member checking has helped in achieving this goal.



## CHAPTER IV: RESULTS

This exploratory pilot study used data from semistructured interviews and focused on the primary interview question: “Now that you have attended the HMT psychoeducational program, as an adult adoptee in a relationship and as the partner of an adult adoptee in a relationship, how do you experience or make meaning of attachment in your relationship, specifically relating to adoption, if at all?” Three couples completed the study by attending the Hold Me Tight (HMT) workshop and participating in the dyadic interview.

In the recruitment phase of the study, nine couples were assessed as potential participants in the study. Five couples fit the criteria. One couple did not attend the study because of a time conflict. One couple dropped out of the HMT workshop during the study due to personal reasons. That couple is currently seeing an emotionally focused therapy (EFT) therapist for treatment. All nine couples were given a copy of the HMT book. Three couples fully completed the study by attending the HMT workshop and participating in the dyadic interview, both online via Zoom. A brief demographic description of each couple follows (pseudonyms are used to protect the confidentiality of the participants):

- **Couple 1—Charlotte (the adult adoptee) and Steve:** A couple in their thirties who have been married for 13 years. She identifies as cisgender female and he as cisgender male. She is Asian and he is Caucasian. They are an upper-middle-class professional couple and live in the Midwest. She was adopted at 4 months old, which included a foster mother in Korea up until the adoption was finalized in the United States.
- **Couple 2—Daniel (the adult adoptee) and Hannah:** A couple in their twenties who have been married for 1 month and in a romantic relationship for 5 years. She identifies as cisgender female and he as cisgender male. They are both Caucasian. They are a

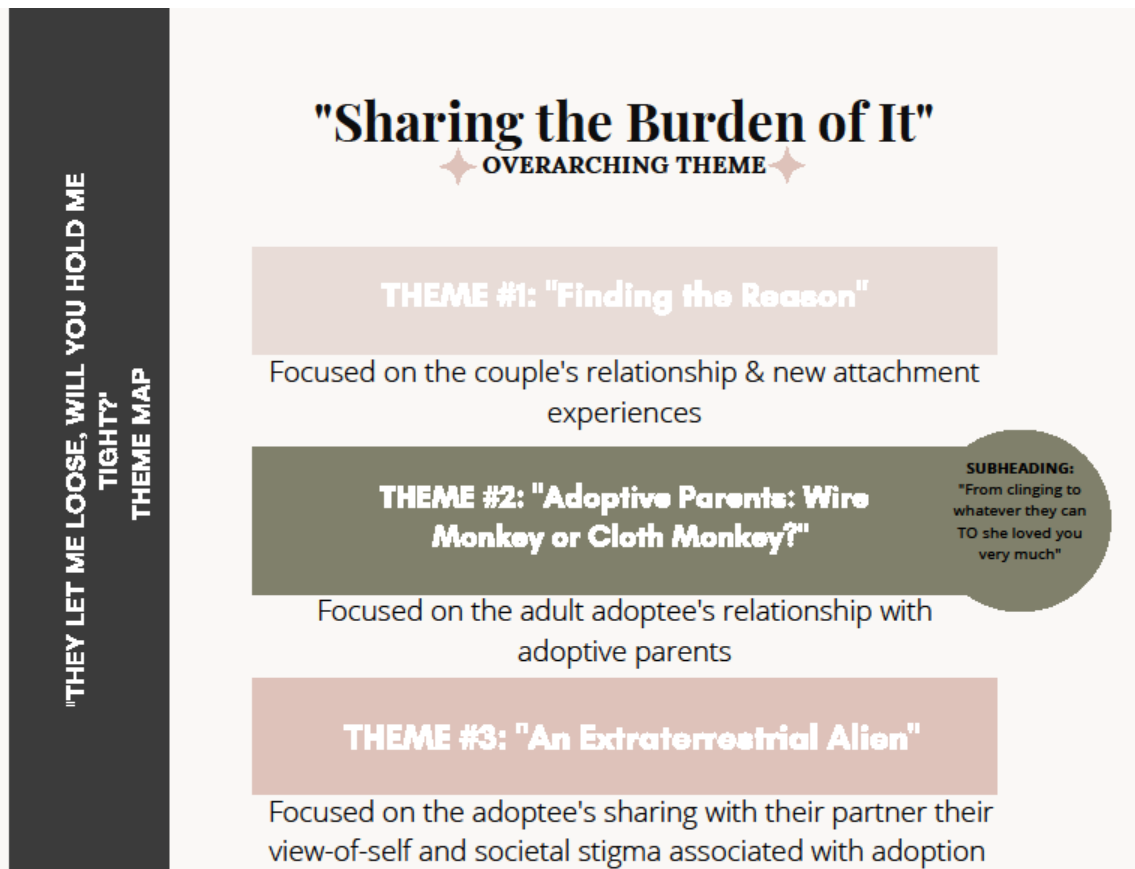
middle-class professional couple and live in the Midwest. He was adopted at birth, straight to his adoptive parents without intervening foster care.

- **Couple 3—Alex (the adult adoptee) and Rachel:** A couple in their forties who have been married for 3-1/2 years. She identifies as cisgender female and he as cisgender male. They are both Caucasian. They are an upper-middle-class professional couple and live in the Midwest. He was adopted at five weeks of age.

### Themes

The key overarching theme derived from the data is “Sharing the burden of it.” As highlighted in the below theme map, this theme has roots in all of the study’s themes because the adult adoptee shares their experience and meaning-making of adoption-related attachment experiences with their romantic partner. In this sharing, three themes (and subsequent subthemes) were identified. These themes created new meanings of attachment for the couple, heightened awareness and deeper understanding of their and other relationships in the adoptee’s life. Most attachment discoveries were related back to the couples’ attachment and increased their connection. All partners of the adult adoptees were responsive and collaborative in the meaning-making process.

**Figure 1**  
*Theme Map*



The first theme, "Finding the reason," focused on the couple's relationship and exploring the meaning of attachment, in regard to adoption, in their relationship and their new attachment experiences and discoveries, awareness, and understanding created from this focus. Under this theme, we address the relational attachment patterns, or cycle, in their relationship and how adoption and attachment may influence them.

The second theme, "Adoptive parents: wire monkey or cloth monkey?" focused on the adoptee's attachment relationship with their adoptive parents emphasizing secure versus insecure attachment and the sharing of these experiences with their partner. The impact on the relationship was discussed. A subtheme identified here focused on the transitions in early infancy

and childhood; for example, the transition between birthparent to foster parent and then to adoptive parent. This theme is called “From ‘clinging to whatever they can’ to ‘she loved you very much.’” This subtheme will also be explored through the attachment lens of the adoptee’s current relationship.

The third theme, “An extraterrestrial alien,” focused on the adoptee’s sharing with their partner their view-of-self and feelings of societal marginalization emanating from their adoption and how it has affected their attachment to themselves and to their partner. In this theme, the adoptee shared with their partner experiences of negative primary feelings and the greater social stigmas associated with adoption and shared the relational affect with their partner.

It is important to note, for the purposes of interpreting results, that each adult adoptee identified as the “withdrawer” (avoidant attachment style) in their attachment pattern and their romantic partner identified as the “pursuer” (anxious attachment style).

### **Theme 1: “Finding the Reason”**

This theme was derived from the participants discovering the “reason” for their adoption-related attachment injuries, which they shared with their partners. These reasons are highlighted in the text as well as the experiences and meaning-making that surround them.

The data were rich in qualitative experiences of partners sharing new understandings of attachment in relation to adoption with their partners. Beginning with Charlotte and Steve, Charlotte (the adult adoptee) had, for the first time, started to share with her partner her older views of attachment relating to her adoption experience. She relates in this excerpt how she never saw herself as the child that was given away and recognizes, rather, that she keeps an arm’s distance from that reality:

Charlotte: Um, I remember with, when I was pregnant with my first, I was just in the shower, I was probably like thirty-six weeks, and I was looking at my gigantic belly and I

was thinking about my birthmother, which I never, like, just don't really ever think about. But, I was like—somebody did this for me, like, and then they just had to give me away. Like, it was just really impactful. And, I was like, wow, what a thought of like, just everything that goes into pregnancy, and everything that you do for this child that you are giving away. And then, but then that was the context of it. Never, like, thinking of myself as the child that was given away.

Through the HMT program, new attachment-/adoption-related feelings started to emerge for Charlotte. During the foundational attachment teaching section of the workshop, the facilitator showed a video of Harry Harlow and the rhesus monkey experiments on attachment (Casper, 2008). This experiment showed that the baby monkeys did not attach to their mothers because they provided food, they more so attached because of comfort. Briefly, in the experiment, Harlow removed the monkeys from the biological mothers and replaced them with two fake mother monkeys—a mother made with wire that provided food and a mother made with terry cloth that did not. The baby monkeys spent the majority of their hours with the terry cloth monkey and only went to the wire monkey for food. As we were discussing the HMT in their interview, Charlotte interrupted her husband to recount her experience watching the video:

Steve: Like, it was more just the whole time it felt like it was just about us. And about understanding how each of us works and how we work together and ...

Charlotte: Although ... although I will say, I got like, weirdly emotional and I brought up several times to Steve about this, that, like, monkey video, where it just made me so sad! And I was, I was like, oh man! When you think about, like, a baby that gets separated from its mother, like its birthmother, and then goes into, like, I went into a foster home and I had a foster mother. But then I might become attached to the foster mother and the foster family and then, for like four months, and then suddenly I'm shipped off to the United States and I am just handed over to this, like, random family and it's like, wow! It's just so sad. I can imagine just like a baby, just like, clinging to whatever they can and then, like hopefully it stays consistent, but what an injury to be taken away from something that was a constant for even just like four months.

Charlotte had been thinking during the HMT workshop about how intriguing it was that attachment injury could be “a thing.” She had started to experience this attachment injury feeling and shared it with her husband. She had now acknowledged the connection that *she* was the baby

her birthmother gave up for adoption. She exclaimed in the interview, “Like, I’ve never done that before!” At one point in the interview, she became teary and shared with her husband that this made her feel really emotional. Her husband shared that she had always just “brushed off” her attachment-related feelings about her adoption when they were dating and engaged. Her husband held and comforted her a couple of times during the interview. At one point, he expressed,

to have her cry just like she did now, this tenderness inside of her that is associated to some degree with this monkey who she can see and she can feel tenderness for and applying it to herself was just very different, very unique. Like, I haven’t had to hold her while she cries much and ....

He went on to share, “she doesn’t really cry because she is feeling sadness. She cries from frustration, and grief that we’ve had a bad interaction, but she doesn’t really cry from tenderness.” He realized that she probably had “emotions down deep” but she had not felt comfortable expressing these emotions. He continued, “It felt, like unique. Because 99.99999% of the times that she’s ever cried, it’s been because of me.” Charlotte continued to share these new attachment discoveries with her husband, “I think it was just acknowledgment of the fact that, like, something was wrong at some point. Or like not having, I’m getting emotional again, like not having that fulfilled?” She went on to share,

I think it was almost validating to have it (the realization of attachment injury) too, to know that there’s maybe like a reason for why I feel sad ... or feel like there’s a reason why something feels off sometimes.

The couple explored these primary feelings with each other and felt and looked visibly connected through the new experience. A bonding moment occurred, filled with a richer understanding and a felt sense of attachment injury that allowed her husband to get closer to her, and for her to open up, in a new and meaningful way for the couple. It is important to note for this couple that another important new discovery of attachment injury and understanding about adoptive parents

and the transition from birthparents to adoptive parents will be spotlighted in Theme 2, as it is specifically related to that theme.

Alex (the adult adoptee) and Rachel learned some of these “reasons” as well through their experience during the HMT workshop and in the sharing of adoption-related attachment experiences. This couple was different from Charlotte and Steve in that they had previously explored ideas around attachment and his adoption together in their relationship. This was not a new discovery for them, as it was for Charlotte and Steve. In fact, when initially asking the research question to the couple, Alex jumped right in to the conversation and said, “I think all of mine is connected to my ado-- adoption, just feeling like, um, the unlovability which I think is connected to the shame, it’s the same thing, uh, because I was abandoned as a little baby.”

Learning about their pattern of attachment (in the next stage of the workshop) held some promising discoveries. However, much like Charlotte, the adult adoptee from Couple 1, Alex had been disconnected from the idea of any attachment injury earlier on in his life and did not believe it had any influence on him. Yet, Rachel noticed, early in their relationship, that something was really hurting Alex about his adoption, and, as their relationship matured, he became more ready to explore that with her. The discovery for this couple was not in just learning about adoption-related attachment injuries for Alex, some of these injuries had been explored in their relationship prior to the HMT, it was the impact of adoption-related attachment injury on their attachment pattern as a couple. The couple shared that during the workshop they were stuck on an exercise. A facilitator went to help them. Through this help, Rachel made a discovery that helped unlock years of a stuck cycle and helped her find the reason for their stuck place. They learned their pattern involved Alex’s deeper feelings of shame and his being disappointing to Rachel. When he feels this way, he withdraws or shuts down or, in the case of their discovery

during the HMT, becomes defensive. He explained to Rachel that if he could just say the perfect thing, then he could stop the cycle or slow it down, in hopes that Rachel would love him again.

The couple started to make sense of this through the lens of adoption and attachment:

Rachel: “We were talking about how maybe that’s a little bit related to, when you’re a tiny baby, if you could have just figured out the secret code to get Mom to keep you—”

Alex: “Uh-huh.”

Alex went deeper into those feelings of shame and shared that it felt like a spiral of just being inadequate. Rachel understood and added that the inadequacy is connected to him feeling unwanted. She shared in his voice, “If I was more adequate, I would have been a wanted baby ... My mom would have kept me.” Alex agreed that because he was inadequate, his (birth) mom did not want him. The couple shared that they had not processed this before the HMT. Alex cemented this by sharing that he had not processed the shame before the HMT or the feeling of being unlovable. Rachel knew about some of the feelings of attachment regarding his adoption, but now felt that those feelings were clearer in the context of their relationship. Simply put, the couple was able to now see how adoption impacted their attachment in his reaction to pull away from her in their pattern. This discovery helped her have a much clearer understanding and even greater sense of empathy to what might be happening inside of her husband when he felt threatened in their pattern regarding her leaving him. Rachel could fully grasp his aloneness and abandonment that he felt in a deeper way and how hard it was for him to then reach out for her in her own feelings of abandonment. Rachel said that he was in his own world trying to figure out how to make her feel better. Alex began to share even more deeply by telling Rachel that his alone place was the same place where he feels abandonment from his birthmother. He shared,

with that part, because I didn’t know where it was coming from before, it didn’t seem, like, it seemed like controlling to me, and that’s why I went defensive, but I didn’t understand that it came from the same abandonment place.



Alex and Rachel continued to process this as an attachment injury and recognize how they didn't want to go through this alone, but together. Rachel understood that it was an attachment injury for him, and that this experience had allowed her to feel the trauma of his attachment injury and use their partnership to protect him so that he would not be responsible for it by himself. Alex agreed that, through this new experience, they can repair the trauma, He shared, "She's definitely my secure attachment object now, which I don't know if I've ever had one before." In this excerpt, Rachel and Alex sum up their discovery about the underpinnings of his adoption on their "dynamic" and how they have a clearer view now:

Alex: Um, I always felt that I could have the adoption, we've talked about attachment before, we've talked about a lot of things like this before, but I think the dynamic in our own relationship is harder to see, for sure.

Rachel: Uh-huh.

Researcher: Okay, okay.

Alex: We (unclear) have the obje— objectivity.

Rachel: That's a really good point.

Alex: Yeah.

Rachel: Yeah, I think that that's like, we can talk about his adoption, and his experience of the adoption, and then my experience, but we were missing the piece of like, well how do these things interact, how is this, like, playing out between us, because I can support him, you know I remember when he was looking through databases trying to figure out if his mom was looking for him, and he was so tearful, and he was so sad about it, and I could hold him through that, but that didn't, that was just me as a supportive spouse, but not in the relationship about how the dynamics about his adoption play into the between us, so this has been really, that's what we were really missing.

Alex: Yeah, we were.

Researcher: Oh, wonderful!

Rachel: Yes.

Alex: It's helped a lot.

Rachel: I mean, we loved it (laughs).

Through the HMT workshop and learning about their attachment in their cycle, Rachel and Alex reported understanding their dynamic better and realizing that Alex's adoption did play a significant role in their attachment pattern. Rachel explains this from the view of the adoptee's romantic partner:

Rachel: I think that that's ... I think that's so important, at least this is my bias, I think it's so important, when you're dating an adoptee to understand or to have some softness toward the fact that it's like an invisi— it's a preverbal, invisible wound, that comes out in these ways, right, and his defensiveness, or feeling controlled, isn't a way that, that we can talk about it, but now we have some more language for it.

In the case of Daniel (adult adoptee) and Hannah, a specific reason or new discovery around attachment injury due to abandonment of birthparents or like reasons was not present in the data. Daniel did report and share with Hannah that the attachment injury for him was more from social stigma and there were profound revelations there that he shared with his partner (which will be highlighted in Theme 3). However, it may be of some interest that a new discovery in their relationship did appear around learning about their attachment pattern, much like Rachel and Alex, in the HMT workshop. Daniel and Hannah explained their pattern in the interview. Hannah identified herself as the pursuer (anxious attachment) and Alex as the withdrawer (avoidant attachment) in their attachment pattern. However, Daniel shared with Hannah and me that he discovered that he was the pursuer in the beginning of the relationship:

I was definitely the pursuer then for the first few months, and then I started to feel more comfortable with it, and, uh, and then later on, you know, I would start to ... I would not give her the ... re— you know, encouragement and reinforcement, uh ... and, you know, I wouldn't remind her as much that— I wouldn't make her feel as much that she's appreciated and loved and desired. Uh, and then, you know, she definitely became the pursuer at that point, and, uh, and has been so since then.

Daniel explored his experience of this in a new way and expressed that it allowed him to understand his wife better. He shared that it wasn't until the day before, in the HMT, that he started to realize that in the first few months of their relationship, he was the pursuer. He thought the HMT helped him a great deal in understanding with how she might feel in the pursuer role in their pattern. Hannah felt strongly that Daniel had opened up in this process and shared her experience of the couple learning about their attachment through the HMT and that she thought it provided a safe way for them to communicate, versus the arguments they have had. She also shared that learning about their attachment in the HMT provided a safer way to have difficult conversations and that she believed he felt safer speaking more now and that the HMT was a good thing for their relationship. Even though these statements weren't directly related to adoption, they are important to note in their exploring of their attachment in general.

More of these new discoveries and awarenesses were identified in the data. One was in Charlotte's and Steve's relationship as Steve connected his position in the cycle (a pursuer) and how he may have approached being adopted, versus how his wife (a withdrawer) approaches it. He shared with his wife that he always felt like it was a little weird that she never had any curiosity about her birthparents. He recalled how she was never really motivated to find her birthparents, as sometimes other people are, and that there was not a driven curiosity there. He noted her lack of emotion or willingness to discuss her adoption and that if he were adopted, being a pursuer, he would probably react differently or emotionally handle it differently. He expressed that she, "probably has emotions down deep about it but hasn't felt comfortable handling emotions." It was in these types of exchanges that the couple really processed a bit deeper the meaning adoption-related attachment had on their cycle. This meaning-making was a thread in the entire data set. In most of the data, these understandings and experiences were

directly related to adoption and its meaning in their relationship. More of these types of new meaning making experiences were highlighted for the couple. In the interview with Charlotte and Steve, they were asked a sub-question related to an experience of learning about their attachment, in relation to adoption, that they would like to share or more they would like to add. Steve brought up a painful experience in their relationship that he had some more clarity on after learning about their attachment in the HMT. Charlotte and Steve have two very young biological children. Steve has always been open to the idea of the couple adopting children as well. Charlotte has always been “vehemently opposed to even considering adoption.” The couple have discussed this topic on many occasions and Steve has always left the discussion with very little understanding of his wife’s opposition. Steve was very passionate about the topic, explaining that they have many examples of friends who have adoptive siblings and have a great home life. He also shared how many people in their church had wonderful examples of adoption. He wondered why his wife did not want to “pay it forward” in adopting a child together. He shared that it didn’t make sense to him because he had a horrible father and yet was not opposed to becoming a father. He knew that Charlotte did not have a secure relationship with her adopted mother, but still he could not understand it. She shared that she would always give him a “hard no.” He knew that she would never change her mind, and this was always confusing to him. There was always a line in the sand. Through the HMT, Charlotte was able to share her vulnerability, for the first time, on this very disconnected topic in which they would always disagree. She shared that she could never verbalize it before and even though it was an “irrational” feeling, she felt that if she adopted a child, the same thing that happened to her (an insecure attachment) would happen to that child. She shared with her husband, for the first time, that “adoption is the reason for why it was so bad (for her).” Steve started to soften and take this

in so she could continue. She shared her fear that she would have a broken relationship with the child and wouldn't be able to connect with it if she was not biologically related. She shared that, "There would be a disconnect. It's just like a barrier to good connection." It was still a bit difficult for Steve to take in, so Charlotte told him it was just "innate" in her. He understood, then, that it was just something different inside of her, borne from her adoption-related attachment injury. He was thankful that she said it was probably irrational, as he suffered in making sense of it in his mind. She was able to continue further in her vulnerability and share that this was the reason that she was so against adoption. She shared that it was an emotional disconnect and some attachment injury that she can't explain on a conscious level. She shared that she was blaming adoption, to some degree, for this injury.

Charlotte found the reason and *shared* the reason. And even though it did not make rational sense to either one of them, they had a deeper conversation about the feeling that Charlotte had, and she was able to share that it had to do with adoption-related attachment injury. The couple did not fully resolve the topic; however, they looked more connected after the discussion than when going into it, and a different conversation was able to now take place. Both had understood how adoption had influenced their attachment in this matter.

## **Theme 2: "Adoptive Parents—Wire Monkey or Cloth Monkey?"**

This theme was identified because a large portion of the data turned toward the adoptive parents of the adult adoptee and looked at this possible influence on the couple's relationship. Each adult adoptee shared their attachment experience with their adoptive parent(s) and subsequently with their partner. Because the interview was semistructured, this sub-question was not part of the script and, therefore, not prompted for any of the interviews. Therefore, this attachment with the adoptive parents was brought up organically throughout the entire data set.

The subtheme of “From ‘clinging to whatever they can’ to ‘she loved you very much’” will be highlighted under this main theme to discuss the significance of the transition process (or lack of transition) from birthmother to foster parents (if applicable) to adoptive parents and its influence on the adoptee’s attachment and in their relationship.

All three couples discussed the topic of emotional availability of the adoptive parents and whether the adoptee could discuss feelings regarding their adoption with their parents. In Alex’s and Rachel’s interview, Alex shared that his mother, and definitely not his father, did not understand trauma associated with adoption and that they never really talked to him about that. He explained later in the interview that he thought that his adoptive mother had her own issues where she wasn’t available around the adoption. Rachel agreed with Alex on this point. Rachel spoke to the loneliness that she thought Alex must have felt around this and that their relationship was a place that he could now share, and learning about attachment in the HMT is a key factor in that:

Rachel: But, um ... I think that was one of the things, this is my interpretation, you can, but that there was a lot of loneliness for a lot of Alex’s life because he never had anybody he could talk to about his own feelings about being adopted, and so that when we got, and he offered very early, like, this is something that’s been on my mind for a long time, that it was, it was something that troubled him.

Researcher: Uh-huh.

Rachel: But he couldn’t figure out a way to sort it out relationally, I think, and this has really given us more structure to be able to, like, have a safe place to talk about this.

In the interview with Daniel and Hannah, this was quite the opposite. Daniel, from the beginning of the interview, discussed having a secure attachment with his parents. During the discussion on adoptive parents, I even underscored the question by asking directly, “Did you feel like you had a secure attachment to your parents?” Daniel replied, “Yeah.” He was adamant that

his adoptive parents were supportive and loving and shared that he thought he was super lucky to have the parents that he did. He felt that it was an innate sense for him to have felt love from his parents. It was even surprising to him that that may be a new concept for people and shared succinctly that it was always something he understood; that family is who you decide them to be. He had a very easy, matter-of-fact nature in his descriptions of his attachment with his parents. When asked about the conversations with his adoptive parents surrounding his adoption, he shared:

Daniel: I've always known that, and my mother has always made it very clear to me, you know, I, I probably asked when, when she first told me, and I, I don't remember this, I probably asked why, or what about my birth mother, you know, I was asking questions about it, and my mom told me that she, she had, she put me up for adoption, uh, because she loved me very much, and she knew she wouldn't be able to take care of me.

It was very clear that Daniel had a strong connection with his mother and a strong connection with his father, although he did share a story about how his father was not there for him on one occasion and that his mother was "stubborn," and they used to fight a lot growing up. However, he also shared that there was always a sense of repair. He shared that his mother made it clear to him that his birthmother wanted him to know that "she loved you very much." He expanded on this:

Daniel: Yeah, that's, she said it was the hardest, it was probably the hardest thing that she had to do was, was to give me up, uh, even though I hadn't even been born yet, you know, she, she did it for, for me and she loved me, so um ... I've sort of always known that, I've always felt loved and supported, so I'm, I'm fortunate in that way.

As he shared these experiences, Hannah would listen and agree with ease. Between the two of them, the telling of these experiences was fluid and they were very much together in the sharing. Secure attachment to his adoptive parents was evident. However, to get clarification, I asked if there was any attachment injury from his parents or anything that influenced Hannah and Daniel in a negative way regarding them, and, in essence, his birthparents. He replied, "I'd, I

would say zero in my, in my case.” When asking Hannah the same question, she turned to her husband and shared:

Hannah: I’m not sure. I, I mean, I believe you if you say that, that it doesn’t, then that it doesn’t, I, I mean, because it can stem from so many other places throughout your life and in, in different ways, and so ... it’s never really come up as, like, you know, deep conversations as long as we’ve, we’ve been together, about, you just explained to me your, your past and how you were adopted and that process, but, um ... yeah, I, I would say no then. Yeah.

Hannah’s answer was not as clear and straightforward as Daniel’s was. It left some room for interpretation. It was very clear, however, that she supports her husband in his journey surrounding these conversations and wanted him to know that.

Charlotte shared in their interview that she was emotionally disconnected from her adoptive parents. Steve reported that her parents would leave books for Charlotte on her adoption and other topics including why she looked different from other people, rather than speak to her directly. Charlotte did not feel that she could come to them with her emotions regarding her adoption. Charlotte and Steve had another vulnerable moment together as she really took in how she was impacted from the video on the monkey and her adoptive parent attachment injury associated with that:

Steve: When we watched the monkey video, never crossed my mind to be sad about it personally. It was sad in the same way that you don’t want to see another living being in pain or sadness, you know, and I felt bad for it as a, as a animal experiment, um, but I didn’t really think about it, uh, the way she did ... there’s this conceptualization of the beginning of your life as your root and your foundation that’s just very fundamentally different for her than it is for me. And, that’s something that I can only understand to a limited degree by proxy, when she communicates about it and she’s not ...

Charlotte: Which I don’t communicate very well.

Steve: ... a big communicator.

Charlotte: Sure! I think it was just never having thought about that before ...

Researcher: Yeah ...



Charlotte: And, just like having it brought to the forefront was just like really sad! And, sorry, I'm getting kinda emotional about it (starts to cry), it just really sad to think about, like, a baby not getting that, and having it be in the context of me, was just really sad. (Crying hard—Steve puts his arm around her and comforts her).

Steve: You did mention, um, like, how the monkey, like, scrambled to try to get back to the person that like brought it to that cage area and they, like, had to keep pushing it away ...

Charlotte: It's also an injury the fact that I didn't really get connection from my adoptive parents either.

Charlotte: So it's just very sad for me to think about, like, myself not getting it.

Steve: Yeah, so, um, I asked her like—do you ever remember, um, being comforted when you were sad by your mom? Like, was there ever a time where your mom said something to help you feel better or you were going through something hard and your mom comforted you? Like, and she said no."

Charlotte: "I feel like it would be very different if I had grown up in a, like a healthy home, where relationships were healthy."

In this excerpt, it becomes clear Charlotte's desire to have a closer relationship to her adoptive parents and the lack of secure attachment in that relationship. She was able to share these very difficult feelings with her husband, who offered his support. In the room, the couple felt very connected as they recounted these experiences.

Following this, it is important to focus on the subtheme to Theme 2 "From 'clinging to whatever they can' to 'she loved you very much'" and it seems natural to continue with Charlotte and Steve for these purposes.

**Subtheme: "From 'Clinging to Whatever They Can' to 'She Loved You Very Much'"—  
Transitions from Birthparents to Adoptive Parents**

There is a transition process that occurs for adoptees to reach their adoptive home. Sometimes this transition is immediate, from birthmother to adoptive parent(s). Sometimes it is not, and there is a longer journey. An adoptee may stay with foster parents for a period of time in

this transition process. This study focused on adoptees adopted before the age of 6 months; therefore, long-term transitions are not discussed. Just as the topic of adoptive parents was an organic one in the interview, the same was true for these transitions.

As Charlotte and Steve continued their interview, something came over Steve as he was taking in his wife's new experience and meaning-making of attachment and, in this case, specifically her strong and sad reactions to the monkey video. The straight excerpt from the data is the most suitable relation of this exchange:

Steve: Well, can I ask something, because, I, she tends to have a hard time gaining insight into herself. She has a hard time communicating these deep inner things. And, we've been together for 13 years and I tend to have a little bit of insight. And, so I want to ask, because I think I saw in how you were talking about this and how you reacted emotionally multiple times since then about this video, and the way that you talked about the things you saw in the video, I have an idea that I think might be a little bit, maybe you're not realizing it, maybe you are and not articulating it, but, you saw, this person giving this baby monkey away, moving this baby monkey away from itself and it was obviously distressing to this baby monkey ...

Charlotte: uh huh.

Steve: The baby monkey would have liked to stay with that first person ...

Charlotte: uh hmm.

Steve: And then the baby monkey was placed on this comforting thing that couldn't supply its long-term needs ...

Charlotte: Uh hmm.

Steve: ... but it grasped on and felt comforted ... attachment and then because it couldn't, that wasn't a long-term situation, it was forced to move to this wire cage that wasn't comforting but provided nutrition.

Charlotte: Hmm mmm.

Steve: ... and your parents ...

Charlotte & Steve: were (like) the wire ...

Steve: ... Cage.

Charlotte: Yeah!

Researcher: Your parents were like the wire cage.

Steve: They provided nourishment. The fundamentals of biological life ...

Charlotte: Yeah.

Steve: ... but they, and you have that picture of that foster mom that you have always talked about, that lady who like was your foster parent that took care of you while you were in Korea. You've always wondered about that person who was so kind to take care of you as a baby knowing that she took care of you for months, knowing that she wasn't going to be able to keep you ...

Charlotte: uh hmm.

Steve: ... and you've always, kinda, wondered about her. I don't know, that to me seems like, ok, that I can understand producing this big of an emotion like, you go from your biological mom that you would have probably would have wanted to stay with as a baby to the foster mom who provided comfort, but it was short, to this mom who didn't provide for you (he gets emotional) emotionally, but fed you with the bottle.

Charlotte: (tears) Yeah, probably.

Researcher: That's beautiful. That's beautiful you guys.

Charlotte & Steve: (They hug)

Charlotte: Yeah.

Steve: When you see all that in a video and it probably says things that you couldn't have put to words.

Charlotte: (nods) Yeah.

Steve: (He kisses her on the head and pulls her close.)

In this emotional exchange, not only did Steve connect the attachment injury of Charlotte leaving her birthmother, but also the one with her foster mother, as well as her adoptive parents. It was a powerful moment in the interview, and it was as if the couple forgot they were being interviewed at all. Charlotte was deeply touched by her husband's new awareness and

understanding of her injury. She shared that it was good they were talking about emotions and thought it was healthy and hard but better than just ignoring it or burying it. She reiterated that attachment injury, to her, defined the natural bond that is supposed to happen between parents and their baby that they had.

The dialogue resonated with the overarching theme in this chapter of “sharing in the burden of it.” By sharing in the burden of her adoption attachment injury, the couple was able to have bonding moments and Charlotte was able to feel understood as she details here:

Charlotte: Yeah, yeah. Hm mmm. It feels nice to feel understood in this way also. Like, I think adoption is always kinda been like my own thing, or just it’s always been just like really personal. Never really talked about it with anyone else and so it’s nice to just have someone share in that with me. Kind of like sharing in the burden of it, I guess.

Steve had also come a long way from what he said he originally thought of attachment injury before learning about his wife’s attachment at the HMT:

Steve: It’s always just been, you know, she was adopted at four months of age, that’s before we’re forming memories, that’s before we could possibly have, you know, any permanent impact from what happens to us as long as, you know, there’s no brain damage or something like that so ... it never really crossed my mind that idea of attachment injury from that early in life. You know, everyone reassures you that your baby’s not going to remember this, you know, if you get mad or yell at them when they’re a newborn or something like that. Everyone’s always very reassuring of that kind of stuff ‘cause no-one can really test that and prove it.

Alex and Rachel shared in their interview that their transition involved Alex being put up in a foster home for five weeks. He reported that he had a loving adoptive family, but there were other issues. He shared that it definitely wasn’t the worst family he could have been put in. It is important to note that he said even though that was true, he thought there was trauma there that aided in his feelings of being unlovable and ashamed of his feelings or what he was, or who he was. He shared all of this with Rachel in the interview.

Daniel and Hannah shared that his adoption was arranged before he was born when his birthmother was pregnant with him. It was implied there was no transition at all. His parents applied for the adoption and knew he was theirs before he was born. This was the adoptive mother that shared, as soon as Daniel was curious, who his birthmother was and how much she loved him. This was also shared with his partner in the interview.

### **Theme 3: “An Extraterrestrial Alien”**

The data for this theme came up across the entire data set. The adult adoptees shared with their partners the feelings that have made up their identity and connected this with their adoption attachment experience. There was a common theme of something being “wrong” with them or flipped, the fear that they are doing “wrong” to others, in this case meaning their romantic partners. Inadequacy, shame, and failure were highlighted, as well as greater societal themes such as social stigma associated with adoption. There was a general feeling of something wrong with them and feeling like an outsider because of their adoption.

One of the most poignant examples was with Daniel and Hannah. In Theme 1 and Theme 2, Daniel did not make many deep connections to attachment, specifically how it relates to adoption, and what this means for himself or in his relationship. However, when talking about the societal views of adoption, Daniel’s emotional intensity in the interview increased and there was a stark difference in his answers. In fact, he noted that the only negative aspects of being adopted is the societal stigma or societal reaction. Other than that, he shared, it had been a completely positive experience for him.

Starting from the big picture and moving to the inward feelings, Daniel shared that from the beginning of his life, he always felt that the entire universe knew that he was adopted, and people would ask him insensitive questions like, “do you know your *real* parents?” He said he

still never wavered in knowing that he was loved and supported by his adoptive family, but it made him question himself. As if something was “wrong” with him. He said that it hurt to have his family questioned as if they were not his real family. He did not understand why he was considered different and why he was adopted and other people were not.

It was not just people in his life, either. He recounted the experience of watching the movie *Dodgeball*, enjoying the movie, and out of the blue an actor says a line about being adopted, something about “no one loves you.” He shared that it always hurts when something like that would be said and questioned why they would have to say that. He shared that those type of comments would take him out of whatever conversation he’s having or whatever he is doing and make him feel “outside” of the conversation.

When asked if he drew a connection to his adoption experiences to his inward feelings about himself, he shared that the interview was the first time that he entertained the connection:

Daniel: I hadn’t yet drawn a connection between the two, um, and maybe there is, um, at this point I’m really not sure, but I guess my, my whole life ... I’ve, I’ve always had a fear of being inadequate ...

Daniel continued to share that he hadn’t made that connection before, but that it could be. He also said there are a lot of people out there who feel inadequate or who are afraid of failure and there can be an infinite number of reasons why that may be. However, later he became very introspective. He shared that, as he was thinking back to his childhood, he remembered something that he had “locked away.” Somewhere, around 8 to 12 years old, he “definitely, absolutely” felt like he didn’t belong in society. He felt he was somewhere outside of the gene pool or on his own or he was an alien. He said, and shared that he felt “cringy” saying it, that he would even entertain the idea that he was an “extraterrestrial alien.” He began to ponder the attachment connection by sharing:

Daniel: Obviously, most kids feel like they don't fit in or don't belong at some point, so I've mostly shrugged those feelings off, but perhaps my feelings were a little different due to having a different cause ... such as society, in an unintentionally painful way, reminding me that I'm an adoptee.

Daniel and Hannah shared a great deal in this more vulnerable way after the HMT. They both shared a few times that he was able to open up more after the program and they both had deeper understandings of each other and their relationship through the experience. More specifically, when going beyond the backdrop of the societal and familial painful stigmas and reactions to adoption, the more vulnerable feelings, such as inadequacy, were explored specifically in how they might be connected to the couple's attachment. We saw this in another exchange between Daniel and Hannah:

Daniel: I gue— I guess when I feel inadequate, in my case anyway, I've never felt inadequate for myself, like I've, I've thought that I'm, you know, whether it's a skill or something, I, I think I'm pretty, you know, at lea— at least like decent at it or something, but I've always questioned how people will see me, you know, uh, when I compare myself to other people and how I'll be seen by other people. May— may— and I, and, I'm not saying that definitively, I'm just kind of ...

Hannah: No, I just wanted to say, I think, um, your relationships are very, um, intense, like if we fight and I go, maybe this won't work out, this is a lot, you're, you're never like, you've never ever said anything like that, you never ... like if you brought someone into your life to a level that you would care for them, you'd pick up the phone at midnight type of level of friendship, like ... you'll never sort of, like, backtrack. I guess I just, I've had those friendships where, okay we're good friends, and now, like, we kind of drift away, but like, if you brought someone, like into your inner circle, like, you'll do anything to keep that person really close. I don't know if that relates to anything that we've talked about, but I just, I know that about you ... you know, personally, like it's ... you keep your circle small, but who is involved is like, you, you very intensely love, very closely.

This excerpt shows the relational quality of how his feelings of inadequacy may influence Daniel's relationship with his wife and with others. When I asked further, with specific regard to their relationship and what it was like to hear that from his wife, that "maybe this won't work out," Daniel connected the isolated feeling again by sharing,

Yeah, the when, when she has said that, um, it made me feel like cut off from the whole universe, like ... it made me feel truly alone. Um, and, you know, that something is, is at fault with me.

Steve believed his wife, Charlotte, also felt this social stigma, but a bit closer to home.

Charlotte has two older sisters who are white, “Dutch American” looking. When she was younger, her parents sent her to Korean camp. They shared that her parents were trying to help her come to the conceptualization and realization that this was part of her history, but Charlotte felt that it was probably more confusing to her in the long run. She shared with her husband, “I was like, ok, you’d learn about your culture, well, this isn’t my culture. This is just where I come from.” Steve supported her and agreed that there was no part of that present in her home or in her life. Charlotte added that there was no open dialogue about it. The couple discussed this in attachment terms. Charlotte said that she had wondered how being adopted affected her ability to relate to others in the sense of attachment, and Steve joined in, saying that she is not biologically related to them, and he did not know how much of it is biological or environmental or specifically related to any potential injury from the adoption process.

At one point, Hannah shared that she was so thankful that “he’s, like, opened up and talked a lot and said something.” It was clear that Hannah was feeling closer to Daniel as he shared these vulnerabilities. From the social stigma conversation where she shared how “how really hurtful that is” to her constant support, Hannah showed Daniel that she was there with him in the interview process.

Alex shared with Rachel in the first theme, much like Daniel did with Hannah in this theme, during the HMT, his feelings of being wrong or inadequate and how that tied into their cycle and their new way of understanding each other in the first theme. Alex shared,



I just, like, become a deer in headlights, where I'm afraid if I say anything, it'll be the wrong thing, so I just say nothing, or I did. Um, then ... I just feel more shame, and it's a spiral of just being inadequate.

The data did not directly reflect Alex's feelings on social stigma because that was not a prompt in the interview schedule and it was not present organically. However, Rachel interestingly ties Alex's vulnerable feelings into the marginalization that adoptees may feel and how partners and possibly clinicians or researchers can alleviate some of this social stigma by providing these spaces for adoptees to be heard, as there are very few spaces for these connections of deeper feelings of value, related to adoption, to be validated and understood in our world:

Rachel: Well, I was just, you know, one of the things that I think that was really interesting too, is I loved the adoptee framework for this, because it's nice to have spaces, and I'm sure you know this, for adoptees to be like, I have feelings about my adoption, period, and some of them aren't a completely positive, you know where there's, a lot of times the, the adoptee isn't centered in the, the narrative of their own adoption, and I really liked this because there was, even though we weren't centering it, there was this implied space to be like, we have space for, to figure out how both Alex's adoption affects him, and then, like he said, this sort of disguise thing, about how does it affect us together? And that was really ... nice

Whether it was the obvious social stigma regarding adoption felt by Daniel in his life, or the understated outsider feelings held by Charlotte in her family, or the need for adoptees to be able to reach out and have spaces to share their vulnerability in, or marginalization of adoption in a greater context as Rachel shares, the unexpected data underscored the need to bring this topic forward and validate its position in adult adoptees learning about adoption-related attachment injury in their relationships and in their lives.

## CHAPTER V: DISCUSSION

This introductory pilot study was the first of its kind to bridge the strong recommendations in the literature regarding adult adoptees and their romantic partners' unique attachment needs with any attachment-based psychoeducational approach. The psychoeducational attachment-based program Hold Me Tight (HMT) was used in this study to address this gap. The participants learned about attachment in their relationships during the HMT and therefore the purpose of this study could be carried out. This was to qualitatively explore the experiences of adult adoptees and their romantic partners' attachment, specifically related to adoption. The depth and breadth of their attachment experiences certainly resided in their relationships and highlighted the overarching theme throughout the data set of the adult adoptees sharing their adoption-related attachment injuries and experiences with their romantic partners. Thereby, the couples gained meaning, awareness, and understanding of their experiences relating to adoption together.

The goal in analyzing the data using experiential thematic analysis (Braun & Clarke, 2013) through the phenomenological lens was to balance an in-depth description of the couple's experience with common themes. Therefore, the experiential component of the analysis lies in the experience of the participants focusing on how they make sense of the world. My rationale in this was to illuminate the participants' experiences in a way that could provide a felt sense for the reader. Interpretations and synthesis of the data are given within the themes; however, a great emphasis has been placed on the actual words of the participants in order to account for their perceived marginalization as well as allowing the reader to interpret their own meaning in the rich narrative, increasing the interpretation of the data in a more meaningful and personal way that can inspire movement from the data to families who experience adoption, the therapeutic

field, and society. It would also be important for adult adoptees and their romantic partners to have the freedom to see themselves in the narrative, if it were fitting, and gain a feeling of universality in their position, allowing validation of their feelings and experiences.

The findings suggest all of the couples had a positive experience overall, with the majority of couples reporting positive *new* experiences or even relationship-changing experiences of attachment, based on deep adoption-related attachment sharing with their partner. The first theme, “Finding the reason,” was created from these experiences. Other findings were unexpected and did not center wholly on the couples’ attachment experiences of adoption in their own relationship, although they applied these experiences to it, but rather focused on other adoption-related attachment experiences of the adult adoptee. These experiences included a focus on adoptive parents and the transition from birthmother to adoptive parents (Subtheme: “From ‘clinging to whatever they can’ to ‘she loved you very much’”) and are located in the second theme, “Adoptive parents—wire monkey or cloth monkey?” Experiences focusing on negative view-of-self, negative primary feelings, and the social stigma of adoption stood out from the data and are located in the third theme, “An extraterrestrial alien.” This study demonstrated the need for adult adoptees to share adoption-related attachment experiences with their partners, after learning about and deepening their experience of attachment, and the benefit of this sharing in increased bonding and connection for the couples.

### **Interpretation of Findings**

#### **The Overarching Theme: “Sharing the Burden of It”**

This theme is evident across the entire data set and highlights the adult adoptee sharing their adoption-related attachment injuries and experiences with their romantic partner and gaining meaning, awareness, and understanding together. This sharing was evident in every

interview and underpinned the three themes. The results of this theme are aligned with the strong recommendations in the literature. Groncki (2010) believed that “adopted women could greatly benefit from education about adoption and attachment, especially how those attachment-related issues may impact their connection with their romantic partner” (p. 57). The results of this study support her belief. She also shared that both adopted women and their partners would benefit from the (psychoeducational) group. As this study represented both genders, this recommendation can be expanded and is particularly true here. In the case of Charlotte and Steve, Charlotte (the adult adoptee) was able to *feel* her adoption-related attachment injury for the first time when viewing the rhesus monkey experiments by Harry Harlow provided in the HMT. She reported never having been able to feel this injury before. When she experienced it, and experienced it emotionally during the HMT, she was able to reach out to her husband and share. In their interview, Steve shared that Charlotte really didn’t cry from tenderness. This clearly touched Steve, and they spent some bonding time in the interview just, literally, holding each other in these new discoveries. Note that Groncki’s study was based on female adoptees only and the majority of this study included male adoptees, so this might not be generalizable to men. However, the connection, as Groncki posited, did appear affected in a positive way, in this study, when the male adoptees experienced sharing adoption-related injuries with their partners. Therefore, the results of this study suggest there was a connection across gender lines.

It is important to note that all three of the adult adoptees in the study were self-identified as having an avoidant attachment style. They shared they were the “withdrawers” in the relationship. This supports the literature of Li and Chan (2012) in their meta-analytic review of how anxious and avoidant attachment affects romantic relationship quality where both anxiety and avoidance were detrimental to the cognitive, emotional, and behavioral aspects of

relationship quality. That being said, the idea that they were all withdrawers, who tend to not want to move toward emotional spaces, and yet had positive results in doing so is an interesting finding for the study as it contradicts the literature (Feeney, 2016) in that avoidantly attached adoptees would normally self-disclose less and are less likely to seek intimacy or support from others. Therefore, this study highlights the idea that in a setting of attachment learning that is safe and effective, the attachment style of a partner (in this case the adopted partner) can lean into a more securely attached behavior.

The overall goal of the HMT is to educate and encourage couples to become more accessible, responsive, and engaged (Johnson, 2010), therefore increasing their attachment security. All seven of the HMT studies reviewed for this study reported efficacy of the program with positive results in the couple's relationships, except for one (Fisher et al., 2014) which found more qualitative research was needed. Thus, in the present study, if the deep sharing of adoption-related attachment injuries and experiences were noted throughout the data set, and the couples' appearance of being more accessible, responsive, and engaged, shows that this study aligns with the goal of HMT. Feeney et al. (2007) highlighted this responsive quality in the romantic relationship by focusing on how it creates feelings of security and positive expectations, beliefs, and feelings about self and others, noting that insecurity is caused by the lack of these. This study confirms Feeney's findings because feelings of security were present for the couples as the adult adoptees shared their vulnerable attachment-related injuries and experiences with a high level of responsiveness from their partners. To move deeper into this concept, the first theme highlights the new reasons and discoveries found through this sharing between the couples and this concept of increased security between partners.

**Theme 1: “Finding the Reason”**

This theme focuses on the couple’s relationship and exploring the experiences of attachment in regard to adoption together, in their relationship and their new findings, new reasons, and discoveries in their attachment experiences. Increased awareness and understandings also occurred from learning about their attachment in the HMT. During the HMT, I asked the facilitators to share if any of the participants discussed adoption in their breakout rooms so that it could be noted. The only notable instance from the program was with Alex and Rachel, who shared with their facilitator the new discovery they had made in their relationship. This discovery showed up organically in their interview. As highlighted in the results section, Alex (the adult adoptee) and Rachel were not sure what they would discover once attending the HMT regarding their attachment. This couple, unlike Charlotte and Steve, had explored attachment before in their relationship—even adoption-related attachment injuries. Rachel knew that Alex felt sadness and many other feelings associated with his adoption. She learned that Alex would withdraw or shut down in their cycle and that would cause her to feel abandoned and reach out more. She felt his defensiveness. What she didn’t know, until learning more about their attachment in the cycle section during the HMT, was his deep shame and feeling of being unloved or unwanted by his birthmother. This was a new discovery for the couple, and they were, for the first time, able to connect this adoption abandonment to their attachment pattern. There was almost a sense of relief or joy for Rachel to understand that some of these feelings that Alex touches about his birthmother and of not feeling wanted by her were connected to his reaction of defensiveness. It was a lightbulb moment for the couple. They found “the reason” for their being stuck in the pattern, and this important experience and discovery created a positive domino effect through Johnson’s (2004) three stages in emotionally focused

therapy (EFT), which are taught in the HMT workshop: de-escalation of negative cycles, changing interactional patterns, and consolidation and integration. These stages were briefly experienced in Alex's and Rachel's learning about their attachment in the HMT. The new experience of Alex sharing his adoption-related attachment injuries in a new way with Rachel allowed them to de-escalate their cycle, rudimentarily change the pattern from the new understandings, and integrate their new knowledges and experiences back into their relationship by communicating how this worked for them. This allowed them to feel more connected to each other with a new felt sense of security between them.

This finding suggests strong support for my earlier question for this study that the goal of the study is not to understand whether change is reported (although that is a possibility), but whether the experience of learning about attachment and exploring it may alter the experiences of their attachment, and therefore, down the road, lead to change in both participants' attachment styles and relationships. It is my belief that this new experience for Alex and Rachel, may, indeed, alter their attachment experience and lean into more positive interactions and more secure attachment with each other in the future.

The data provided by Charlotte and Steve really highlighted their new discovery in Charlotte watching the baby monkey in the video and really allowing herself to feel her adoption-related attachment injury for the first time. She shared that it was validating to have the realization of the adoption-related attachment injury and that maybe there was a reason why she feels sad or that something is off sometimes. Groncki (2010) hinted that psychoeducational groups would provide this validation for adoptees. The HMT psychoeducation seemed to do this for Charlotte, and thus for Steve, as he was visibly able to help validate her in this realization and comfort her in this new place. He never realized that she had deeper emotions about this.

However, now she was able to express them. He shared that it was unique in that he rarely would see her cry and certainly not for these reasons. This couple also felt more connected through this experience and appeared to lean into more secure attachment from their experience. Although it was not an adoption study, the only purely qualitative study produced on HMT in the literature, Lesch and colleagues (2018) found similar positive effects of couples relating well and the deepening of their relationships after their HMT. This deepening of relationships is important to adult adoptees, who are known to be over-represented in insecure attachment (Borders et al., 2000; Despax et al., 2019; Feeney et al., 2007; Groncki, 2010; Howe, 2001; Irhammar & Bengtsson, 2004; Paperny, 2003). This example in the data of Charlotte and Steve highlights the impact of this leaning toward secure attachment by sharing adoption-related attachment injuries and promoting this deepening for the couple in these new spaces.

The general picture emerging from the analysis, in this theme, are the new experiences the adult adoptees are able to share in new ways, allowing them to lean into a more secure attachment with their partner. Yet another data point shows evidence of this: Charlotte and Steve experienced finding her voice in sharing with her husband the reasons, which were deeply held in adoption-related attachment injury, why she doesn't want to adopt children. This had been a stuck pattern for the couple as well, and Charlotte was able to voice this for the first time in a vulnerable way. The exchange wasn't fully processed, but it felt like a significant step for the couple in exploring their attachment. This example from the data strongly supports the literature as researchers have found that attachment plays an integral role in the romantic relationship between adult adoptees and their partners and supports the use of attachment theory in understanding adult adoptees' attachment security in their romantic relationships (Burns, 2015; Field & Pond, 2018; Groncki, 2010).



The majority of data from this study supports the theory that adoption-related attachment injury affects the romantic relationship of the adult adoptee and their partner. However, an interesting side finding of the study is that for one couple, Daniel and Hannah, although he shares adoption-related attachment injury with his partner in Theme 3, related to social stigma, he shares that it is not from any type of abandonment or injury related to his birthparents or adoptive parents and that this is not connected to his partner in any way. One could posit possible reasons for this discrepancy as being the length of their marriage, the age of the couple, the coming into awareness of any attachment injury, or simply the secure attachment Daniel reported with his adoptive parents—all plausible reasons that could account for this absence. The question of adoptive parents' influence on this finding will be explored in the second theme. However, for the purposes of this study, it is to be validated and accepted as the way it was presented, as it is beyond the scope of this study to over-interpret these results. Future studies will have to address this type of specific experience in more detail and depth.

### **Theme 2: “Adoptive Parents—Wire Monkey or Cloth Monkey?”**

This theme focuses on the adoptees' attachment relationships with their adoptive parents regarding secure versus insecure attachment and sharing these experiences with their partner. A surprising finding in the study was that all couples, organically and unprompted, highlighted the relationship with their adoptive parents and intimated its effect on their attachment. This demonstrates the strong link to the earliest of attachment theory provided in the literature by Bowlby (1969) that internal working models, learned early in life through interactions with their primary caregiver, provide the basis for attachment security or insecurity.

The majority of the couples felt they could not discuss adoption-attachment injury with their adoptive parents. In Alex's and Rachel's case, Alex shared that his adoptive mother had her

own issues where she wasn't available around the adoption. Rachel agreed that there was a great deal of loneliness in Alex's life because he never had anybody he could talk to about his own feelings about being adopted. Charlotte and Steve had the same experience. Charlotte felt that her parents were not emotionally available for her and that she was *never* comforted by her adoptive mother. Instead of having open dialogue about her adoption, they would provide her books on adoption or why she looked different than other people. Charlotte discovered in the study that she had two adoption-related attachment injuries. The first was the discovery of injury she felt about being separated from her birthmother, and the second was the injury of feeling disconnected from her adoptive parents. Charlotte felt that things would have been different for her if she had grown up in a home where relationships were healthy. The data from Daniel and Hannah support her feelings. Daniel discussed having a secure attachment with his adoptive parents and was able, from a very young age, to go to his adoptive mother for support around his curiosity and feelings about adoption. His mother would tell him that his birthmother loved him very much and that giving him away was the hardest thing that she had to do.

In this study, there appeared to be a strong link between the secure attachment with the adoptive parents and the reported felt sense of adoption-related attachment injury for the participants. Because this was an unexpected finding, it is not available in the literature reviewed for this study. However, the question of why this organically came up across the data set and what creates this link is intriguing. There may be a direct correlation between secure attachment in the relationship with the adoptive parent and a more secure relationship with the romantic partner of the adult adoptee. Research may show us that, and more research should find ways to explore it. Another, possibly less obvious link, although again with this small participant sample, is the adult adoptee *needing* to bring in the experience of their attachment with their adoptive

parent into the discussion with their romantic partner. The essence of needing their partner to know of their secure versus insecure attachment with their adoptive parent could be an important finding of this study. For the interviewer, it felt like the adoptees were reaching for their partner to fully understand where they came from and how this affected their current relationship. This connection should also be explored in future research.

**Subtheme: “From ‘Clinging to Whatever They Can ’to ‘She Loved You Very Much’”**

This subtheme was identified, under Theme 2, for its particular focus on the transitions from birthparents to adoptive parents. This concept showed up in a profound way for one of the couples and also underscored the other couples’ experiences.

In a powerful example of a new attachment experience, brought on by the sharing of Charlotte’s adoption-related attachment experiences, Steve began to deeply understand, in a new way, the effect that the monkey video had on his wife on a deeper level. As the results indicate, Steve fully took in his wife’s emotional experience of being transferred from her biological mother to her foster mother to her adoptive parents. It was a deep and meaningful moment for the two of them as Steve related what she must have felt in this transition. Both partners had tears and held each other. This data point was supported by the literature in that Helsen et al. (2000) believed that the romantic partner not only is a source of support for the adult adoptee but also an even greater support than that of the parent. This belief leaves room to support an early question of the study that these types of experiences can help repair some of the older attachment wounds of adoption and replace them with new experiences with their new attachment figure, the adult adoptee’s romantic partner. This is true for Alex’s and Rachel’s experience in the study too, as Alex shared that he thought that there was trauma there (in the transition process) that aided in his feelings of being unlovable and ashamed. Similar findings were found in the data

given by Daniel and Hannah, in the juxtaposition that there appeared to be no transition at all in their case. Daniel's adoptive parents knew they were to receive him while his birthmother was pregnant. This was followed up with a secure attachment with his parents in that he could go to them with his adoption-related attachment needs.

A positive link was obtained between the literature and the results in this study for this subtheme. Researchers have connected these difficulties with attachment early on (Groncki, 2010; McGinn, 2000; Topfer, 2012). Groncki (2010) found that one could assume that the infant's separation from the biological parent has a lasting effect on their attachment because their biological mother is their first attachment. However, the results of this study differ from some studies reviewed that found insecure attachment was shown only when the child was adopted at an older age (Howe, 2001; Irhammar & Bengtsson, 2004). The participants for this study were adult adoptees who were adopted before 6 months of age and thus are not considered "older" adoptees. At present, the goal of this study is not to determine if insecure attachment is solely born from an example like the transition process, but rather to encourage exploration and research into these types of findings, such as those found in this pilot study. It is important to ask whether Bowlby is supported in stating that attachment is influential from "the cradle to the grave" (Bowlby, 1969, 1982, p. 127). Because, if the cradle is not just a metaphor, but a reality, then attachment injury, indeed, could start from a very early age and be one of the indicators of attachment insecurity, as seen in the results of this study. What is most relevant for the intent of this study is to explore the changing of attachment security as we get older and through, possibly, our relationships with romantic partners in the case of adult adoptees. This may look something like the Waters et al.'s (2003) 20-year longitudinal study that showed that individual differences

in attachment security can be stable across significant portions of the lifespan, yet can remain open to modification in light of experience.

### **Theme 3: “An extraterrestrial alien”**

This theme was identified by the focus on the adoptees sharing experiences of attachment with their partner regarding view-of-self and feelings of societal marginalization related to adoption and how it has affected their attachment to themselves and to their partner. It is remarkable how, as Lieberman and Morris (2004) discovered in their study on long-term effects of adoption on adult adoptees, that adoptees were significantly higher on some alienation scores and nonadoptees were significantly higher on some affiliation scores. Just as Lieberman and Morris highlighted how alienation (or possibly separateness) was found for the adult adoptees, it is uncanny how the term “alien” came alive in the data of this study. As the process of analyzing the data continued, more data points seemed to merge into this theme.

Concurring with the previous theme and in accordance with the current one, Verzulli’s (2000) findings that adoptees feel intense feelings of abandonment, identity problems, inner emptiness, difficulty trusting people, not feeling loved, not feeling worthy of love, a deep fear of separation, and a need to have control in their emotional lives is greatly supported in this study. There was a common theme among the participants of feeling like there was something “wrong” with them or their fear of their actions being perceived as wrong. Inadequacy, shame and failure were often attached to this feeling. Recall that Daniel did not feel adoption-attachment-related injury in the context of his birthmother or adoptive parents. He did, however, strongly internalize adoption-attachment-related injury due to societal influences and social stigma, which in turn made him feel negative primary feelings about himself. In fact, along with the many examples Daniel gave of hurtful things people would ask him in childhood, such as “do you know your

*real* parents?” or watching a movie and hearing a line about not being loved because you are adopted, he was very descriptive and passionate about sharing his attachment experience of feeling like an “extraterrestrial alien” as a child. In fact, he not only reported feeling like one, but believing that actually was one in relations to his adoption. After the HMT, he had this revelation that was “locked away.” He was able to share this, among other things, with his partner. He shared that society had an “unintentional way” of reminding him that he was adopted. Leon (2002) believed that adoption-related losses may be socially constructed. This may be true for Daniel in that there seemed to be no biological or adoptive parent part in his attachment injury, yet he felt the social construct of adoption. However, as stated in the literature review, there can still be a felt sense of adoption-related social stigma related to attachment injury for the adoptee and this can be present in their relationships. The feelings of inadequacy that Daniel believes he carries into his relationship fit this mold. Hannah even expanded on this, saying that he held her, and people he cared about, very closely, intimating that because of this injury, there could be a fear of abandonment. And, when she would sometimes threaten their attachment, he would “feel like cut off from the whole universe,” “alone” and like something was at fault with him. Therefore, my previous argument still holds water after analyzing the data. Even if these attachment-related losses are socially constructed to some extent, there is a real feeling of injury, caused by society, that can be painful to this population and requires further exploration.

The data with Steve and Charlotte also highlighted this social stigma, as she did not look like her Caucasian sisters in her family. Her parents would send her to Korean camp as a child, and Charlotte remarked how this was more confusing to her. She explained, “you’d learn about your culture, well, this isn’t my culture. This is just where I come from.” This illustrates her

feeling like an outsider to her family and to the outside world. All of the data in the study corroborated these results. Alex shared with Rachel that he was always afraid of saying the wrong thing in their relationship and that “shame” would spiral him into feeling inadequate. All partners of the adult adoptees shared in their interviews that they could feel their partners opening up through this process and that this was helpful to them. The adult adoptees were able to share those deeper, more vulnerable feelings. In the interviews, increased connection was felt when these feelings could be shared.

Creswell (2015) stated the importance of “Giving voice to people silenced, not heard, or rejected in society” (p. 63). This study strongly suggests that adoptees do, in fact, feel marginalized in our society. One of the goals of the study was to provide knowledge to adult adoptees and their romantic partners and give new meaning to their possible long-held negative internal beliefs of self and other, and a voice to share their new understandings. I believed this would contribute to society and to these relationships in the most meaningful of ways, and after the data has been analyzed, this belief has been substantiated even more.

### **Limitations**

This introductory pilot study on adult adoptees in a romantic relationship exploring the experiences and meaning-making of adoption-related attachment in their relationship has potential to support the use of working with these unique couples through an attachment lens. However, it does have limitations. The sample size was very small ( $n = 3$ ) and should be generalized with caution. Its small participant pool is also limited in that it is a specific group of adult adoptees and their partners. The criteria imposed for the study included only English-speaking couples where the adult adoptee was adopted before 6 months of age, the couple had been together for at least 6 months, with no active knowledge of EFT or HMT, and no

contra-indicators of EFT, such as not currently experiencing (within the last year) domestic violence or unresolved domestic violence from the past, affairs, or addiction in their romantic relationship. In addition, the couples could not attend EFT therapy while in the HMT. Every effort was given to produce a diverse sample for the study. I struggled to achieve it. The sample for the study had demographic and diversity limitations. Participants were limited to those living in the Midwest; couples in their 20s to 40s; professional, middle, or upper middle class; and opposite sexed. One couple was mixed race, Asian/Caucasian. One couple identifying as bisexual was accepted into the study; however, they were not able to complete it for personal reasons. Hence, the study is limited in terms of answering questions and the interplay of a more diverse sample. Future studies should find more diverse samples of this population and also have larger sample sizes. Because this is a pilot introductory study, it is a “dip your toe in” approach to this population.

The study was also limited to an online format of the HMT and the interview. There may have been more spaces for observation or discussion between the participants creating even richer interview data in an in-person setting.

The reliability of the data may have been impacted by only having one triangulated investigator, and not a team of investigators, thereby, giving a broader interpretation of the results. Also, only one participant couple was randomly selected to do member checking of their transcript. Future studies may include all participants in the checking. Also, in future studies, analysis may be discussed with the participants to add richness to the data. The results of this study are nonetheless valid for the purpose of this exploratory study and answering the research questions.



### **Recommendations for Future Research**

As a pilot study, specifically using a marginalized population, there are many areas of recommendation for future research. Using experiential thematic analysis, there were some data points that did not fit well into the main themes and did not have enough data to form a coherent subtheme. One of these data points was the larger experience of “Nature versus Nurture.” There seemed to be some interest, if doing a longer or more detailed study, to discuss this with this particular population. In addition, a broader look at adoption with this population, such as whether the adoption was open or closed or whether they reunited with their birth family could be discussed in future research.

Choosing to do dyadic interviews for this study provided an intimate exploration for the research questions and was chosen to maintain safety and confidentiality. However, a focus group may have proved to also be an interesting way to gather themes and even encourage participants to think about the topic in new ways together and expand the richness of the data.

A recommendation of completing more qualitative and quantitative research with this population is advised, including research on specific attachment-based treatment options, such as EFT. In addition, longitudinal research, checking back in with the participants at different points in time, may deepen the data as the participants have more of an opportunity to digest their experiences and meaning-making of attachment and in their relationship. For some, they may even change their original responses, or for others, explore growth in their relationship based on what was uncovered during their interviews.

It was interesting that the themes moved toward experiences of societal stigma and the adoptive parents. More research is needed in these particular areas with this population. Again,

the research participants were limited to demographics in one location, the Midwest, in the United States. It may be useful to broaden the pool internationally. It would be beneficial to collect data from participants across different ethnicities as well as broader adoption criteria to enhance the richness of the findings in the study.

A struggle came through when identifying a name for couples where one partner is adopted. The research uses “adoptive couple” for couples who adopt children, but there is not a clear term for the population here. The term of “adoptee couple” or another like term may be proposed. It would just be helpful in the writing, as what is currently used is rather long. Future researchers can help ponder and create an appropriate term.

In the study, *both* partners’ experience of this phenomenon was explored. This is aligned with systemic/relational thinking in which both partners may be affected by the relational patterns as the result of insecure attachment, and therefore, both voices are heard, together. In addition, the qualitative work can create a richer understanding of experiences. It is important to encourage future research to explore also using both partners because it added a layer of richness that can only be found in dyadic dialogues.

Groncki (2010) recommended that clinicians could educate their adopted client on insecure attachment. A recommendation of this study would be for clinicians and all mental health professionals to learn more about this connection for their adopted clients *and* their partners and to educate their clients, so that this population does not have to feel these stigmas or feelings alone.

“Giving voice” to these participants is not just a thought or an aphorism. It is a call to action that starts here. Therefore, providing a space for that in this research is a mission in truly

letting this population be heard. Steve suggested that he was very interested in a study about what percentage of adoptees are “averse to adopting themselves.” Future research could focus on the prevalence of this as well as any qualitative information that could be valuable. Rachel shared that she loved the adoptee framework of this study. She said that it was nice to have spaces for adoptees to share their feelings on adoption, even if they are not positive. She enjoyed the space to figure out Alex’s adoption and how it affected him and affected them together. More of this type of research could help these couples gain an even deeper understanding of experiences of adoption in their lives.

### **Implications**

Because this research is new, there are many ways that it can contribute. It could help fill in some gaps of the current research literature. For example, Despax et al. (2019) noted that dyadic adjustment is particularly influenced by attachment among adoptees and more attention could be paid to an adoptees’ attachment, which can produce protective factors. Research like this that provides psychoeducation, supports interventions, and encourages sharing of adoption attachment injury between adult adoptees and their partners could become some of these protective factors. The hypothesis of this study was to use an attachment-based treatment approach, such as EFT, with this specific adoptive population of adult adoptees and their romantic partners in order to begin to bridge this gap in the research. In doing this, deep experiences and understandings were revealed. My hope is that these first glimpses into the lives of this population could provide curiosity for researchers, clinicians, agencies, adoptive families, birth families, and families where adoption is a piece of their family’s story and prompt them to learn more and do more for this specific population.

There was a large piece of this study that focused on social change. Persons in or out of the mental health field may not recognize this population as one in need or one that has felt marginalized in our society. The results section highlights nicely the experiences of adult adoptees and their partners in this meaning-making. Many adoptees look different than their adoptive families, while others do not. This is not our only indicator of marginalization. Felt marginalization is real. There still can be slightly archaic discourse on adoption, in believing that there is no impact on the adoptee or in their romantic relationship. This study takes a small step in opening the discussion to updated understandings regarding the needs of this population.

It is my bias that the adopted adult's partner may be beneficial in helping to repair adoption-related attachment wounds of their past, that may or may not show up in their relationship. This study helps to explore the possibility of this bias. For if it were true, attachment-based treatment approaches are becoming more and more readily available in our world and could have a profound effect on repair not just for the adult adoptee and their partner, but for their family and generationally. For example, to introduce this repair in adoption-related attachment wounds, and based on the results of this study, adoptees could be encouraged by the clinician to share with their partner their attachment injuries and their partners could be encouraged to be responsive in these efforts. In addition, exploring topics such as attachment to adoptive parents, the transition between birthparent to adoptive parent, social stigma in adoption and view-of-self, related to adoption, and how adoption-related attachment influences the couple's attachment patterns in their relationship, could all be introduced and explored in sessions. These topics were identified as meaningful for this study and showed increased connection and even bonding for the couples.

## Conclusion

Through this introductory pilot study, a detailed analysis of adult adoptees and their partners in how they experienced attachment, specifically related to adoption, after they attended the HMT program was provided. Adult adoptees have been overrepresented in insecure attachment styles in the literature, and not enough attention has been paid to the effect this has on adoptees in a romantic relationship. This study's overarching theme demonstrated the adoptee's need to deeply share their experiences of adoption-related attachment injury with their partner and how it created new understandings, awareness, and connection for the couples. The three main themes, under this overarching theme, identified sharing the reasons of attachment injuries and connecting them to the couple's relationship, exploring the secure versus insecure attachment relationship with the adoptive parents (with the subtheme of transitions in early adoption) and how social stigma and negative view of self-affect the adoptee and their relationship. It also highlighted how avoidantly attached adoptees can lean into more securely attached behavior with their partners. It is my hope that fellow researchers, mental health professionals, families, and society will come to realize the importance of learning more about the effect that adoption has on couples where one partner is adopted and support them in this research and healing. Promoting secure attachment with these couples through learning about, and integrating, attachment concepts in their relationship should be a top goal. Romantic relationships are attachment relationships, and this attention to attachment repair for the adoptee couple can take place in the relationship, and also in society as a whole.

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**APPENDIX A: Recruitment Letter**

Dear CONTACT PERSON,

I am sending a request for your assistance with a potentially important qualitative study conducted at Antioch University New England by me as part of my dissertation requirement of my doctoral degree in Marriage and Family Therapy. I will be focusing on attachment for adopted adults and their romantic partners after participating in the Hold Me Tight psychoeducational program.

You can help me by forwarding the attached flyer (and this letter if you choose) to any adult adoptees in a romantic relationship who may be interested in being part of this study. The adult adoptees and their partners will participate in a 2-day (16 hour) HMT program. After the program, they will be interviewed regarding their experience of attachment, as it pertains to adoption, after attending the program. This interview will take 45-60 minutes. This study is voluntary and the participants may choose to withdraw at any time. The identities of the adult adoptees and their romantic partners will be kept confidential and will not be identifiable in any publications or presentations resulting from this research. The participants may not be currently engaged in EFT or HMT or have had past participation.

No study is completely risk free. However, I do not anticipate that the participants will be harmed or distressed during this study. However, it is possible that there may be minimal risk. Although the HMT psycho-education program is education based, effective and safe, emotions may arise during the program or in the interview process. If this happens, we have highly trained EFT therapists as facilitators who have been trained to handle emotional distress. In addition, the researcher is an EFT therapist and will be conducting the interviews for the study and is trained to know when to proceed or move out of the researcher role and provide referrals to therapy, if needed.

There are great benefits to participating in the study. First, the HMT program has *no cost* (these programs can cost between \$300-\$1000 elsewhere) for the participants. Each couple will receive a copy of the book HOLD ME TIGHT by Dr. Sue Johnson also at *no cost*. They will benefit by receiving the HMT psycho-education. The participants will be given a voice in this important discussion on attachment for the adopted adult and their romantic partner. The study could potentially benefit research and clinical work in this area. All information gathered by me will be confidential and kept locked.

I hope that you will invite adult adoptees and their romantic partners that you know to participate in this study by forwarding this flyer to them or giving them my contact information. Adult adoptees and their romantic partners who are interested in participating in this study should contact me at [REDACTED] or ([REDACTED]) by phone or text.

This study has been approved by the Antioch University New England Institutional Review Board.

If you have any questions about this study, please feel free to contact the principal investigator, Bethany Baker MA, LMFT, ATR at [REDACTED].

Sincerely,  
 Bethany Baker (doctoral student)  
 Email: [REDACTED]  
 Couple and Family Therapy Doctoral Program  
 Antioch University New England

**APPENDIX B: Demographics Questionnaire**

### Demographics Questionnaire

Please complete the following form. The answers will contribute to the descriptive aspect of the study and will assist the researcher in understanding your responses to the interview questions. This form will be kept confidential and will be assigned a code number for referral. You may leave any line blank or use N/A if it is appropriate.

Age: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_

Cultural Identifications: \_\_\_\_\_

Sex/ Gender: \_\_\_\_\_

National Origin: \_\_\_\_\_

Religion: \_\_\_\_\_

Sexual Orientation: \_\_\_\_\_

Social Economic Status: \_\_\_\_\_

Education: \_\_\_\_\_

Occupation: \_\_\_\_\_

Qualifications: \_\_\_\_\_

Age at adoption: \_\_\_\_\_

Length of Romantic Relationship: \_\_\_\_\_

Status of Relationship: \_\_\_\_\_

Foster Care? \_\_\_\_\_

Thank you for your participation.

**APPENDIX C: Informed Consent Form**

### **Informed Consent Form**

#### **ADULT ADOPTEES' AND THEIR ROMANTIC PARTNER'S EXPERIENCE OF ATTACHMENT AFTER PARTICIPATING IN THE HOLD ME TIGHT PROGRAM**

Researcher: Bethany Baker MA, LMFT, ATR

Dissertation Chair: Janet Robertson, PhD

**A researcher at AUNE is asking you to attend a Hold Me Tight program and take part in an interview about adopted adults and their romantic partner's experience of attachment after participating in the Hold Me Tight program.**

You will attend the program and be asked questions about your experience of attachment with your partner after attending this program. The program will take place in two days (sixteen hours). The interview will take about forty five - sixty minutes. Both program and interview (with your partner) will take place online on ZOOM.

**There are minimal expected risks or discomforts in the research and many positive benefits.**

No study is completely risk free. However, I do not believe that you will be harmed or upset during this study. The interview questions involve asking you and your partner about your experience of attachment after attending the program, as it relates to adoption. The only minimal risks may involve emotions coming forth from this discussion.

A highly trained certified EFT therapist will be asking these questions and is trained to know when to continue or if the interview needs to come to a close and a referral for therapy given.

The Hold Me Tight program is proven safe and effective and based in education, however, you may feel emotions. EFT trained facilitators will be available to help you with these emotions if they should come up during the program. Referrals to therapy can also be given, if you choose.

You will receive the Hold Me Tight program at *no cost* to you. You will receive a copy of the book HOLD ME TIGHT by Dr. Sue Johnson at *no cost* to you. You will be referred to a therapist in your area, if you would like.

Your involvement from this study will add to the research in this area. It will give you a chance for your voice to be heard. You will learn about attachment theory and how it works in your relationship. This study may help understand adopted adults and their partners in this area better and improve care for them.

**Your identity and your responses will be kept private.**

The interview will be audio and video recorded. The researcher will use the audio and videotape in order to write-up the recordings and use the write-ups for a paper. They will not use the recordings for any other reasons without your permission unless you sign another consent form. The recordings will be kept for seven years and they will be kept private. The recordings will be destroyed after seven years. All data will be stored securely by the researcher. She will be the only person with access to them.



In addition, false names will be used to protect your identity in the write-up of this project, and only the researcher will have access to the list connecting your name to the false name. The researcher will delete any identifying information of yours from the written up interviews to protect your identity.

**Your participation in the study is voluntary.**

If you choose to be a part of this study, you may withdraw at any time without any harmful consequence. If you choose to do so, contact the researcher by email, phone or text. If you withdraw, all your information will be destroyed. You may withdraw from any part of the study at any time.

**If you have any questions about the study, you may contact/text Bethany Baker at [REDACTED]**

**If you have any questions about your rights as a research participant, you may contact Dr. Kevin Lyness, Chair of the AUNE Human Research Committee, [REDACTED] and/or Dr. Shawn Fitzgerald, Provost of AUNE, [REDACTED]**

I have been informed and all questions answered to the best of my satisfaction.

Date \_\_\_\_\_

Participant Signature \_\_\_\_\_

Participant Signature \_\_\_\_\_

**APPENDIX D: Interview Questions**

### **Interview Questions**

#### Over-arching Research Question:

How do the adult adoptee and their romantic partner experience attachment in their romantic relationship after attending an HMT attachment-based psychoeducational program specifically relating to adoption, if at all?

#### Primary Interview Question:

1. Now that you have attended the HMT psychoeducational program, as an adult adoptee in a relationship and as the partner of an adult adoptee in a relationship, how do you experience or make meaning of attachment in your relationship, specifically relating to adoption, if at all?

#### Potential Sub-Questions (Prompts):

Through the adoption lens...

- a. What is your experience of learning about attachment?
- b. What is a specific experience of learning about your attachment that you'd like to share?
- c. Was there a difference in your experience of your attachment before vs after the program?
- d. What was your experience of learning about your attachment style?

- e. What was your experience of learning about how your attachment style impacts your partner (in the cycle)?
- f. If it is new, how do you understand your new experience of attachment?
- g. Did you experience vulnerability of yourself or from your partner? What was your experience or meaning making of this?
- h. Did you experience responsiveness of yourself or from your partner? What was your experience or meaning making of this?
- i. Did you experience bonding in your relationship? What was your experience or meaning making of this?

**APPENDIX E: Recruitment Poster**

## **WOULD YOU LIKE TO PARTICIPATE IN A STUDY?**

### **ADULT ADOPTEES' AND THEIR ROMANTIC PARTNER'S EXPERIENCE OF ATTACHMENT AFTER PARTICIPATING IN THE HMT PROGRAM**

#### **YOU ARE:**

- AN ADULT ADOPTEE IN A ROMANTIC RELATIONSHIP
- BE WILLING TO ATTEND A HOLD ME TIGHT PROGRAM WITH YOUR PARTNER
- BE WILLING TO BE INTERVIEWED, WITH YOUR PARTNER, FOR THE STUDY



#### **LOCATION/TIME:**

- JULY 10TH & 11TH, 2021 - HMT WILL BE HELD ONLINE VIA ZOOM FOR 2 DAYS (16 HOURS)
- INTERVIEW WILL LAST 45-60 MINUTES



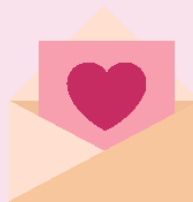
#### **COMPENSATION:**

- PARTICIPANTS WILL RECEIVE HMT PROGRAM AND HMT BOOK AT NO COST



#### **CONTACT:**

CONTACT PRINCIPAL INVESTIGATOR, BETHANY BAKER, FOR ASSESSMENT INTO THE STUDY:  
 PHONE/TEXT: [REDACTED]  
 EMAIL: [REDACTED]



**APPENDIX F: Canva Free Media License Agreement**

# Free Media License Agreement

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## Other policies

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