

Original article

# Early deprivation as a risk factor for narcissistic identity pathologies in adolescence with regard to international adoption

## *La déprivation affective comme facteur de risque pour les pathologies narcissiques identitaires chez l'adolescent adopté*

D. Vandepoel, I. Roskam\*, S.-M. Passone, M. Stievenart

*Psychological sciences research institute, Catholic university of Louvain, 10, place du Cardinal-Mercier, 1348 Louvain-la-Neuve, Belgium*

---

### Abstract

The current study is a psychoanalytic reading of the clinical material arising from ongoing developmental research into international adoption within the framework of the Attachment Adoption Research Network (AAARN). The primary objective of the study is to verify whether the severity of deprivation experienced preadoption is a risk factor for narcissistic identity pathologies in adolescence with regard to international adoption. A grounded theory approach is used to identify a set of qualitative variables, which are later quantitatively assessed. The findings are discussed in terms of both qualitative and quantitative results and suggest the greater presence of chronic somatic troubles and observable signs of primary trauma in the adoption population compared to the control group. Future areas for research are suggested in the conclusion.

© 2014 Elsevier Masson SAS. All rights reserved.

*Keywords:* Primary trauma; Narcissistic identity pathologies; Somatic trouble; Adolescence; International adoption

### Résumé

La présente étude consiste en une lecture psychanalytique d'un matériel clinique collecté dans le cadre d'une étude développementale portant sur l'adoption internationale : l'Attachment Adoption Research Network (AAARN). Son objectif principal est de déterminer si la sévérité de la déprivation expérimentée avant l'adoption constitue un facteur de risque pour les pathologies narcissiques identitaires à l'adolescence. Une approche théoriquement fondée est utilisée en vue d'identifier un ensemble de variables qualitatives qui seront, dans un deuxième temps, évaluées de manière quantitative. Les résultats sont discutés qualitativement et quantitativement ; ils suggèrent la présence accrue de troubles somatiques chroniques, ainsi que de signes observables d'un traumatisme primaire par comparaison avec un groupe d'adolescents contrôle. Des pistes de recherches futures sont suggérées dans la conclusion de cette contribution.

© 2014 Elsevier Masson SAS. Tous droits réservés.

*Mots clés :* Traumatisme primaire ; Pathologies narcissiques identitaires ; Trouble somatique ; Adolescence ; Adoption internationale

---

## 1. Introduction

It is increasingly accepted nowadays that a primary source of emerging narcissistic identity pathologies is early relational trauma [1–6]. If this is the case, should not severity of deprivation

experienced preadoption be a risk factor for narcissistic identity pathologies in adolescence with regard to international adoption?

Despite contrasting empirical research results regarding the long-term effects of international adoption on mental health [7–11], large cohort studies evidence that adolescents and young adults who have been adopted in infancy are overall more at risk of severe mental problems, including suicide or attempted suicide, than their non-adopted peers [12,13]. Such higher risk for

---

\* Corresponding author.

E-mail address: [isabelle.roskam@uclouvain.be](mailto:isabelle.roskam@uclouvain.be) (I. Roskam).

suicide is consistent with the identity disorders often observed in infant psychiatry in the case of adolescents internationally adopted in infancy [14]. What is also clear is that length of preadoption time and severity of caregiving deprivation emerge as two predicting factors of delays in the development of neurological and age-level motor skills, and that the simple enrichment of the adopted child's environment following adoption proves insufficient to repair such damage beyond certain critical ages or sensitive periods [10,15–18]. These sensitive periods and cut-off ages differ depending on the institution and country of origin according to the severity of deprivation to which the child has been exposed [19].

International adoption is obviously an extreme early life situation, characterized by intrapsychic and intersubjective discontinuities, all of them potentially traumatic, as well as by exposure to different culture/language (and group symbolic contents) and race/ethnicity. It may therefore represent a limiting case in the mathematical sense, to which it is worth applying theoretical concepts regarding the effect of trauma on early cognitive and emotional development. The current research draws on two psychoanalytical models regarding the effect of trauma on early cognitive and emotional development: Bion's alpha function and Roussillon's primary trauma. Their main concepts are shortly reviewed here, together with their consistency and reliability in regard to the limiting case of international adoption, in the light of the findings of recent neurobiological research on early relational trauma.

### 1.1. *Alpha function and somatization*

Both attachment theory and psychoanalytical models agree on the essential role played by the caregiver's response to the child's expression of need [20]. Bion considered the endogenous and exogenous perceptions of a young child in distress as preliminary forms of thought resulting from an uncompleted symbolization process. The malleability of the object's response expressed by Bion's concept of maternal reverie ensures, on the part of the child, the alpha function that transforms perceptions into first representations, enabling the completion of primary symbolization. It is a key requisite for a seamless transition to the secondary symbolization involved in the affective and cognitive regulating functions of the self [21–23]. The child progressively internalizes and stabilizes in contact with his or her primary caregivers, the alpha function, prompting the organization of the self through the prism of a contact barrier constructed from alpha elements designed to buffer contrasting experiences of the primary object's level of attention (absence/presence, satisfaction/frustration, good/bad experiences) and leading to the integration of ambivalence. As a result, it becomes possible for the child to overcome the depressive position in the sense of Klein [24] which occurs mainly in the second six months of life with the disillusion that follows the loss of infant fantasies of omnipotent control, but which is revisited throughout a person's life whenever a loss is experienced [25]. Conversely, the experience of a child who is dramatically and/or long-lastingly deprived of maternal reverie, and hence, unable to transform perceptive traces into a symbolized material, is one of terror [22],

and stabilization of the alpha function is compromised. Later in the course of development, the subject deprived of a stabilized alpha function is also more at risk of unloading excessive excitation back onto the soma. The immune system will have difficulty coping with this load, and this paves the way for chronic somatic troubles. The ages at adoption of the adolescents studied here and the defining of these age groups are therefore expected to be a first critical design consideration in order to assess the alpha function degree of internalizing in adolescence.

### 1.2. *Primary trauma and state of agony*

Roussillon [26] offers in the same line of influence as Bion a psychoanalytical model in three stages which includes dimensions of caregiving deprivation severity and duration as a means of describing early and ultra-early traumas associated with the terror experience generated by the failure of the maternal reverie. The model describes how a situation that is only potentially traumatic becomes increasingly traumatic depending on how the environment responds to the child's distress. Failure at the first stage, in which the child attempts to draw upon internal mental resources to bind or discharge the influx of excitations leads to a second stage characterized by helplessness, in which the child tries to set up a narcissistic contract with the primary object in order to reduce anxiety. The contract is narcissistic because it is tainted by the caregiver's insufficiently malleable response, and involves a price that the child has to pay. If setting up a narcissistic contract fails because the object's response is too unsatisfactory or because the price to pay is too high, the overwhelming excitation breaks through the child's protective shield, exerting a mental violence that mobilizes an impotent rage and further exacerbates the state of helplessness. The child tries to get rid of this rage by projecting it on the object. This violence is correlated with a sense of primary guilt, very distinct from the secondary guilt associated with overcoming the Kleinian depressive position. The third stage of the model happens when the state of helplessness becomes unbearable in its duration and escalates the primary traumatic situation into a state of agony that can produce the terror theorized by Bion [23]. This traumatic state beyond helplessness and hope (state of agony) induces an existential despair. According to Roussillon, the subject prefers to feel guilty and responsible and therefore in control for having failed to cope with what he or she was faced with, rather than facing the sense of helplessness associated with the agonizing experience. Thus, the subject fights to maintain the illusion of omnipotent control, instead of integrating the aspects of ambivalence.

### 1.3. *Splitting and narcissistic identity pathologies*

In contrast with the objectivist approach that dominates psychiatric classifications of narcissistic disturbances, Roussillon's theoretical approach provides a comprehensive approach to psychological pain, by considering the symptom as an expression of a mental disorder determined by types of anxieties, defense mechanisms and object relationships. Roussillon theorizes that in order to survive the state of agony, the child withdraws from

Download English Version:

<https://daneshyari.com/en/article/943713>

Download Persian Version:

<https://daneshyari.com/article/943713>

[Daneshyari.com](https://daneshyari.com)