

### Identity problems related to an absent genetic father

Meerum Terwogt, Mark; Meerum Terwogt-Reijnders, Caroline J.; Hekken, Suus M. J. van

Veröffentlichungsversion / Published Version  
Zeitschriftenartikel / journal article

Zur Verfügung gestellt in Kooperation mit / provided in cooperation with:  
Verlag Barbara Budrich

#### Empfohlene Zitierung / Suggested Citation:

Meerum Terwogt, M., Meerum Terwogt-Reijnders, C. J., & Hekken, S. M. J. v. (2002). Identity problems related to an absent genetic father. *Zeitschrift für Familienforschung*, 14(3), 257-271. <https://nbn-resolving.org/urn:nbn:de:0168-ssoar-282833>

#### Nutzungsbedingungen:

Dieser Text wird unter einer CC BY-SA Lizenz (Namensnennung-Weitergabe unter gleichen Bedingungen) zur Verfügung gestellt. Nähere Auskünfte zu den CC-Lizenzen finden Sie hier: <https://creativecommons.org/licenses/by-sa/4.0/deed.de>

#### Terms of use:

This document is made available under a CC BY-SA Licence (Attribution-ShareAlike). For more information see: <https://creativecommons.org/licenses/by-sa/4.0>

Mark Meerum Terwogt, Caroline J. Meerum Terwogt-Reijnders, Suus M. J. van Hekken

# Identity problems related to an absent genetic father

Mit dem abwesenden Vater verbundene Identitätsprobleme

## Abstract

People who do not know their genetic father often develop identity problems. They identify with the unknown father, to whom they attribute all the personal characteristics that they cannot trace to others. Consequently, such characteristics are less strongly felt as being part of one's own personality. In addition to a theoretical exposition of the ensuing identity problem and related issues, the paper presents a case study in order to illustrate the general steps in the psychotherapeutic treatment process.

*Key words:* absent father, identity problems, psychotherapy

## Zusammenfassung

Menschen, die ihren genetischen Vater nicht kennen, entwickeln oft Identitätsprobleme. Der abwesende Vater dient als eine Identifikationsfigur, der sie alle ihre persönlichen Eigenschaften zuschreiben, die sie nicht auf andere Personen zurückführen können. Infolgedessen werden solche Charakteristika weniger stark als Teil der eigenen Persönlichkeit empfunden. Neben der theoretischen Entfaltung der daraus resultierenden Identitätsprobleme und der damit im Zusammenhang stehenden Fragestellungen stellt der Beitrag eine Fallstudie vor, um die allgemeinen Schritte des psychotherapeutischen Behandlungsprozesses zu verdeutlichen.

*Schlagworte:* Abwesender Vater, Identitätsprobleme, Psychotherapie

## Introduction

From time to time, most psychotherapists find themselves confronted in their practice with clients who do not know one of their genetic parents. In the overwhelming majority of cases, this is their genetic father. If the family breaks up around the time of the birth of a child, the child usually grows up with the mother. It is of course also possible that a family as such never existed. In such cases, the man may not be aware of his fatherhood. Some mothers elect to keep him outside the family.

The absence of a father implies certain risks for a child's development. The importance of a male role model (see for example Kalter, 1987), the specific role of the father in the process of individuation (see for example Bowlby, 1978) and the increased burden of parenting in a one-parent family (see for example Van Gelder,

1991) have repeatedly been pointed out. In theory, such problems should no longer occur after an adequate substitute for the genetic father has entered the family (Meerum Terwogt, 1991a). However, it appears that problems frequently develop even with a substitute father. Among people who grew up with a substitute father, even when considering only those who grew up in family circumstances which could otherwise be classed as normal and stable, it appears that 57% enter the social support system at some point (Koomen, Hoeksma & Meerum Terwogt, 1998). Considering the difficult family circumstances of many who grow up without their genetic father, it can be assumed that this percentage is even higher for the entire group. Which problems occur?

For a number of years, the second author, who at the time was working as a psychotherapist at a Regional Institute for Mental Welfare in Rotterdam, concentrated on the treatment of such clients. Experience has shown that upon admission, a broad range of complaints may be present in these clients. Given the diversity of social circumstances within this client group, this observation is hardly surprising. Nonetheless, a common denominator for the complaints of this group can be found. Reported complaints nearly always include problems with entering and maintaining close relationships, the feeling of not belonging, feelings of having little control over one's life and problems with making decisions in life. All of these complaints point to the presence of underlying identity problems (Marcia, 1980). Often the client him- or herself actually says: "I don't know who I am." Clients appear to be engaged in a search process (which some formulate as the search for oneself, and others as the search for their unknown father).

For adopted children, who generally do not know either of their genetic parents, this process of searching has been recognised for some time (Brodzinsky & Schechter, 1990; Hibbs, 1991; Howe & Feast, 2000). More recently, a similar problem was detected among another group: children conceived by donor insemination (Blyth, 1998; Hunter, Salter-Ling & Glover, 2000; Meerum Terwogt, 1993; Shenfield & Steele, 1997). In both groups, the apparent need for information about one's genetic background is explicitly linked to information about one's identity (Golombok & Murray, 1999; Haines, 1987). In addition, the need for information appears to exist independent of the quality of the relationship with the social parents. The children are not searching for new parents, but want to gain a greater understanding of themselves (McWhinnie, 2000). Nonetheless, the child's interest in his or her genetic parents is usually experienced by both the parents and the child as an assault on the mutual loyalty within the existing family (Hunter *et al.*, 2000; Triseliotis, 1973; 1991). Therefore, the children often dare not come out into the open with their desires. When they do, it frequently appears that their fears were justified as the relationships within the family come under strain. Sometimes the child then backs down and suppresses or represses his or her desires.

When a child does not or hardly know the genetic father because he has abandoned his family prematurely, a similar situation may occur. Moreover, in that case the mother often has strong negative feelings towards the absent father of her child and may feel betrayed when that child displays an interest in him. This can cause a conflict of loyalties for the child. In addition, the child frequently tends to view the father as unworthy of interest, as he has failed to act as a 'proper' father

towards him or her. In these cases, therefore, ambivalence, suppression and repression are often present. This may be the reason why the absent father is in many cases not mentioned during first contact with the therapist. In response to careful questioning it is frequently even denied that this fact may be in any way related to the client's present problems. Despite this initial denial, the theme of the absent father often plays a central role in therapy later on. We will return to this phenomenon later in the text. In the first part of this paper, the aim is to illustrate the origin of the observed identity problems. Attention will further be paid to the problems of loyalty a person may be confronted with. In the second part, a number of important aspects of the treatment of such problems are discussed with reference to a case study.

## Stagnating identity development

### Heredity and attribution

One's self-image is composed of many facets (see for example Damon & Hart, 1988). Do we regard ourselves as experts at our jobs? Are we confident in social encounters? How do we think others see us? Together, all these types of perceptions form our self-concept. In principle, one's self-image is subject to change throughout life. The image is never equally developed in all areas. As a rule, however, one's global self image is distinct. We have the impression that we know who we are.

Most literature on identity formation focuses on adolescence (Erikson, 1986; Marcia, 1980). This is due to the fact that redefining the relationship with identification figures is an important issue in this period of life. Prior to adolescence, the values and norms parents attempt to install in their children are generally not questioned by the children. This changes in the period of adolescence, when children are preparing for their future roles as independent adults. Adolescents set their own convictions, wishes, and desires against those of important others who are responsible for their upbringing. Generally speaking, some elements are adopted from each identification figure, while other elements are rejected. In this way, the adolescent creates his or her own unique combination of ideas, values and convictions: his or her own identity.

Although the picture of the rebelling adolescent is outdated, more recent research shows that during adolescence, young people strive to make their own decisions in an increasing number of areas and that parents accept this autonomy more or less wholeheartedly (Du Bois-Reymond, 1995; Coleman & Hendry, 1990). Autonomy also implies taking full responsibility for one's actions: an altogether attractive and worrisome perspective. Adolescents might therefore be expected to have ambivalent feelings about their independence. Normally, there is no escape and the parents urge the adolescent forward toward choosing and following their own path.

Elsewhere we have pointed out that children who are not raised by both of their genetic parents do have an 'escape route.' Regardless of whether the phenomenon is universal and genetically determined (Boszormenyi-Nagy & Spark, 1973) or whether it is culturally specific (Meerum Terwogt, 1991, 1993), it can be assumed that to a certain extent people view themselves as derivatives of their genetic parents.

Our genetic parents, whether they are present or absent, therefore always function as figures of identification. If the corrective influence of reality is lacking, such a figure of identification can be filled in at will. Characteristics of oneself that are not found in other relatives, especially the mother, can be attributed to the absent father. This results in the creation of an identification figure from whom it is difficult and for some impossible to detach oneself, due to lack of actual information. Many traits or accomplishments will consequently not be seen as personal achievements. If this tendency goes to an extreme, the person will continue to regard him- or herself as a derivative without own identity.

An extensive study involving interviews with approximately one hundred adults who spent their childhood and adolescence with a substitute father provided empirical support for the main points of this theory (Van Kampen, Meerum Terwogt & Reijnders, 1990). The less information a person had about the genetic father, the more they were likely to fantasize about him and the more pronounced was the occurrence of identity problems. Compared to average Dutch adults, adults with a substitute father attributed greater importance to the genetic influence on the formation of personality characteristics (Meerum Terwogt, Hoeksma & Koops, 1993). This finding can be seen as direct support for the assumption that identity problems in this group are caused by an excessive process of attribution.

### The fantasy father

As early as 1944, Burlingham and Freud pointed out that one may expect children who know very little about their procreators to create their own fantasy parents (see also Buckley, 1985). Differences that such children observe between themselves and their caregiver(s) can activate this process.

One of the second author's clients, for example, indicated that he became interested in his biological origin during his school years. He grew up in a working class environment and neither his biological mother nor his stepfather had formal education beyond primary school. It then emerged that he was suitable for admission into grammar school. He asked himself whether he owed his intelligence to his biological father. There was no reliable information and in his fantasy, the picture of his father became more and more detailed. In addition to his intelligence, he integrated other characteristics that he had noticed in himself and could not locate in his caregivers.

Whereas ideas about an actual, present father, influenced by reality, are subject to change over the years, this hardly appears to be the case for the fantasy father (Krueger, 1983). A personal myth is developed and maintained that cannot be corrected by the outside world.

Closer investigation shows that the picture these children have assembled of their father frequently comprises peculiar contradictions. On the one hand, it reflects the (negative) ideas of the mother (McDougall, 1989). The father may be described as the weakling or scoundrel who left 'us'. On the other hand, as pointed out above, a number of qualities that the child values (secretly or openly) over the course of his or her life and which he or she cannot detect in the mother, are also attributed to the absent father. It can be an interesting 'positive' aspect that the father may also personify suppressed feelings of aggression towards the mother. He left her; he was able to put up resistance.

Regardless of the fact that every child will have feelings of aggression towards his or her parents or guardians from time to time, such as when they consider it necessary to act restrictively, an extra source of aggression has to be taken into consideration here. If the mother, out of feelings of embarrassment and/or aggression against her former partner, bars or misrepresents information about him, then she is the one who frustrates the child's desire for a father.

The child quickly learns that 'the father' is a topic that is best avoided (unless he or she wants to risk punishment in the form of problems with the mother). It is apparently an embarrassing topic, which is also better not discussed with friends who have a 'normal' father. The child therefore remains alone with the cherished image of the father.

The drawback of the 'idealised father' (Burgner, 1985) is that the child fails to take credit for his or her achievements, thus undermining the development of an identity concept. From time to time, the child will further be conscious of the fact that the picture of the father is solely based on fantasies. To the extent that it is possible to speak of an identity, it rests on a fantasised personality. As a result, the person experiences feelings of emptiness and confusion (Buckley, 1985). The following quote from the Portuguese writer Fernando Pessoa illustrates this clearly:

"Today I suddenly experienced an absurd but quite valid sensation. I realised, in an intimate lightning flash, that I am no one. No one, absolutely no one. (.....) I am the outskirts of a non-existent town, a prolix commentary on an unwritten book. I don't know how to feel, how to think, how to love. I am a character in an unwritten novel, passing by, airy and unmade, without having existed, amid the dreams of whoever it is who didn't know how to complete me. (.....) My soul is a black maelstrom, a vast vertigo around a vacuum, the movement of an infinite ocean around a hole in the void, and in the waters that are more a spinning than water float all the images that I have seen and heard in the world - there are houses, faces, books, boxes, musical refrains, and isolated syllables, in a sinister, bottomless whirl. (.....) My mother died when I was very young, and I never really knew her ....." (Fernando Pessoa, "The Book of Disquiet", 1991, p.19).

### Protective factors and risk factors

The aforementioned research by Van Kampen et al. (1990) reveals that for by far not all people who do not know their genetic father experience this as a problem. An important factor is the availability of reliable information. If the mother speaks

about the father freely and on her own initiative from the beginning, this often seems sufficient to forestall unrealistic fantasies. It is clear that this minimum requirement is not always met and in many cases cannot be met. If a child is the product of a single encounter or a short-lived relationship, the mother may simply not have enough information to satisfy the child. Such children later show the most pronounced personality problems (Koomen et al., 1998). Their functioning is characterised by a tendency to be easily offended and a relatively high level of distrust (as measured by the Dutch Personality Questionnaire (NPV); Luteijn, Starren & Van Dijk, 1975). It seems likely that the shame surrounding one's origin and doubts about whether one was a wanted child from the beginning play a role in this development.

If the genetic parents actually had a relationship, the conditions are in principle more favourable. A child whose father died when the child was still very young does indeed feel deserted (McDougall, 1989), but identity problems are less frequent in such a situation. If the parents' relationship ended for other reasons, sufficient information is generally available, although the transfer of this information is frequently somewhat problematic (Amato & Keith, 1991). In some cases, the mother refuses to talk about her former partner and in other cases it is obvious that as a result of her own frustration with the broken relationship she can provide only a very biased view of the father. Again, the child will resort to fantasies in an attempt to correct this one-sided picture.

A number of people discover only very late in life that "their father is not their father". They have grown up in an intact family and have always assumed their social father to be also their genetic father. Before the truth emerges, the identity of these people has developed normally. Some will therefore have the strength to face the newly discovered facts. However, dealing with the situation is usually more difficult because of the disruption the disclosure causes to their relationship with the actual parents. The long silence is experienced as betrayal. Additionally, a self-image which in retrospect seems to be built on sand may prove to be more vulnerable. A twenty-four-year-old woman who was informed of the facts only two days earlier put it as follows:

"I have to revise everything. The certain knowledge that you have this father and this mother, that you don't even have to question it, forms part of what and who you think you are. If this is suddenly taken away, everything is suddenly out of place. You have to write a new story about yourself because behind so much of what you think and do is this basis, this assumption. Now you have to go back. Re-interpret everything. The 'I' is largely abolished. At least that's how I feel right now."

## An illustration: The case of Monique

### Introduction

As mentioned at the beginning of this contribution, over time the second author has met many clients with an absent genetic parent (usually the father), although they rarely mentioned this fact as a reason for their problems. Sometimes therapists also overlook the potential problems of this situation when they admit new clients. Of course, the absence of one of the genetic parents is not always problematic, and when it is, it is generally only partially responsible for the client's problems. But, nonetheless, it would be good practice in such occasions to check for identity problems.

In cases where psychotherapy is indicated, this frequently concerns people with insufficient ego-strength, who may benefit most from supportive insightful therapy. Elsewhere we have formulated a number of fairly general guidelines for such a program (Meerum Terwogt & Reijnders, 1993). These guidelines will here be illustrated within the context of a specific case study.

### Diagnosis and indications.

Monique is a twenty-one-year-old woman who presents herself as 'being depressed'. However, one of her first spontaneous remarks: "I don't know who I really am", points clearly at the presence of identity problems. Identity problems are further suggested by her uncertainties in a number of areas: a negative self-image, doubts about her own possibilities or preferences regarding both her training and her work, relationship problems (caused by strong feelings of dependency and jealousy), her fear of being alone and her feeling of living in a fantasy world and of not belonging anywhere.

For three years, the client has been living independently and attending a professional training course. Despite good progress in her training she doubts her choices and fantasises about other possibilities. She constantly changes her mind and is here easily influenced by others.

Her anamnesis reveals that her parents divorced when she was three years old. Monique grew up with her mother. There were no other significant adults involved in her upbringing. Until she was eight years old, she did have occasional contact with her father, but she can remember almost nothing about this contact. She describes the sparse memories in positive terms. The picture she has created for herself is idealised. The thought: "If he ever comes back, everything will be fine", frequently enters her mind.

In addition to this positive picture, Monique also holds another, completely different picture of her father. This picture is primarily based on the information about her father that was provided by her mother and others: Her father was an alcoholic, irresponsible, and a good-for-nothing who saddled her mother with the care of the child. For Monique, these two pictures of her father are barely inte-



grated. She is unable to answer the question of what she herself thinks of her father.

In her early adolescent years, Monique frequently fantasized about her father. She even thought about trying to trace him at times, but never dared to talk about this at home, as she was afraid of putting too much strain on her mother. She feels responsible for her mother, who has had a hard life with many disappointments. She admires her mother and says she has a close bond with her.

Monique attributes her problems to the fact that she hardly knew her father during her childhood and adolescence. Although this client still has some memories of her father, her problems fit in with the pattern we briefly described above: complaints which can be traced back to identity problems, a barely integrated picture of the unknown parent, and a conflict of loyalty with her mother, the parent who brought her up. It is interesting that Monique spontaneously makes the connection between her current problems and her absent father. To a certain extent, his importance is thus being acknowledged.

Identity problems are one of the diagnostic criteria which may indicate a diagnosis of borderline personality in adults. The additional criteria for such a diagnosis are not present to a sufficient degree in Monique to justify such a classification. There is a lot to support the view that Monique's case presents an example of identity problems, more or less in the absence of other disturbances (Identity Problem, DSM-IV code, 313.82). As explained in the general introduction to this text, it can be assumed that in Monique's case we are in fact faced with delayed problems generally typical for adolescence. Additionally, Monique's problems may best be described as a confusion of identity rather than as the diffusion of identity which is typical for borderline personality.

### Course of therapy

During the first sessions the therapist tries to deal with Monique's current problems: her doubts with respect to her choice of training, her doubts about her relationship with her boyfriend and her confusion about various influences from outside. She feels aimless. She is desperately seeking some kind of support and because of this feels inclined to take drastic decisions, influenced mainly by momentary feelings or emotions. The first step in therapy is to connect this multitude of problems with the client's identity problem. This provides her with a framework which builds on her own experience. She realises that in her past there was little room for her own desires and thoughts, as it was she who had to safeguard the harmony within the family. Therefore, she always focused primarily on the feelings and wishes of others. Her wishes could only be realised within her fantasy world. It gradually becomes possible for her to discuss these wishes in the therapy sessions.

*Comments: Although this client spontaneously mentions her father during the initial investigation and despite the fact that there is no obvious resistance on her part to a further discussion of the topic, the therapist has chosen to set the topic aside for the time being. Discussing this issue in depth may be too confusing at this*

*stage. Instead, the therapist focuses on identity problems as the connecting element for her present problems. Usually, this results in a reduction of the client's confusion about the diversity of his or her current problems. If a number of concrete problems can be successfully addressed at this point, this helps to challenge the client's underlying perception of loss of control over his or her life.*

On some occasions, Monique shows a renewed interest in her genetic father. It is not difficult to steer her into a different direction at these points. After a few months, her life becomes calmer. The opportunity to explore her thoughts and feelings through therapy makes her less receptive to external influences, resulting in a greater stability in different areas of her life. In therapy, there is now room to deal with her past. Consequently, the genetic father naturally becomes a topic for discussion. At this point, Monique clearly accepts that she has only a very fragmented and probably very unrealistic picture of her genetic father. The wish to contact her father first emerges at this stage. Monique states that by contacting her father, she hopes to be able to achieve a more accurate picture of her own past. But she also realises that her wish is motivated by a strong need for protection and the hope to find this protection from her (idealised) father. She recognises that this thought is probably not very realistic.

Now that the past is explicitly discussed, Monique realises that she has no answer to a number of very basic questions. She also starts to query 'facts' which she accepted as true until that time. Fantasy and reality are being untangled. Conflicting emotions are experienced in full strength: anger about being abandoned alternates with the strong wish for contact with her father. When she starts to recognise the potential consequences, Monique immediately becomes less inclined to realise her wish. One reason is because Monique's mother, who so far remained outside the entire process, would be an essential help in starting the search for the father. A confrontation with her would be inevitable. This realisation becomes more and more evident as the therapist, together with Monique, reflects on which information would be needed and where this may be obtained. Monique's strongest fear is related to how her mother may react to the request for information and how she herself may deal with this reaction. Monique indicates that she is afraid that her "mother is not able to deal with a confrontation with her past". She feels she may harm and betray her mother. She seeks an escape route. The burning questions concerning her father suddenly disappear and the desire to meet him recedes in the background.

*Comments: During this second stage, direct questions about the absent father are asked. What does the client actually know and what is fantasized? It is important not to go along too soon with the idea of starting an actual search (if the client wishes to do so) in order to avoid the client being deeply disappointed by the genetic father. Expectations and motives have to be carefully assessed. Especially when the wish to meet the absent parent is expressed during the early stages of therapy, it is possible that the client is partly motivated by aggression toward the caregiver(s) responsible for the client's upbringing: the threat of bringing in a competitor. Going along with this wish at that stage gives the client the chance to live out this latent aggression in an indirect way. This only makes it more difficult to address the arising conflict of loyalties.*

The therapist now focuses on the relationships between the leading actors. A family tree may prove to be a useful aid for this. Monique again acknowledges her unconditional loyalty to her mother. Then she realises that she cannot find a suitable place for her father in the diagram. He simply does not fit in. Out of fear of hurting or losing her mother, Monique is prepared to deny her own desires.

On a rational level, Monique still regards the wish to contact her father as justified and sees that it does not necessarily constitute a 'betrayal' of her mother. The fact that she realises this does not mean that she is automatically freed from feelings of guilt. Monique defers taking concrete steps in the search for her father and decides to approach her mother first to arrange a conversation with her. The preparations for this conversation are discussed in the therapy sessions. The mother seems prepared to talk to Monique, albeit with reluctance. The information she provides, is, as was to be expected, predominantly negative. As a result, Monique again experiences strong feelings of guilt about "what (she is) doing". However, by now she is determined: "For once, it's about me, I want to decide myself what I am going to do".

During the therapy sessions, Monique indicates that the two pictures she has of her father are constantly alternating: the 'bad' father, who abandoned her mother and his own child and the 'idealised' father, who exists in her private world. This is an important step forward within the course of the therapy. The conflict of ambivalence has been brought out into the open. She is aware of both views at the same time. This makes it possible for Monique to integrate both versions into a more balanced, multifaceted picture of her father in the future. At this moment in time, this step has not yet been taken and Monique is still afraid of having to give up the idealised picture of her father. This fear is also related to her constantly changing feelings towards her mother: they are the mirror images of her feelings towards her father. As Monique puts it "When I love my mother I cannot love my father and vice versa". When these alternating positions are interpreted in terms of the existing conflict of loyalties, fear and confusion subside. She begins to understand that she has the right to her own opinion.

*Comments: Discussing the consequences of a search inevitably brings up the conflict of loyalties. To be able to discuss the existing resistance, the relationships among all those involved (including the absent parent) are explored as far as possible. In talking about these issues, the attempt is made to bring the clients to slowly realise that their curiosity or desire to know about the absent parent does not automatically constitute a betrayal of those by whom they were raised. Now the time has come to determine to what extent the client wishes to and has the possibility to satisfy his or her curiosity. At this point, the role of the therapist is primarily supportive. Sometimes, however, an active coach is needed to prepare the client as far as possible for the reaction of others (in this case the mother) to her quest. Role playing can be very effective in this.*

Monique now realises that a meeting with her father would almost inevitably disappoint her. The idealised picture of her father could after all not be fully maintained. Regardless of this, she decides to go ahead with it. The first contact with her father goes better than expected. He seems a nice man, who reacts emotionally and with enthusiasm to his daughter. They talk a lot about the past and Monique

now has the chance to hear the story about her parents' divorce and the period following the divorce from his point of view. She feels that a lot falls into place now and that she has a much clearer picture of her own past. Initially, Monique is happy with the contact with her father, but soon she starts to experience feelings of disappointment. He is different from the person she had hoped to find. She gets annoyed with some of her father's habits and opinions. Her father also tells Monique about his relationship with her mother. This information makes Monique's mother suddenly appear in a different light. For Monique, this is hard to accept.

*Comments: Once again, role playing can be a useful instrument to prepare the client for a meeting with the unknown parent. In addition, clients are made aware of the fact that the information they are planning to obtain will almost inevitably imply that (part of) their fantasies will have to be abandoned. They therefore have to brace themselves for disappointment. Once this stage has been reached, this impending disappointment seems to a much lesser extent - and much less frequently than the fear of what one may be doing to others by certain actions - be still a reason to escape the situation. Clients generally realise that the meeting is a necessary step, making it possible, as Monique put it, "to get on with one's own life afterwards".*

Monique becomes painfully aware of the fact that she can no longer live her life based on unrealistic ideas. As Monique herself puts it: "I lost my illusions and will now have to learn to live with reality". She has ambivalent emotions towards both her mother and her father. She asks herself: "Who do I actually belong to now?" Still she continues the contact with her father. She talks to her mother and in these conversations she reassures her mother. She makes it clear that the contact with her father is not directed against her mother. The contact to her father becomes 'normal'. Her father gives her a collection of photographs showing her as a small girl. She says: "The puzzle is complete: I look at myself in those pictures and I realise I am still the same person today. My past finally belongs to my life and can be brought to a close. Now, my future can begin." In addition to feelings of loss, Monique experiences feelings of maturity and responsibility for her own life. Together with her therapist she tries to meet this responsibility. Topics which had been the focus of attention during the first phase of therapy re-emerge, but are now viewed in a different light. Based on a stronger feeling of identity, Monique discusses the choices and decisions she faces. Her plans for the future start to take on a more definite shape. Her relationship with her boyfriend has greatly improved and she is less scared of making a commitment to him. After one and a half years of therapy, the treatment can be completed.

*Comments: This fifth and final stage shows some similarities to the process of mourning. The client has to pick up the pieces of her lost illusions and has to reintegrate the parts of her self-image into a new one. The focus of the therapy shifts from the past to the future.*

## General comments

Although the therapist in the aforementioned case worked 'on psychoanalytic lines', we intentionally avoided prescribing a particular *therapeutic approach*. We merely suggested the basic notions of being 'insightful' and 'supportive'. Within the general treatment of neuroses, the aim is primarily to work through the neurotic conflicts within the context of life events, while a (factual) reconstruction of the past is frequently a secondary goal. For the present client group, the reconstruction of reality is of fundamental importance and therefore forms a primary treatment goal. Approaching others in order to retrieve missing information is consequently an integral part of the therapeutic process. This means that therapy takes place partly outside the therapy sessions. This has consequences for the position of the therapist. Especially for problems which may be encountered during the search for information, the therapist has to assume a more active 'coaching' style.

Within the present case study, we met with few *complicating factors*. Monique had a number of positive qualities, such as good introspective ability, sufficient tolerance of fear and frustration, and the ability to enter into a good working relationship with her therapist. Even without her genetic father, Monique had a relatively protected childhood and adolescence. This is of course not the case for many clients from this target group. If a client presents more severe problems, such as serious neglect or sexual abuse (for example by the substitute father figure), therapy will initially have to focus on these issues. Additionally, it will need to be examined at later stages in the treatment whether under the circumstances the client would benefit from the suggested mode of therapy. Many of these clients will not be aware of experiencing the 'problem of the absent parent'. In other cases, the problem is not completely obscured by other problems, but is still difficult to approach. In such cases, clients will probably not address the issue of the absent parent on their own initiative. This can be the result of a conflict of loyalties which is more severe than in Monique's case. The presence of a stepfather, especially if the child has established a close relationship with him, can prove to be a complicating factor. An interest in the genetic father is then frequently experienced as an actual threat to the position of his substitute. It therefore becomes almost impossible for the child to make his or her interest known.

The topic of the 'genetic father' might also become a taboo if there are strong feelings of *shame*: shame about not growing up in a 'normal' family or shame about being rejected by one of the parents. When attempting to address the issue of the absent father it is therefore necessary to be aware of the possibility that the resistance to this topic may be very strong, unless the topic is approached with the utmost care. Feelings of shame are often linked to a negative self-image and a difficult side effect of this is that the importance of the shameful event is exaggerated out of proportion (Kaufman, 1989; Lewis, 1971). For as long as the feelings of shame are not acknowledged by the clients themselves, these feelings will frequently be covered by anger (Gill, 1991). In all cases, it is important to the therapy that the client is offered a safe environment, in which fears of abandonment and loss of love can slowly be reduced and trust in interpersonal relationships can be

reinstated. Because of the strong link with identity problems, these will have to be discussed together with feelings of shame and the way in which such feelings affect one's self-image. The therapist needs to be aware of a possible tendency to avoid the aspect of shame in therapy. Many authors point out that feelings of shame can be contagious (see for example Karen, 1992).

Finally, we want to consider one last example of the wide array of factors which may significantly influence the course of therapy. For Monique, it seemed important to actually establish *contact* with her father. By far not all clients express a wish for contact. In some cases, the father may have died or prove impossible to trace, so that actual contact is unrealisable. However, even if a personal encounter does not take place, the search for concrete information may nonetheless commence the process of individuation. Even if it eventually emerges that no information is available, the exploration was not futile. The client can leave behind fantasies about how some intervention by the genetic parent would suddenly change things for the better. A chapter can be closed.

## References

- Amato, P.R. & Keith, B. (1991). Parental divorce and the well-being of children: A meta-analysis. *Psychological Bulletin*, 110, 26-46.
- Blyth, E. (1998). What do donor offspring want to know about their genetic origins? *Journal of Fertility Counselling*, 5, 15-17.
- Boszormenyi-Nagy, I. & Spark, G.M. (1973). *Invisible loyalties*. New York: Harper & Row.
- Bowlby, J. (1978). *Attachment and loss*. London: Harmondsworth.
- Buckley, P. (1985). Determinants of object choice in adulthood: A test case of object-relations theory. *Journal of the American Psychoanalytic Association*, 33, 841-860.
- Burlingham, D. & Freud, A. (1944). *Infants without families*. London: George Allen & Unwin Ltd.
- Bois-Reymond, M. du (1995). The role of parents in the transition period of young people. In: M. du Bois-Reymond, R. Diekstra, K. Hurrelmann & E. Peters (Eds.), *Childhood and youth in Germany and the Netherlands*. Berlin: De Gruyter.
- Brodzinsky, D.M. & Schechter, M.D. (1991) (Eds). *The psychology of adoption*. New York: Oxford University Press.
- Burgner, M. (1985). The Oedipal experience: Effects on development of an absent father. *International Journal of Psycho-Analysis*, 6, 311-320.
- Damon, W. & Hart, D. (1988). *Self-understanding in childhood and adolescence*. New York: Cambridge University Press.
- Derksen, J.J.L. (1986). *Strukturele diagnostiek van psychische stoornissen (Structural diagnosis of mental disorders)*. Baarn: Nelissen.
- Erikson, E.H. (1986). *Identity. Youth and crisis*. New York: Norton.
- Erikson, E. (1975). 'Identitycrisis' in autobiographic perspective. In: E. Erikson (Ed.), *Life history and the historical moment*. New York: Psychoanalytic Quarterly.
- Fenichel, O. (1941). *Problems of psychoanalytic technique*. New York: Psychoanalytic Quarterly.
- Gelder, K. van (1991). *Eenoudergezinnen (Single parent families)*. In: E. Spruijt (Red.), *Psychologie van het gezin: Zicht op huwelijk en relaties (Family psychology: A view of marriage and relationships)*. Stichting Teleac, Utrecht.

- Gill, H.S. (1991). Psychotherapy of a fatherless young woman. *British Journal of Medical Psychology*, 64, 225-232.
- Golombok, S. & Murray, C. (1999). Social versus biological parenting: Family functioning and socioemotional development of children conceived by egg or sperm donation. *Journal of Child Psychology and Psychiatry*, 40, 519-527.
- Haines, E. (1987). 'Now I know who I am'. Identity change and redefinitions of the self in adoption. In: T. Honess & K. Yardley (Eds.), *Self and identity*. London: Routledge, Kegan & Paul.
- Hibbs, E.D. (1991; Ed.). *Adoption: International perspectives*. Madison: International Universities Press.
- Howe, D. & Feast, J. (2000). *Adoption, search and reunion. The long term experience of adopted adults*. London: Children's Society.
- Hunter, M., Salter-Ling, N. & Glover, L. (2000). Donor Insemination: Telling children about their origins. *Child Psychology and Psychiatry Review*, 5, 157-163.
- Kalter, N. (1987). Long-term effects of divorce on children: A developmental vulnerability model. *American Journal of Orthopsychiatry*, 57, 587-600.
- Kaufman, G. (1989). *The psychology of shame; Theory and treatment of shame-based syndromes*. London: Routledge.
- Kampen, L.C. van, Koops, W., Meerum Terwogt, M. & Reijnders, C.J. (1990). Onbekendheid met de biologische vader als belemmerende factor in de identiteits-ontwikkeling: een empirische exploratie (The unknown father as an impediment to identity development: An empirical exploration). *Nederlands Tijdschrift voor de Psychologie*, 45, 283-288.
- Karen, R. (1992). Shame. *The Atlantic*, 269, 2, 40-70.
- Koomen, H., Hoeksma, J.B. & Meerum Terwogt, M. (1998). The importance of knowledge about the absent genetic father. *Zeitschrift für Soziologie der Erziehung und Sozialisation*, 18, 267-282.
- Krueger, D.W. (1983). Childhood parent loss: Developmental impact and adult psychopathology. *American Journal of Psychotherapy*, 37, 582-592.
- Lewis, H. (1971). *Shame and guilt in neurosis*. New York: International University Press.
- Luteijn, F., Starren, J. & Dijk, H. van (1975). *Handleiding bij de NPV (Manual for use of the NPV)*. Lisse: Swets & Zeitlinger.
- Marcia, J.E. (1980). Identity in adolescence. In: J. Adelson (Ed.), *Handbook of adolescent psychology*. New York: Wiley.
- McDougall, J. (1989). The dead father: On early psychic trauma and its relation to disturbance in sexual identity and in creative activity. *International Journal of Psychoanalysis*, 70, 205-219.
- McWhinnie, A. (2000). Families from assisted conception: Ethical and psychological issues. *Human Fertility*, 3, 13-19.
- Meerum Terwogt, M. (1991). Biologisch ouderschap. Betekent het nog iets? (Genetic parenthood. Does it still matter?). *Psychologie en Maatschappij*, 5, 71-77.
- Meerum Terwogt, M., Hoeksma, J.B. & Koops, W. (1993). Common beliefs about the heredity of human characteristics. *British Journal of Psychology*, 84, 499-503.
- Meerum Terwogt, M. & Reijnders, C.J. (1993). Afstammingsonrust; Psychische consequenties van onbekendheid met de eigen genetische ouders (Turmoil about one's origin: Mental consequences of not knowing one's genetic parents). *Jeugd en Samenleving*, 23, 499-508.
- Pessoa, F. (1991). *The book of disquiet*. New York: Pantheon Books.
- Plomin, R. (1986). *Development, genetics and psychology*. Hillsdale: Lawrence Erlbaum Associates.
- Reijnders, C.J. & Meerum Terwogt, M. (1989). De onbekende ouder (The unknown parent). *Psychologie*, 12, 14-17.

- Scarr, S. & McCartney, K. (1983). How people make their own environments: A theory of genotype-environment effects. *Child Development*, 54, 424-435.
- Shenfield, F. & Steele, S.J. (1997). What are the effects of anonymity and secrecy on the welfare of the child in gamete donation? *Human Reproduction*, 12, 392-395.
- Triseliotis, J. (1973). *In search of origins: The experiences of adopted people*. London: Routledge & Keegan Paul.
- Triseliotis, J. (1991). Identity and genealogy in adopted people. In: E.D. Hibbs (Ed.), *Adoption: International perspectives*. Madison: International Universities Press, 35-44.

### **Anschriften der AutorInnen:**

Dr. M. Meerum Terwogt  
Department of Developmental Psychology  
Free University of Amsterdam  
Van der Boechorststraat 1  
NL 1081 BT Amsterdam  
Tel.: (0)20-4448741  
Fax.: (0)20-4448745

E-mail: [m.meerum.terwogt@psy.vu.nl](mailto:m.meerum.terwogt@psy.vu.nl)

Dr. Caroline J. Meerum Terwogt-Reijnders  
Psychiatric Hospital Buitenamstel, Angstpoli  
Lassusstraat 2  
NL 10075 BG Amsterdam

Dr. Suus M.J. van Hekken  
Department of Developmental Psychology  
Free University of Amsterdam  
Van der Boechorststraat 1  
NL 1081 BT Amsterdam