

# Couples Who Adopt



## A Guide to Helping Adoptive Couples

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A Tavistock Relationships Practitioner Guide  
Series Editor – Susanna Abse

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Special thanks to Lynne Cudmore and Naomi Mwamba

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# Introduction



**“It’s been a great space to talk about adoption related issues and how that’s affected our lives. It’s been a good safe space to explore ideas and feelings”**

The ideas gathered together in this booklet are based on clinical experiences gathered from our specialist service for adoptive couples as well as from the wealth of theoretical and clinical understanding our organisation has built about couple relationships and parenting over nearly 70 years of practice.

We are grateful to the adoptive couples who have come to our services for their courage and their determination to work with us on understanding more about some of the emotional and psychological challenges they faced. We heard clearly from these parents that behind this determination to improve their own relationship

lay a desire to create a better family life and better life chances for their adopted children.

Our Adopting Together service opened its doors to couples who have adopted or had children placed with them, and parents sought us out or were referred to us by their social workers because they felt that they needed help to manage – or often salvage – their own couple relationship. At Tavistock Relationships we feel able to respond to this clear need and are confident that the therapeutic help we offer to adoptive parents supports not just the parental couple but fundamentally contributes to the stability of the adoptive family, prevents adoption breakdown and

ultimately – and most importantly – supports their childrens’ wellbeing and development.

We are, of course, hugely appreciative of our fellow practitioners in social work. We arranged some special days of training tailored to the needs of social work colleagues in the specialised field of Adoption and Fostering, and they took time out of their busy and demanding workload to hear more about the relationships that bind the adoptive parental couple. They generously shared their knowledge and expertise with us, helping us understand the practical, clinical and organisational dilemmas that shape their daily working life. We were, in turn, able to help them to develop concepts and skills that support thinking about and working with the adult couple relationship.

Much of what we say in this booklet is based on these conversations as well as Tavistock Relationships’ expertise in thinking about couples and parents. We are, of course, aware that many parents now choose to adopt without a partner (there is a

growing number of single adopters) but in this publication we specifically focus on those who approach adoption as a parental couple.

In the following pages we will briefly outline the ideas and clinical services we have designed and offered for adoptive couples – ideas that are rooted in Tavistock Relationships’ clinical and research experience about couples and parents, gained and developed over seven decades of continuous history. We will explore what you encounter when you first meet a couple who come to discuss with you the possibility of adoption and how you might think about their relationship. What skills might be helpful in facilitating an exploration of the full range of their feelings, hopes, fears and even doubts and ambivalence? We will think about what might not be expressed or kept hidden by the parents when they approach an Adoption Agency and what can be further concealed both externally and internally when real difficulties emerge during placement or following adoption. We will offer some ideas on how to work

with a parental couple who seem deeply polarised or who appear unrealistically united.

We will consider how becoming parents can impact on partners and discuss the particular issues associated with embarking on parenthood in the context of loss. A considerable part of this booklet will help you think further about the havoc that the transition to parenthood can wreak on the equilibrium of any parent and parental couple, let alone parents who have had to struggle hard to achieve a family. Finally, we will also explore ambivalence and conflict in the couple and how to work with these areas without giving in to the pressures of deciding who is right.

We know that in your professional practice you make enormous, life-changing decisions when thinking about the right – or good enough – parents for the children for whom you are responsible. You might be feeling under huge pressure



to find a loving, well functioning couple who will provide a stable and supportive home environment. So you might well be asking the question: What makes a well-functioning parental couple? How much space can there be for conflict, disagreement, disappointment and even hate and despair?

Throughout the adoption process couples often make a considerable effort to show you their 'good side' and worry about what they might consider 'airing their dirty laundry'. But what if their ideas of what a harmonious or good couple might look like are miles apart from the ideas you or your organisation hold as their benchmark? And how do you find out about the ins and outs of couples' relationships anyway? How can we be curious enough to create a space to reflect without feeling that we are intruding in the private space of the couple, including their bedroom?

We will address all these dilemmas and will illustrate our ideas through clinical vignettes taken from our work with adoptive couples. In order to protect confidentiality, clinical examples are disguised and often are a composite of several cases.

# The Adopting Together Service

With the support of a grant from the Department of Education, Tavistock Relationships has created this specialised service to respond to the needs of adoptive couples who wish to explore and strengthen their relationship following adoption. The Adopting Together service offers time-limited therapeutic support to parents who have either adopted or had children placed with them with a view to adopt. We welcome both heterosexual and same-sex couples, and indeed many gay and lesbian parents have taken up the offer of relationship support.

## Couple therapy

Adoptive parental couples are offered one of two services. They were seen either in 20 weeks of couple therapy or 16 weeks of Adopting Together parent groups. In couple therapy, parents were seen by one of a dedicated team of experienced therapists who all received additional specialised



training relating to adoptive parenting. The time-limited work of 20 weekly sessions is underpinned by Tavistock Relationships' psychoanalytic theory base of the dynamic understanding of the conscious and unconscious aspects of the adult couple relationship. Adoptive parents were offered help and support to address some of the issues that were impacting on their relationship.

We found that offering a safe space to reflect on how adoption has impacted on the couple relationship was helpful to adoptive parents and better communication between partners resulted in improvements in the quality of their

family life. Some adoptions or placements that were hovering on the brink of the abyss, threatening to break down, were salvaged when the space to reflect and explore hateful or ambivalent feelings were opened up in therapy. Parents were overwhelmingly positive about their experience, one couple going as far as suggesting that ‘this service should be made compulsory to all parents who adopt.’

## Parents Groups

Whilst some parents were offered 20 weeks of couple therapy, another group of adoptive parents were given the choice of joining one of two Adopting Together Groupwork Programmes. This specially

developed 16 week long manualised programme is based on the evidence-based Parents as Partners intervention pioneered in the UK by Tavistock Relationships. Each group consisted of six adoptive couples and was facilitated by two specialised therapists working, in effect, as the seventh couple in the room. Each weekly two-hour group also offered childcare and a crèche, running parallel to the Adopting Together Groups in neighbouring rooms; and was some of these adopted childrens’ first real experience of seeing their parents working out issues safely together.

In the following paragraph, we will explore the rationale behind designing our therapeutic offer to adoptive couples.

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“Good to make time to think directly about our relationship rather than always focusing on the girls. The ‘group’ experience was really good- better than I had expected as it was really helpful to listen to others’ issues and then reflect on your own”



# Research Evidence

It has long been documented that the transition which couples make from partners to becoming parents can put a huge strain not only on individual wellbeing but also on the couple relationship (Cowan et al, 1985). Parenthood brings with it unique challenges, not only because the couple will have to accommodate the new arrival of a new person into their relationship (even if siblings are adopted, a simple triangle is created consisting of parents and their child/ren), but because there are generational, relational and occupational shifts all happening at the same time. Daughters become mothers, husbands become fathers and career men and women often become home-based carers.

As parents shift their focus away from their relationship and concentrate on caring for their child, the quantity and quality of care they give to looking after themselves and each other can become diminished as they put this secondary to attending to the needs of the child. It is no real surprise therefore that studies report a significant decline in relationship satisfaction as well as a

significant increase in marital conflict during the first years of parenthood (Shapiro, Gottman & Carrere, 2000).

We also know that a healthy couple relationship is important for a developmentally healthy child; researchers such as Cowan & Cowan (2000) and a recent report from the Early Intervention Foundation (2016) have shown that poor quality couple relationships result in poor quality parent-to-child interactions, which in turn have deleterious effects on outcomes such as child mental health, confidence, verbal development and social behaviour. Conflict is to be expected in any relationship, however the differentiation is between conflict that is resolved in a healthy manner and that which is intense, frequent and unresolved (Cummings and Davies, 2011). Children who are raised in homes where parents exhibit the latter type of conflict are likely to exhibit internalising symptoms (anxiety, depression, withdrawal or isolation) and externalising behaviours (violence and aggression, Cummings and Davies, 1994).

Worryingly, these effects can be seen across the lifespan: infants as young as six months who grow up in home environments characterised by tension, regular conflict and violence show signs of impaired cognitive growth; children of primary school age show lower reading abilities and, as these children grow into adolescents, they are at greater risk for teenage pregnancy, substance abuse and delinquent behaviour (Harold et al., 2016; Repetti et al., 2005).

Despite these findings, many family interventions choose to focus their efforts on the parent-child relationship, and somewhat overlook the relationship between the parents. This can also translate into a lack of attention on the couple where post-adoption family support is concerned. When scant resources make prioritising areas of supportive work a necessity, family support often focuses on supporting the



parenting of the adopted child. This is, of course vital and beneficial but overlooks the enormous strain that adoption puts on the couple relationship. Many couples decide to adopt as they are unable to conceive. They then have to come to terms with the feelings of loss, anger and guilt caused by the infertility of one or both partners. Many adoptive couples endured a gruelling and intrusive process of failed cycles of assisted conception only to then go on to undertake a further gruelling series of interviews to assess their suitability to becoming adoptive parents. When they do eventually become adoptive parents, they may have to manage the variety of potential difficulties that many adoptive children suffer from. Foetal alcohol/narcotics syndrome, violent aggression, attachment issues, sexualised behaviour,



learning difficulties and other developmental delays are just a few examples that adopted children can bring into the mix of their new families because of traumas they have previously faced. As mentioned before, the challenges of parenting their children often supersedes the necessary work that is needed to maintain a healthy couple relationship.

The threat to the security of adopted families is bi-directional as not only does parental conflict have an effect on child outcomes and functioning, but the effect of childrens' behaviour also puts a strain on the couple relationship. A recent report published by Selwyn and colleagues for the University of Bristol indicated that the challenging behaviour and needs of the adopted child places such an enormous

strain on the parental couple relationship that it can leave many couples feeling powerless; feeling that they need to make a choice between saving their relationship and keeping the adopted child in the home (Selwyn et al., 2014). The report describes the stark choice parents face between either the breakdown of the adoption or their couple relationship. In such situations, the skill of professionals to understand and support the couple can make a huge difference to ensuring the best outcomes for both parents and children.

Investing in supporting the couple relationships of adoptive parents can pay huge dividends. It can contribute to preventing the breakdown of adoption and can significantly increase the life outcomes of the children joining these families.



# First Encounters

## Hidden problems

In the first encounters the stresses placed on both social workers and potential adoptive parents are enormous. Social workers obviously strongly hope and desire to place children who have often already had significant traumas with loving parents. However this desire produces a tension about how much to reveal about the child to prospective adopters. As Tollemache (2006) points out, it is 'the social workers who carry heavy responsibility for the outcome' of the adoption. Parents, however, are also faced with a similar dilemma – how much to reveal about their relationship and particularly the more challenging and less happy aspects of it. Potentially everyone then involved in the

adoption process is in a situation where things are being kept hidden. In clinical sessions, couples have expressed to us that they can feel that the reality of the disturbance of the child was hidden from them and they themselves are actively either consciously or unconsciously hiding any relationship difficulties from their social workers. It is not easy then to get behind this façade.

## Whose business is it anyway?

One aspect of this hiding of difficulties and challenges is the reluctance of some social workers to ask questions that seem to intrude too deeply into the private world of the couple, and this reluctance stems from several sources. The first of these is



the often perpetuated societal view that the family and in particular the couple relationship are private domains. To ask questions about a couple's intimate relationship can feel intrusive to practitioners, particularly when they feel they have no solid mandate to enquire into this area of family life, nor specialised skills to do so. There is also, of course, our own personal history of relationships which influences our approach. Have we been through our own divorce or relationship breakdown or are we coming from a 'broken home' carrying the memories of our own parents' divorce? What sort of relationship did our parents have? Are we currently in a relationship, or just getting over a break up? All of these experiences affect us and, importantly, can affect how we relate to these issues in others.

What we need to do in particular is to reflect on how our previous experiences of relationships affect our ability to be 'turned to' by clients – that is when a parent raises a problem about their relationship. This 'turned to moment',



identified by the relationship support organisation One plus One, is an opportunity to give help and support, but can be missed if we are anxious or unwilling to engage in this area. It can be challenging to create a reflective space for our clients where they can talk about anxieties, conflicts or other difficulties in their relationships. Again, to quote Tollemache 'If something as challenging as building a family through adoption is to have any chance of success, families and those who work with them must be open to feelings that are often hidden and emerge in unexpected ways'(p 129-130).

It is important therefore that we are as alert as we can be to what difficulties, particularly hid-



den emotional struggles, the couple are experiencing. We have heard of couples hiding all sorts of problems and these include concealing their own individual health difficulties – a history of depression for example – as well as difficulties between them. Some things are, of course, quite consciously concealed because of fears of being turned down as suitable adoptive parents. However, there are also a large number of issues that the couple might be concealing from their own conscious awareness and it could be extremely helpful to create a thoughtful, containing atmosphere where such concerns can safely emerge. Unfortunately, many couples struggle to be able to trust the system and, as suggested above, try to appear stronger than they really feel. There are couples who literally in the words of one

parent ‘just manage to hold ourselves together’ during the long and drawn out adoption process but, who after the child has been placed, fall apart with the strain of something being added to an already fragile relationship.

## Challenges for workers and couples

The main challenge for social workers is of course finding suitable parents for the children in their care. Our colleagues in social work told us how challenging a task it is to make the right match between children and their prospective parents. But the other task, one that presents as many challenges, and is likely to be just as hard to do, is to help couples be as prepared as they can be for adoption so that they learn how to cope with some of

the inevitable challenges when they arise.

As we will go on to discuss in greater depth later, the transition to parenthood is a challenge for all couples, but for adoptive couples there are particular challenges. Firstly, unlike couples who reproduce biologically, these couples need to prove themselves as good enough to have children and will undergo scrutiny from professionals, which can leave them terrified of getting it wrong. Prospective parents are likely to be anxious and stressed and, under such circumstances, it is difficult to create a reflective space – a place to think, to be open and able to work through difficult emotions that are likely to emerge. You might face some determined attempts by the parental couple to shut down certain lines of enquiry.

It is very important then that relationship problems and difficulties are ‘normalised’ – that we can convey tolerance and acceptance for thoughts,

feelings and even behaviours that couples might be ashamed of. Lynne Cudmore, a couple and child psychotherapist, comments on the importance of the couple’s capacity to reflect on their experiences as being a crucial factor contributing to the quality of relationships both in the couple and between parents and their children. She explains that ‘couples who said they were able to talk openly about their problems, with both partners revealing their hopes as well as their disappointments’ were better able to share their feelings and consequently ‘found it less difficult talking to others about their predicament’. These couples, Cudmore argues, ‘differed from couples who said they shared their doubts, frustrations and disappointments but who were also at pains to point out that there was no conflict or tension in the relationship’.

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**“It was helpful to have the time to talk about our concerns/issues and it brought them more to the surface on our normal discussions.”**



# The Loss of a Dream



Parents need sensitive support to explore any possible challenges in their relationship and to explore how they will manage when the adopted child impacts on already pre-existing tensions. The gap between the couple's expectations of adoption, and the reality of adoption, is likely to widen if these things cannot be thought about. If the couple struggle to reflect on their relationship, and what challenges an adopted child might add to it, they are likely to be unprepared and enter into the adoption with at best unrealistic expectations, or worse, idealised fantasies.

One very common such fantasy is that the child is going to slot into an existing way of life. Couples holding these day-dreams are often very close and intimate, and have what they describe as a 'perfect' relationship. It can be hard for professionals to convey to these parents some of the realities of

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"Simply, I have learned valuable things about myself, my partner and my child. I have a greater belief that I can be an effective parent."

parenthood and to prepare them for anything that might be less than perfect.

When the adoption inevitably turns out to be more challenging than anticipated, the task is likely to be to help the couple to come to terms with reality. For some couples this may involve a process of mourning and letting go of an idealised fantasy of an ideal couple adopting the ideal child creating the perfect family, some couples can find this adjustment from fantasy to reality particularly hard and might try not to allow anything less than ideal enter in their own couple-relationship. In these instances some parents can feel that the tensions and struggles they are experiencing are almost entirely caused by the arrival of their children who are making things difficult for the whole family.

This could be the result of the parental couples' own difficulty in admitting to their own imperfections – perhaps the

parents themselves grew up in homes where only perfection was tolerated and where any pain or struggle was blamed on external influences.

Another significant challenge is the transition to parenthood that forever alters the couple relationship. Our experience has shown that couples who are very close before the adoption might find the transition to parenthood a particular struggle. The arrival of a new child or - as it can often be the case in adoptive families, a group of siblings – can really unsettle a previously well functioning relationship. There is important psychological meaning in the common saying ‘two’s company, three’s a crowd’ and even those parents whose relationship is not overly close or idealised can be taken aback by the unexpected difficult feelings that are stirred up by the arrival of the children. Those couples who particularly relied on doing everything together and sharing every aspect of their lives can find it very difficult to cope with the feeling of being even temporarily left out, which is an inevitable consequence of accommodating the new baby or child into the family.

When both parents find it difficult to feel left out, they might see their own difficulties reflected back at them in their children who naturally share some of these struggles already as they try to find their space in their new family. And as we outlined above, parents who struggle to know about their own imperfections might feel that it is the children who are somehow ‘not right’. A similar thing can happen when parents cannot recognise that they themselves have a real difficulty with feeling left out. This is what we mean when we say that the parents might project their own difficulties onto the child and then complain that, for example, they have somehow ended up with children who cannot bear to be left out.

Some couples might try to evade this situation by ‘shift parenting’, where one or the other looks after the child, but where as a result they spend little time together as a family, and the parents themselves spend no time together as a couple. This can not only lead to a deterioration of the adult couple relationship but also deprives the children from the experience of being cared for by a parental couple.

# Why People Adopt: First Choice or Last Resort?

We have worked with a surprising number of parents in the Adopting Together Service for whom adoption was not a result of infertility but a first and deliberate choice of becoming parents. There are numerous reasons why this might be the case:

## The rescuer parents

*Janet and Steve felt that they wanted to 'offer' a home to a child that really needed a loving and stable family. They thought it was preferable to having biological children. They were a couple who believed they were good people with a lot to offer and hoped that adopting would make them even 'better' people. They both grew up in families where their needs were regarded by their parents as unacceptable and were taught not to be greedy by demanding things for themselves either in the form of*

*material goods or love and affection from their parents. As a couple uncomfortable with their own needs, right from the start need was only recognised in their adopted child. It was he who desperately needed them whilst Janet and Steve were not consciously aware of their own desperate need to become parents. Soon after adopting their little boy Kai, things became difficult. It was hard for Janet to discover that she became extremely angry very quickly, and Steve hated finding himself being very critical of the way that Kai had been raised by his foster parents. These were sides of themselves that they had*



*managed to bury or repress but which, when pushed to the limits by Kai - particularly by his frequent 'tantrums' - emerged. They both came into the therapy not understanding these sides of themselves and blaming Kai for 'making' them feel that way. Not only did they not like these sides of themselves, they also could not accept these emerging characteristics in the other – Janet hated Steve being critical, and Steve couldn't tolerate Janet's anger.*

In other words both of them had a difficulty giving up the idea of themselves, and the other as

being only 'good'. The work with this couple was to reflect on this difficulty, to open up a reflective space and to think about the fuller range of feelings inside and between them, including those aspects that they have previously considered unacceptable or bad, such as anger, need or competitiveness. If parents can give up the idea of being 'perfect' and accept that the best they can hope for is what Donald Winnicott (1953) termed as 'good enough' then they are more likely to be able to accept their child's less than perfect side, accept the tantrums or rages and tolerate the negative feelings that are stirred up by such behaviours.

# Becoming Parents in the Context of Loss

Although in our services we see a considerable number of parents for whom adoption is a first choice, rather than a last resort, the vast majority of couples come to adoption wounded by the diagnosis of infertility and scarred by the battle of several failed cycles of assisted conception. For these couples the transition to parenthood takes place in the climate of complex losses (Cudmore, 2005).

Exploration of the couple's preceding losses is widely understood by professionals to be an indispensable part of the assessment process for adoption. Nevertheless, it is

our experience that many parents feel that they have not been able to fully understand or process what has happened to them. Consequently, they can feel unable to cope with their feelings of loss, which can continue to affect their relationship and family life.

## Loss is personal

Just as we will consider later when thinking about working with parental conflict, professionals as well as parents have their own personal associations and thresholds when it comes to thinking about traumatic losses. It can feel extremely difficult to create an environment where the parental couple can open up about one of the most painful areas of their lives. Will they get too upset? Be overwhelmed by painful memories and become tearful? Will they emotionally collapse or become depressed?

When couples publicly declare their desire to become parents but need professional help to



achieve this ultimate aspiration, they open one of their most private areas of their shared and individual lives to public scrutiny. You might even feel cruel or unkind by revisiting past areas of pain and loss. This, coupled with the parents' own internal efforts to pull themselves together, can create a powerful set of unspoken prohibitive factors that encourage parents and those working with them to avoid certain areas of exploration.

However, it is worth remembering that couples will become parents of children who will bring with them their own huge history of losses and hurts; and that these children can greatly benefit if their new parents are not afraid themselves of opening up, talking about past losses and bearing and sharing painful, messy feelings.

But sitting with loss and pain can be difficult for all of us. It can challenge and overwhelm and, if not reflected upon in a supportive thoughtful environment or brought to supervision, can easily lead to professional burn-out or defensive battle-weary indifference. The losses suffered by the parents and the

children they adopt can collide in unexpected ways, and the same can happen between professionals and their clients. Stories, narratives or nuances can stir up previously hidden personal memories and can complicate the professional helping relationship, which is another powerful argument for allowing sufficient space to reflect on whatever is brought by the couples to the work.



## Stiff upper lip and crocodile tears – individual differences between the parents

We have seen many couples in our service where the partners seemed to differ drastically in the way they managed their painful history of infertility.



*Mahmoud and Nadia decided to adopt after a number of late miscarriages. During their assessment, Nadia was distressed and tearful, recalling in painful detail each traumatic loss. Mahmoud was trying his best to hold steady and console Nadia and insisted that adoption will end the floods of tears when their dream of becoming parents finally comes true. Nadia was enraged each time Mahmoud put forward these thoughts as she felt that Mahmoud did not understand her pain nor was he interested in really*

*finding out what it was like to be her. At the same time she was so overwhelmed by her own experience that she had very little space to really be curious about Mahmoud's own thoughts and feelings. Both partners felt alone and cut off from each other and could only unite in being angry with their social worker who wasn't convinced that the couple were ready to go forward with the adoptive placement.*

*When this couple found some shared space to think together with their worker's support,*

*Mahmoud was able to explain his own internal dilemma; he was trying his utmost to remain positive as he was worried that if he were to show his distress over the loss of several pregnancies, Nadia might feel blamed for their childless state. He kept up a stoic façade because he was terrified that by sharing his pain of giving up on the hope of becoming biological parents, he would add to Nadia's already existing distress. To Mahmoud's surprise Nadia was well able to hear about her partner's pain and felt much less alone with her own struggles when she realised how much of the feelings of loss are shared between them. Over the course of some sessions the couple were encouraged to explore in detail the real and imagined losses that were inherent in their choice to adopt. As the couple showed a growing capacity between them to be able to reflect together about their losses, they were also emerging as a much more likely adoptive parental couple who showed a good capacity to allow space where any future children's losses can be brought and thought about.*

## **Infertility, miscarriage and other type of losses**

Losses of hopes and dreams are a part of all of our lives and traumatic loss in the couple is by no means limited to the concrete biological loss of pregnancy or infertility. In the Adopting Together service we have seen a number of cases where the parents chose adoption without attempting to create biological children between them. A number of couples came when one of the partners suffered from a debilitating health condition that made sexual intercourse difficult. Other couples spoke about an on-going lack of sexual or emotional intimacy.

Becoming parents through adoption solves some of the dilemmas but bypasses other, more hidden issues in the couple relationship. Lack of intimacy makes achieving pregnancy difficult, and becoming parents does not necessarily bring relief to the couple who struggle to make deeper connections. Issues that troubled the couple before the adoption are bound to

resurface when parenthood not only fails to cover up some of the unhappiness but introduces different stresses.

Many adoptive couples who came to us for help reported a lack of deeper creative connection between them and exploration of their relationship often uncovered a history of pre-existing difficulties. Helping these couples to think more freely about the losses inherent in their difficulty of achieving intimate connection

often proved helpful, and brought considerable relief to the parental couple.

As mentioned earlier, a considerable number of same-sex adoptive parental couples also came to our service. Some of the work with these couples can involve a sensitive and delicate exploration of their own particular losses because same sex couples have to process the biological impossibility of creating children between them.



# When Histories Collide: What Children Stir Up in Parents



We all carry within us our own story, stretching back to the generations before us. Some of our personal and relationship history is known and understood but some of it is hidden in our unconscious and can emerge in the most unexpected and explosive fashion as we become parents. It is perhaps best to illustrate this by a detailed description of one such constellation:

*Gemma and Hassan came to the Adopting Together Service in despair. They adopted their little girl, Susie, two years ago, when she was one. Although Susie was thriving, the couple was on the verge of splitting up. Hassan was deeply distressed, alternating between angry outburst and long periods of depression when he withdrew from the family. Both parents felt the*

*dream of the longed-for family unit was beginning to crumble.*

*Hassan and Gemma fought together for the chance of becoming parents and the years of failed fertility treatments left them exhausted but with a shared sense of hurt and determination. They felt sure that their relationship was strong and united. They both agreed on adoption and were overjoyed when Susie became their daughter.*

*They explained that Susie and Gemma had made an immediate bond and Hassan had felt terribly left out. He quickly became resentful and isolated, suffering not only the loss of his idea of him becoming an involved father but of his partner, too.*

*Both Hassan and Gemma had planned to be hands-on parents, taking an equal share of caring for Susie. Although, knowing Susie's history, they were intellectually prepared for her initial difficulties in adjusting to and bonding with a parental couple, nothing had prepared them for the emotionally devastating fall-out of living with a*

*child only used to relating to one parent. Susie made a beeline for Gemma and often protested when Hassan tried to look after her.*

*As the work with the couple unfolded, it became clear how the lopsided configuration of their small family unit stirred up deeply painful memories for both parents from their own history. Hassan explained that he was the fourth son of his parents and the youngest of a string of boys. As he grew, it seemed that his parents had accepted that they would not have the little girl they - and Hassan's mother in particular - had always longed for. However, when Hassan was 7 and the apple of his parents' eyes, a surprise late pregnancy resulted in a little sister. Hassan lost his special place as the baby of the family and became 'one of the boys'. He felt that his sister was spoiled, cherished and 'could do no wrong' in his parents eyes. When he saw Gemma and Susie together, it often felt like an unbearable repetition of his own childhood situation, where he had been ousted from his special place. Before adopting Susie, he was*

*‘the one’ and now he was – at best – ‘mother’s little helper again’ – a role with which he was familiar and which he hated.*

*Hassan and Susie made a number of emotional discoveries together in their therapy which enabled Hassan to say that sometimes he resented his daughter for stealing Gemma and was jealous of her. He was also able to acknowledge that a secret part of him would have preferred to have a son rather than a daughter. He admitted that at times he was responsible for excluding himself from the family; experiencing Susie as being spoilt by Gemma, like his own little sister had been. Hassan felt ashamed about these feelings but Gemma listened with warmth and was relieved. She explained that she was certain Hassan withdrew because he no longer found her attractive and was even considering an affair. She realised that in her state of suppressed fury and, fearing abandonment by Hassan, she had drawn Susie closer to herself. She became the expert mother, a gatekeeper, subtly*

*undermining Hassan’s attempts at bonding with their daughter and became aware of how her own childhood experiences were also playing a part in how she was behaving now. She spoke about being the only child of divorced parent who had engaged in a long-running, bitter custody battle over her and how her mother had filled her head with the dangers of contact with her father.*

As both parents were able to talk and listen to each other, to parts of their lives that had been unexpectedly stirred up by adopting Susie, they gradually re-established their closeness and trusted each other. They became more united in dealing with Susie’s continuing attempts to split them and this, in turn, gradually gave Susie a secure foundation of a parental couple no longer at war with each other.



# Attachment and Parenting



One of the ways of helping parents to reflect on what their own particular challenges might be in the 'path' to adoption is to think with them about their attachment experiences. This will involve helping parents talk and reflect on their own histories, and particularly the relationships they had with each of their parents. This is where an understanding of Attachment Theory can be extremely helpful. Working together with our social work colleagues we have reflected on the high quality of training and

thought that is dedicated to fostering an understanding about the attachment needs of children placed with families with a view to adoption. The disruptive effects of early attachment trauma, repeated separations from birth parents and foster parents, are understood to potentially lead to insecure attachments and the accompanying challenging behaviours that can go with this.

What is also important, however, is being able to assess the nature of the

attachment bond between couples and their attachment bonds with their families of origin. Attachment is, as Dr. Christopher Clulow, an expert on Parenting and Attachment, points out, 'a concept that sheds light on how people respond to stressful situations' (Clulow, 2009) and there is likely to be no more stressful situation than adopting a child. The adopted child entering into a new family with their own attachment issues is very likely to re-awaken the couple's unresolved attachment issues also.

Clulow helps us to understand not only how patterns of attachment in infancy are replayed or represented in adult relationships, but also how

attachment affects parenting. The Adult Attachment Interview is a useful tool to orient thinking around the type of relationship a person had with their parents although, it is important, as Clulow points out, to recognise that it is not what happened in the past that is important 'but how parents process and talk about that experience in the present'. Those who can speak about their experience and reflect on it, and can establish their own perspective are likely to be securely attached. Whereas, those who have difficulty doing this are likely to be insecurely attached, dismissing, preoccupied or even disorganised.



## Secure and Insecure Attachment Styles and Impacts on Parenting

When thinking about the typology of attachment in the parental couple, broadly four styles of attachment can be identified, three of which fall within the insecure category. Below we outline some aspects of these attachment styles which may be helpful to you in understanding the families you work with.

### Secure

**Secure: 'easy to become emotionally close to others'.**

Secure adult attachment is associated with authoritative parenting in which clear boundaries are set for children in ways that take account of their age-related needs and abilities. It is also linked with flexibility and adaptability.

### Insecure

Insecure attachment can impact on parenting in a number of ways.

***Insecure dismissing: 'prefer not to depend on others or have others depend on me'.***

Overt expressions of affection are discouraged in families and self-reliance is overvalued. These models may translate into controlling or neglectful parenting styles with expectations of high achievement.

***Insecure preoccupied: 'others are reluctant to get as close as I would like... others don't value me as much as I value them'.***

A strong wish for emotional closeness but associated with inconsistent, ineffective, unbounded, and sometimes over-involved or role-reversing parental models. May translate into over-permissive styles of parenting, ineffectiveness in setting boundaries, an inconsistency and unpredictability of approach.

***Disorganised attachment:***

Can result in controlling and chaotic behaviour in adults... as parents they may over-react to or dissociate from their children when they feel overwhelmed or threatened. Heightened anxiety and feeling chronically overwhelmed.

Clulow (2009)



# All is Not What it Seems: How to Understand Couples who Appear Split



Couples who are successfully assessed for placement and subsequent adoption often are able to show considerable unity in their declared desire and readiness to adopt a child

or children. It is often after placement or following adoption when reality sets in and huge differences might emerge between the partners.

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What has been good about the service you have received?

**“Listening to others share similar and painful experiences and gaining more understanding of different perspectives and positions.”**

*Sally and Bianca had both been keen to adopt following a series of unsuccessful IVF attempts when Bianca was unable to become pregnant. Sally, although supportive of Bianca and the idea of starting a family, had never wanted to try for biological children and was keen to adopt. They were thoughtful, well-prepared and delighted when a group of three young siblings were placed with them. The children had had a challenging start in life, particularly the oldest who, at 7, had spent the majority of his life with his neglectfully abusive birth family and had considerable additional needs. The couple agreed that they would share childcare and both of them arranged to work part-time to cover the week between them.*

*Soon after the arrival of the children, Sally became withdrawn and began to suffer from debilitating migraines. She had been trying to talk to Bianca about her growing dread that they had made a terrible mistake and that she was not able to manage three siblings - but this was extremely difficult as Bianca seemed to be*

*thriving and insisted that she was enjoying motherhood tremendously. When talking to their social worker, Sally outlined a series of challenging behaviours and the social worker began to wonder whether Sally was coping. At the same time Bianca continued to talk with excited delight about her growing bond with the children whom she described as polite and reasonably well-behaved. Sally, needing some respite from interrupted nights, moved in to the spare bedroom leaving Bianca alone with care for the children. In addition, Bianca gradually took over bath-times and bedtimes too, but was increasingly panicked and resentful about Sally's growing misery and withdrawal. Things came to a crunch point when somebody reported Sally screaming at the baby and striking the oldest child when out at the playground. The adoption order was put on hold and the placement threatened to break down. At that point Bianca had to take over full-time childcare and it was decided that Sally's contact with the children should be supervised.*

As things stood at this point, there was a real danger of either the placement or the couple relationship collapsing. In our consulting rooms at Tavistock Relationships we often meet couples who seem to be sitting on opposite sides of the fence, presenting a seemingly unsolvable dilemma. This dilemma could be expressed in such a way that it was as if the placement going forward would lead to either a breakdown in Sally or her exclusion from the couple and family, but if the placement broke down, she would be consumed by guilt, feeling solely responsible for the disaster. This would leave Bianca, who had made a warm and loving attachment to the

children, utterly devastated; but, although angry with Sally, she did not want her relationship to break down either.

What we believe could bring real relief in this seemingly impossible situation is to approach this drama with a 'couple state of mind'. In Tavistock Relationships, when working with couples and parents it is usual for a therapist's sense of where the problem lies in the couple to move around. It's as though our mind is like a camera lens, moving around different vantage points. First we identify and empathise with what one partner says. Seconds later, the lens is pointing a different way and we see another picture. These different points of view, which occur inside us over



and over again, are only manageable because of the fundamental stance that we need to take when working with co-parents. This stance is based on an underlying assumption that problems are generally shared and that the distress and disturbance of one almost certainly pertains to the other as well. This fundamental position allows us to ask questions and assimilate information so that we can synthesise our experiences into a creative understanding of the shared aspects of the difficulties. This stance is part of what Mary Morgan has called the therapist's 'couple state of mind' (Morgan, 2001).

We then encounter not two separate partners where one is for and the other is against the adoption, where one parent is struggling and the other is coping, but instead we have a couple who are carrying a lot of shared ambivalence. We would notice that Bianca and Sally, parenting as a tag-team, have lost touch with each other and they both ended up holding seemingly different parts of the whole. When the parental couple can find a space, for example in therapy, to think openly together, vital space can be created for both of them to get in touch with

a fuller range of their feelings.

## Why might couples polarise it this way?

We often start our thinking with such seemingly divided couples wondering about their own personal and relationship history. We frequently discover that what attracted them to each other in the first place is linked to what gets them into trouble right now.

*Working with Sally and Bianca we might discover that Bianca was always attracted to Sally's capacity to be in touch with her feelings, including those that were painful, confusing or troubling. This felt so different from the family in which Bianca grew up – where no-one raised their voice and losses were swept under the carpet. Bianca might have hoped that in her relationship with Sally she could get in touch with these feelings. At the same time Sally had hoped that Bianca could bring some much longed for order into her life after a chaotic childhood where her 'hippy' parents failed to create a safe and containing environment for*



*their children to grow up.*

*As it turned out, both Sally and Bianca secretly longed for a different experience when they dreamed of creating their own family. Sally was hoping for a safe, orderly experience but the chaotic needs of their new children stirred up terrible unconscious memories of her own childhood; memories and experiences that she hoped to have left behind. While Bianca embraced the 'free-flowing mess' that the children brought with them, Sally's withdrawal panicked her as it brought up memories of her own withdrawn but controlling parents. She did not want her own children to experience such parenting*

*and this was why she began to take over more and more of the childcare, leaving Sally out. When talking together about all this, both parents were interested to notice that they both held hopes and fears about their situation in fairly equal measure. The initial split began to recede and Sally and Bianca rediscovered their capacity to hear each other out and to support each other in areas of their emotional fragility.*

What helped this couple was an environment away from their children where they could begin to first think and then digest their previously unthinkable thoughts. Many couples find that their initial unspoken arrangement



of handling feelings between them works well for them, but when they become parents, particularly parents to children who arrive with a history of considerable emotional turbulence of their own, the previous way of relating no longer works.

## How to support the ambivalent couple?

It is important to try and maintain a 'couple state of mind' when looking at parents who appear irrevocably split. As soon as you notice the pressure from the parents to decide who is right and who is wrong, your capacity to think about what the parents are telling you is eroded. Refocus instead on the shared characteristics of the problem.

Ask yourself some questions: What is the nature of this parental couple's difficulty? Are they panicked? Are they ambivalent? Are they overwhelmed? Although you often find only one of the partners complaining it is very likely that the difficulties are shared:

1. **Create a space where partners can feel safe to explore their thoughts and feelings and where both can be listened to.** There is sometimes an organisational tradition of hearing from only one parent, most often the mother or the main carer. Organisations also might want to develop their 'couple state of mind' (Morgan, 2001) and more actively include fathers.
2. **Concentric circles of con-**

**tainment: Parents can have a very keen sixth sense of their worker's own capacity for bearing messy, undigested or disturbing feelings.** When they feel that the person helping them is likely to be able to hear them out without too much panic about things breaking down, a fuller, more truthful picture can emerge and this can go a long way in easing some of the worries. Good supervision and the capacity and space to reflect is important – although we know that

the often unpredictable and chaotic pressures of the job might make this aspiration feel difficult to attain.

When things come together and a shared space for the couple can be created, parents can, with their social workers often discover how much of their fears and joys are shared. This can be a shock, or a delighted surprise, but can re-connect parents who might have become cut off from each other under the pressures of caring for their children.

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**“The sessions were great to provide a forum for talking and give us ideas of how to continue the discussions ourselves going forward including signs to watch for which should prompt us. I feel like we have a better language now for monitoring and talking about our relationship.”**

**“Our counsellor somehow enabled us both to fully communicate where we felt let down by the other, and yet managed to ensure we both felt safe and not harmed by the anger. She kept us moving forward and very much adapted to what we needed to talk about.”**

# Couples who Fight – Couples who Sulk



When couples are assessed for their suitability for becoming adoptive parents, the 'health of the couple relationship' is under scrutiny. Is this couple committed and resilient enough to create a stable, loving and permanent home to their future children? Do they know what they are taking on and do they think that they will manage the stresses and vicissitudes of parenting challenging children?

Parents, as well as their specialised social workers, might feel that a couple best suited to adoptive parenthood is one where there isn't a huge

amount of conflict between the partners. Whilst entrenched, unmanaged, on-going conflict can indeed be extremely painful to both parents and damaging to the children caught in the middle, we believe that it is also important that parents are able to fall out with each other. That they are able to bear the inevitable conflicts stirred by their exhaustion or simply their different points of views.

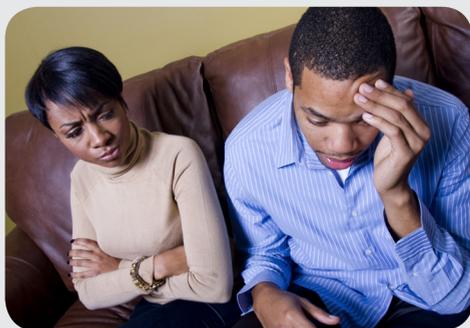
Couples who present an image of blissful togetherness without any reference to conflict might well ring alarm-bells during the assessment. Is it possible that rather than the total harmony that is described, the parents are either too anxious to really open up about how they deal with conflict and disagreement in their relationship. Are they hiding the reality of their daily lives or, like the couple described in the vignette below, tend to swallow their hurt and resentment and try to soldier on whilst fuming in internal turmoil?

*Maria and Paulo came to the initial meeting with the therapist at the Adopting Together service in a state of angry resistance. They did not want to be here and were cross with their 9 year old son's therapist for making the referral. It was Jack who was the problem and who needed urgent help – he was recently in trouble at school when he was found to be carrying a small but sharp knife, hidden under his uniform. The assessing clinician was immediately curious why his therapist colleague had thought that couple therapy was the treatment of choice for Jack's behaviour. He then listened to the story unfold:*

*Maria and Paulo adopted Jack 6 years ago and things had been going well, so much so that Paulo began to think that they were ready to adopt another child. Maria was not as sure as she had just re-established her career. But, she reasoned with herself, she did not want Jack to grow up an only child, so put her misgivings aside and joined Paulo in applying to adopt. The couple were seen as successful adopters and were quickly accepted and another little*

*boy, Martin, then 14 months, was rapidly placed with them with a view to adoption. Paulo volunteered to take a year of adoption leave as he was supportive of Maria's career and she was also earning considerably more.*

*Unfortunately soon after Martin's arrival, Maria was made redundant and Paulo had to return to work as a teacher. Things were going rapidly downhill for the couple. Martin was a difficult and needy toddler with a much stormier temperament than Jack. Maria, who never deeply committed to enlarging the family, found herself stuck at home, depressed, struggling, and inwardly furious with Paulo. Paulo returned to work but felt he was failing on all fronts. He worked long hours but was nowhere near able to match their previous level of income. He felt guilty for*



*suggesting the second adoption, guilty for how Maria struggled with their difficult toddler and guilty for how Martin didn't have the parents he deserved and needed after a traumatic start. Full of unspoken hurt and resentment, Paolo and Maria withdrew from each other and soon were sleeping in separate bedrooms, exchanging only the most cursory communications.*

## What happened when this couple began to think together?

Initially, in couple therapy, they were resistant when links were made between their 'knife-edge situation' and Jack's acting out at school. They maintained that they had no conflict between them – how could there be, since they hardly spoke to each other at all. No raised voices, no shouting, no tears. But after a while they revealed that they often used Jack to convey messages between them – seemingly innocent or incongruous comments but with a sharp edge and unmistakably designed to convey and inflict

hurt. These were communications carried back and forth by Jack who instinctively understood that in the frozen standoff between his parents he himself became the messenger and thus the knife. A part of him was describing this painful and dangerous situation by carrying a disguised weapon on his person even to school.

Maria and Paolo, supported by their therapist and their social worker, gradually found a way to begin talking directly to each other, expressing their anger, their hurt and fear. As they became less anxious about hurting the other or getting hurt themselves, they gradually began to feel less scared of exploring difficult feelings. Their need to rely on their older son for communicating these underlying and unbearable feelings diminished, and they felt better able to help both their children to make the adjustments to their new situation.

## How to help adoptive parents feel able to talk about their conflicts?



Sometimes simply asking some open and direct questions about the ways couples manage their conflicts is enough to convey a sense of curiosity and permission to talk. What happens when they get angry with each other? How do they fight? Who starts the fights, how long they last, how do they make up afterwards? Do they resolve their differences or do hurts linger on for days or weeks? Do they have a way of raising issues that are likely to provoke a painful or angry response but feel important to explore? Do they have a way to deal with their differences?

Opening up these areas for exploration clearly signals your capacity to hear and process whatever parents can tell you.

By showing curiosity and readiness to probe deeper, you are creating a reflective space for the couple where the full range of their thoughts and issues can be thought about. If parents really are too anxious to know and bear some conflict in the family, they might also struggle to bear the turbulent, conflicted feelings introduced into their house by their adopted children. Children then might feel that there is no space for them or that they are, in some way, unacceptable or too much for the parents. The social worker's capacity to normalise some of the mess, as well as the parents' ability to tolerate a fuller range of human emotions and conflict, bodes well for their children finding a safe and permanent home.

## Conflicts and us – it is personal

As we explored when thinking about traumatic losses, we all have our own conscious as well as unconscious internal stance towards conflict. All couples are different in how much conflict they find normal and bearable; and whether they tend to create an atmosphere of 'cold war' or 'heated fights' between them. This is largely influenced by their own upbringing, the way they were themselves parented, and the examples from their childhood of conflict they might want to follow or avoid. Likewise, as practitioners, we too have our own internal template and it can be helpful to take a moment to reflect on our own personal experiences or emotional stance towards a parental couple who fight. Some of us might have grown up in families where we witnessed extreme, frequent, loud or perhaps physical conflict between our parents. Did that leave us unable to bear any expression of conflict? Or, the opposite, did it leave us desensitised and unbothered by ceaseless heated shouty arguments? What if we grew up in families where voices were

never raised between our parents but the atmosphere was thick with unspoken resentments, with parents retiring to separate bedrooms or staying late at work. Could this have left us with a fear of any expressed conflict? After all, if conflict was bearable, why did our parents take such pains to avoid it? Or perhaps we went the opposite way in order to avoid a repetition of those long frozen days of our childhood by truly believing that loud and unbounded expression of difficult feelings is healthy and necessary whatever the cost?

If we hope to be able to create an environment where our clients feel encouraged to explore the shape and content of their disagreements, it is a good investment to spend some time looking inwards and, in the same spirit of exploration, taking stock of our own relationship to parental conflict.



# Not All Conflict is the Same



## Entrenched, unresolved on-going child-focused conflict: the impact on children

The longer entrenched and unresolved parental conflict continues, and the greater the

tension between the parents, the greater the likelihood that psychological difficulties will result for children - difficulties such as emotional and behavioural problems, anxiety, depression, sleep problems, low self-esteem, or problems at school. Chronic parental conflict creates a climate of tension, chaos, disruption and unpredictability in the family environment and children can feel anxious, frightened, and helpless. They may worry about their

own safety and their parents' safety even when there has been no actual or threatened violence. If parents are still together, there is also worry about separation and the family being split up.

Children often worry that they have to take sides in the conflict. They generally want to please both parents but this becomes impossible and creates considerable stress for them. Children can become caught in the middle, or they may align with one parent against the other, which can be very destructive for all family members. As we all know, children often believe they

are responsible for the fighting that goes on between their parents. This is especially true if children hear arguments related to different parenting styles, school issues, or financial issues related to them. This guilt from feeling responsible for their parents' conflict causes significant emotional distress for children.

Children learn lessons about how to get along with others from how their parents get along with each other. If parents only model unhealthy ways to communicate and resolve problems, it is difficult for their children to develop effective ways of communicating and



solving problems with others when they grow up to be adults. Chronic parental conflict, in particular, increases stress on parents, which can result in the decreased use of effective parenting skills over time. We know from research that children of all ages are affected by exposure to serious, entrenched and unresolved conflict between parents. Children can suffer a wide range of adverse effects and might suffer emotional, behavioural or even physical difficulties. Symptoms linked to unresolved on-going parental conflict in children can include but is not limited to:

- **Anxiety, depression**
- **Aggression**
- **Hostility**
- **IQ deficits**
- **Low academic attainment**
- **Poor peer relations**
- **Attention and behaviour problems**

Research also suggests that children are affected across the spectrum of conflict and both on-going cold war and endless hot conflict can have a

detrimental effect. As Professor Gordon Harold puts it: 'Children of all ages have been shown to be adversely affected by conflict between parents that is frequent, intense, and poorly resolved.' (Harold and Leve, 2000). As we mentioned earlier when thinking about the rationale underpinning our focus on helping the parental couple to get on better, children's age is not a protective factor: researchers found that young babies as well as older teenagers are upset and affected by parental conflict.

While all this might make for grim reading, it also underlines the pivotal importance of helping the parental couple towards creating a healthier way between them for dealing with conflict without either sweeping it under the carpet or letting it badly get out of hand. Parents need to know about safe limits of expressing difficult feelings or anger but also can be reassured that periods of conflict or disharmony between them is a natural and normal part of family life. They need to be able to help their children develop their own skills and capacity for dealing with conflict in their own relationships with their siblings, friends or adults.

# Conclusion

In this brief guide we pulled together some thoughts that emerged from both our clinical encounters with adoptive couples; and the training and professional meetings with social work colleagues who are supporting them and their families. Building on Tavistock Relationship's intellectual tradition, we gathered ideas about some ways in which you can enter this intimate arena of the adult couple relationship. We thought about the rationale and some of the accumulated research evidence that makes the couple relationship such a vital area for supportive interventions.

Throughout this booklet we emphasised the importance of the worker's personal and organisational capacity to create an environment where adoptive parents can feel able to speak about all aspects of their couple relationship. We think that couples who can, with their social worker's support, discover and develop their own capacity to reflect openly about a range of feelings will be well placed to give the same support to their adopted children.

We particularly wanted to emphasise the importance of couples being encouraged to be



open about both their hopes and their fears; and to be open, too, about the tensions and conflicts in their relationship. From talking to parents, we have understood that this would help couples feel better prepared for the adoption, with more realistic expectations of the challenges that adopting a child will bring. Dreams and fantasies about how life will be when the couple become a family are natural, but it is important that they are also prepared for the challenges. For this to happen, previous losses need to be acknowledged and mourned, difficulties in their relationship need facing and working on, and painful feelings and memories from their own

histories acknowledged.

You and your colleagues are already, and expertly, working with parents and children. You already have expert knowledge and understanding of the challenges of adopting a child, both for the parents and the children. We hope that this booklet adds to this knowledge with providing our thoughts about the couple relationship. We hope that this will not only organise and guide your thinking, but also give you the confidence and the mandate to really help parents think about their own relationship with each other.



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# TAVISTOCK

## RELATIONSHIPS

Established in 1948 Tavistock Relationships, (formerly The Tavistock Centre for Couple Relationships) is an internationally renowned charity delivering and developing advanced practice, training and research in therapeutic and psycho-educational approaches to supporting couples.

We research, develop, pilot and raise awareness of best practice, providing services to couples and families and disseminating our learning through academic and policy activities.

Our training programmes, in couple and sex therapy, range from introductory up to doctoral level and are accredited by bodies including The British Association of Counselling and Psychotherapy and The British Psychoanalytic Council. Our London based clinical services offer affordable counselling and psychotherapy to people facing difficulties in their relationships and parenting. Our evidence based, innovative projects – Living Together with Dementia, Parents as Partners, Parents in Dispute and Adopting Together support and improve the quality of our relationships when they are most challenged.

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