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**Melancholic reactions to loss  
in couples and families**

**The road between Corinth and Thebes:  
Adoption and loss<sup>1</sup>**

Krisztina Glausius\*, Julie Humphries\*\*

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**Summary**

This paper explores the corresponding losses experienced by both parents and children in adoptive families. The authors draw on the myth of Oedipus to explore the impact of these losses, and the psychic situation that can result when the necessary working through of these traumatic losses through a mourning process is incomplete. This paper argues that working therapeutically with adoptive couples can help prevent adoption breakdown that is often linked with such unmetabolised losses and earlier traumas suffered by both adoptive parental couples and adopted children. The paper also examines the dynamics of couple relationships where working through such losses is particularly problematic. The above is illustrated with two anonymised and composite case examples. The authors draw on their experience gained from the Adopting

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\* Couple psychoanalytic psychotherapist, Head of Clinical Services Tavistock Relationships.  
glausius@gmail.com

\*\* Sociologist, couple psychoanalytic psychotherapist, director of Studies Tavistock Relationships.  
jhumphries@tavistockrelationships.ac.uk

Together Service at Tavistock Relationships, which offers analytic psychotherapy to adoptive parents.

*Keywords:* oedipus myth, adoption, mourning, loss, narcissistic couple relationships, couple psychotherapy.

**Résumé.** *La route entre Corinthe et Thèbes: adoption et perte*

Cet article explore les pertes correspondantes vécues par les parents et les enfants dans les familles adoptives. Les auteurs s'inspirent du mythe d'Œdipe pour explorer l'impact de ces pertes et la situation psychique qui peut résulter quand le travail de deuil nécessaire pour surmonter ces pertes traumatiques est incomplet. Cet article soutient que le travail thérapeutique avec les couples qui adoptent peut contribuer à éviter l'échec de l'adoption qui est souvent lié à de tels pertes et traumatismes antérieurs non métabolisés, subis par les parents adoptifs et les enfants adoptés. Cet article examine aussi la dynamique de couples pour qui le travail de deuil autour de telles pertes est particulièrement problématique. Deux cas cliniques, anonymes et composites, servent d'illustration à ce qui précède. Les auteurs puisent dans leur expérience au sein du service Adopting Together (Adopter Ensemble) de Tavistock Relationships, qui offre une psychothérapie psychanalytique aux parents adoptifs.

*Mots-clés:* mythe d'Œdipe, adoption, deuil, perte, relation de couple narcissique, psychothérapie de couple.

**Resumen.** *El camino entre Corinto y Tebas: adopción y pérdida*

Este trabajo explora las pérdidas experimentadas tanto por padres como por niños en familias adoptivas. Los autores recurren al mito de Edipo para explorar el impacto de tales pérdidas y la situación psíquica que puede producirse cuando el procesamiento necesario de estas pérdidas traumáticas a través de un proceso de duelo es incompleto. El artículo argumenta que trabajar terapéuticamente con parejas adoptivas puede ayudar a prevenir el colapso de la adopción que a menudo está relacionado con pérdidas no metabolizadas y traumas anteriores sufridos tanto por parejas de padres adoptivos como por niños adoptados. El documento también examina la dinámica de las relaciones de pareja en las que atravesar tales pérdidas es particularmente problemático. Lo anterior se ilustra con dos ejemplos de casos anonimizados y complejos. Los autores se basan en su experiencia obtenida del Servicio Adoptando Juntos en Tavistock Relationships, que ofrece psicoterapia analítica a los padres adoptivos.

*Palabras clave:* mito de Edipo, adopción, luto, pérdida, relaciones narcisistas de pareja, psicoterapia de pareja.

## Introduction

This paper explores the corresponding losses experienced by both parents and children in adoptive families. In particular, we draw on the myth of Oedipus to explore the impact of these losses, and the psychic situation that can result when the necessary working through of these traumatic losses through a mourning process is avoided and incomplete.

Oedipus is ultimately a myth of adoption. It is a myth drawn on in psychoanalysis to understand key aspects of a child's development. The focus tends to be predominantly on Oedipus' story, rather than that of his parents; in much the same way as the focus of therapeutic intervention in adoptive families who struggle tends to be mostly the child rather than the parental couple relationship. «The tendency to focus on the adopted child's intrapsychic struggles, allowing (biological and adoptive) parental intrapsychic struggles to remain in the background is reminiscent of Freud's focus on Oedipus and his relative neglect of Laius and Jocasta, Polybus and Merope» (Brinich, 1995, p. 9). In this paper we argue that it is essential for therapeutic work to focus on both strands of these intertwining aspects, the emotional story of losses of adopted children and that of their adoptive parental couple.

The road connecting the ancient cities of Corinth and Thebes is where one of the central acts of the story of Oedipus takes place, the slaying by Oedipus of his birth father, Laius. This final and murderous rupture sets the tragedy in motion. Oedipus was fatally and conclusively violent because he was in the dark with regards to his own history. Oedipus himself, was of course adopted, first abandoned by his birth parental couple and then taken in infancy by an adoptive couple. The act of murder could be interpreted as a "final severing of links" taking place on the road that serves as a geo-physical link between Oedipus' adoptive and birth parental couples. It is perhaps symbolic of the lack of internal connections and integration of the traumatic losses inherent in Oedipus' early abandonment and subsequent adoption. The current growing numbers of breakdowns in adoptions (Selwyn *et al.*, 2014) can be thought of as the modern day representation of such "final severances". They are likely to be connected to complex but undigested losses on both the Corinth and the Thebes end of the road, that is, on the side of the child as well as the adoptive parents.

This paper argues that working therapeutically with adoptive couples can help prevent adoption breakdown that is often linked with unmetabolised losses and earlier traumas suffered by both the parental couples and their children. This paper further explores a particular aspect of this struggle linked to the complexities of becoming a family in the context of loss and achieving parenthood through adoption. We will describe the collision of traumatic losses in adoptive families that can add up to a situation that is more powerful than the sum of its parts and can fatally destabilise the family. We argue that there can be explosive symmetry between the traumatic losses inherent in the history of children who were given up by their birth parents for adoption, and also by their parents who bring to adoptive parenthood a series of previous traumatic experiences that diminish their capacities. These losses can be intangible, where infertility means that no babies were ever conceived; or tangible losses, such as, loss of pregnancy or death of infants or children. At the same time, adopted children often enter into this family environment, bringing with them their own traumatic history of corresponding losses.

The authors draw on their experience gained from setting up and clinically supervising the Adopting Together Service at Tavistock Relationships, which offers analytic psychotherapy to adoptive parents. A striking feature of those couples that were seen for couple psychotherapy was that they often presented in a state of imminent breakdown, either of the relationship or of the adoption. It was felt quite literally to be the death of one to save the other.

A recent report 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 that it can leave many feeling powerless and as if they need to make a stark choice between saving their relationship or keeping the adopted child in their home (Selwyn *et al.*, 2014). At the same time, as Bonovitz (2004) suggests, «much of the psychoanalytic literature on adoption focuses almost exclusively on the emotional world and fantasy life of the adoptee, often disregarding the adoptive parents' unconscious fantasies concerning adoption. There has been little consideration given to how the parents' unconscious life shapes the child's adoption fantasies» (p. 2). As Winnicott famously observed “there is no such thing as a baby”, one cannot understand the adopted child without reference to both sets of parents, much like Oedipus cannot be understood without reference to Polybus and Merope as well as Laius and Jocasta.

We argue in this paper that when these losses experienced by parent and child remain unmourned and not fully metabolised, a lack of psychic space results, which limits the necessary triangular space needed to accommodate the existence of both the parental couple and their child. Couple psychotherapy is uniquely placed to address this particular challenge. Treating adoptive parental couples in the triangular setting provided by the presence of the couple psychotherapists, and both partners, already foreshadows the development of this much needed creative space. As Balfour (2015) notes in relation to working with couples who have particular difficulties around sharing psychic space (Britton, 2000), «the Oedipal configuration of couple psychotherapy - the presence of a couple and a therapist - might have particular significance for working with couples with such difficulties» (p. 5).

It could be argued that parenthood for all couples can be a turbulent journey, therefore, we will initially outline some of the challenges for all parental couple relationships; before addressing those that are specific to adoptive parents. We will then move on to consider the types of losses experienced both by the children given up for adoption, as well as the parents waiting to adopt them; before going on to draw attention to the importance of mourning and outlining the dynamics of couple relationships where this can be particularly problematic. We will illustrate this with two anonymised and composite case examples.

## **Transition to parenthood**

Transition to parenthood requires a monumental reorganization of the psychic structures of all couple relationships. It brings about a fundamental shake up of all new parents' intrapsychic and interpersonal object relationships, challenging well-established defensive solutions. Some relationships weather the transition from a dyadic relationship to a triangular one with more ease and flexibility, but many couples struggle to incorporate this shift and work through the emergence of an Oedipal constellation in their own adult couple relationship (Grier, 2005). This transition can be difficult for all couples, but for adoptive couples there are often particular challenges. Oedipal anxieties, a common issue for many parents, can be exacerbated when parents are taking on children who bring their own particular complex set of challenges. As Cregeen (2017) points out, adoptive couples need particular capacities over and above other parents. The adopted child enters into their new family from often disturbed and traumatised backgrounds and in addition will often carry with them a sense of unconscious guilt for the poor parenting they received in their birth families. This can be viewed as a form of what Fairbairn terms "moral defence", applied by the abused or neglected child, whereby the child manages anxiety about being dependent on a cruel parent by unconsciously developing a sense of his own badness, so as to keep his parents good. «The child would rather be bad himself than have bad objects» (Fairbairn, 1952, p. 65). They then look to their adoptive parents to have the necessary «capacity to receive and tolerate these projected negative aspects of themselves» (Cregeen, 2017, p. 160).

All children and all parents, adopted or not, have to come to terms with warring feelings of love and hate towards one another - parental ambivalence is an essential component of the Oedipus myth. «Adoption highlights these issues, it does not create them» (Brinich, 1995, p. 181). However, adoptive parents might experience added layers of conscious and unconscious prohibition against conscious knowledge and exploration of such feelings. Cutting off from these aspects may, in turn, make it even more likely to lead to the projection of such feelings into their children who readily act them out as these projections meet so clearly with their own set of similar feelings.

### **Adoptive parents and loss**

Adopted children and adoptive parents come from a wide range of differing backgrounds with differing experiences. «Adoptees now include older children, handicapped and chronically ill children, children who have been taken away from their biological parents because of abuse or neglect» and couples now «include step parents, single parents, lesbians, gay men, "minority" couples and biracial couples who adopt» (Brinich, 1995, p. 2). However, what is fundamentally and uniquely shared by all is the experience of loss. All adopted children have experienced a loss of the birth parents; and all adoptive parents have experienced the loss of not giving birth to their adopted child.

Adoptive couples have experienced a range of losses, which can include miscarriages or the death of a birth child, infertility, repeated IVF treatment (or other ART treatments). Some couples have a sexual relationship that is unable to produce a pregnancy, i.e. sexual

relationship without intercourse or same sex relationships. We also saw a surprising number of couples who reported no sexual connection or any form of physical or emotional closeness between them. Loss in the couple is by no means limited to the concrete biological loss of pregnancy or infertility. There were a number of cases where parents chose adoption without attempting to create biological children between them. Adoption in these cases was a first and deliberate choice, rather than a last resort. For example, a number of couples spoke about an on-going loss of sexual or emotional intimacy. These difficulties sometimes appeared following the adoption but more often had been present from the onset of the couple relationship, suggesting that we were working with long standing, deep seated and ingrained difficulties and anxieties. As Ludlam (2008) writes: «Adoptive couples who have been unable to conceive their own children and whose sense of being creative, both physically and emotionally, have been profoundly challenged by that experience» (p. 179). For these couples the transition to parenthood takes place in a climate of complex losses (Cudmore, 2005). Exploring the couples' 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.

These losses naturally impact on the children adopted by such couples. As Bonovitz (2004) argues, the «multiple losses associated with infertility interact with the young child's understanding of his origins, his self-representation, his fantasies of where babies come from, and the conscious and unconscious meanings of adoption within the family constellation» (p. 1). He goes on «in some cases, the parents' inability to mourn their imagined infant, along with the frequently traumatic process of trying unsuccessfully for many years to conceive, is transmitted to the adopted child» (*ibidem*). The parents' unconscious and split off feelings are therefore frequently projected into a child with a valency for corresponding losses of their own.

### **Adopted children and loss**

Many adopted children have experienced not only profound losses relating to their birth families, but also might suffer from foetal alcohol/narcotic syndrome, violent aggression, attachment issues, sexualized behaviour, learning difficulties and other developmental challenges. «Many of the children who end up in foster care or being adopted do so for reasons very similar to Oedipus - like him they are the victims of physical, emotional and sexual abuse» (Loader, quoted by Canham, 2003, p. 4). The field of adoption as Edwards (2000) points out has changed: «increasingly the children who are needing adoption are those who have already suffered deprivations and difficulties in their family of origin, with disrupted attachments and a consequent traumatizing effect of their early history on their internal worlds» (p. 1).

Adopted children often struggle with internalising a parental couple, and experiencing, as Britton (1989) argues, both being observed and known by the parents, at the same time as

tolerating the exclusion by them. Managing the triangular space which could enable the adopted child to be both inside of a relationship as well as outside of it can be very challenging for adopted children. Entering into a new family, they are likely to find exclusion difficult and try instead to “pair” with one of the partners, excluding the other. Of course, the adoptive parents’ own capacity to manage this will be related to their own capacity to tolerate Oedipal exclusion.

All adopted children share the profound loss of their birth parents, whether being separated from their parents at birth or at a later stage in childhood. This is an acute loss that is likely to have left them feeling both unwanted and with a sense of being rejected. In addition, these children internalised parental couples are either absent or impaired (i.e., internalising no couple at all, or maybe an abandoning couple); and as ultimately “bad” objects who were not good enough or capable enough to parent.

Adoptive parents, for unconscious reasons of their own, often collude with such fantasies. They can go along with the child’s splitting and accept the role of being the “good” rescuing parents able to offer the child a home, versus the ‘bad’ abandoning birth parents who could not. However, this splitting is obviously counter to the development of the child, and counter to the adoption working for everyone. As Cregeen (2017) argues in his aptly named «a place within the heart: finding a home with parental objects», a «child needs to find a “psychic home” in the minds of others for their damaged internal parental objects» (p. 165). The child needs in other words to have adoptive parents who don’t collude with the split, and can tolerate the transference from their child of any damaged earlier relationships.

Of course this requires much of the adoptive parents. In order not to collude with the splitting, the parents need the capacity to find a “third position” (Britton, 1989) which is a state of mind related to their capacity to be a creative couple (Morgan, 2005), a concept to which we will return later on in this paper. Adoptive parents need to work on their own Oedipal anxieties, to perhaps revisit painful and unresolved complexities of their own.

## **Mourning loss**

As Freud first noted in “*Mourning and Melancholia*” (1917 [1915]), mourning is a complex but necessary process. In the case of adoption, the couple often need to mourn their much hoped for biological child. Sometimes this may be children who have been conceived but lost during pregnancy, in other cases the conceived child might only have existed in fantasy, making a true relationship between subject and lost object complicated and filled with ambivalence. «Mourning is regularly the reaction to the loss of a loved person, or to the loss of some abstraction» (Freud, 1917 [1915], p. 318).

In her study of the impact on couples of not being able to conceive their own child, Cudmore (2005) similarly draws attention to the particular complexities of mourning an intangible loss - the baby that may never have been conceived. She refers to «the loss of an imagined, fantasized baby and a fantasized image of becoming a parent, fantasies which have been loaded with projections, often of an idealised nature» (p. 8).

Fonagy and Target (1998) writing from a mentalisation based perspective note that the extent to which parents have mentalized or reflected on their own traumas will determine the extent to which their projections, or their rigid negative attributions, interfere with the ability to see the child as his own person (Bonovitz, 2004). Where adoptive parents have not fully been able to mourn the loss of a child of their own biological creation, difficulties in taking in an adopted child can result, as that would mean replacing the fantasized but unmourned biological child. Such difficulties could lead to parents tormented by feelings of hate or fantasies about getting rid of their adopted child and the resulting guilt might further amplify the projection of such thoughts or feelings onto the child.

«The extent to which parents have mourned this loss will greatly shape the young child's conscious and unconscious knowledge and understanding of his own adoptive history. The mourning of their wishes and the experience of disillusionment on the part of the adoptive parents allows for the child's own mourning, a process that allows the parents to accept the gift of their child and, in turn, for the child to adopt his adoptive parents» (Kernberg, 1985, quoted in Bonovitz, 2004, p. 10).

The couple need, as Cregeen (2017) points out, to be able to, «accept this child not the fantasised birth child» (p. 170). The gap between the couple's expectations of adoption, and the reality of adoption - one of the most significant struggles for adoptive parents - is likely to widen if the work of mourning is incomplete.

### **Clinical illustration part 1.**

Tom and Nadia adopted a daughter, Susie, following years of failed fertility treatments, which left them exhausted and hurt. At the time of presentation, 3 years after the adoption, the couple was on the verge of splitting up. Tom was deeply distressed, alternating between angry outbursts and long periods of depression when he withdrew from the family. Both parents feared that the longed-for family unit was beginning to crumble.

Susie was adopted when she was one-year-old and she and Nadia had made an immediate bond but Tom had felt terribly left out. He had become resentful and isolated, suffering not only the loss of his idea of becoming an involved father but also the previous closeness he had enjoyed with his partner.

Susie's history of early neglect by her alcoholic mother followed by short term pre-adoption foster placements were never referred to by the couple in therapy or acknowledged at home. They were intellectually prepared for her initial difficulties in adjusting to and bonding with them as a parental couple, but nothing had prepared them for the emotionally devastating fall-out of living with a child preoccupied with relating to one parent, anxious about a further traumatic abandonment. On joining her new family, Susie made an immediate beeline for Nadia and often protested when Tom tried to look after her.

During their sessions the couple's focus from their present difficulties shifted back to their pre-adoption past of repeated failures to conceive and then carry a pregnancy to term. Nadia was distressed and tearful, recalling in painful detail each traumatic loss. Tom was trying his best to hold steady and console Nadia, and insisted that now that their dream of becoming parents had finally come true there was no more reason to be tearful. Nadia was enraged each time Tom put

forward these thoughts as she felt that he did not understand her pain nor was interested in really finding out what it was like to be her.

This couple initially appeared very split and appeared to show a “psychological division of labour” whereby Nadia experienced the emotional pain of the couple’s predicament whilst Tom, not being able to bear these feelings, projected a lot of his into Nadia. He was more in touch with their resilience, and provided the necessary resources they both needed to help them get through the hurdles of the adoption process. This unconscious arrangement between them functioned sufficiently well until the arrival of their adopted child, but broke down when their transition to parenthood called for more resources and new ways of bearing the strain their challenging daughter brought into the relationship. In other words, the couple dynamics functioned to hold the couple together through the adoption process but subsequently were in danger of collapsing.

When, in therapy, the couple found some shared space to think, Tom 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 about the loss of several pregnancies, Nadia might feel blamed. He kept up a stoic façade because he was terrified that by showing his pain he would only add to Nadia’s distress. To Tom’s surprise Nadia was able to hear about her partner’s pain and felt much less alone with her own struggles when she realised how much of her feelings of loss were shared between them. Over the course of the therapy the partners were encouraged to explore the real and imagined losses that were inherent in their choice to adopt. As the couple showed a growing capacity to be able to reflect together about their losses, they also emerged as a much more robust adoptive parental couple who showed a good capacity to allow space for their adopted child’s losses to be thought about. At this point in the therapy this included being able to be more in touch with Susie’s experience that included her chaotic and divisive behaviour linking her to her messy and painful early circumstances. They were able to find the capacity, as discussed earlier in this paper, to tolerate the transference from Susie of her damaged internalised parental objects. In other words, Tom and Nadia were able to find a home in their minds and a space in their relationship for Susie’s birth parents.

Colman (1993), in his seminal paper, “Marriage as a Psychological Container” is referring to a particular function of the couple relationship, whereby the relationship itself is able to function «as a psychological container or secure base for each partner, a container within which each partner might be helped by their relationship» (Cudmore and Judd, 2000, p. 153).

The couple above are an example of where the containing function has been temporarily lost, (as happened to Tom and Nadia due to a series of traumatic losses) whereas for other couples the capacity to contain has never been developed. This is likely to be linked to the parents’ own history of failures in their early containment.

### **When the relationship does not contain: some challenges of become an adoptive couple**

Adoptive couples presenting in serious crisis often describe a particularly painful constellation experienced by both the couple and their children. As outlined above, the couple most likely have sustained a series of deep narcissistic injuries both prior to the adoption, during repeated cycles of unsuccessful fertility treatments and also during the

often deeply challenging process of the adoption itself. Kremen (2012) argues that that the infertile couple's central unconscious injury is that of the loss of capacity to function as a creative couple (Morgan 2005), which fundamentally means a loss for the couple of a structured space for thinking and processing difficult emotions. This lack then leads to an increase in narcissistic relating and amplifies violent projections between the partners. Such couple-relationships can be usefully conceptualised in terms of a "projective gridlock" (Morgan, 1995), an external representation of an internal narcissistic object relationship and a resulting sado-masochistic folie-à-deux (Fisher, 1999), and the intolerance of the separate existence of the object (Colman, 2005). These relationships in their more extreme form can also be described in terms of psychotic couple functioning (Grier, 2011) or personality disordered relating (Ruszczynski, 2012), referring to the predominantly paranoid-schizoid nature of such couples' anxieties.

These couple relationships are often characterised by the stuck nature and persecutory experience of the projective system that binds the parents and their children together. The interpersonal projective system of the family reflects both partners' and also their adopted children's corresponding intra-psychic situation. Such adult couple relationships can stem from catastrophic failures in early containment and then later resulting difficulties in managing the Oedipal situation and developing a securely bounded space for thinking. The marriage of such partners does not provide a psychological container (Colman, 1993) but functions more as a projection of the persecutory internal situation and therefore gives the experience of being stuck to a perpetually persecuting object.

The concept of projective identification is used here in its original conception by Melanie Klein (1946), that is, a process aimed at evacuating unwanted content into an object close by and then attempting to control these projected contents inside the object. Considering the nature of such unconscious couple relationships, both Morgan (1995) and Fisher (1999) wonder if such relationships can be considered relational at all - that is, a subject maintaining a relationship to an object that is distinct from the subject. Colman (2005) describes how the narrative experience of couples whose object is almost entirely denied its separate existence and is seen purely as an amalgam of the subject's projections, «gives the uncanny impression of the couples not talking to each other but to a projection of their own phantasies» (p. 57). Extending these couple psychoanalytic concepts to the clinical presentations observed in our work with adoptive couples, we similarly noted the difficulty of allowing for the separate reality and independent existence of the couples' adopted children.

As mentioned above, these dynamics are usually linked to failures in early containment for both partners and – more immediately obviously – their adopted children – who compensated for these early deficits in being able to establish a psychic skin (Bick, 1968) by expelling unmanageable parts of themselves into their objects and then erecting a brittle structure around what remained. In this structure neither the parents, nor the relationship is able to offer the psychic space necessary to contain the adopted children. At the same time parents can also experience an overwhelming preoccupation with their children. When so much is located outside of the object through evacuative projections, there is an overwhelming psychic need to maintain close contact with the recipients of

these evacuations. Although these parental couples were not able bear some of their more difficult feelings, nor did they want to lose touch with them, which can result in their desperate need to keep their objects close-by and under control. We will go on to clinically illustrate these concepts but would like to consider first the particular challenges of working with such parental couples and consider some of the reasons for resistance in therapy.

Working with parental couples whose children present with a complex set of difficulties has been an historically important part of Tavistock Relationship's theoretical and clinical tradition. Mainprice (1974) published an important paper outlining links between children's psychological or physical symptomatology and the particular disturbance in the adult couple relationship of their parents. She points in particular to difficulties that might occur in children whose parents were not able to sufficiently work through some significant earlier traumas effecting either or both partner or the couple's relationship with each other prior to the arrival of children. The children, as recipients of their parental couple's evacuative projections, can become represented in therapy as the couple's shared internal objects.

«It seems that in cases where the marriage relationship has not been able to create for the individuals the necessary container or climate for a backwards-and-forwards bridging and integrating process between healthy regression to the sensitive area and regrowth, the problem remains unconscious and intractable between them. When this occurs, it is often a child of the marriage who becomes ill in such a manner that his symptom points up his parents' emotional problem. He appears to be at the same time the scapegoat for, and the betrayer of, his parents' unacknowledged disorder. This is not to say that he may not be disturbed or ill in his own right» (Teruel, 1966, p. 14).

Raphael-Leff (2013) similarly describes the process whereby the arrival of children stirs up previously unresolved early unconscious developmental conflicts from the parents' individual past and the couple's shared history. Often these conflicts and shared anxieties have been lying dormant, kept at bay by the shared defensive solutions unconsciously put in place in the relationship. However, when these shared defences are extensive, the adoptive parental couple can no longer function effectively in helping the infant transform these (feelings) into manageable emotions.

### **Projections from parent to child**

Children are sometimes adopted by parents who unconsciously collude to keep their couple relationship safe from troubling internal conflicts or differences by projecting difficulties outside. For adoptive parents these can be medical professionals supporting them in their efforts to conceive, adoption agencies, social workers, foster-parents and their children's birth parents. The children adopted into such relationships are also similarly troubled themselves and thus can quickly become the principal recipients of evacuative projections of unbearable aspects of the couple-relationship.

Although the relationship might remain protected in this way and experienced as good and solid, the object of such projections can become a preoccupation and a focus of the parental couple's anxieties. Indeed, as mentioned above, we have seen many adoptive parental couples in therapy who initially insisted on the couple being good and healthy whilst identifying their adopted children as being damaged and thus the source of all badness in the family. It is as if the arrival of the children "into" the relationship crashed through the brittle but previously serviceable defensive solutions.

Hewison (2015) considering the particular difficulties of such couples in managing the Oedipal transition to parenthood observes that «couples like this are often unprepared for the arrival of children, as there is then so much less space in the relationship to see all the difficulties and bad feelings as happening outside: children bring their own demands and needs right into the relationship, and both parents are forced to confront elements that they have projected outwards» (p. 117).

The arrival – or crashing in – of a troubled "third" into such a dyad previously operating through a rather airtight defensive psychic organisation, can lead to an explosive family atmosphere. As highlighted earlier, the children come into the couple with their own difficult and complex histories, which gives them a propensity to identify with the parental couple's projections, and, in turn, project violently into their adoptive parents, putting the fragile couple under further strain.

Whilst in this paper we primarily focus on the projections and counterprojections of corresponding un mourned losses between adoptive parents and their children, we recognise that there are a number of other areas where parents' and children's traumatic histories can collide. The scope of this paper does not allow for a fuller exploration of the sense of shame, of being damaged, rejected, second best or a replacement and various other shared areas of trauma between adoptive parents and their children (Bonovitz, 2004).

The similarity between the nature of losses and the lack of capacity in bearing those losses means that there is an unconscious recognition of the amplified return of previously evacuated unconscious content, which further amplifies the threat of psychic disintegration in both the couple and their children. The efforts to keep such content away from the subject and locate it solely in the object then further increases, resulting in a nightmarish "hall of mirrors" situation, often reported to us by adoptive couples in therapy.

Bartram (2003), writing from the child therapist's perspective discusses how the unconscious phantasies of adoptive parental couples are linked to their sudden and premature terminations of their children's therapy. She observed how parents can sometimes be extremely invested in identifying their child as the source of their pain and resist thinking of their own difficulties as independent of their child. Therefore, the child's possible improvement might be resisted and unconsciously sabotaged. This is partly because «the grief of some adoptive parents about their own childlessness is too overwhelming for them to manage to know about consciously» (p. 29).

We have observed similar resistance in therapeutic work with some adoptive couples to shifting the focus of the sessions from "the trouble with the children" to the exploration

of the couple's intrapsychic and interpersonal situation. This dovetailing resistance to change can make the work very difficult and can be experienced in the counter-transference as a paralysed situation. Hewison (2014), writing about the «return of the repressed» (p. 163), in the process of couple psychotherapy, describes how some couples might become spooked upon beginning to discover their previously disowned damaging or dangerous attributes. They can feel as if the other's feelings are being forced into them.

Meltzer, noting this excessive force to expel unbearable content, developed the concept of “intrusive identification” (Meltzer, 1992) when the projector parasitically invades the object, lodges himself inside it and tries to control the object from within. Meltzer goes on to consider the fate of the subject's projections inside the object and notes that in disturbed and vulnerable recipients, such as traumatised adopted children, projections cannot be contained but might become entombed, encaged in a “claustrum” (Meltzer, 1992). Such couples are often not only unable to tolerate their adoptive children's painful projections but are likely to respond by projecting their own anxiety in reverse, giving their children a double dose of “terrifying part objects” (Feldman, 2014).

We saw many adoptive couples who described their experience of their children in such terms and we argue that without seeing the parental couple in psychoanalytic couple therapy, attending to the therapeutic needs of adopted children alone might not be enough to shift these powerful dynamics. Moreover, we believe that a creative linking up in thinking between child- and couple psychotherapists treating adoptive families is an important factor in creating the containment as a necessary pre-condition for a safe withdrawal of some of the most intrusive projections.

## **Clinical illustration part 2.**

Fred and Anna, had, nine years prior to the start of their therapy, adopted twin boys, who were 5 years old at the time of the adoption. At the time of the initial consultation, the couple's most striking feature was their extreme and visible shared exhaustion. It seemed doubtful if Fred and Anna could even manage to climb the stairs to the consulting room, so burdened by bags and various cups of hot and cold beverages they appeared to be. What they communicated through their physical appearance was very much in contrast with their description of their marriage. They identified no areas of conflict or disagreement and generally suggested the highest possible level of relationship satisfaction. In fact, they showed little interest or inclination to explore their couple relationship, as if it had no significance. They swiftly and consistently elaborated their various concerns over their children. Talking about their adolescent sons' difficulties brought Fred and Anna somewhat to life and they spoke animatedly and in unison, although somewhat rivalrously. The children were described as extremely unwell, suffering from a wide range of emotional and physical difficulties and giving tremendous concern to both parents. Although they have consulted various child-psychotherapists as well as psychiatrists and other medical professionals, nothing made any real difference and in fact the situation was experienced by them as getting progressively worse. They finally came to couple therapy to come to terms with the fact that their boys might never reach full emotional maturity and be capable of independent living. Consequently, as Fred and Anna explained, they have to accept that the current situation of

“no-couple” is likely to be everlasting and they have no future to look forward to as a couple beyond their current drudgery of caring for their children. This was all outlined in a somewhat defiant manner, as if the couple was daring the therapist to disagree.

As a consequence of their situation the couple was deeply depressed. During the early stages the therapy was similarly depressed, seemingly devoid of life and movement. The only lively interruption was the frequent intrusion into the room by the boys. Both parents kept their mobile phones on and their children invariably texted and called with various emergencies that needed immediate attention and made it impossible for the couple to think about their relationship. When Fred and Anna did speak it was often about their sons, whom they experienced as monstrously destructive; both parents were clearly terrified of their teenagers.

Initially the couple dismissed anything offered by the therapist that suggested the presence of a different mind. They said that they felt attacked, misunderstood, and even judged by various interpretations that aimed to bring a fresh perspective to the situation. However, eventually and gradually their therapist was able to create a more containing therapeutic frame by bringing a strikingly different thought: that mobile phones can be switched off for the duration of the session and that it might be helpful for the boys to know that there are brief periods of time when their parents are not immediately accessible to them as they are attending to each other. Once the therapist found a voice to clearly speak up for the therapy, things began to change and the couple began to explore their shared anxieties. It became clear that both partners carried a mixture of guilt and anger that was hitherto masked and most likely projected into their twin sons. Their son’s symptoms alternated between debilitating periods of depressive withdrawal and angry outbursts, culminating in physical attacks on both parents.

The couple had come to adopt as they were unable to conceive due to Fred’s infertility. Prior to adopting their boys, their relationship was described as idyllic and they reported no disagreements or aggressive, dissonant feelings between them. However, as the therapy progressed, it became increasingly clear that Anna had never been able to find a way to speak to her distress and sense of loss for not having fulfilled her childhood dream of biological motherhood. Fred had always been against using donor sperm and favoured adoption but in his fantasy he became a welcoming adoptive father to an angelic little baby girl. Anna admitted that her unexpressed anger over Fred’s resistance to donor insemination, depriving her of the chance of carrying a pregnancy and giving birth to her own biological child, might have contributed to her vengefully shattering Fred’s own dream by pushing to adopt 5 year-old twin boys when the opportunity came up.

The boys have had a traumatic and complex start in life. They were finally removed from their biological parents’ care at the age of four, by which time they have had prolonged exposure to witnessing serious domestic violence between their parents. The adoption agency hoped that Anna and Fred’s calm household would provide the safe haven the boys needed after their early turbulence and deprivation. They believed that the steady good nature of the couple would prove to be an antidote to the boys’ traumatic experiences and subsequent loss of both their birth parental couple.

At the same time Anna and Fred both came from families that had difficulty in managing anger. Fred’s cold, withdrawn professional parents had been prone to deafening silences and life in their household often felt like walking on eggshells. Anna had a seemingly very different upbringing, characterised by constant chaos, punctuated by rows and frequent episodes of verbal aggression. Both Fred and Anna were highly sensitive to the respective climate in their families of origin and both left home as early as possible to make a different life to themselves. They were at once ill prepared and also terribly familiar with what their adopted sons brought into their lives. By the time of the adoption, unmourned losses and unacknowledged tensions between Fred and Anna

ran high. The couple, instead of being able to contain their own feelings, projected them into their children who had a pre-existing familiarity with such a parental couple and thus a valency to identify with overwhelming parental projections.

As Fred and Anna in therapy began to get in touch with some of their own losses and other undigested but turbulent emotions, the sessions became markedly different. Together with their therapists they gradually found small ways to become observers of their own relationship, thus suggesting that such a relationship, including their ambivalent and difficult feelings even exists – something that they had previously dreaded and denied. This dread of an ambivalent and realistic parental relationship was previously entirely projected into their sons, who identified with such projections, and by their frequent intrusions into therapy, which annihilated any possibility of parental intercourse. At first, by closing the bedroom door on their boys - not taking their phone calls during their sessions – they established the possibility of a couple in intercourse. Then, in the course of further sessions, they were able to notice several micro-interactions between them when they remained a thinking couple under pressure from their children. Instead of their boys' expected attack and collapse, their twins were able to settle, and their violent acting out as well as debilitating depression eased considerably.

## Conclusion

Whilst adoptions are breaking down at an ever-increasing rate, couples often only seek help when the situation is already at a critical stage. Most of the couples we saw in our service presented us with a stark binary dilemma of either the breakdown of the relationship or that of the adoption.

Therapeutic provision available for families created by adoption often neglects the parental couple's relationship. John Simmonds (*in press*) points out that «many of the new developments have focussed explicitly on the child and the developmental challenges they face in recovering from adverse early experiences. The adoptive parents are expected to facilitate that recovery through appropriate and sensitive parenting but there can be a view that they remain neutral as they rise to the challenge».

We argued in this paper that contrary to the above assumption, the couple relationship into which the adopted child arrives is not a blank scene awaiting completion by the new arrival but a dynamic and often troubled psychic entity in its own right, which deserves and needs therapeutic attention. The parental couple-relationship that allows for working through of losses and other traumatic events can function as a protective factor against the breakdown of the adoption. It can also support the psychological development of the couple's adopted children in their working through of their own earlier traumas.

Whilst considerable resources are invested in Britain in supporting the adopted children and also the parenting function of their adoptive parents, often scant attention is being paid to the couple, including their shared anxieties and their shared defensive solutions, in particular relating to their capacity to mourn previous losses. However, lacking this capacity, they will struggle to contain their adopted children's corresponding earlier losses.

Couple psychotherapists are uniquely placed to understand more about the nature of these difficulties and support the couple's exploration of not only the nature of their own

difficulties but that of their adopted children. Adoptive parents need to create sufficient psychic space to allow entry and containment of their adopted children's complex internal world, which includes the children's internalised birth-parental objects. The triangular nature of couple therapy is vital in achieving this development.

For Oedipus, his principal tragedy was his lack of conscious knowledge of his own troubled and complex history. His birth parents, unable to manage their ambivalence towards their new-born, could not keep him. His adoptive parents, Polybus and Merope, in turn, were not able to provide him with a psychic home that could include his full history, including his murderous birth parents. The lack of this link between his birth parents and his adoptive parents led to a fatal outcome represented by the event on the road between Corinth and Thebes that set the tragedy in motion. Oedipus went on to kill his father and marry his mother.

For adopted children, the consequences of the lack of such a link might not be so fatal, but can be tragic in a different way. They can become stuck with unmodified and damaging early experiences and no parental objects with the capacity to contain them. Adoptive parents, like Polybus and Merope, need to possess, in many ways, so much more capacity than birth parents. They need to accept that they are the second set of parents, that their own path to parenthood has been complex and painful and not as easily left behind as they might have hoped. They need to know that they must provide a psychological home not only for their adopted child but also for that child's internalised birth parental couple.

The myth of Oedipus thus can also serve as a warning that adopted children need help to more fully know about their own origins as much as adoptive parents must find a way to explore how their own early history could impact on their capacity to take in their child's. Additionally, adoptive parental couples need to have worked through and processed the losses they have endured leading up to the adoption. Only then might it be possible to fully bear the link to the child's internalised damage as represented by their internalised and traumatically lost birth parents.

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