

# The inside journey through care

## A phenomenology of attachment and its loss in fostered children

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*This paper combines clinical and research insights to systematically explore the experiences of infants and children through the course of repeated attachment disruptions and loss. It sets out core findings from a phenomenological study of the experience of multiply placed foster children, focussing on the experience of self that children accumulate in their journeys through long term care, as they lose, find and re-form their primary attachments. Findings point to what constitutes 'good enough' foster parenting for children with histories of traumatic attachment and loss.*

This paper focuses on findings from Dr Jenn McIntosh's Ph.D research, conducted at the University of Melbourne, School of Behavioural Science.

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By choice, in our adult years, many of us choose to travel away from our home base, to go on journeys of various lengths, from the small to the epic. We seek adventure, novelty and change. We launch ourselves on ventures near and far, with the comfort of both a phone card and a return ticket in our pocket. From a secure base, we revel in being on the move, delight in the 'foreignness' of our encounters and welcome the rejuvenation of self that accompanies these departures from our norm.

When applying the apt metaphor of 'journey' to the experiences of children in foster care, the word takes on new meanings. When a journey is not of your choice, if you are ill-prepared for the road, if you have little idea where you are going, how long you will stay, where or when you might find a place to rest, or how to speak the language, then the allure of travel fades.

There are countless reasons for children being on the road of alternative care, and equally countless departure points, routes and destinations. Journeys in care may span a few days or weeks and be relatively uncomplicated, taking children only short, manageable distances from their comfort zone. Conversely, they may be long, arduous and lonely journeys, spanning years, with more departure points than arrival points, and no fixed address. Some children manage well to carry their own baggage, despite its bulk. For others, the baggage is far beyond what should be expected of anyone to carry, the weight of the load wreaking havoc with the shape of the developing being underneath it. Baggage and child spill continually, becoming harder and harder to put back in place. Some find emotional shelter, some don't. Many have no idea of who is driving the train. Some are too tired and confused to make use of well-intended tour guides along the way. Some act as if they have no idea what country they are in.

Clearly our hopes and best intentions are that in embarking on necessary journeys through out-of-home care, children will ultimately reach higher, safer ground than that from which they came. We work toward the family home offering a more nurturing, secure base on the child's return. Failing this, we work toward finding an alternative home that can provide the child with all that is needed to recover from the journey and arrive at their potential.

Whether their paths are short or long, straight or crooked, recent research (Edwards, 2000; Kenrick, 2000; McIntosh

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1997) indicates that children form indelible, core experiences of self in relation to disrupted care, and share a common view of the *internal* scenery encountered on journeys through multiple foster care.

## ATTACHMENT – MYTH AND TRUTH

Inaccurate understandings of attachment, particularly failure to embrace the imperative of attachment for children, serve to maintain some very damaging practices. A great many myths survive about the nature of attachment and what matters or doesn't matter to children in care as they form, lose and attempt to re-form attachments. Some of these myths serve to support anomalies in child protection practice and legislation. Examples of misunderstandings and incorrect application of attachment concepts are illustrated in the following quotations from professionals, taken from the author's case notes:

- he will not see his previous foster parents for three months in order for the new attachment to form securely;
- he has attached well to his therapist, and she is attached to her brother;
- because he attached so well to his foster carer, he'll be able to transfer that to the next one;
- he (a boy of 3½ years) has little sense of birth family identification and in our view the move to be with his half brother takes precedence over his need to remain with this particular care-giver (of three years);
- the care-giver is too attached to him;
- she needs to stay in this temporary placement for as long as possible so that she doesn't lose her ability to attach.

Children's journeys in care are occasionally lengthened or complicated further through the application of these sorts of myths, both in case practice and in the court room.

Given this propensity to over-simplify or subvert the meaning of the term 'attachment', it is worth pausing to remind ourselves of what the term really means, and why even on the best journeys through care, children can be so de-railed when their attachments are challenged. There is no better description than the words of Dr. John Bowlby:

What for convenience I am terming attachment theory is a way of conceptualising the propensity of human beings to make strong affectional bonds to particular others and of explaining the many forms of emotional distress and personality disturbance, including anxiety, anger, depression and emotional detachment, to which unwilling separation and loss give rise (1977 p. 127).

The young child's hunger for his mother's love and presence is as great as his hunger for food. ... No form of behaviour is accompanied by stronger feeling than is

attachment behaviour. The figures toward whom it is directed are loved and their advent is greeted with joy. So long as the child is in the unchallenged presence of a principal attachment figure, or within easy reach, he feels secure. A threat of loss creates anxiety and actual loss sorrow; both moreover are likely to arouse anger (1969, p. 257).

Attachment is not an optional extra in a child's life. It is one of their core needs. It is an affectional bond, but different from liking someone, loving someone or even trusting someone. In its healthiest form, it is all of these things, but first and foremost, it is a bond of *psychological* dependence. Children's emotional, social and cognitive journeys can take some curious, even deviant, paths when they experience long stretches of time without the genuine, focussed and consistent care of one devoted carer or family, or when they endure the loss of such care. Often too, children in care may never have developed a foundation of trust, and have no clear understanding of what care means, as the link between their needs and having them consistently and reliably met was never established.

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Professionals need only reflect on secure attachment memories from their own childhood or adult life to recognise how crucial secure base phenomena are. To have a secure attachment is to journey safely and reliably into unchallenged feelings of security, love, thought, warmth, support, of being held in mind, enriched, strengthened, renewed, cared about, to be a unique and vital self in the mind of a particular other. If this experience is only sporadically available, lost, given in snippets from many different people or absent from the outset, a child's development at almost every level becomes vulnerable.

A journey through out-of-home care is necessarily the story of a child's journey through attachment disruption, loss and re-formation. Until recent years, few studies have been able to reveal the nature of that journey for children. There is a great deal written and discussed about attachment behaviour, particularly managing troublesome behaviours, but very little about attachment *experience*, as if the two could somehow be separated. Recent writing identifies 'attunement' of the caregiver as a key variable promoting healing of traumatised attachments (McIntosh 1997; Hughes, 1997; Dozier, Higley, Albus & Nutter, 2002). Through such work, the view is emerging that treatment of attachment disorders requires those nearest to the child to join the child

in their *experience*, not their *behaviour*, and to bear to see the view as they see it.

## THE INFANT'S JOURNEY THROUGH ATTACHMENT DISRUPTION

Research has advanced our knowledge of the connection between parental sensitivity and disorders of attachment in infancy (Boris & Zeanah, 1999; Braungart-Rieker, Garwood, Powers & Wang, 2001), with specific study of foster care populations (Clyman, Jones Harden & Little, 2002; Chase Stovall & Dozier, 2000; Dozier et al, 2002). This permits us ever greater insight into the subjective world of the infant.

The normal journey of infant development begins like an ancient, intimate and beautifully rhythmic dance between the infant and his/her primary attachment figure, often the mother. With exquisite attunement by that figure, patterns of expectable care and handling are laid down through every interaction, 24 hours a day, day in and day out. The foundations of cause and effect are established as the infant's needs are one by one felt and met, their tensions resolved. In healthy development, the infant's subjective sense of self emerges un-impinged upon within the first months of life. A prime, dependable beat is internalised about the social and emotional world and the infant's place in it.

To take up the journey metaphor again, no-one in their right mind would send an infant on multiple journeys to foreign countries, each time with a different person. Yet, in foster care placements this routinely happens. And what does such a journey look like from the infant's perspective? Until recent advances in research and the advent of High Risk Infant programs, many were reluctant to consider that an infant even had a recognisable experience of self in their earliest months. Case plans were often founded on myths such as 'attachment does not form until one year of age, so another placement shift at this time will not compromise this infant'.

Recently a permanent care couple consulted the author about their one-year-old son. They reported that he had cried for six months following transition. They said,

... but no-one ever suggested to us that he was feeling anything. We just thought that he cried a lot.

Another couple came with their clearly depressed baby, withdrawn in autistic like defences, who refused to cry.

We were told to be grateful that he wasn't crying, that he was resilient.

Despite instances such as these, we are more willing and resourced to hear the rhythm and beat of the infant's psychological journey through care. We recognise that what is internalised for many infants can be a frightening cacophony of noise, rather than a reassuring, predictable

score that safely patterns their earliest learning about trust and about themselves in relation to care. From birth mother to emergency care, to one, two, three other placements or reunification attempts in their toddler years, the infant inevitably must shed baggage in order to be able to go on. The child's feeling states in particular weigh heavily and so are often discarded, or disconnected. A pathway of reacting, rather than being, is firmly established. To steer that child's journey onto a different path becomes more and more difficult, as attachment damage eats into developing neurological systems (Siegel, 2001). The tracks for this infant's subsequent experience of care are firmly laid down; the infant who has been sorely impinged upon by disrupted attachments in the first year becomes the toddler and the child who sorely impinges on their world.

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## A STUDY OF THE FOSTER CHILD'S EXPERIENCE OF ATTACHMENT AND ITS FELT ABSENCE

So toddlers and children continue on their journeys through care. We watch as their trains pass through or stop for various lengths of time at our stations. What do we see? We see children coping, with varying degrees of success. We see many children thankfully accompanied by a caring, responsible foster family, who in turn are resourced and supported by a host of capable professionals. And then comes the carriage one can hear miles before sighting it, with pieces flying from it in a blaze of destruction, full of seemingly unaccompanied minors. It was from this 'carriage' that the following phenomenological research findings come, in a study that traced the path in and out of attachment for 10 children whose journeys through care had been long, random, chaotic and distressing (McIntosh, 1997).

### METHOD

Subjects were children aged 8-14, who had experienced at least three placements away from birth families, and who at the time of the study had been in permanent placements for more than 18 months. They were interviewed, using semi-structured interview and projective techniques, about their experiences of feeling attached, and of not feeling attached, through their time in foster placements. Foster parents and case managers were also interviewed.

Both design and data analyses were based on the empirical phenomenological method (Giorgi, 1995; Valle & Halling, 1989; Wertz, 1983), where the attempt, in essence, is to explicate the core constituents of an experience as it is lived by subjects. Results are in the form of a General Structure, which lays out the essence of the phenomena under investigation, common to all subjects.

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## RESULTS

### **The foster child's experience of not feeling attached**

Of interest to this paper are the children's experiences of points in their journey through the out-of-home care system when they felt they were living without an attachment to anyone. Despite the hoards of protective and foster care workers and carers who moved in and out of their lives, the journey from the child's perspective was essentially a solitary one. There was almost no distinction in their minds between the start and finish of the journey, as their world became an endless 'now'. By the time they met with good enough care, it was years before they could make use of it. What follows is a brief summary of the General Structure of the experience of not feeling attached.

#### **Summary General Structure**

##### ***The foster child's experience of not feeling attached***

Not surprisingly, feelings of not being attached occurred most profoundly at the start of new placements. Carers past and present seemed foreign, even alien to the child. The new placement felt enforced upon them (despite file notes indicating the child's participation in the choice). The child experienced herself as a victim, having been 'put' in the placement, without choice. At this time, the child was strikingly unaware of any psychological connection with other carers or workers, past or present. On the contrary, they felt emotionally isolated and vulnerable within their experience of being in a new and alien environment. Even previous troubled placements and unsafe birth homes appeared more desirable to the child than this new 'suitable' placement.

The experience of not feeling attached was heightened when antagonisms occurred in the new placement. Examples of such instances included not being invited to sit next to a

carer, being asked to move out of the way, visits by a carer's friends unknown to the child, the carer watching TV instead of talking to the child. To the child, episodes such as these were anything but minor, instead painfully magnifying their sense of not belonging and of being unwanted. Through the child's lens, they felt actively singled out for cruel or indifferent treatment by their carers. The world in this long moment felt persecutory and devoid of empathy. Carers seemed to the child to be withholding of care or incapable of comfort.

In the midst of this state of mind, anger and depression dominated the view. All children described feeling confused and disorientated, even losing a sense of body and of boundary: in other words, a trauma response. As these children felt no sense of 'being for an other', they would typically withdraw themselves from any possibility of interpersonal contact, through blocking physical contact or gaze. The outer shell hardened to hide the painfully sensitive internal experience.

In not feeling attached, these children were not mourning a particular person. Their grief was simultaneously more diffuse and pointed, as they encountered the persecutory loss of being a self for someone. The loss in not feeling attached, then, is far from specific. It is a prolific loss of world, of place within it, of a connection with meaningful care and of being a self for an other. It is an experience that endured through at least the first 18 months of each permanent placement studied.

### **The foster child's experience of feeling attached to the permanent carer**

Can a child come back from this kind of de-personalising, if not inhumane, territory, and if so, in what shape? This study found that, at the level of subjective experience, these children did go on to experience levels of attachment within healing relationships, some fleetingly, others in a more enduring way. Within the context of permanent care or adoption, each of these children went on to experience a sense of being attached to their new carer. It took many years for most. Following is a brief summary of these findings.

#### **Summary General Structure**

##### ***The foster child's experience of feeling attached***

Some time into permanent care (18 months on average), these children all came to recognise a feeling of being attached to their carer. For each, the feeling came into relief and was recognisable as such at a time of being personally challenged, in which they felt the desire and need for comfort of a type which they could not give themselves. In each case, the foster carer recognised this need and, despite very badly directed and ill formed cues from the child, the carer responded accurately to the signals. In each case, the

child experienced their foster parent responding to them in a timely, empathic manner.

Each child described this as if it was an altogether new experience. Even though they had seen a hundred smiles and received a hundred hugs from this carer, for the child, these moments of 'felt attachment' were just that: *felt* for the first time. In each case, this experience occurred well into the placement. At this time, they described feeling linked with the mind of the foster parent in a manner which stands out starkly from their prior journey. Previously when in need, the child had lived in a distant, somewhat numbed state where care was not expected, yet its perceived absence was strongly registered. In this experience of feeling attached, the foster parent became a presence in the face of an anticipated absence. Each child conveyed as a core component of this experience the utter surprise and relief that this new feeling of 'being attached' brought them.

Attachments developed more strongly to one of their carers, at least in the first place. In two cases this was the foster father, and in eight, the foster mother. In feeling attached, the child felt connected to the *mind* of the foster parent. The child experienced herself as mattering, as being a significant part of the foster parent's experience. In this, the child was aware of feeling 'normal' and 'real', and therein, some of the meanings of being a 'foster kid' were, at least in the moment, dismantled. The result for the child was a renewal in energy, the feeling of being unburdened and an ability and desire to go on.

*The loss in not feeling attached ... is a prolific loss of world, of place within it, of a connection with meaningful care and of being a self for an other*

### The foster parent and the role of empathic intrusion

The journey toward attachment from the perspective of carers was often one straight from hell. The carers of these children described feeling 'damned if they did care' and 'damned if they didn't care'. The children in this study could well see that they had been passive or confused about obtaining care. In successful placements, they became increasingly aware of the carer's efforts to reach them, through *empathic intrusion* by the carer on the child's very confused needs.

The 'good enough' carer, through the child's eyes, was not just a perceptive, thoughtful adult, following a recipe of attachment formation. As empirical research increasingly indicates (Bates & Dozier, 2002; Dozier, Chase Stovall,

Albus & Bates, 2001), the foster parent's state of mind and representations of his/her foster child were pivotal to the child's experience of attachment.

Results from this study indicate that attachment is forged in the mind of the child through the foster parent's capacity to read, share and to pattern the child's emotionality. From the child's perspective, the carer 'got through' to them in a way reminiscent of the earliest dance between mother and infant, and the child indeed felt partnered in their experience. The carer showed that she was moved by the child's situation, saddened by his sadness, enlivened by his happiness. The child saw himself/herself accurately represented in her thoughts, but moreover saw that she was affected by his plight. She shared the magnitude of the situation, responded to the child with containing and caring actions at an intensity and pitch similar to the child's distress or need. The child noticed that a situation that felt urgent to them brought an urgent response from their carer. A lingering anxiety brought lingering reassurances. A problem based in history brought a response that had first dwelt in that history. A happiness was celebrated. The child saw too that the foster parent's actions involved a level of personal sacrifice: she had given of her 'self'.

### Equipping foster parents for attachment formation

To achieve such an intricate dance in the face of all odds, this study implies that foster parents need to be well equipped with knowledge of the child's full life journey and supported with skills to see the child's interpersonal world through their eyes. For carers, the journey toward attachment is like piecing together a broken eggshell. Carers cannot do that unless they are supported to find and to contain all of the child's 'pieces'. Phases of the child's journey cannot be left out because it may be viewed as 'politically incorrect' to discuss them. An example follows.

#### Case study: Julia

Recently, a permanent carer consulted the author about her eight-year-old, Julia, who came into her care at the age of two. As an infant, Julia had journeyed through ten months of domestic violence and drug abuse in her own home with a mother who could not think about her daughter's experience separate from her own. Attempted home releases were sprinkled amongst five placements with four families over the next eighteen months. One placement ended after Julia was beaten by a carer.

By age two, Julia was fragmented at the core. Her permanent care mother, Heather, was a sensitive and highly skilled woman who from the outset could see the view from Julia's perspective and responded accordingly. The attachment formed slowly and steadily. However Julia remained extremely anxious and developed acute symptoms over the years following quarterly access with her birth mother. Recently, court action by the birth family

began for an increase in access. Julia developed strange symptoms. She barked like a dog, wouldn't sleep until four o'clock in the morning, and repeated odd words over and over again.

Following lengthy discussions and with guidance, the carer was able over the next week to talk with Julia in a way that she had not before. Heather spoke and drew pictures with Julia about the scary journey Julia had been on as a baby, what that might have felt like, and how it still feels very scary sometimes. Julia drew a black faceless baby with her birth mother. Heather said many things to Julia, none more powerful than, 'I wish I had been with you when you were a little baby'. Julia's tears fell as she picked up a pen and drew Heather in the picture, and then added a face to the baby. The symptoms stopped.

This carer commented to me that she had never felt allowed to talk about this with Julia, because she was 'only a carer', and she had been told by her workers to speak positively at all times about the birth family. Yet crucial to Julia's recovery from a precarious mental state was this carer's capacity to speak thoughtfully about the core experiences that professionals rarely support and enable carers to go near.

Birth family contact is a vexed issue for many foster children. Within our overworked systems, contact is at times treated like a legal obligation and an administrative task that can be carried out interchangeably by a number of people, rather than a potentially precarious journey on which child, parent and carer need an expert guide. With greater insight into the emotional voyages that young children in care make in attachment recovery, we may be more inclined to see that birth parent contact needs to be assessed for its psychological usefulness to the child, and facilitated wherever possible to be just that.

## IN SUMMARY

The child in care embarks on multiple journeys simultaneously. Like refugees, they are often travelling away from situations of untold trauma, attempting to re-establish their lives in foreign places. A key difference, however, is that children in care have even less choice than refugees. In acts of sheer contortion, many children make the epic journey through an attachment no-man's land toward secure placements somewhere in the distance, diverting along the way through home release trials, multiple foster placements, respite care and access. Whilst travelling constantly forward to an unknown destination, attempting to learn new languages and fit in to new cultures on the way, children in care are simultaneously required to re-visit their 'country of origin' many times, and to maintain a bond with their first identity. Although there are rest stations along the way, they often don't have the currency required to make use of them.

By the time they get the right currency, they find themselves in a different country again.

Truthfully, we often feel impatience as a foreigner stops us on the street to ask in broken English 'Excuse me, I don't know where I'm going'. It takes skill and patience, time and empathy to see their plight and to respond in a way that leaves them feeling that they can now manage. Perhaps we might usefully hold in mind this metaphor when children in care seem to be asking the same question.

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