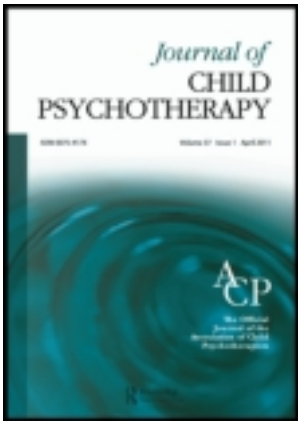

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Therapeutic observation of an infant in foster care

Jenifer Wakelyn [a]

[a] The Tavistock and Portman NHS Foundation Trust, Tavistock Centre, 120 Belsize Lane, London, NW3 5BA, UK

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Therapeutic observation of an infant in foster care

Jenifer Wakelyn*

The Tavistock and Portman NHS Foundation Trust, Tavistock Centre, 120 Belsize Lane, London NW3 5BA, UK

The paper describes a clinical research study of therapeutic observation of an infant in foster care. Infants and children under five represent more than half of all children entering care in the UK. The emotional needs of this population tend to be overlooked. This study aimed to find out about the experience of an infant or young child in care, to learn about possible reasons for the under-detection of mental health and emotional difficulties in a group of particularly vulnerable children, and to inform training and support for professionals. Therapeutic observation has been reported to be a cost-effective, home-based component in multidisciplinary treatments for infants and young children with a range of difficulties. The study found that the model was acceptable to foster carers and provided a child-centred perspective to the professional network. Grounded theory analysis of the observational data produced a description of dynamics around the infant in foster care, varying from experiences of emotional connectedness and containment (*Matrix*) to those of confusion, pressure and fragmentation (*Tornado*), dissociation (*Machine*), and drift or provisionality (*Limbo*). Observational data suggested that when '*Tornado*', '*Machine*' and *Limbo* dominate, organisation is driven by trauma rather than by development. This increases the risk of losing contact with the emotional reality of children's experiences. Dilemmas are also explored in relation to the transition from foster care to adoption. The study highlights the role of specialist training to support emotionally responsive caregiving for infants and young children in care. Further research is suggested to investigate the application of this model with infants and young children in a range of care contexts.

Keywords: looked-after infant; foster carer; transition to adoption; therapeutic observation; clinical research; grounded theory

Introduction

Hogarth produced this painting of Moses as a young child for the Foundling Hospital in London (Figure 1). Established in 1739 by the philanthropic sea captain Thomas Coram, in its first four years the hospital took in almost 15,000 orphans and babies given up by mothers who could not look after them. Hogarth was a governor and lifelong supporter of the Hospital and he and his wife Jane also fostered children. His portrayal of a beautiful princess as a benevolent adopter may have been intended to encourage women subscribers to support the work of the hospital, but the painting also has an intimacy unusual in a public work (Uglow, 1997). The poignancy of imminent separation between Moses and his mother is conveyed

*Email: jwakelyn@tavi-port.nhs.uk

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Figure 1. *Moses brought before Pharaoh's Daughter* by William Hogarth (1697–1764), © Coram in the care of the Foundling Museum. Please see the online article for reproduction in colour.

through a vivid language of the hands, the child's grip on his mother's robe, almost lost in shadow, perhaps representing a bond soon to be broken but held onto in body memory.

This painting was the starting point for discussions about foster caring that were part of an educational exchange programme funded by the Grundtvig Foundation in 2010. Foster carers and foster care support workers in Austria, Germany and the UK met to compare experiences and share ideas. The paying-off of the (ostensible) foster mother in the painting, exposed to the gaze and speculation of onlookers, struck a chord with present-day foster carers who spoke of the difficulty of integrating personal and professional roles and relationships. An ancient pyramid dominates a misty cityscape in the gap that stretches between the child and his new mother: this receding landscape brings to mind the loss or blurring of identity for children that can come with joining a new family. Differences in fostering systems were highlighted: in Austria and Germany, foster parents are acknowledged as psychological parents, while in the UK, foster parents have been renamed carers, a change of name that some feel has led to a sense of distance from children's basic needs for parenting. Despite the cultural differences, there was a shared recognition that fostering and the human relationships involved, are easily overlooked – as the shadowy figure of the foster mother in Hogarth's painting may suggest.

These themes also emerged in the clinical research study of therapeutic observation of an infant in foster care that I will describe in this paper. My research question was an exploratory one: What can be learned from a therapeutic observation of an infant or young child in foster care? Colleagues in the multidisciplinary mental health service for looked-after children where I work as a child and adolescent psychotherapist had carried out a screening of mental health and developmental difficulty in pre-school children entering foster care (Hillen *et al.*, in press). This created a context for a proposal for a qualitative study, with the aim of informing clinical services, which was welcomed by social work managers in the local authority.

I begin by outlining the background to the study and the research design, and then give a narrative overview of the observation. I summarise key topics from the literature review and background reading before introducing the data analysis, which is the main focus of this paper. I conclude with some remarks on my experience of clinical research and recommendations for service development and further research. An earlier dissertation (Wakelyn, 2010) also contains a discussion of functions of a therapeutic observer which is beyond the scope of the present paper.

Background

Child protection work is carried out 'under the shadow of the deaths of children' (Ferguson, 2005:781). The combination of the heightened emotions evoked by babies and young children with the presence of actual or potential danger can create mental blocks and splits that impede 'joined-up' thinking and working. Fraiberg, alluding to Spitz's groundbreaking research on the impact of trauma in infancy (1945), noted: ''Since 1945, it has not been possible to say that an infant does not experience love and loss and grief'' (Fraiberg, 1982: 612). Fraiberg's own studies of pathological defences in infancy have become cornerstones in our understanding of infant mental health. In the UK during the same period, the Robertsons' films showing the effects on young children of brief separations from their parents led to radical changes in practice for admissions of young children to hospital. Nevertheless, over half a century later, the idea that infants are 'too young to feel or remember' continues to be a common recourse for professionals faced by emotional and physical distress in the most vulnerable children in our society. This suggests that powerful psychological and institutional defences have the effect of preventing emotional contact and learning. Bullock (2006) outlines obstacles to the dissemination of research in children's services: these include barriers posed by different professional systems and languages. The dissemination of research knowledge is essential for professional development in children's services, but few studies exist into how this is best done.

Approximately 25,000 children enter the care system in the UK each year; over half of them are aged five or younger (DCSF, 2008), and a majority have endured the compound traumas of severe abuse and/or neglect together with the absence of protective parental figures. Young people leaving the care system face very high risks of poor physical and mental health, educational failure, early pregnancy, unemployment, criminality and the likelihood of their own children being taken into care (Sergeant, 2006). Despite overwhelming evidence of the long-term effects of early trauma and deprivation, little is known from research about the experiences of

infants and young children in foster care. Evidence-based guidance to inform social workers and the family courts making crucial decisions about children's lives is sparse, although recent studies by Kenrick (2009, 2010) and by Ward *et al*. (2006, 2010) have drawn attention to the experiences of babies and young children in the care system. Encouragingly, the recent NICE-SCIE guidelines (2010) for promoting the well-being of looked after children and young people recognise the crucial value of attachments between children and foster carers, and highlight recommendations for training in infant mental health for social care professionals.

The method

Comparing the attention of a psychoanalytically trained observer to the gathering and organising effects of maternal attention, Esther Bick used the analogy of a magnet acting on iron filings:

> Your attention to everything she (the infant) does and everything she says acts like a magnet that draws together the fragments of her personality ... a magnet drawing together iron filings - that is what a mother's attention also does for a baby.
>
> (Personal communication, cited in Williams, 1998: 94–5)

Notes from Bick's infant observation seminars (Haag, 2002) record that she encouraged her students to be particularly attentive to responses to breaks in continuity: in Winnicott's terms, gaps in 'going-on-being'. A focus on continuity and connectedness were guiding principles in this study of the therapeutic observation of the infant I have called Rahan with his foster mother, whom I call Nadira.

Therapeutic observation is a clinical intervention derived from the infant and young child observations that Bick (1964) introduced as a core component of child psychotherapy training and are now part of many therapeutic and social care trainings (Daws, 1999; Wittenberg, 1999; Youell, 2005). For training observations, students are encouraged to find a baby or child to observe in ordinary, 'good-enough' family life, with all its intensity and ups and downs, but where the involvement of statutory services is not required. In contrast, therapeutic observation is undertaken as an intervention by an experienced observer, whose role is pro-active as well as receptive, and is carried out in the context of an identified clinical need. Therapeutic observation has been carried out, often as part of a wider multi-disciplinary intervention, in a range of settings, including neo-natal wards and special baby units, (McFadyen, 1994; Negri, 1994; Williams, 1997; Lazar and Ermann, 1998; Sorensen, 2000) hospitals and orphanages, (Bardyshevsky, 1998; Berta and Torchia, 1998; Tarsoly, 1998; Cardenal, 1999; Lechevalier *et al*., 2000) with infants with incipient communication difficulties (Delion, 2000; Gretton, 2006; Rhode, 2007), and with infants on the edge of care (Bridge and Miles, 1996; Briggs, 1997; Delion, 2004; Desnot and Sandri, 2004; Hall, 2009). Houzel (1989, 1999, 2008, 2010) reports that the model permits a rapid response to clinical need, is cost-effective compared to out-patient treatment, can reach families for whom out-patient appointments are not possible, and can be complemented by the full range of multi-disciplinary treatments.

No observational studies had as yet followed in detail the development and relationships of infants in foster care in the UK; this was the gap that the present study set out to address, using methods developed in over 60 years of infant observation studies. The underlying principle of the model is that the provision of an

extra layer of containment for the infant-caregiver dyad helps to generate virtuous circles and to stem vicious circles of interaction. Rhode (2007: 209–12) outlines some of the more active functions of a therapeutic observer, such as modulating separations by registering the child's feelings, or by referring to the absent mother. The observer may also carry the function of experiencing aloneness and rejection, showing that these feelings can be survived and integrated (Wakelyn, in press).

Limitations

The study had a number of limitations. It was a single case, qualitative study. Considerations of confidentiality precluded discussion of some of the observational data. The research did not address questions of outcome, but aimed to illuminate systemic processes and individual values involved in the fostering of infants, and to generate questions and hypotheses that could be tested in subsequent empirical research.

Study design and recruitment

Ethical approval was granted by the local Research Ethics Board. Names and identifying details of all participants have been changed to preserve confidentiality. During the first meeting to introduce the project, the manager of the local authority fostering department suggested 'Rahan', then two months old, as a potential subject. This unexpectedly rapid recruitment was welcome, as I had anticipated that it could take much longer, but it did mean that an important preliminary stage of getting to know the professional network was truncated. However, I was provided with an opportunity to observe a baby with his foster carers, which was valuable both because of the paucity of research on this age group and because Rahan had not undergone further placement moves since being taken into care on the day of his birth. The absence of compounding factors (such as those that are present for infants entering care because of maltreatment or who undergo multiple placement moves) made it possible for this study to focus on the experience of temporary care following separation at birth.

After meeting with the foster family and social workers, I observed Rahan once a week for 10 months, until he was placed with an adoptive family at the age of 13 months. Following the observation, I carried out a series of semi-structured interviews with the foster carer and social workers. The literature search and background reading were carried out after the observation was completed, so that they did not intrude to influence the observational data.

The data were analysed using grounded theory, a qualitative research methodology that reverses traditional scientific method and is oriented to a 'context of discovery' rather than a 'context of validation' (Glaser and Strauss, 1967; Rustin, 2001). Like infant observation, grounded theory relies on an attitude of receptive openness to new connections. 'Constant comparison' is used in reading through data to uncover recurrent themes or underlying categories and to generate hypotheses and questions (Anderson, 2006; Holton, 2007). The method also aims to produce 'rich description', conveying something of the depth and detail of interactions. As the study was set in the service where I work, the project also incorporated an element of action research, which linked with the aim of informing service development (Torbert, 1991; Reason and Bradbury, 2001).

During the observation, a child and adolescent psychotherapist colleague met with the foster carer to review her experience and address any concerns. Fortnightly or monthly supervision by a consultant child and adolescent psychotherapist with extensive experience of work with children in care was integral to the clinical work of the observation. I also received supervision on research methodology from a consultant child and adolescent psychiatrist. The time requirement for the observation, including travel, writing notes and supervision was three to four hours per week.

From its outset, the therapeutic observation embodied ideas of continuity, structure and attention. It proposed a regular routine for as long as the foster placement lasted, and was open to the possibility of continuing in the adoptive home. It combined a focus on the moment-by-moment experiences of baby and foster carer with the keeping in mind of the separation that would eventually take place between Rahan and his foster family.

The observation

Rahan was nearly three months old at the time of my first visit to the foster family.

> *Nadira, a slender, serious-looking young woman with shining dark hair, gives me a warm smile while holding Rahan. He is staring at the wall behind her as he sucks on the bottle. His face has the look of a little old man, sunk into himself; his large features, long eyebrows and prominent nose somehow seem not joined up. I feel sad to think he is an ugly baby … and rather scared by the idea of observing him …*
>
> *Later during the visit, there is a sense of still-raw shock as Nadira describes how when she had just had been approved as a foster carer, she had a phone call from someone she didn't know, telling her to 'collect a baby' the next day. At the hospital they asked her to wait outside while they checked her identity, then they passed the baby to her at the door of the ward. She was worried someone would be waiting outside to fight her and take the baby from her …*
>
> *As Nadira recounts the story of their first moments together, Rahan begins to cry … She lifts him up and holds him close, then lays him on the blanket and talks to him soothingly. His face lights up and his whole body quivers, he stretches up his arms and legs and face towards Nadira. I am surprised and moved to see that he seems to have come together; he looks more connected and his face and eyes have more colour. I feel drawn to him, and more hopeful. Nadira looks at him closely, and murmurs tenderly, ''Shall we sing to Jenifer? She hasn't heard you sing yet''.*

Rahan had been relinquished at birth. War, the loss of mother country and the clash of cultural values permeated the refugee community of his teenage parents. Nadira and her husband, Daamin, were first time Local Authority foster carers with three children of their own, 'Salim' (15), 'Kemal' (12) and 'Dina' (8). Although the foster placement lasted over a year, the foster family had a paradoxical experience of being in almost daily expectation of his leaving, having heard that 'he could go at any time'. Nevertheless, a deep bond developed between Rahan and his foster mother and I had the experience of observing the unfolding of intimate, loving and, playful relationships in the foster family.

Rahan grew into a sturdy toddler, confident on his feet and lively in his interactions with Nadira, Daamin and the three children. The foster family facilitated the observation, but as the project progressed, links with the professional network proved more difficult to maintain. During the wait for an adoptive family, aspects of ordinary life were suspended for the foster family: for example, they were

not given permission to take Rahan on holiday. Aspects of Rahan's development also seemed to be 'on hold': Nadira held back from dressing him in 'little boy' clothes for as long as she could, and he spoke his first words during his last days in the foster home.

When the adoptive family were identified, a 'getting-to-know' period was planned for Rahan and the adoptive parents. The importance of the foster family as Rahan's primary attachment figures was recognised in principle, but the value of continuity proved difficult to hold on to in practice. The planned introduction period was shortened and did not include visits by the foster family to the adoptive home. The foster carer's offer to travel with Rahan to the adoptive home was declined, although none of his social workers was available to accompany him on the day of the move, which meant that he would have had to be accompanied by strangers. Because of the fragmentation of social work roles between more than five workers, the impact of the loss of continuity for Rahan could go unnoticed. Recognising the risk of a repetition of the unmediated move on the day of Rahan's birth, and having taken in something of the impact this had had, led me to take up a more active role in the network. Speaking from observational experience meant that the professional network were able to be convinced of Rahan's need for a more integrated transition and for a greater degree of continuity between his foster and adoptive homes. Following some discussion, the introduction period was slowed down and Nadira took him together with the social worker to the adopter's home.

As the time of the move approached, a month after his first birthday, Rahan seemed at times to withdraw into himself, perhaps in unconscious response to a Nadira who was 'practising in her mind to let him go' (M.E. Rustin, personal communication, 2010). At other times, I observed a profound emotional contact between Rahan and his foster mother.

> *Rahan looks towards me with a dreamy expression. Nadira tells me he is very day-dreamy at the moment. She asks him if he is looking at the leaves blowing in the wind. He goes up and down the alleyway with the boys as they kick the ball for him and he follows it. Rahan half closes his eyes as the wind ruffles his hair; he puts his hands over his ears, and rubs his tummy. He says, ''Hoarrhhh'', making a sound like the wind.*
>
> *Later Nadira says, ''All that time we were expecting it, and now I am thinking: it is happening now''. Thinking about what the move will be like for Rahan, Nadira reflects that, later on, Rahan will think about his birth mother and father, but that will be when he is older. Right now, she is like the mother: for him, at the moment, it is about her and the adoptive mother.*
>
> *... Nadira takes Rahan into her lap. He nestles and moulds into her body. She feeds him strawberries; he glows with delight and looks intently into her face, and she kisses him.*

In the last observations, before Rahan and his adoptive parents meet, I felt a mêlée of panic and disarray, while at the same time recognising that he had been able to internalise something of the attentive care of his foster mother.

> *Rahan plays a slow game of peek-a-boo with me, which feels serious and enquiring. He brings the duck toy to me, watching me carefully, and gives it to me and takes it back many times. Then he throws it down on the floor, picks it up, holds it close, embracing it in both arms and then burrowing his face into it.*

It was disappointing that the adoptive family did not take up my offer to meet with them or to consider continuing the observation in Rahan's new home. With hindsight, I reflected that his social workers had perhaps not felt sufficiently

connected to the project to be able to advocate for continuing the observation. It was the social work managers, rather than the social workers themselves, who had first expressed interest in the project; this may have led to feelings of being connected to the project through the management hierarchy, rather than from interests or desires of their own. This was noted as a learning point for recruitment in future studies.

Literature review

When the observation had ended, I carried out a literature review of observational interventions with children at psychosocial risk and a broader survey of demographics, legal and policy frameworks for infants and young children in care, prevalence studies of mental health difficulty, and an overview of therapeutic interventions. I will summarise here four key themes that stood out in the reading: under-referral and under-recognition of difficulties, seeing and not seeing, conceptualisations of foster care, and transitions.

Under-referral and under-recognition

Several UK studies indicate prevalences of psychiatric disorder of 45% or more in looked-after children under the age of five (McCann *et al*., 1996; Dimigen *et al*., 1999; Meltzer *et al*., 2003; McAuley and Young, 2006; Ford *et al*., 2007; Sempik *et al*., 2008). US studies report a range of 23% to 61% and a mean of approximately 40% of children with developmental and mental health concerns (Chernoff *et al*., 1994; Urquiza *et al*., 1994; Klee *et al*., 1997; Reams, 1999; Stahmer *et al*., 2005). This compares to a prevalence of between 10 and 15% in the pre-school age group in the general population (Richman *et al*., 1975; Earls, 1980; Larsen *et al*., 1988). A screening of mental health difficulty in 43 looked-after children under the age of six by Hillen *et al*. (in press) found that almost 70% of children met criteria for a diagnosis of mental health or developmental disorder, while just over 40% had two or more co-morbid conditions. Hillen and colleagues conclude that the pre-school years are a period of particular vulnerability that also offer 'incomparable opportunities for early and preventative intervention'. Funding for mental health treatment and research has tended to be disproportionately allocated to older children, in part because of the risks posed by this age group of placement breakdown, self-harm and involvement in crime (Fisher *et al*., 2005; Sempik *et al*., 2008).

A wide range of factors contributes to the under-referral of children in care to mental health services, including normalisation of behaviours, fear of stigma, foster carers' wish to help the child themselves, lack of confidence that diagnosis or treatment would help, frequent moves, narrow referral criteria, difficulties in engaging children in assessments, and denial of the effects of trauma (Gladstone, 1999; Callaghan *et al*., 2004; Hillen *et al*., in press). The complexities of mental health assessment in the under-five age range are compounded by the difficulty of compiling a full history and the number of different services involved in each child's care (Reams, 1999; O'Connor, 2003).

Seeing and not seeing

Epidemiological review indicates that the scale of child maltreatment is much larger than is perceived, both by professionals and the general public (Gilbert *et al*., 2009).

In a study of serious case reviews for 161 children who were killed or seriously injured through abuse and neglect in the UK between 2003 and 2005, Brandon *et al.* (2008: 115) identify a particular risk associated with what they call a 'start again syndrome'. They found that this prevented practitioners and managers from bringing knowledge of a child's history to the understanding of current contexts. In many instances the relevant information from the past was available but could not be integrated as part of a larger picture. Although the impact of severe family dysfunction on the functioning of front-line professionals, sometimes known as 'secondary trauma', is well-established in the psychodynamic and systemic literatures (Britton, 1983; Wolock and Horowitz, 1984; Howe and Hinings, 1995; Ferguson, 2005; Howe, 2005; Reeves, 2005; Rustin, 2005; Emanuel, 2006; Gilbert *et al.*, 2009; Cooper, 2010), child death inquiries have tended not to address underlying dynamics that impede recognition of the needs of young children in care, although they have repeatedly highlighted the difficulty of 'joined up' working, especially where children subjected to neglect and children with highly conflictual family backgrounds are concerned (Bebbington and Miles 1989; Ferguson, 2005).

Steiner (1993: 116) describes states of mind in which 'turning a blind eye' becomes a retreat from truth. Rustin examines defences against knowing about extremes of mental and physical suffering, arguing that 'understanding the way in which mental pain is faced or avoided is crucial to making sense of … defensive evasion by large numbers of professionals' (Rustin, 2005: 11). Cooper identifies periodic surges of short-lived preoccupation with child deaths as characteristic of child protection policy in the UK; he links these with 'the return of the repressed', and argues that procedural reorganisations focusing on 'what should have happened' blur fiction and reality, undermining capacities for memory and mourning (Cooper and Webb, 1999; Cooper, 2010).

Foster care

The dynamics of power in relation to foster care are complex: social services departments hold formal powers to register carers, and to place or remove children, but they depend on foster carers to look after children in their families. Fifty per cent of children entering care remain looked-after for between one and five years, while over 20% of children remain looked-after for over five years (DCSF, 2009).

Foster care has been identified as the 'fundamental bedrock' on which services for looked-after children are built (Wheal, 1999: 3), but foster family dynamics and other issues specific to foster children are under-represented in research and policy. In a Department of Health report, Berridge (1997) identifies the foster-care service as 'under-theorised'. Sinclair *et al.* (2004: 169) observe that 'interventions recognising the unique experience of foster children and foster family dynamics were found to be lacking in the current literature'. In a House of Lords debate in 2005, Lord Dearing commented that when he looked for detailed, authoritative research about foster care, 'I did not find it' (Sergeant, 2006). Craven and Lee describe long-term foster care as 'effaced' from policy discourse (2006: 287).

In *The lives of foster carers. Private sacrifices, public restrictions*, Nutt (2006: 58) highlights the precarious balancing of private and public tasks negotiated by foster carers, with the result that 'their status is ambiguous, their task full of paradoxes and their lifestyle conflicted'. She argues that the practice guidelines of the 1989 Children Act added to demands made of foster carers while diminishing residential

alternatives for the most troubled children. Her study found that foster carers described feeling powerless, and that decisions taken by social workers profoundly affected the personal and private lives of carers and their families.

Thresholds of intervention in child welfare mean that for most children in public care, the complex traumas of months or years of severe abuse or neglect are compounded by the effects of provisionality.

> ... at each stage of development ... family members have the task of adjusting to the ... emotional climate within the family, boundaries, patterns of interaction and communication. The foster child is faced with the task of adjusting to these normative tasks while transitioning to a new home environment ... the foster child is unsure of his or her future and lives in a world of uncertainty.
>
> (Craven and Lee, 2006: 288)

'Drift' in the legal system has greatly increased since it began to be highlighted as a problem in the 1970s. The time that children in the UK await final decisions about their care rose from an average of 24 weeks in 1993 to an average of 47 weeks in 2001. One in ten cases takes over two years to be resolved (Beckett and McKeigue, 2003). Kenrick *et al*. (2006: 2) comment that the average length of time in care prior to adoption (32 months) indicates the existence of significant impediments to the timely recognition of infants whose family circumstances do not warrant re-unification.

A study of the care histories of 42 babies who entered care before the age of one by Ward *et al*. (2006) highlighted connections between drift and placement instability: many infants had had frequent moves within the extended family before being fostered, and many continued to experience placement moves after coming into care. Although there was a consensus that these very young children should be placed permanently as quickly as possible so that they could develop secure attachments, on average the infants were looked-after by local authorities for 15 months before finding placements that became permanent, and for 31 months before the permanent placements were formally confirmed.

> The longer children waited for a permanent placement, the more likely they were to experience further change and instability, and the more their chances of developing secure attachments were jeopardised.
>
> (Ward *et al*., 2006: 125)

Recommendations from this study include greater attention to the effects of repeated experience of change and loss on young children's ability to form attachments. A subsequent study highlighted the frequency and impact on children of failed rehabilitations and serial assessments of extended family members. Expert witness assessments by psychologists, psychiatrists or independent social workers were a major cause of delay; two thirds advised that children should remain with birth parents, but in over half of these cases the children eventually had to be removed (Ward *et al*., 2006: 4).

Transitions

Most children adopted before the age of five live with foster carers for at least two and a half years prior to adoption. Studies of the transition from foster care to adoption are sparse (Yarrow and Klein, 1980). A study for the Social Care Institute

of Excellence discusses the 'adoption triangle' of child, birth parent and adoptive parent; the roles of foster carers in facilitating transition to adoptive families and as potential continuing attachment figures are not mentioned (Rushton, 2007). The effacement of relationships with foster carers underplays the complexity of the psychological tasks for children in care of integrating 'multiple families in mind' (Rustin, 1999). Lanyado (2003) describes processes of transition as 'essentially paradoxical and inevitably fraught' (337), combining tremendous excitement with painful losses which may re-trigger traumatic memories. Pointing out that many children in long-term foster care have endured 'multiple traumatic loss' before facing a further move into adoption, she suggests that transitions crucially need to be thought of as not 'either/or', but 'both/and'. However, at present there is a dearth of evidence-based studies to guide social work practice in planning these complex but numerous transitions (Fahlberg, 1991; Simmonds, 2010, personal communication).

Data analysis

My thinking about methodology was guided by tutors on the Doctorate in Psychoanalytic Child Psychotherapy at the Tavistock Centre, my supervisors and colleagues. After reviewing the range of qualitative methodologies, including discourse, phenomenological and thematic analysis, I chose to use grounded theory methods. I hoped this approach might elicit thematic categories that could convey something of the emotional intensity of the observational experience.

Figure 2 gives an overview of stages in the data analysis. The first stages of analysing the data led to feelings of disorientation that are commonly reported in the

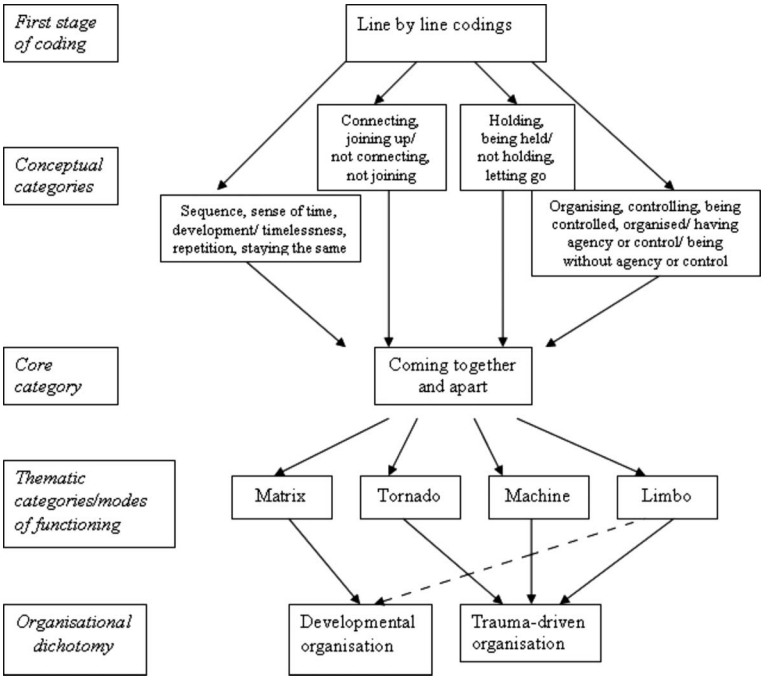

Figure 2. Stages in the data analysis.

grounded theory literature (Bryant and Charmaz, 2007). In a helpful methodological review, Bursnall (2004) points to an essential pragmatism in the approach:

> ... every researcher, equipped with the basic premises of grounded theory methodology, goes on to develop their own variation of grounded theory technique, adapted to the context and purposes of the study and the individual's mind-set.
>
> (Bursnall, 2004: 81)

In the first stage of coding, I extracted codes through line-by-line reading of the first four observations. I then looked for these and further codes in another five sets of randomly selected observation notes, in supervision notes and notes on meetings with the foster carers and meetings with social workers.

Examples from the first stage of coding

waiting/not waiting
cushioning, insulating/exposing
connecting, feeling connected/not connecting, isolation
change, movement, development/absence of change, repetition
warmth/coldness
hopefulness/ bleakness
holding/letting go, not being able to hold on
continuity, keeping on going/discontinuity, rupture
agency/having no control
pressure, constraint, /freedom, freely active collaboration
expelling, putting out, projecting/taking in, introjecting
belonging/not belonging
revealing, showing/hiding
tentative/firm
coming/going
temporary/permanent
stable/ wobbly, insecure
loneliness, distance/intimacy, company
confusion/clarity

Second and third stages of data analysis: conceptual categories and a core category

I found that the codes could be grouped under the conceptual categories of *connecting, holding, agency* and *sequence*. I was then able to identify a core category under which the conceptual categories could be subsumed: 'coming together and coming apart'. The process of the data analysis then helped me to isolate four types of 'coming together and apart' that encompassed internal states of integration and disintegration as well as interpersonal relationships and group dynamics.

Fourth stage: thematic categories

It was then possible to isolate four distinct modes of coming together and apart and to name them using metaphors.

The metaphor of *Matrix* denotes phenomena of internal and external connectedness, and iterative structures wherein one connection generates further

connections. *Matrix* dynamics are centred on actual caregiving relationships and aspects of emotional and organisational life that nurture and respond to development.

The metaphor of *Tornado* represents psychological experiences of forceful or precipitate flinging together and coming apart. Tornado reflects the extremes of family breakdown, generating omnipotent defences and vicious cycles of dysfunctional interactions and relationships.

The metaphor of *Machine* denotes attempts to regulate trauma by means of dissociation. Machine reflects understanding of relationships, such as those in the care system, as depersonalised and bureaucratic.

The image of *Limbo* groups together experiences of provisionality: delay, drift, uncertainty, suspension of reality and loss of identity.

Fifth stage of data analysis

In the course of further analysis of the data, I found that the four categories were reducible to a final dichotomy between 'developmental organisation' (equivalent to *Matrix*) and 'trauma-driven organisation' (equivalent to the combination of Tornado, Machine and Limbo). Trauma-driven organisation is dominated by states of mind that are 'beyond feeling' and that preclude thinking; in contrast to a type of organisation, represented by *Matrix*, that promotes development.

In the following section I discuss stages of the observation under each of the four categories, Matrix, Tornado, Machine and Limbo.

'Matrix'

Linking

A living link of emotional life and memory between Rahan, his birth mother (Tamara) and his foster mother is held on to by Daniela, his social worker, and this gives order and meaning to feelings and attachments.

> Daniela recalls Tamara telling her how she remembers Rahan in the evenings and feels sad. She links this with Nadira noticing Rahan crying in a particular way in the evenings, and tells me that the foster family wonder if this is when his mother is thinking about him.
>
> (Social worker meeting 2)

When Nadira recounts their first coming together, Rahan becomes more joined up, and something more alive comes into their interaction; now it's possible for me to be drawn in and to make a connection with the foster carer-child couple. There is a feeling of a quiet celebration.

> *Rahan begins to cry when Nadira tells me about collecting him from the hospital, how he was passed to her at the door of the ward. After a while, I am moved to see that he seems to have come together. He looks more joined up; his eyes seem more blue, I feel more drawn to him and more hopeful. Nadira looks at him closely, and murmurs, "Shall we sing to Jenifer? She hasn't heard you sing yet."*
>
> (First introductory visit)

Nadira acknowledges her dependence on the social workers but is also able to connect with her own instincts and way of parenting:

Nadira says she tells the social workers that she has to feel he is hers, she looks after him as if he were hers, babies can tell, they need you to feel they are yours, with all the love and passion you have with your own children …

(3 months, 1 week)

Nadira helps Rahan to differentiate one activity from another, one moment from another, distinct but linked in time. This seems to bring a sense of his emerging individuality, separate from but intimately connected to those around him.

She tries the bottle again and this time he takes most of it, sucking strongly. There is a sense of tension dropping away … After a while he stops sucking and holds the teat in his mouth; he looks at her languorously as she says quietly, ''Drink now, then you can play'' … she cradles him in her arms and takes him to look in the mirror. He looks at the reflection and makes a plaintive sound. She murmurs, ''What is it, what's wrong? Jenifer is here to see you; you will get to know Jenifer''.

(3 months, 1 week)

Nadira seems to have a preconception of the observer's role as providing a kind of 'companion on the journey'. The family's religious belief and practice was very important in providing a sense of background safety and structure:

As she prays, Nadira leans over Rahan and strokes his face; I feel moved that her prayer includes him … He turns his head and brings his knees up, flailing his arms and legs for a few moments. His eyes slowly close as he rubs the back of his hand against his cheek, the flailing movements stop and slowly his thumb finds its way into his mouth. As he sucks on it, his body and his eyes relax.

(3 months, 1 week)

Connected with her community through her religious practice, Nadira is able to remain connected with Rahan; he is then able to join up with himself in a way that makes it possible for him to wait. When Rahan touches his cheek with his hand, he echoes Nadira's touch and the caress of her gaze on his face: he takes his thumb in his mouth, and this gathers him.

Gathering

The first observations feel very intense and I can barely bring my thoughts together afterwards. Writing the notes takes several hours and leaves me physically and mentally drained. All my energy seemed to go into absorbing and gathering impressions and maintaining the continuity of the observation. I feel completely dependent on my supervisor to help me begin to make connections and think.

As the observation progresses, Nadira helps me to make links, to join up the Rahan of today with the Rahan of last week. She is able to link in her mind with social workers who can hear what she says and who can recognise and acknowledge her experience. Over time, she can join up in her mind with the recognition that his being with them is temporary. When she becomes more in touch with the reality of being a foster parent, Nadira is more able to treat Rahan like one of her children.

When Nadira leaves the room, she carries on talking to Rahan. He mouths the corner of the toy she gave him and looks steadily in front of him. When she comes back, I say something about how he watches her when she is there and when she leaves, he listens to her. She tells me she just remembered to play peek-a-boo with him as she did with all her

children when they were babies. She had forgotten about it. She says it helps them to be able to wait for a bit.

While he sleeps, Nadira tells me she knows he will be adopted, he will go, she has accepted it, she thinks they can cope with it. She says she thinks a lot about what will happen, how he will be affected. She tells me that she does not call herself 'mummy' to him because it would be confusing for him. There is only one mother, he will have another, the adoptive mummy, she is only "looking after him for now".

I say that this time with her, in this family, the love and care she gives him, will always be inside him. As Rahan wakes up, she kisses him. He takes hold of her polo neck and keeps hold of it as she leans back slowly. She comments that he is holding on tight.

(4 months, 2 weeks)

He leans out of the cot and pushes the alarm clock off the bedside table. Dina complains to her mother that he could break it. Nadira tells her it is an old clock that all the children played with when they were little. She doesn't think it's going to break now.

(11 months, 3 weeks)

Integration

Rahan is held in Nadira's touch, gaze and voice as she joins him up, left side and right side, head and body.

Nadira encourages Rahan to turn towards me, on his right … She kisses his chin and sings "Round and round the garden", touching his tummy, arms and face, in time with the song. His gaze becomes lively and focused. He looks at me and I feel he is seeing me for the first time today. I greet him and he responds.

(3 months, 2 weeks)

A rhythm becomes established as Rahan seems to work through the joining of the two sides of his body:

She leans over the cot to feed him … he sucks quietly and regularly … lying still, holding and touching each of her hands with his and then dropping his hands on each side of his head, over and over again.

(4 months)

As Rahan becomes more mobile, his upper and lower body are drawn into the linking of left and right sides. He repeatedly drops and holds his left foot, alternating this with holding both feet, while he provides himself with a background continuity through humming sounds that bring together the lips and the front and back of the mouth. As he links up with himself, he becomes able to link up with me:

Rahan lies on his back and draws up his knees, and takes hold of his feet, one in each hand. Then he drops the left foot, almost cries, and then takes both feet in his hands again. He repeats this movement several times. He murmurs and makes some repetitive humming sounds … His stare moves from my face to my feet and back to my face. He watches with a fascinated expression when I move my feet, and then moves his own feet.

(5 months, 2 weeks)

Gathered by contact with her own mother, Nadira is able to link Rahan into her extended family; she can hold in mind what is known and not known about his history, and wonder about his past:

Nadira talks on the phone to her mother … her arm is firmly around Rahan as he leans back into her breast. He looks warm and relaxed, his eyes are dark and shining. He looks

at me and kicks out with his legs. After the phone call she says she wants to bring Rahan to see her mother.

(4 months)

Nadira is able to provide Rahan with a secure base from which he can reach out and explore and the three of us then have a more mediated meeting. I feel pleasure and relief in their closeness and feel that my persistence in continuing to reach out during the upheavals of the first weeks of the observation, while the regular observation time was getting established, has been recognised and rewarded.

A transitional object

Held in our joint attention, backed for Nadira by her mother's attention and for me by my supervision, Rahan is given a duck that is a sort of proto-toy, half way between cushion and toy. This absorbent object can be embraced, bitten, gripped, dropped, retrieved:

Nadira gives Rahan a pillow in the shape of a duck. He takes hold of it with both hands and nuzzles his mouth into it, then clamps it in his jaws ...

(4 months)

Rahan is waking up in the buggy, dozing with his face against the duck and his arms around it.

(8 months, 3 weeks)

When Nadira leaves the room, he snuggles into the duck, holds it tight, looks at me as he drops it. He repeats this over and over again, then lies quietly holding the duck as he leans against the padded side of the cot.

(9 months, 3 weeks)

A sense of time

Nadira sings to Rahan, "One, two, buckle my shoe ... ".

(8 months, 3 weeks),

The recognition of developmental progress brings closer the reality of a 'stage too far' ('*three, four, who's at the door?*'). In supervision, we wonder what kind of awareness Rahan has, how something of his provisional position may have been conveyed to him.

In a review meeting where the adoption is discussed, Rahan seems to play out a preoccupation with what is going on behind his back. This seems to involve a mixture of ordinary developmental processes – Rahan's sense of his own agency, exploring what he can make happen – with something extra going on that he cannot see or know about:

As the two possible adoptive families are talked about, Rahan repeatedly leans backwards and falls on his back onto the soft carpet. I am stunned to see this 'who will catch me?' game played out so deliberately.

(11 months)

Mediation

As summer arrives, a more mediated transition between inside and outside is worked through.

> *Rahan stands with Dina looking over the board Nadira has placed to enclose the porch. He looks comfortable and sturdy in blue shorts and T-shirt. He looks into the alleyway in front of the house where the next-door children are running up and down. Nadira tells them not to move the board otherwise Rahan will go out.*
>
> (11 months, 3 weeks)

This coincides with the development of language: Rahan can have some control over how much he takes in through his eyes and ears, and he can enjoy his own agency in making sounds with meaning.

> *Rahan runs up and down the alleyway with the boys, they kick the ball for him and he follows it as it rolls. It gets windy. Rahan half closes his eyes as the wind ruffles his hair; he puts his hands over his ears, and rubs his tummy. He says, ''Hoarrrhhh'', making a sound like the wind.*
>
> (12 months, 2 weeks)

Mourning

After Rahan moves to his adoptive home, Nadira's religious belief and community provide a context in which mourning can happen. The recognition of loss makes remembering possible.

> *Nadira tells me that she cried when she was praying at the mosque with the other women. She remembered how he used to push down her little finger when she lifted it during the prayer.*
>
> (Follow-up visit 1)

Ideas about learning bring the potential for development in the professional network:

> *Anne told Nadira they have learned from this experience that the carer needs more support, that she needed someone with her on this journey.*
>
> (Follow-up visit 1)

Discussion

Matrix encompasses experiences of emotional contact and connectedness. The full range of affects is experienced. Mourning of losses allows a depressive recognition of dependence within a system: mutual dependence is accepted. The recognition that no one person can 'take it all in all the time' or 'do it all' regulates and provides respite from too much reality. The introjection of mindful care creates an iterative structure: one connection generates further connections and promotes internal and external connectedness. This facilitates differentiation between self and other and between internal and external worlds. Paradoxically, the recognition of connections and dependence promotes individuation and integration, as in secure attachment and the concept of the internal working model. These features of developmental organisation help the foster mother-baby dyad to meet developmental challenges and promote 'working group' dynamics in the professional network (Bion, 1961).

The dynamics of *Matrix* are those of the depressive position and the integration that it promotes. In *Envy and Gratitude*, Klein (1957) writes that the basis of a feeling of integration and steadiness is the consequence of 'the introjection of an object who loves and protects the self and is loved and protected by the self'. Williams (1997) describes this process as providing 'a connective tissue in the personality'.

Matrix encompasses experiences of grief and loss that can be processed and integrated, developmental challenges that make psychic growth possible and are described by Bion (1963) as 'alpha function' and by Fonagy *et al.* (2002) as 'mentalisation'. 'Going-on-linking' is a core *Matrix* function that combines Bion's concept of container-contained (1962) with Winnicott's description of the internalisation of a good object providing a stable sense of the basic continuity of the self that he calls 'going-on-being' (1965). The differentiation of past, present and future allows a sense of sequence with a beginning, middle and end to emerge: the phases of the foster placement can be likened to conception, birth, maternal preoccupation, attunement, and weaning (Canham, 1999).

'Tornado'

Many instances of compacted-together thoughts or ideas co-existed with unresolved splits in Rahan's early history. A conflation of the powers of giving and of taking life overshadows Rahan's conception and birth; for his social workers, every thought about the baby is overshadowed with anxiety about his mother. A teenage pregnancy, conflating the identities of mother and daughter, brings the potential of a 'too soon' baby and of a split between the needs of the mother and those of the baby. The exiled community of his birth family was reported to maintain its links with the home country by adhering to values that split male and female areas of authority and power.

> Someone had heard that Tamara's aunt had been killed by male members of the extended family. Tamara was taken into care when she was on the run because of the concerns that she could be at risk from her family.
>
> (Second social worker meeting)

> Potential danger from within the birth family seemed to become conflated with the foster family: a sense of danger leaks into accounts of a talkative foster father and lively children.

> Anne tells me she has ''concerns around child protection'' in the foster placement, because the father, a teacher, has a lot to say and tends to ''take over and dominate the sessions''. Also the carers' own children are very lively; she wonders if Rahan is ''at risk of over-stimulation''.
>
> (First social worker meeting)

Fear and suspicion

Rahan as a 'secret baby' replicates a 'secreted' community in exile that kept to its old ways in a host country perceived both as provider of refuge and aggressor:

> Tamara was scared her family would kill her, but when she knew she was pregnant and she split up with her boyfriend she returned to them. They hid her pregnancy from the local community.
>
> (Second social worker meeting)

In the way foster mother and baby meet, something remained unprocessed about a mother whose baby is stolen from her and about fears of dangerous fathers who threaten, rather than support, mothering:

> *. . . there is a sense of still-raw shock as Nadira describes how when she had just been approved as a foster carer, she had a phone call from someone she didn't know, telling her to "collect a baby" the next day. At the hospital they asked her to wait outside while they checked her identity, then they passed the baby to her at the door of the ward. No one called from Social Care. She rang them at the end of the first week to find out about him and to ask who would be working with her.*
>
> (First introductory visit)

During their first few days with Rahan, the foster family decide they want to offer to adopt him. This decision is viewed with concern; it is too sudden and is seen by some social workers as an attempt to gain a baby in an underhand way, like stealing, rather than going through the proper channels of applying to become adopters.

Dysregulation and disarray

As Rahan had been relinquished voluntarily by his mother, the foster placement was not mediated by court proceedings. The emotional turbulence stirred by the arrival of the new-born baby seems to have escalated without containment. The social worker, newly arrived, working for the first time as social worker for a baby, and herself facing several changes of manager, felt she must prepare the foster family to 'let him go' right from the start, as if foster mother and baby were to be almost simultaneously flung together and flung apart.

> *Nadira says the social workers keep telling her: "remember he is not yours".*
>
> (3 months, 1 week)

My arrival in the first visit feels abrupt. I have intense and conflicting impressions of closeness and disconnectedness:

> *I go straight into the kitchen where Nadira is feeding Rahan. I feel it's hard to distinguish between the two of them, while at the same time the high pitch of her voice conveys something unattuned, anxiety . . .*
>
> *Rahan is staring past Nadira's face as he feeds. His face has the look of a little old man; his large features, long eyebrows and prominent nose somehow seem not joined up. I feel sad to think he is an ugly baby . . . I wonder where he comes from, where he can belong. He looks foreign and strange, like a little old man, his features seem large and prominent, and at the same time he seems somehow sunk into himself.*
>
> (First introductory visit)

In the first observations I feel in the wrong place, too close, or too distant, too active or too passive; a tension seems to be communicated to Rahan that is expelled bodily.

> *I don't know where to put myself. I try to merge in, matching the rhythm of my greeting to Rahan with Nadira's circular rubbing of his back after the feed. This feels intrusive. Then I ask about the plans for Rahan, and this creates a disjunction. As Nadira tells me about the adoption plans, Rahan begins to hiccup and Nadira soothes him and strokes his back as the hiccups shake his little body.*
>
> (3 months, 1 week)

Attaching and 'letting go' are conflated. In the third observation, I am put in touch with Nadira's experience of a baby who could disappear at any moment:

I ring the bell and Kemal tells me Nadira and Rahan are out. I feel thrown, dropped, pushed out, worried and guilty.

(3 months, 3 weeks)

The theme of disappearing at any moment recurs, perhaps as a repetition of Rahan's unmediated arrival in the family, perhaps reflecting other undigested phantasies in the system:

Nadira says she would like to take Rahan with some of the children to see her mother but the social workers said they can't take him on holiday with them because, ''He could go at any time''.

(4 months)

Ever-present loss

With each of Rahan's developmental advances, the temporary nature of his relationships comes to the fore in my mind:

Rahan sits sturdily and confidently upright. Nadira places a basket of toys in front of him and tells me now he can take out the toys himself. Rahan repeatedly pulls up the bedcover underneath the basket so that the basket tips over and all the toys spill out.
The thought of the wrench of his moving keeps coming into my mind.

(5 months, 3 weeks)

As Rahan's right hand opens and closes in a repeated clutching movement that is almost spasmodic, I feel sad and apprehensive. Nadira gives him a floppy balloon, which he grips and bites. I worry that it will burst in his face.

(7 months)

Once the adoptive family has been chosen, planning a transition that is manageable for Rahan seems to be taken over by the idea of the adoptive family replacing the foster family as quickly as possible:

Nadira comments how short the time for introductions has become, a few days.
She says the social workers tell her, ''For babies it is quick, they forget after a couple of weeks''.

(13 months)

The idea that Rahan's leaving will be as sudden and unmediated as was his arrival in the foster family, or more so, recurs in very concrete forms:

Thinking about what it means for her, and for them as a family, to know that Rahan will leave soon, Nadira says, ''part of our heart is ripped'' - she corrects herself and says, ''goes away with him''. She says they will all miss him, she will miss him. I hear a knock at the door and I immediately think it is someone coming to take him away.

(12 months)

I contact Daniela to think about how I might meet with the adopters to discuss continuing the observation. She tells me, ''The schedule is too full''.
The ideas that the continuity of the observation could be helpful for him has got lost.

(17th contact with social worker)

In the last observations, uncertain whether I will meet the adoptive parents or see Rahan again, I find myself in a similar state to the first observations. My thoughts are all over the place, I cannot remember the sequence of events, it is difficult to bring myself to write notes. Afterwards, Nadira too tells me:

> *She cannot remember what happened in those few days.*
>
> (Follow-up visit 1)

Discussion

Tornado is associated with feelings of rupture, being swept up, blown away, ripped apart, fragmented, 'up in the air', 'blowing your mind', dizziness, excitement, being pre-empted, caught up, suddenness, 'too much', loss of perspective and disorientation. This category includes psychological experiences of forceful or precipitate flinging together and apart, and the impact of these at an intra-psychic level on feelings, thoughts and states of mind. Affect is not nuanced or differentiated, but unregulated and restricted to states of hyperarousal centering on fear, excitement and omnipotence, psychological states that are very close to physiological states.

The pressures that predispose to *Tornado* create a kind of vacuum that precludes thinking and curiosity. Experiences are 'all or nothing': outside the flinging together is a void, an 'outside place of complete disconnection' (M.E. Rustin, personal communication, 2008). Relationships tend to undifferentiation between subject and object, through fusion or blurring, and tend to be exclusive and dyadic. This leads to a 'zero-sum' environment where every coming together or connection is at the cost of a coming apart or a rupture elsewhere. This links with neuroscientific findings that, in trauma, neural pathways are short-circuited, leading to attrition of the parts of the brain that carry out reflective, mediating and mentalising functions. Perry *et al.* (1995) in the field of neuroscience have described the rapid escalation of states of hyper-arousal in the absence of neural pathways that permit experiences to be processed (Emanuel, 2004).

Orford (1998) describes 'the whirlwind of ADHD'. Williams drawing on an analogy used by Bick (*op.cit.*) writes of the disorganising impact of being 'at the mercy of a wind scattering iron filings' (1998: 95). Williams names this disorganising principle 'omega function':

> Omega function' derives from the introjection of an object which is not only impervious, but is both impervious and overflowing with projections. Just as the introjection of alpha function is helpful in establishing links in organising a structure, the introjection of 'omega function' has the opposite effect, disrupting and fragmenting the development of personality (Williams, 1997: 126).

These phenomena are related to mania (Freud, 1917; Abraham, 1927). As in the paranoid-schizoid position outlined by Klein (1946), there is an oscillation of gruelling extremes. Borderline or psychotic processes such as precipitate identifications (Rosenfeld, 1965, 1987) and Bion's discussions of attacks on linking (1959), 'bizarre objects' (1957), and the dynamics of 'basic assumption groups' (1961) are also relevant.

'Machine'

This category groups together mechanical conceptions of people and organisations and dissociated states of mind, cut off from emotional reality.

Rahan's unmediated arrival in the foster family continued to shock the foster carer but for some social workers, this was the nature of the process. The basic breach between mother and baby is replicated and the experience of 'no link' is evacuated.

> The fostering service manager explains that the supervising social workers aren't involved with foster carers until after a child has been placed. She wasn't sure who makes the first contact with the carers.
>
> (Semi-structured interview 4.)

> The social work manager saw no reason for a social worker to wait at the hospital to meet the foster carers who were coming to take care of Rahan. "He was a healthy baby, there were no issues, no-one's going to wait around for the foster carers - that would be a waste of resources".
>
> (Semi-structured interview 3.)

Both Daniella, Rahan's social worker and Anne, Nadira's social worker, see gaps in the provision for Nadira and Rahan, but seem to feel the gaps can't be filled. The fragmentation of parenting and the denial of loss bring the threat of a pervasive depression leaking everywhere, merging with the coldness and dampness of winter and the cheap, leaking bottles that are bought for Rahan.

> *Nadira was worried I would get the cold they all had last week … she shows me Rahan's bottle and says, "they leak, the social workers buy the cheapest ones".*
> *She says to him "This is what they get you". I feel surprised and sad when I realise that she does not buy his bottles.*
>
> (4 months, 2 weeks)

Parental functions are divided between social workers and foster carers, and it becomes difficult to recognise and value the mothering that Rahan receives.

> Anne tells me that it won't be possible for me to continue to visit Nadira after Rahan leaves, because another baby will be placed with her within a week. She tells me, "it's a conveyor-belt system - that's the name of the game".
>
> (10th contact with social workers.)

> *Nadira tells me it was suggested to her to take another baby the week after Rahan left, "to distract you".*
>
> (Second follow-up visit.)

The preparations for Rahan's move to adoption threaten to repeat something of the unmediated journey from the hospital of foster mother and baby.

> *The observation has been arranged to coincide with the LAC review. Anne does not attend and Daniela is replaced by a student social worker. It happens that her name is almost the same as Rahan's. I catch myself hoping this might mean there is some kind of connection between them.*
>
> (11 months)

> Daniela visited Rahan once in his new home but he didn't recognise her. She thought this was because her student had done the previous visits. The visits after that were being done by her new manager, who had not met him before.
>
> (Semi-structured interview 2.)

Discussion

In *Machine*, dissociation and depersonalisation provide ways of regulating or withdrawing from the overwhelming turbulence of *Tornado*. *Machine* dynamics present multiple challenges to the task of 'going on linking'. Relationships between part and whole are distorted: the parts are not felt to belong to or to be able to exert influence on an organic whole. Work is perceived as being organised in a mechanical way devoid of human rhythm or growth; people are treated as things, or seen as interchangeable with another. Hierarchy is experienced as the relentless maintenance of power inequalities, as in the claustrum (Meltzer, 1992). There are also links to the 'pathological organisations' described by Steiner (1993: 130).

> ... at times of crisis the good is treated as a weakness which we cannot afford because survival demands a reliance on powerful gods whose sanctity must not be questioned.

There may be experiences of 'treadmill pressure', or 'going through the mill', resentment of being 'kept under', powerlessness, lack of agency, and feelings of bleakness, monotony, futility and anonymity.

'Limbo'

I use the metaphor of *Limbo* to represent states of provisionality in which development seems to be on hold. Identities become inchoate, there is a loss of structure, together with feelings of being 'in-between', floating, absence of agency, and endless waiting. In the first months of the observation there was a sense that the two sides of Rahan's body were not joined up:

> *Nadira is worried that Rahan only turns to the left, so much so that his head is flat on one side. She encourages him to turn towards me, on his right. He looks in my direction, then turns his face all the way back to the left, toward the wall.*
>
> (3 months, 2 weeks)

In my mind I associate Rahan's left side as the part of him still in phantasy joined to his mother, now impeding his development into a baby boy who can be integrated and develop his own powers of movement and agency. Perhaps for Nadira too 'the left side' represents a turning back to what has been left – her own mother country and the mother she has left:

> *Rahan tries again and again to roll over, getting stuck each time on his left side.*
> *He pulls at the cloth under him to get leverage, but only succeeds in turning himself round.*
> *Nadira comments how much he is still dominated by the left side.*
>
> (5 months)

As the routine and rhythm of the observation becomes established, a feeling of merged identities, like a hibernation, comes to the fore:

> *Nadira and Rahan are dressed alike in dark blue, she is wearing pyjamas and a warm dressing gown; Rahan is in a fleecy all-in-one. She tells me he had a very long sleep, all night. Yesterday also he slept for a long time. She wonders if it is because of the cold and dark. I remember my long sleep after the first observation.*
>
> (4 months)

The family's own plans remain on hold during the 13 months of the foster placement. They cannot take a holiday together, because of a perception that Rahan's departure is always imminent.

Nadira tells me how much she would like to bring Rahan to see her mother. But the social workers said they could not take him on holiday because, ''He could go at any time''.

(4 months)

After the first three-monthly review, although the expectation is that Rahan will be adopted within the next three months, he remains with the foster family for another six months. I forget about my own plan of reviewing the observation at each three-month interval: in my mind, the heightened sense of waiting suspends time and structure. When the first prospective adoptive families are identified, a sense of the transitional is heightened:

I stop half way up the stairs when I see that the curtains are drawn in the bedroom and hear Daamin and Nadira talking quietly. I say hello and Nadira comes out with Rahan. She sits down on the landing and tells me about the adoptive families she has been told about. I feel a sense of disarray, and remain standing on the stairs as we talk; Rahan begins to play peek-a-boo with me through the banisters.

(9 months)

Rahan runs up and down in the sitting room ... I don't manage to make eye contact with him for more than a moment. I have the feeling of not really meeting him or Nadira throughout the observation.

Rahan sits in a trance with a distant expression.

(12 months, 1 week)

Discussion

Limbo encompasses states of uncertainty and the loss of identity, agency and orientation during excessively long periods of waiting. Affect is numbed or undifferentiated. *Limbo* conditions include the paralysis of ordinary routines and developmental progress described by Hindle (2000), Rey (1994) and Rosenfeld (1987) as features both of borderline states and of a more benign retreat or withdrawal from too much contact with unbearable realities.

While carrying out the data analysis, I was struck that many features of *Limbo* also overlap with other categories. The word derives from the Latin 'limbus', meaning 'hem' or 'edge'. Two main features of *Limbo* overlap with *Tornado* and *Machine*: the phenomena of merged states, with little differentiation between one person and another, or between past, present and future; and absence of agency. At the same time, the undifferentiated merging of *Limbo* may also represent a regulatory retreat from the constant intrusion of experiences that are felt to be 'too much'. I wondered how much something was kept inchoate in Rahan's development and identity, until these features of his identity could be facilitated and integrated by his adoptive family. Did Nadira encourage a fluctuation in Rahan's developmental integration so that he could remain at some level in contact with the loss of his birth mother until this could be integrated by his adoptive parents? This aspect of *Limbo*

elides with, or perhaps masks, a gradual process of transition. Although some aspects of *Limbo* are thus relatively benign, *Limbo* conditions also have the insidious effect of precluding attachment of any depth.

'Developmental' and 'trauma-driven' organisations

In the research I suggest that *Tornado, Machine* and *Limbo c*ombine to create an anti-developmental, trauma-driven organisation, in contrast to the developmental organisation of *Matrix*. In *Matrix* or 'developmental organisation', the generation of virtuous circles of interactions allows new relationships to be integrated while continuity is maintained. In contrast, in 'trauma-driven organisation', vicious circles of interaction proliferate, increasing distress and disturbances for children and those working with them.

Capacities for feeling and thinking are eroded by fragmentation, dissociation, or the suspension of reality. Attacks on linking perpetuate states of mind that preclude containment and re-enact the primary rupture of the family envelope. These states have profoundly disorganising effects, disrupting connections between thoughts and feelings and blurring boundaries between past, present and future.

I developed the hypothesis that where developmental organisation predominates, a child's move is likely to be a 'both/and' transition, mediated by elements of internal and external continuity, while a placement move in a trauma-driven organisation is likely to be experienced as an 'either/or' severance or rupture.

The emotional challenges of fostering include integrating and working through potentially catastrophic anxieties about separation and loss that accompany each developmental advance. Interrelated with this is the task of living in the present and investing in the present relationship with the child. The sequestering of the present from the past and the future allows the foster carer to act as a bridge between the birth family of the past and the adoptive family of the future. Bridging this gap also means differentiating between two experiences of loss so that the second does not have to repeat or replicate the first. Nadira was able to take on the task of mediating the rupture of the link with Rahan's birth mother, so that in the move to his adoptive family he could take in something more mediated.

The emotional work of foster caring also included the provision of a 'family envelope' for Rahan that would protect and buffer him from exposure to the fate of a lost or unwanted child. Nadira and the foster family had to address within themselves the uncertainty of not knowing how best to help Rahan with the separation from them, and, as first-time foster carers, not knowing how it would affect them and not knowing whether they could continue to have a relationship with him.

Conclusions

The study highlighted the risks of losing contact with the emotional reality of a child's experiences, the role of play in mitigating effects of trauma and the need for specialist training and services to support emotionally responsive care-giving.

A core group of around 60,000 children whose families cannot look after them has been in medium or long term care since the mid-twentieth century. The average age at which children are adopted is four years and eight months. Policy initiatives have tended to focus on reducing the number of children in care and to promote an

idea of short-term foster care as the paradigm. The marginalising of long-term fostering means that it has become difficult to conceptualise and respond to the needs of children in long-term care. Clearer conceptualisation of the complex emotional tasks of foster carers is required to inform training and service development to meet these needs.

Social workers for looked-after children and foster carers endure the ongoing pressures of complex and harrowing cases where an ever-present sense of danger, conflicting demands and limited resources are the norm. Rustin (1991) suggests that a 'research state of mind' can bridge gaps between practitioners and researchers, mitigating burn-out for front-line workers in Social Care and mental health. In this single case study, therapeutic observation proved to be feasible, acceptable to the foster carers and provided an effective voice at a crucial stage in care planning. The study also highlighted the complexity of integrating an observational intervention with the network.

My experience as an observer of feeling at times identified with Rahan, at times with Nadira, at times with the children in the foster family, at times with social workers, has helped me to attune to the multiple pressures that bear on the highly conflicted arena of children in care. This has led to thinking with colleagues about ways of using knowledge from the experience of observation to inform planning for significant moments such as moves between foster and adoptive homes. Recommendations for practice include a multi-agency forum for the dissemination of relevant research and policy and an overview of trainings in infant mental health.

The project has informed the development of work with younger children in care, including observational interventions for children facing transitions, and play-based interventions for children in interim foster care together with their carers. One of the aims of this work is to promote developmental organisation and to mitigate the effects of trauma-driven organisation. Further research is planned to evaluate these interventions. Further studies could also usefully explore the contribution of therapeutic observation to fostering and care planning for infants and young children in a range of care contexts. Observation of the fluctuations and dynamics of the large and often shifting multi-agency networks around children in care would also provide a valuable perspective to complement studies of infants and young children with their foster carers.

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