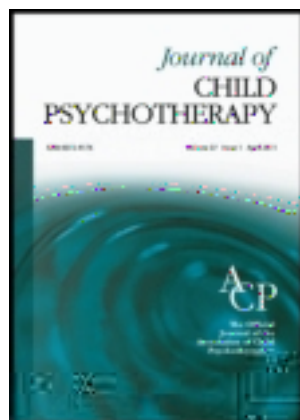


This article was downloaded by: [Jenifer Wakelyn]

On: 02 November 2011, At: 03:54

Publisher: Routledge

Informa Ltd Registered in England and Wales Registered Number: 1072954 Registered office: Mortimer House, 37-41 Mortimer Street, London W1T 3JH, UK



Journal of Child Psychotherapy

Publication details, including instructions for authors and subscription information:

<http://www.tandfonline.com/loi/rjcp20>

Therapeutic observation of an infant in foster care

Jenifer Wakelyn^a

^a

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

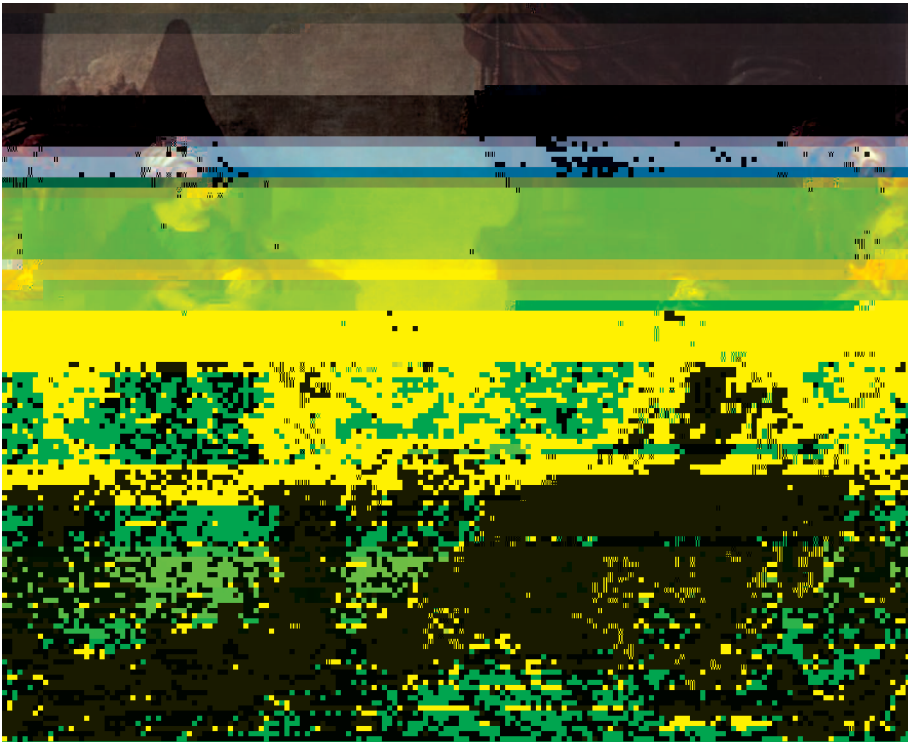


Figure 1. Moses brought before Pharaoh's Daughter by William Hogarth (1697...1764), Coram in the care of the Foundling Museum. Please see the online article for reproduction in colour.

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 (Hillenet 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' ••Ims 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 "ve 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 "gures. 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 "lings:

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 "lings - that is what a mother's attention also does for a baby.

(Personal communication, cited in Williams, 1998: 94...5)

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.

During the observation, a child and adolescent psychotherapist colleague met

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 "rst 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:

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

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 reunification.

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 “gures are not mentioned (Rushton, 2007). The placement 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 “rst stages of analysing the data led to feelings of disorientation that are commonly reported in the

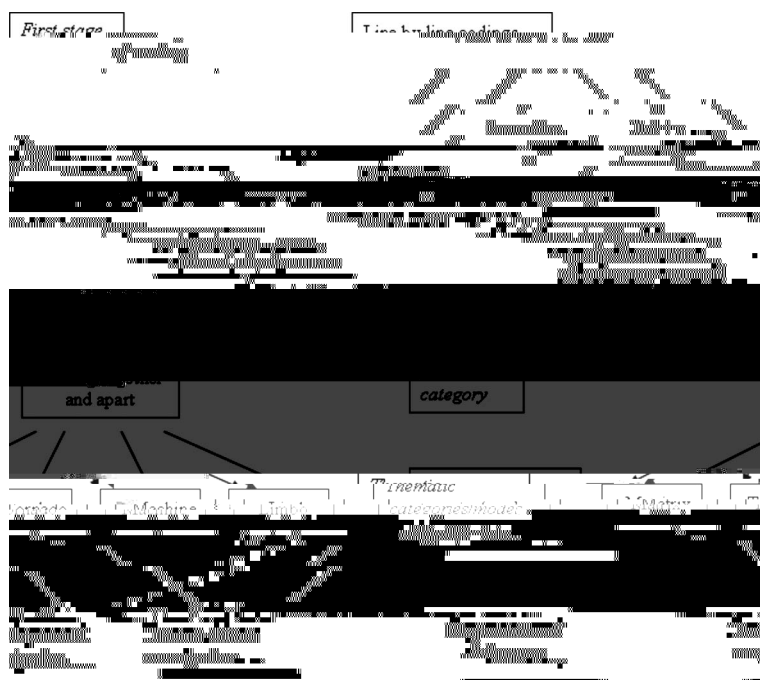


Figure 2. Stages in the data analysis.

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 "rst stage of coding, I extracted codes through line-by-line reading of the

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 "inging together and coming apart. Tornado re"ects 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 re"ects 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 "nal 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 "rst 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, tucking his arms and legs for a few moments. His eyes slowly close as he rubs the back of his hand against his cheek, the tucking 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

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 "rst 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)

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)

Attaching and •letting go• are con"ated. 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 re"ecting 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 con"dently 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 "oppy 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 “nd myself in a similar state to the “rst observations. My thoughts are all over the place, I cannot remember the sequence of events, it is di cult 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 “inging together and apart, and the impact of these at an intra-psychic level on feelings, thoughts and states of mind. A ect is not nuanced or di erentiated, 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 “inging together is a void, an •outside place of complete disconnection• (M.E. Rustin, personal communication, 2008). Relationships tend to undi erentiation 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 neuroscienti“c “ndings that, in trauma, neural pathways are short-circuited, leading to attrition of the parts of the brain that carry out re“ective, mediating and mentalising functions. Perry et al.

Discussion

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 "rst 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 "rst prospective adoptive families are identi"ed, 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. A ect 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 "uctuation 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 combine 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 to and3(on)-di -252.

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

References

- ABRAHAM , K. (1927) •A short study of the development of the libido, viewed in the light of mental disorders•. In Selected Papers of Karl Abraham, M.D London: Hogarth and the Institute of Psycho-analysis (original work published 1924).
- ANDERSON , J. (2006) •Well-suited partners: psychoanalytic research and grounded theory•. Journal of Child Psychotherapy 32 (3): 329...48.
- BARDYSHEVSKY , M. (1998) •The compensation of autistic features during a little boy's second year: overcoming pain through the development of attachment• Infant Observation 2 (1): 40...57.
- BEBBINGTON , A. and MILES, J. (1989) •The background of children who enter local authority care•. British Journal of Social Work, 19: 349...68.
- BECKETT , C. and MCK

COOPER, A. and WEBB

- HILLEN , T., GAFSON , L., DRAGE , L. and CONLAN , L.M. (in press) •Assessing the prevalence of mental health disorders and needs among pre-school children in care in England. *Infant Mental Health Journal*.
- HINDLE , D. (2000) An Intensive Assessment of a Small Sample of Siblings Placed Together in Foster Care London: Tavistock Clinic Thesis (PhD in Psychoanalytic Psychotherapy).
- HOLTON , J.A. (2007) •The coding process and its challenges•. In RABANT , A. and CHARMAZ , K. (eds) *The Sage Handbook of Grounded Theory* London: Sage.
- HOUZEL , D. (1989) •Un mode d'approche thérapeutique de l'autisme et des psychoses infantiles précoces. Les traitements à domicile•. In DELORD , G. (ed.) *Autisme et Troubles du Dé*

NICE/SCIE (2010) Public Health Guidance: Promoting the Quality of Life of Looked-after
Children and Young People

