Making sense The use of theory and research to support foster care

In this article, based on themes from her recent book, *Attachment, Trauma and Resilience* (BAAF, 2002), Kate Cairns proposes that foster carers and adopters need theories and models drawn from or supported by research in order to make sense of their life with children who have experienced early adversity. A range of ‘great ideas’ are briefly presented and placed in the context of child development. Concepts drawn from attachment theory and affect theory are included, as well as issues of trust, shame and resilience, and ideas arising from research on brain development and traumatic stress.

Introduction

For 25 years the author, with her partner and three birth children, offered permanence through specialised foster care to 12 other children. This article takes a succession of abstract ideas and illustrates briefly how they made a difference to family life. The intention is not to try to explain great theories in few words, but to provoke thought about the need for theory and research in the practice of fostering and adoption. It has been a prime concern to respect confidentiality and avoid intruding on the lives and memories of family members. The article therefore tries to convey a sense of how it is to live with children who are developing resilience after adversity without going into intrusive detail.

Living with other people is a puzzle. It tests the ingenuity and resourcefulness of every human being. Relationships grow and flourish or struggle and fracture according to the willingness and capacity of each to apply themselves to the puzzle of the other. Babies arrive in the world with an absolute and imperative need to find a way to engage the affection and commitment of another. They are born human resources managers; their very survival depends on it. From the moment of birth, babies begin to apply themselves to solving the puzzle of the all-important life-sustaining other.

Since attachment behaviour is innate and essential, the complex dance of attunement between the child and the carer is rarely experienced as remarkable. Given half a chance most babies are so good at solving the puzzles presented by the adults around them, and so assiduous and persistent in applying the results of their studies, that their carers do not even notice the complexity of the process. Looking after children is taken to be a matter of common sense.

The process is very different when looking after children who have started life in another family group. These children, who have had to solve a different puzzle in order to survive their early life, are children whose basic assumptions about life, the universe and other people will be different. Thirty years ago when we first started to look after children in foster care we discovered that common sense was not enough to make sense of the life we shared. Since we were also discovering that love alone was not enough to heal the wounds they had suffered, we urgently needed to be able to make sense.

We realised that we were going to have to change, and in order to do so we would have to apply ourselves to the puzzle of relating to each of the children with all the means we could find. As each child presented us with a different puzzle, so each child became the teacher from whom we could learn. But these were teachers who taught through action, metaphor and paradox; none of the lessons they presented were straightforward or easy to understand.

As we struggled to make sense of the behaviour and the expressed thoughts and feelings of the children, and of the effect that they had upon us and upon others around them, a number of great ideas from theory and research about people became important to us. Such organising
ideas helped us to create islands of understanding and relative order in the chaos of life with people who are playing the game to a different set of rules, or dancing to a different tune. As we applied ourselves to ‘learn the child’, questions constantly arose. Who is this person? How do they feel? How do they think? What assumptions do they make about me? About others? About the world around them? The theories that began to inform our practice helped us to ask better questions, and thus enabled us to reflect on our life with our children much more creatively and productively. Great ideas helped us to make great changes in our understanding of the world and other people. Some of these ideas are offered here as they appeared to us in our work.

**Trust and temperament**

How are we to live with people who do not trust us? In the abstract this does not sound too great a problem, but in the living it can be overwhelming. Anyone who has ever had an intimate relationship fall apart will know that sickening lurch from the security of being loved and appreciated to the devastation of distrust. Trust in our domestic relationships is an absolute we may take for granted until we lose it. Erikson (1963) taught us that trust precedes everything in healthy development; before the baby can begin to grow into their personality, trust must be established between the baby and the carer. When this is absent, the developing child will have to try to make sense of the world from a position of radical mistrust.

It is intensely painful to live with a child who does not trust you, though you have never done them any harm or offered anything but loving care. Even after many years a child who lacks basic trust may still not be able to trust us to remove a splinter from a finger, or clean a wound. I remember one frustrating evening and morning when the telephone stopped working and the phone company, to our fury, failed to find the fault until we discovered that the line had been cut by one of the children. Trouble in school had led the head of year to say that he would ring us to discuss the next step; this produced such terror that cutting off the telephone seemed the only logical recourse for the child. Yet in all our years of shared time the child had seen that we would always expect that any problem that arose in school would prompt a search for a solution rather than a demand for punishment. The terror arose from basic mistrust, and years of trustworthiness had not abated it.

It soon became clear that different children experiencing the radical distrust that deterred them from permitting any intimate relationship would respond very differently to this challenge. One child would become shy and withdrawn, retreating into their innermost fortress and pulling up the drawbridge behind them. Another would develop porcupine prickles (or even skunk smells) to keep the rest of the human world at a distance. Some became cruel tyrants, seeking to dominate and control everyone else, while others developed Machiavellian talents for covert manipulation. Clowns amused us but never let us get close to their despair, and some smiled and complied and secretly raged.

Theories of temperament helped us to grasp how such different responses could answer the same basic puzzle. At first we relied on Galen, quaint though that may sound to our contemporary colleagues. In the second century C.E. Galen reckoned that every human being was composed of unequal mixtures of the four temperamental humours. People could be melancholic, phlegmatic, sanguine or choleric, and the proportion of these humours in their lives would determine their style of emotional response to the world.

Now theorists of temperament would be more likely to describe children as shy or outgoing, or perhaps as easy, slow to warm up or difficult (Karr-Morse and Wiley, 1997). Or there is Gill Schofield’s helpful description of the four categories of ‘open book’, ‘closed book’, ‘on the edge’ or ‘rewarding’ child based directly on carers’ experiences of the behaviour of children in foster placement (Schofield et al., 2000). All these systems for organising our thinking about children share the recognition that some innate predisposition or tendency results in different
responses in different children to the same stimulus.

It was clear to us that children predictably did respond differently to their environment, and we set ourselves to learn not the theory but the individual child, this unique and irreplaceable contribution to the human family. We discovered that it is not enough to recognise that a child is unable to trust us; we also needed to learn how that fundamental mistrust would express itself for this particular individual across the whole range of day-to-day situations we shared. ‘Learn the child’ became our motto.

Internal working models of the world

Getting hold of the importance of trust and temperament did not answer the growing frustration we felt as we lived through the years with some of our children. We could grasp that trust was hard for them, and that they would respond to mistrust according to their unique temperamental disposition. But why did they not seem to respond to years and years of devotion and tender loving care? Human beings are learning animals. We are of all creatures the most adaptable, and yet our children seemed stuck intractably in patterns of distrust and negative expectations. Struggling with the attachment theory of John Bowlby (1980) brought us much enlightenment, though we did indeed struggle in the effort to integrate it with the obvious rightness of feminism – why should everything always depend on our good mothers? – and our growing sense of the dynamics of discrimination and disempowerment. We learned from Bowlby that the patterns of relationship formed in the earliest periods of life become a template that sets the boundaries determining our view of the world. Such patterns, although not impervious to change, are very persistent. Indeed, Bateson (1972) convinced us that the changes necessary to vary the metaphors through which we construe the meaning of our lives can be so disruptive to the psyche that they may destroy the personality. We believe in the world as we see it; if it disintegrates, we fall apart.

Now we had a way of grasping why children seemed so resistant to changing patterns of relationship that were obviously doing them harm. For the child, indeed for all of us, our fundamental assumptions about the world are not just beliefs, but are taken by us to be facts. We cannot distinguish between experiential facts – the three-dimensional presence of the table on which my computer sits – and our core beliefs about the universe as we perceive it. Ronnie Janoff-Bulman (1992) suggested that such fundamental assumptions do indeed shape our world, and that the human tendency is to believe that the world is benevolent, the world is meaningful and the self is worthy. Benevolence, meaningfulness and worthiness may be the three dimensions of our psychic world. It was all too clear that the children with whom we shared our lives had not been able to form such sustaining and generally sustainable belief systems.

If, by contrast, our core beliefs are that the world is malevolent, that chaos rules and that we are fundamentally unworthy, then the puzzle of life becomes a cruel torment. If we live with people who abuse us, who are unpredictable and who despise us, then our beliefs are justified and the world seems to be following its allotted path though we are destroyed in the unfolding of it. If we later live with people who treat us kindly, who are predictable and who seem to assume that we are worthy of loving attention, then our core beliefs are destroyed and we are plunged into the abyss where self is annihilated. At last we could comprehend why children would resist so fiercely what they most needed. Our tender loving care was for them the fiery furnace in which their personal beliefs and values were destroyed. We remained steadfast in offering our affection because we knew that it was needed, but we were more understanding of the pain the remedy caused.

Stress and relaxation

Some aspects of our shared life waited many years before we found explanatory models that sat comfortably with our intuitions about the world of the child. It was clear to us from the earliest days of our life as a foster family that our children had great difficulty in managing
stress. Small disagreements would cause huge explosions. Ordinary life events like a test in school or going to the dentist would produce apparently overwhelming reactions of anxiety. Even events anticipated with pleasure, such as holidays or trips out or birthday celebrations, would give rise to extreme behaviour out of all proportion to the occasion.

The work of Bruce Perry (www.ChildTrauma.org) on the importance of early experience for healthy growth of the developing brain proved immensely helpful in making sense of the years we had spent trying to help children regulate stress. From the work of Dr Perry and others we learned that children are not born with the capacity to regulate stress, but that this develops through their attachment relationship with their carers. When children do not have the benefit of secure early attachment they are unable to regulate stress adequately.

We could see from our experience with children born to us how from the earliest moments of life the child manages stress by finding ways to transmit that stress to the adults who are the source of life and survival for the baby. The caregiver responds to the stress by helping the child, both by meeting the needs that are causing the stress and by soothing the child to produce a sense of relaxation and pleasure. We discovered from our reading that this cycle of arousal and relaxation was not only providing pleasure for the child and the carer, but was also actively contributing to the very shape and structure of the child’s developing brain. Securely attached children were growing brains that were good at regulating stress and generating relaxation and pleasure. Children with unmet attachment needs, we realised, were living with brains much less well equipped for these most basic human responses.

When we added to this the work of the therapist Dan Hughes (1997), it became very clear that our intuitions about the importance of stress management and relaxation for our children had been close to the mark, and we were left wishing that we could revisit some relationships with this new knowledge. There had been some frustrating battles before we finally grasped that children who had lived through such extreme adversity were not setting out to be difficult in their inability to handle the stresses and strains of ordinary life. Dysregulated stress may lead to the extreme reactivity of hyperarousal or the diminished sensory connectedness of dissociation. In both cases the experience is beyond the control of the child and intensely harmful.

Hyper-aroused children are hard to live with as they find it so difficult to establish routines of sleeping or eating, struggle to concentrate on anything, are jumpy, nervous and quick to fly off the handle, and generally raise the energy level and emotional temperature to unbearable levels wherever they are. Dissociated children are equally difficult to be with, as they are so cut off from their own physical and emotional experience that they are deeply disturbing companions; such children may not know whether they are hot or cold, have any real sense of the taste of food, or have any idea what it would be like to experience a feeling. It disrupts the peaceful existence of a family to live with children who are constantly on the boil, and it disrupts the sense of reality of a group to live with members who do not register their own experience or recognise the experience of others.

**Impulse and shame**

Children whose attachment needs are unmet struggle not only with overwhelming stress but also with the management of affect. The inborn capacity to interact with the environment through changes of energy is known as affect; feelings and emotions follow. Babies usually develop regulation of affect through the attuned relationship they share with their attachment figures. Throughout the period they spend in arms, babies search for the faces of their carers. Faces, according to affect theory, are the very seat of affect (Demos, 1995).

From the beginning of life the baby physiologically follows the soothing of the carer, heartbeat and breathing settling from stress into relaxation. In an attuned relationship the carer will then track and reflect the affect of the baby, and very
soon the baby follows. Secure babies begin to be able to regulate affect. Then stimulation alternates with soothing, and the baby begins to be able to distinguish a range of feelings and emotional experiences that correspond with physiological changes in energy. Every nuance of shared delight, anxiety and misery is built into the child’s growing repertoire of emotions and empathy.

When this first social experience of shared affect is missing or distorted, the child will later struggle with experiencing and expressing feelings, and will find empathy very difficult. It is disturbing to live with children who are unaware of their own feelings, are incapable of reading non-verbal signals, and are insensitive to the feelings of others. But the distortion of the unfolding personality is particularly evident when the child is subject to the most social affect of all, the affect of shame.

For securely attached children, shame allows the child to create inhibitions that keep her or him safe. The limbic brain, seat of the emotions and generator of all our impulses, develops during the first and second years of life, before the cerebral cortex, the thinking brain, has reached effective functioning. The impulses of the limbic brain could land the child in all sorts of danger with no functioning rational process to apply the brakes. Fortunately the attuned carer can keep the child safe. The baby will check activity with the carer, using the adult brain to supply the missing function of rational judgement. If the carer reflects back the child’s interest, pleasure or excitement the behaviour is reinforced. If the carer shows misattunement, expressing surprise, fear or disgust, the child experiences shame, and the behaviour is diminished or extinguished. This process of reintegrative shame enables the child to develop strong beneficial brain connections to regulate impulse.

Children with unmet attachment needs may therefore have great difficulty in managing both impulse and shame (Schore, 1994). Daily life with children who struggle to regulate impulse and shame is always difficult. We found that we could work intuitively with issues of stress and relaxation, but helping children manage impulse when they cannot manage shame involves creating counter-intuitive responses. As Quakers we did not believe in punishment, but it soon became clear to us that no form of sanction worked reliably. The children could generally understand rules, and appreciated the need for them, but often could not make a connection between that abstract principle and their own behaviour. When action follows impulse without ever passing through thought, it is little help for the child to know that yet again they have broken the rules of social living. The result of such knowing is shame, and shame is overwhelming.

We found it took great patience to help children accept the fact of their own unacceptable behaviour, and then find a way to put a thought between the impulse and the action next time. This sounds so little in a sentence. How could it reflect the years in which we and the children struggled together to make sense of the need for boundaries when people live together, and created together enough of a consensus to allow us all to live with the discipline of conviviality? ‘We’ll play a game,’ I used to say when they were older, ‘it’s a game called adolescence. The rules of the game are that I pretend that I’m in charge, and you pretend that you believe me.’

Trauma

In 1987 I became involved in assessing the needs of some people who had been on the ferry, The Herald of Free Enterprise, when it foundered with considerable loss of life. In trying to make sense of their experience, I became interested in the effects of trauma on human beings. It became clear that much that I was learning about the impact of disastrous events was relevant to the lives of the children entrusted to our care.

Trauma is experience so frightening that it overwhelms our capacity to regulate stress. Unregulated stress injures us so that our brains and bodies function differently. The impact of such changes in the structure and function of brain and body is catastrophic to our physical, emotional and social well-being.
Fortunately human beings are well equipped to recover from traumatic stress, for although by definition trauma is extraordinary it is not by any means rare. We do not live in a safe world, nor have humans ever lived in safety.

In order to recover from trauma, we need to be able to process the experience through our thinking brain, to be able to have thoughts about the events that do not overwhelm us. Then our limbic brain can let go of the experience, and it can be assigned to the archive of memory as something nasty that happened in the past. We do this processing in a social setting, for we are social beings to our core. Other people we trust are essential for us to be able to process trauma. It is also essential for us to be able to express what happened. Then we tell the story, bit by bit, to our trusted witness, and it is in the telling of stories that our memories are constructed. In childhood the recovery process is basically the same, except that children will play or act out the events, and the witness interprets it for them so that they can tell the story and make the harmless narrative memory.

Children who are separated from their families have usually experienced traumatic stress, and ours were no exception. The circumstances of early adversity rarely allow children the conditions for spontaneous recovery. When recovery is impossible, then traumatised people may become disordered. The stress disorders that follow trauma may seriously disrupt everyday life. We realised that many of the disruptions and disturbances of our family life that we had found hard to explain or understand became much more explicable if we grasped the implications of the lasting effects of traumatic stress.

Nightmares and night terrors, panic attacks and rages, memory disturbances, learning difficulties, hyperactivity, poor concentration, lack of empathy, emotional numbing, and a range of psychosomatic illnesses are all symptoms of post-traumatic stress disorder (van der Kolk et al, 1996). Recognising the effects of traumatic stress helped the whole family to cope with the experiences and behaviours that children brought with them. Discovering the extent and nature of the injuries they had suffered helped us to appreciate their courage in living with the experience, and to understand why it was so difficult for them to move on from the effects.

There is also a growing body of knowledge about how to help people who have suffered the effects of traumatic stress adapt to their injuries and recover. We could recognise the three phases of treatment accepted by clinicians as vital stages in the care of trauma victims as relevant to our daily lives. These three phases are stabilisation, integration and adaptation (Cairns, 1999). Our life with the children reflected the usefulness of these phases of recovery as a way of making sense of life after trauma. Children might not progress in a linear way through the steps, but they did take those steps. We were more able to help them the more we learned.

To stabilise they needed safety, and that would be a matter of the internal experience of feeling safe, which could be slow to develop even though we made their world as secure and settled as possible. Years of living with danger made even our safe haven feel dangerous to them. Then they needed help to understand what was happening to them when they felt so out of control; they needed to be educated about trauma. Finally, they could not stabilise until they could begin to produce words for feelings, and we gave much time and effort to promoting this sort of emotional literacy with them.

To integrate the trauma they would need to be able to manage their own physiology of terror. They needed help to begin to be able to regulate stress for themselves. All sorts of games and shared activities contributed to this learning, as well as calming and relaxing times of sharing hair care, or foot massage, or simply being close together for story telling, poetry reading or listening to music. Even terrified children can learn to attune to a calm presence. They also needed access to therapy when required, and this was often more difficult to find. When it was available it would cover both emotional processing of the trauma and cognitive restructuring to help children let go of the traumatic identity that can keep
them locked in the role of victim. Our part as the caring family would be to hold the child safe in all the spaces between therapy sessions, and those could be troubled times as children struggled with the terrors that beset them; we also needed to reinforce the growing choices the child was discovering about how they could define themselves and their place in the world.

Traumatic stress in childhood is a serious matter, we learned, and the effects will change people forever. Martin Teicher and his team of researchers at the McLean Hospital (www.researchmatters.harvard.edu) have identified four types of brain abnormalities associated with early childhood trauma. The injuries are seen as persistent, affecting mood, impulse, sociability, aggression, language, memory and self-regulation. ‘These changes are permanent,’ says Teicher. ‘This is not something people can just get over and get on with their lives.’

Resilience
All of these great ideas drawn from theory and research helped us to make sense of our experiences in living with children who had survived terrible early adversity. Being able to make sense in turn helped us to be more accepting of the efforts they made to find a way to live, even when their behaviour presented us with difficulties. Yet there was still a gap between our experience of the children and the theories and research that had taught us so much. The more we discovered an insight into the unique way of being in the world of each child, the more we appreciated the courage, tenacity and resourcefulness with which they struggled to make sense of life and other people. Ideas about attachment and trauma enabled us to make sense of the problems we encountered, but did not account adequately for the determination and grace with which the children applied themselves to the work of their lives.

The concept of resilience delighted us. Here was a way of thinking about the process of living a life that embraced the many strands of vulnerability and resources that interact to produce the individuality of each person’s response to adversity. Resilience is not invulnerability (Schofield, 2001), but it is the capacity of the child to adapt constructively to life after injury. We could see that children always do adapt, but that some adaptive processes were actually more maladaptive than constructive. Children could be locked into responses that had enabled them to survive in the past, but that now were seriously detrimental to their quality of life.

It became clear that we could perceive our life with the children as centred around promoting resilience (Gilligan, 2001), and that defining our shared life in that way would be of benefit to the whole family. This was also a way of thinking that could do justice to the full range of human potential. Human beings develop a subjective internal world in the context of a cultural milieu, and constrained by the objective facts of their personal genetic inheritance and history and the structures of their social setting. Resilience is drawn from all these developmental strands, and can therefore be enhanced by giving attention to all levels of the complex organic system and social network that makes up the world of the child.

Helping a child do well with a piece of schoolwork, for example, could have benefits at all these levels. It might enable the child to reflect on and change their internal self-concept, create some change in the cultural setting of school-friends and peers through being perceived by others as more able to achieve success, and the combination of the achievement and the change in self-presentation might also enhance the interaction between the child and the formal structures of the school. Such small steps and incremental changes do seem to have the potential to create much larger changes in the personal and social resources available to the child. The positive chain reaction that interrupts the downward spiral in the life of a child can grow from very small beginnings.

In conclusion: the need for theories and models in child care
Foster carers and adopters are living with children who are marching to the beat of a different drum. Children’s internal
models of the world are not immutable, they are working models, but they are very powerful; and the more extreme the circumstances under which that model first formed, the more difficult it will be for the child to make sense of a different world. Trust is an issue for children who have lived through such adversity, whatever their temperament, and stress and shame are often overwhelming. The disordered reactions of terror and rage and dissociation that follow trauma are also issues for daily life. Carers can be overwhelmed. Yet if we can stay calm and maintain our loving commitment we discover that children do find ways to adapt, and that we can help them to develop constructive adaptations and become resilient.

Almost all the words used in that paragraph are abstract; I cannot give you a bucket full of trust, or show you terror or rage or resilience in a jar. Yet these abstract concepts can have a great impact on day-to-day life for families caring for children who have survived early adversity. If we cannot make sense of our lives, we become unable to live them healthily (Frankl, 1955), and it is very hard for us to make sense of the chaos that often comes into our lives with the children. Child care needs theories and models, so that carers can make order out of chaos and can find inspiration and energy to apply themselves with full and loving commitment to the puzzle of the child.

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