Attachment Theory as a support for foster carers and adoptive parents

Introduction
Early in the 20th century, a four-year-old boy experienced a traumatic separation from the nursemaid who had been his primary caregiver since birth. This experience was deeply painful, but also pointed him towards his future lifetime’s work. Talking to his son many years later he recalled that he was ‘sufficiently hurt to feel the pain of childhood separation – but not so traumatised that he could not face working with it on a daily basis.’ (Bowlby, 2004, pp 12–13). John Bowlby, as an adult, would devote himself to the development of the theory of attachment. While many other experiences also shaped his thinking, the impact of separation and loss of caregiver on a child remained the question he most wanted to answer. This fact alone provides a reason why this theory is so important in helping us to understand and parent children growing up in foster and adoptive homes. All of these children share one thing in common with John Bowlby – they have suffered the loss of an early caregiver.

Attachment Theory is one among many theories that try to explain the progress of a child from pre-birth to adulthood. In these notes I am privileging Attachment Theory as important in helping us to understand the children who grow up in foster care or within adoptive homes. Attachment Theory is concerned with the early years of life, the time of life that is most troubling for fostered and adopted children. The impact of this early experience on later social and emotional development, and subsequently on cognitive development, is explained within the context of these early relationships.

Consultation for foster carers and adoptive parents drawing upon an Attachment Theory framework can be highly supportive. The parents often seek consultation with a mental health specialist because they are perplexed by the behaviour of the child or young person they are caring for, are concerned by the lack of progress they are making and find particular behaviours or attitudes of the child especially troubling. Often the parent is feeling a great sense of inadequacy or failure in their ability to parent. Others seek reassurance and an opportunity to fine-tune the way they are caring for the child. A consultation meeting can provide a forum for reflection on the day-to-day behaviour and progress of a child within the context of their early experience. This can provide new understanding of the impact of early and later experience on her or his current relationships. The carer may be left saddened by the depth of difficulty the child displays, but with a renewed conviction that they can make a difference even though progress may be slow.

Case study (1)
Mr and Mrs Brown sought a consultation for their ten-year-old adopted daughter, Charlotte. They were feeling manipulated by her changeable attitude towards them. Sometimes she could be helpful, caring and compliant but would then switch to being difficult, defiant and rude. They could observe no particular triggers for these changes in behaviour and felt that their relationship with her was at the mercy of these changing moods.

Within the consultation we explored the development of this pattern of behaviour over the last four years. When Charlotte first arrived she appeared a cheerful child, always willing to please. Mr and Mrs Brown were delighted with how well she had settled with them. Gradually, however, she became more moody. She would demonstrate phases when she was at the mercy of these changing moods.

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tions home. The discussion within the consultation explored how this early attachment experience had led Charlotte to fear the loss of caregivers, a fear that was increased in intensity if she displayed her own need for care or nurturing. Charlotte learned to minimise her display of attachment needs and to present a falsely positive affective state to those caring for her (avoidant attachment style). Mr and Mrs Brown witnessed this when Charlotte first came to live with them. But over time Charlotte felt more comfortable with them and began to be more straightforward in the way she elicited care and comfort. It appears, however, that as she came to feel close to them she became more frightened that she might lose them. Careful thought and discussion identified a pattern of behaviour within which Charlotte would relax and feel comfortable leading to a developing closeness. This would then increase Charlotte’s anxiety, displayed via her more defiant, difficult behaviour. Mr and Mrs Brown would withdraw a little emotionally as they felt hurt and rejected by this change in behaviour. At times they became angry with her. Sensing this withdrawal and disapproval, Charlotte would become frightened. As this was more reminiscent of her early experience, she would again adopt the relationship strategies of compliance and cheerfulness that kept her safe as a young child.

Mr and Mrs Brown began to understand the cycle of behaviour Charlotte was displaying and how this related to her early experience. This insight led them to realise that this was neither an outcome of their failure with Charlotte nor indicative of Charlotte’s dislike for them. They had wondered whether their home was right for Charlotte; now they felt that they had a lot to offer and hoped to help her be more confident in them and able to trust that they would be there to support her when she most needed it.

Understanding the influence of early experience on the way children and young people respond to the parenting offered by their foster carers or adoptive parents can help us to make sense of the complex and often destructive relationship patterns that develop within these homes. The task for the parents is to adapt their parenting in a way that allows different patterns to take root, leading the child to be confident in the availability of care and support when needed, and able to elicit this care in a straightforward way.

Case study (2)

Mrs Jones is fostering her five-year-old granddaughter, Kathy, because her daughter’s experiences with drug and alcohol in the context of a relationship of domestic violence and abuse has meant that she is not able to be a safe parent. Mrs Jones is bringing up her granddaughter as she did her own children: she believes in firm boundaries and discipline and has high expectations of what Kathy will be able to do. However, she is struggling to manage Kathy who is increasingly needy of her attention. The more Mrs Jones encourages her to develop some independence the more Kathy is clingy, tearful and insecure.

Mrs Jones is attending a group about caring for children with attachment difficulties. As she learns about Attachment Theory she begins to recognise Kathy in the description of children with an ambivalent and resistant pattern of relating to caregivers. She also realises that her way of parenting is perpetuating this pattern. The more she encourages independence the more Kathy fears losing her availability. As she proceeds through the group, Mrs Jones learns new ways of helping Kathy to feel secure. While boundaries and discipline are still important she learns to provide this with more acceptance for Kathy’s needs. As well as being the disciplinarian, she also becomes her secure base, a base that is predictably available, allowing Kathy to relax her vigilance and begin to look outwards of the relationships. Mrs Jones still encourages some independence but she reduces her expectation of this, and learns to recognise when Kathy’s attachment needs are heightened – times when she needs more continuous attention and availability from her. Specific strategies, such as providing attuned responses to Kathy’s emotional state, paying attention to relationship repair following times when they get cross with each other and avoiding confrontation by providing
empathy, alongside discipline, all strengthen the more secure relationship that Kathy is now experiencing. Kathy is responding well to this different approach and seems a generally more cheerful and confident girl, both at school and at home.

**Conclusion**
The attachment relationship is the foundation relationship of a child’s life. While later experience will influence and even alter the child’s developmental pathway, it is likely that the early relationship will continue to impact on this. For children living in foster care or adoptive homes these early experiences are likely to be difficult, as children experience separation and loss of biological parents, often following an experience of inadequate and sometimes frightening parenting.

Often these children grow up with attachment difficulties, making it harder for them to settle into their new homes. Attachment Theory can provide us with a framework for understanding the resulting behaviour of the children. It can also provide guidance about ways of parenting the children that fosters increased trust and feelings of security. Within environments of responsive, available care, the children can begin to recover from early experience and learn to organise their behaviour around their belief in the continued availability and trustworthiness of their foster or adoptive parent.

**References**
Bowlby R, Fifty Years of Attachment Theory: The Donald Winnicott Memorial lecture, London: Karnac, 2004