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### ARTICLES AND DOCUMENTS

#### Foster care

## Foster care : structure, dynamics and support

### Serge Escots

#### What is foster care ?

This question can be answered on at least two levels : first on a social level then on a structural level.

On a social level, foster care is a system with social and therapeutic goals that allows children and adults, who for various reasons can't maintain and go on with their development as human beings in the environment they live in, to be taken care of in a family that is not theirs.

This is valid for children unable to grow up with parents who have social difficulties or more or less severe psychological sufferings, and also for adults who suffer from addiction, loss of autonomy or any troubles altering their being.

On a structural level, the essential elements describing foster care are :

- A family fostering as a *family*.
- Love as the emotional condition of the meeting.
- A third party, guarantor of the framework.

The expression 'A family fostering as a *family*' means that it is from their familial identity that the desire to welcome someone is formed. I will distinguish all the cases where other types of desire to foster someone appear. I think of couples of educators or psychologists where the professional identity prevails over the familial dimension, non-traditional reception centres (or residential care services) are good illustrations of this. Those modes of reception are particularly interesting but

they are of a different nature and involve other types of phenomena, especially concerning the link with the framework. This point constitutes the third founding element of foster care: the third party guarantor.

It is not honest to talk about foster care if there is no real, not only present, third party symbolising an external framework to the relation carers-looked after. A third party actually present means present in the mind of all the protagonists, and in particular in the mind of the carers. Sometimes in foster child cases, the lack of a present third party in the mind of carers and looked after leads to unspoken adoption. In numerous cases, the absence of a third party leads to relational difficulties and to behaviours and sufferings harmful for all parties. Experience shows that it would be unfair to let people believe that it is possible to do without a third party, a real guarantor of foster care.

Any reception of a person or a group of persons in a family that is not theirs, and with its objective guaranteed by a third party is called foster care... on the condition that the psychological disposition of the actors of this system is love... Neither idealised or imaginary love, which is used as motivation by carers, nor humanitarian love, ("We want your happiness and we'll get it !), but love as the biologist, philosopher and epistemologist Humberto Maturana defines it : love « *understood as the emotion that opens the possibility of a coexistence in recurrent interactions [...] is the founding condition of social phenomena. This means that if love is not operational then there are no social phenomena.* »<sup>i</sup>

In this sense, all the social phenomena are not... social phenomena... This is the case with economic relations, which may be founded solely on the exploitation of human beings. We can observe this in specific foster cares where, for example, some adult looked after live in an extension of a building in the backyard, sharing very little life with the carers. This is really a medicalised private lodging and by no means foster care.

### **The effects of foster care**

When dealing with foster care, questions have to be asked: either foster care doesn't produce any effects so why do it? Or it produces some effects and then it is essential to understand how.

These interrogations on the effects of foster care come first in the therapeutic fields... How a family can be therapeutic? The psychological theories tend to see them as toxic. But back into the social fields, the question is embarrassing if in certain cases foster care has therapeutic virtues... What happens to them when the care is social? Vanished? Can we just change the signifier for the potential effects of a relation to disappear? How can we understand these notable therapeutic effects?

I believe that thinking in therapeutic terms is more of an obstacle than a lever to decipher foster care. The term induces an implicit model structured by the duo pathology-recovery, which reduces considerably the phenomenological scope of foster care. So I will use another category of thinking: the 'change'. How foster care produces change effects? From then on, foster care for children and adults with social or therapeutic goals can be apprehended in its "radicality". But first of all, does foster care produce changes?

Experience shows that foster care produces change effects on the looked after and on his carers: singular changes for each of them but also in the familial dynamics of both the carers and the looked afters. The nature and extent of these changes are completely unpredictable yet strictly determined. As for their therapeutic dimension, it depends on the subjective appreciation of the various protagonists: looked after, carer, team, and parents. The fact that a child develops his own identity might be good news for some and a menace for others.

### **Couplings and resonances, the situation of a child in foster care**

An abused three years old child is entrusted to a foster carer for children, and her family, by the Child Welfare Service. It happens that some abuses he had been victim of, took place during body cares. Mrs B, the foster carer, pointed out extremely difficult moments with the child during bath time. For different reasons linked to the context of the judicial report and to the particular organisation of this children welfare department, Mrs B didn't know that « *the child had suffered repeated violence during body cares.* »

As soon as the child enters the bathroom, he tries to escape, he cries and refuses any contact with water. The wash is a laborious moment. Mrs B has more and more difficulties and is torn between the requirements of her position: to care for the child, and the huge distress she feels in him. The child, too young to give any sensible elements on what he is feeling, leaves the carer helpless. She saw it more and more as a failure of her professional competence; it led her to progressively reject the child and came close to abusive behaviours. During a program of professional practices support she exposed her problems.

When asked what were her personal feelings towards the wash or the bathroom, she explained that she lived her childhood in a house without any bathroom and they always had to hurry up and put away the basin she washed in to put the space back to its original use. Later, her family moved and she remembered the large bathtub in which, as a young girl, she could leisurely take care of herself. So after a period in which the bath was unpleasant follows a period where it had become a pleasure.

Mony Elkaïm « *calls resonances those particular assemblies constituted by the intersection of different systems having a common element [...] they appear in couplings [...] between the constructions of reality of the members into play.* »<sup>ii</sup> The sufferings of the looked after child during body care echoed with the carer's unpleasant elements associated with the negative constraints of bath time: the « *Come on !* » and « *Hurry up* » heard in her childhood became injunctions addressed to the child : « *Come on! You have to wash.* » Between the child and the carer, the bathroom setting was organised around painful emotions filled with injunctions, constraints and power struggles. With the support of the team, it was quite simple for the carer to develop the other polarity present in her and offer the pleasurable side of bathroom time to this traumatised child. Consequently, a situation which could have led to a reiteration of abuses, led to a relation open to new promises.

This example illustrates what Elkaïm understands as a « *successful intervention* » which should « *allow to live otherwise the same situation* »<sup>iii</sup> This is the nature of the change in foster care. This

is from the psychological elements which structure him that the looked after gets in contact with the carers. How are the carers, with the psychological elements that determine them, going to allow the looked after to live differently the situations and types of relations that alienate him ? It will at times be without being aware of it, at other times consciously, and sometimes it will be with the help of the team supporting the foster family.

### **Structure and dynamics of foster care**

Let's analyse the structure and dynamics of foster care. It is actually about understanding the evolution of the processes and their development over time. The age of the looked after, the reasons of his being fostered and its purpose intervene in the configuration of the dynamics of each fostering. It is nevertheless possible to bring out constant dynamical mechanisms.

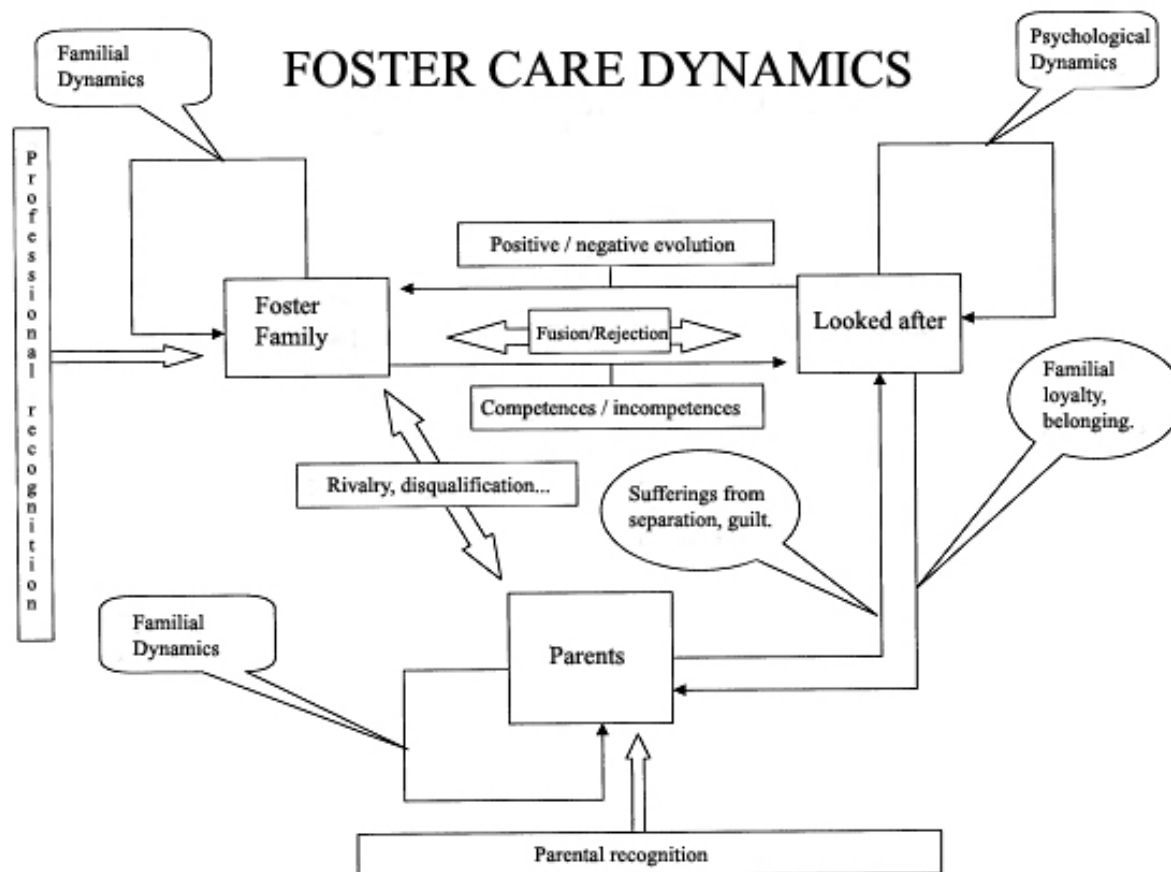
Myriam David has identified two consecutive movements constituting the dynamics of foster care: the idyll and the violence/disillusion.<sup>iv</sup> These phases aren't always easily noticeable in their successions and are sometimes terribly tangled up. The first phase takes place in a delusional spirit in which every one tries to show himself in his best light and tries to fit for the meeting: this is reciprocal seduction and mutual adaptation time. The carer's desire to help meets the desire to be helped of the looked after. The carers welcome him with satisfaction and are fulfilled on multiple levels by this person who matches their idealised expectations.

But the idyll doesn't last and the disenchantment is as strong as their idealised commitment. The idealised looked after shows his true colours and gets real, especially if the sense of his presence in this family and his links with his own family have been concealed, denied or repressed.

At that moment, the looked after may express an unsuspected attachment to his family or to his past life. He sometimes regresses, shows symptoms, clashes, criticizes the carers or refuses their tokens of affection. The helpless carers may be overwhelmed by this puzzling distress, which - if not properly answered - may throw them (carers and looked after) in an affective and relational chaos dominated by guilt and abuses. On the other hand this phase is a decisive moment for the fostering, once overcome it leads to new developments of the confrontational position of every one.

Some social workers think that the presence of a team is more important during the disillusion phase than during the idyll phase when the passionate nature of the meeting keeps them at a distance. This is precisely why it is essential to make support available to assist the very beginning of the relationship in order to limit both the passionate processes and the hostility that follows.

The dynamics of foster care would remain incomplete if we couldn't clarify the elements and the mechanisms at play.



The diagram represents the main operating elements and the organising structures of foster care. Three elements out of the four that condition foster care are represented: the looked after, the carers and the parents. Please note that there is no point here to talk about blood or birth family, as it is commonly done, in correlation with foster family. Besides, the carers aren't a destination family for the looked after nor an artificial or supernatural family. 'Parents' should be understood in its ascending dimension: parents of children, or in its descending dimension: child of fostered parents (fostered senior citizens).

The team of professionals who supervise and support foster families doesn't appear here in order to simplify and make the diagram intelligible. The position of the team could be written on the back of the diagram in connection to all its elements.

Each of these elements is determined by its own dynamics (relational dynamics, mental structure), which are transformed by the recurrent interaction to which they participate within the foster care dynamics.

Besides, when talking about foster care, the anthropological question of the recognition of oneself holds a central value in the subjective and relational dynamics. The professional recognition of the carers and the parental recognition of the parents are two dynamical polarities that fuel the relations during foster care.

Strictly speaking, the dynamics are in my opinion an alternation of movements more or less distinct or tangled up of *fusion* and *rejection*, more or less important in their respective extents. These movements partly match the idyll and disillusion phases described by David<sup>v</sup> within child foster

care. *Fusion* and *rejection* are considered globally as two polarities of phases describing the relation carers - looked after. The *fusion* is to be understood as union and refers to notions of absorption and integration of the looked after into the foster family and of the foster family in the mental world of the looked after. Without drawing on the sense that dynamic psychology gives to the term fusional relationship in its pathological dimension; there is de facto, with foster care, a necessity of symbiosis between carers and looked afters, understood here as *a lasting and beneficial association of two living beings*. This natural and necessary situation in foster care has to be distinguished from some fusional relationships, which sometimes set in, and are hardly beneficial on an affective level. In other words: which benefit only to the suffering part.

The *rejection* has to be thought as the opposite movement of the *fusion*, meaning it consists in rejecting what we absorbed, integrated. If fusion opens to union, rejection leads to separation.

This structuring polarity constituted by the affective and relational mechanisms of *fusion* and *rejection* organising the relation carers-looked afters goes beyond child fostering and refers to all foster cares including the fostering of adults, with social characteristics, seniors or disabled persons.

In a movement of fusion carer-looked after, essential to set up the fostering, the intrapsychic's dynamics of the looked after are modified. It activates a series of behaviours towards his parents, which may be perceived as a distance or even rejection, promptly understood as a loss of affection. This point affects the familial and personal dynamics of each parent as it activates, from case to case, the parental narcissistic wound and the self-esteem, calling up feelings of guilt and sufferings. These affects will of course produce, in turn, a series of attitudes towards the looked after but also possibly towards the foster family and/or the other professionals. Depending on the nuances of the personality and the familial structure, they will be expressed through aggressiveness, depression, rivalry, disqualification, etc...

The looked after has *to do with* the attitudes of his parent and what he perceives of the intrapsychic movements these attitudes cover. A possible approach may be to reject the foster family by manifesting regressive movements, symptoms, depression or on the contrary aggressiveness, depending on his mental organisation terms.

This is at this moment that the foster family, after having been gratified by the positive behaviours of the looked after, answering his need of professional recognition, has *to do with* what is sometimes felt as rejection from the looked after, leading to the carer reconsidering his personal ability. Without a detection of these dynamics, the foster family may very easily be tricked and be concerned by what is not really addressed to them, even more if during the *fusion* (idyll) the carers took credits that didn't belong to them. The family may, if it doesn't feel secure enough, minimise those difficulties and not talk about them to the team.

The competence of the foster family should not be measured in relation to the looked after's behaviours at the risk of serious subsequent disappointments. It is its ability to team up in order to meet the looked after's needs, to think them, to talk about them in groups that constitutes the foster family's real competence. The team should make sure that the foster family is sufficiently recognised on this level, in order to circumscribe the natural inclination to find recognition in the

relational and mental movements of the looked after. This loads considerably the looked after as he has not only to answer the expectations of his parents but also those of his foster family. If these dynamics last, this is no longer a child or an adult split between two subjective situations, symbolised by two locations and charged with multiple identifications, but a foster child or adult really torn by the tyranny of two narcissistic desires.

As we can see, the professionals have an essential role. A foster care consultant should be able to identify himself to these different situations of the looked after, in order to contain them and help him find the resources to face them. He should also help the carers to identify the movements in which the looked after is tangled up and help them get free of painful mental investments, as much for the carers as for the looked after and his family, and if need be, facilitate the access to other resources than himself. A foster care consultant should also be able to accomplish the same type of work with the looked after's parents, working on their position in the dynamics of the fostering and on the effects of their position on the looked after. The point is not for him to treat their personal, familial or parental issues but to help them think the link they have with their child or parent (under or over 18), from this new position created by the fostering in a family. It is about helping them to allow their fostered child or parent to pursue their development in their different housings and to feed on these different links.

A consultant cannot implement the whole undertaking by himself. A team is essential.

#### **The function of the team: framework and sense**

Foster care implies a "displacement" for the looked after. This real displacement always comes with a displacement of the sense in the imaginary, as an attempt to master the painful accompanying affects. To be able to comprehend the sense of this displacement is an essential condition of the fostering success and gives it its "therapeutic" relevance. "Why do I have to live here?" in other words: "Why this displacement?" is a central question for the looked after.

The answers to this question always have the subject facing causes more or less difficult to accept or affects painful to bear, and they expose those who don't ask themselves the question to psychological costs varying according to the motives leading to their fostering.

For its part, the foster family, in order to facilitate the integration of the looked after, may be tempted to, without its knowing, do everything possible to spare him the confrontation with this painful part of himself. The foster family and the looked after might then build together a new sense of the fostering that would be less distressful for him, and more rewarding for the family. Indeed the natural inclination of the looked after to refuse to know much about this displacement may sometimes meet with fostering motivations insufficiently elaborated.

In those situations, the function of the team is essential and the building of its space is imperative. The sense or meaning of the fostering cannot originate from the carers-looked after relations, without a reference to an external project, at the risk of nullifying the fostering and its profits. The constant attempt to shift the meaning of the relations by denying the fostering project is a structural tendency of foster care. The role of the team is here vital: to maintain foster care as the framework of interpretation of the carers-looked after's relationship.

The presence of the team brings the institution to life. The « instituted » dimension constitutes a reference outside the specific relational dimension between the looked after and the family. The existence of the team reminds the looked after and the foster family of the sense of their meeting. One could say that the team is a frame of reference in a semeiological sense, as it constitutes a set of markers to construe the personal experiences of foster care. Because beyond the notion of origin, the system of reference is foremost a system of interpretation. It guides the sense that one should attribute to signs. In foster care, the relational phenomena should be analysed according to a symbolic main line allowing us to avoid the traps of the imaginary and its repetitions. This symbolic dimension builds itself from the institution and its modes of organisation. The institution, through the framework it offers, opposes to the almighty affective relations of the imaginary, the anchorage to a reality made of laws, rules and social customs. The team opens closed doors and unveils the affective relations of foster care to an outside reality from which it eventually finds its justification. The team works on the detachment of the foster care's imaginary by promoting the elaboration of the meaning of displacement.

How can we manage those functions? By being attentive to what is at issue for the looked after and to the couplings setting up during fostering. By being vigilant to the space the family offers to the looked after: the family should never be anything else than a family fostering him transitorily, with its wealth and limits, which is already considerable! By supporting the family having problems to put up with this part of suffering in the looked after, coming out in multiple ways, sometimes painfully. By helping the carers to assess that what is unbearable in the looked after wasn't designed for them and that they can't fundamentally do much about it.

This is through an effort of attention to the relational challenges between the foster family and the looked after that the function of the third party appears. Efforts of attention, vigilance and intervention with the looked after and the foster family which aim at limiting the foster care's own mechanisms of *fusion* and *rejection*, previously outlined.

This function has also to support and backup the personal experiences of every one, to reassure the looked after facing frightening and confrontational affective movements which he is unable to explicate. The function has also to acknowledge the work of the carers dealing with the symptomatic manifestations of previous relationships replications.

The team has different opportunities to exist as a third party. From the recruitment, when every one is unknown to every one, to the team's interventions during assistance, there are a large number of opportunities to develop this function. Actually, it is during each meeting with the carers or the looked after, and in each decision taken by the team that the function has to exist.

It is essential to be able to occupy this third party role before the fostering starts. To this effect, the recruitment is a crucial moment for the positioning of the team and the foster family in their respective spaces.

The team's functions in fostering are fundamental. If they are not properly carried out, the foster families damage and exhaust themselves, the fostering cannot go on and the benefits that the looked after is awaiting may disappear; it leads to destructive repetitions.

**Structural couplings and foster care: the case of a therapeutic fostering of a drug addicted adult**

A young man, of about twenty, had been using drugs for some time. His mother noticed it and dragged him from psychologists to hospital departments, so that, at last, they cure him and put an end to *“the nightmare”*. One day they are offered to have him leave for a therapeutic sojourn in a foster family.

One of the young man’s problems was that he thought his mother and father had nothing to do together, and he suffered from it. His father was *“spoiling”* his life with this woman. Besides he could bear her no longer: *“She’s always on my back”*. About his father, he thought: *“he could take more care of me”*.

The family fostering him was a *“young couple”*, both in their forties, and at the time, they had been together for little more than a year. It was their first fostering as a couple but the man, on the other hand, had already fostered before with the same foster care service.

In a very short time, the relational situation within the fostering became difficult. The woman complained about the young man. The man agreed the youngster was far from perfect but he thought he was: *“also pleasant and he should be given a chance; he had been there for a short while, after all”*. The coalitions got stronger and more and more rigid so that an intervention of the team was needed to offer to put an end to the sojourn.

The woman was satisfied by this decision; the young man was leaving. The man wasn’t satisfied, he thought that by letting the boy go he *“hadn’t done enough”* for him. Furthermore, conflicts within the couple had considerably increased during the short period of the fostering. Not long after the fostering was ended, the team learnt that the young man had returned to the man’s place and that the couple had broken up.

In this example, what happens to the foster family is a change linked to the interaction with the looked after, but totally determined by the structure of the couple; i.e. by the state of the real relations of this couple, as a couple and as carers. The looked after, understood as a determinate system, has amongst other things, developed during couplings with his own family the belief that sometimes couples are badly assorted and that they’d better break up.

The day he meets the foster couple, the resonance is strong on this topic. The young man, in this relationship, is going to check this belief, result of past interactions, and apply himself to have each member of the couple go through it. Let’s note that both of them, in the couple, applied themselves to validate the young man’s belief.

All the structural changes linked to the relationship between the looked after and the couple did not allow the couple to preserve its organisation<sup>vi</sup>, i.e. the maintenance of the relationship defining them as a couple. In this case, the couple’s identity ceases and the couple breaks up. The young man has not *separated* the couple. And the couple didn’t *need* the boy to break up. The organisation of the couple didn’t take on the field of disturbance<sup>vii</sup> represented by the way the young man interacted with them. This boy’s attitude was one possibility amongst others allowed by the story of his life. This one emerged with the foster couple. This is the specific coupling between the looked after and the family, which, by the nature of their respective structures, did not allow the couple to retain its organisation in this specific context.

The recurrent interaction with the environment is the source of disturbances for the system. In order to compensate for the distortions linked to the disturbing interactions with the environment, the system selects, amongst the possible structures, those that allow to maintain its organisation. This type of transformations is called: structural coupling.<sup>viii</sup>

The structure is subject to transformations, essential to the preservation of the system's organisation and this is the invariance of the organisation that determine all the transformations the system can undergo without losing its identity.<sup>ix</sup>

We have seen previously that when the bringing together of the looked after and the foster family does work, the foster care generates transformations for all parties. Those transformations are not predictable and no selection or choice of the foster family could ever guarantee neither the profits nor the possible curses.

It presents an ethical imperative: a responsible commitment of the team to the foster care, as the one and only possible guarantee; i.e. the assistance of the transformations likely to evolve towards a development of the looked after and the carers

### **Practical and ethical consequences**

If foster care has any interest in social or therapeutic fields, it is because foster care is susceptible to produce change. But to talk about changes in foster care amounts to assume that foster care is potentially generating effects on those who profit from it. And particularly of profitable effects for the one supposed to be the beneficiary: the looked after. The effects of foster care are actually the structural transformations undergone by the looked after to compensate the disturbances inherent to the specific interactions he is involved in with the foster family. Those structural transformations may be described as positive or negative, this is the observer's point of view. For the looked after, those transformations only aim at preserving his identity and his adaptation to the various systems he belongs to, his family first: but also the other systems he has significant relations with (children welfare, legal protection, hospital, guardianship, medical services, etc.).

The structural modifications of the subject reach their limits in the bounds of his organisation and are strictly defined by the history of his previous couplings; in other words, his past relationships and the kind of links structuring him.

As a system determined by the structure, a fostering family and all its members, are subjected to disturbances linked to the recurrent interaction with a looked after. On that account, each member undergoes structural transformations to compensate the effects of these disturbances. In certain instances, the nature of those disturbances may lead to the loss of the organisation of the system, and then to the dissolution of the foster family, (as a family doing foster care), resulting in some families putting an end to fostering. Sometimes the family's organisation is modified, putting an end to the material organisation of the family (breaking up of couples, children leaving).

Using foster care presents numerous benefits, but if one wants the effects of fostering to be real therapeutic effects, it requires special care in the professional assistance of its realisation. Though totally determinable, the structural couplings between the family and the looked after are strictly unpredictable. The ethical consequences are that the person in charge of the foster care has to

commit himself to ensure *effectively*, the support. Because even if the task of setting up the fostering is fundamental, it is the intervention all along the foster care that constitutes the main part of the support. Intervention in foster care is always “in reaction”. Besides, if the structural transformations affect the carers, a support to their commitment is imperative. This is a major issue of the support.

No selection of fostering families will ever guarantee the nature of the couplings with the future looked after.

Each new human relationship has us facing uncertainty. Foster care, as a means of change can only be a bet and thus a commitment. This is where lies its active virtue, what’s the alternative?

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<sup>i</sup> Maturana, H.R., *La Biologie du Changement*, in Cahiers Critiques de Thérapies Familiales et de Réseaux, N° 10, 1989, Privat.

<sup>ii</sup> Elkaïm. M. *If you love me, don't love me* Perseus Books Group

<sup>iii</sup> *ibid*, p 167

<sup>iv</sup> David, M. *Le placement familial. De la pratique à la théorie*, Dunod, 2004, Paris

<sup>v</sup> *Op. cit*

<sup>vi</sup> Maturana, H.R., Varela, F.J., (1973) Varela, F.J., (1980) in Varela, F.J., *Autonomie et connaissance, essai sur le vivant*, (Autonomy and knowledge, essay on the living), Seuil, 1989.

<sup>vii</sup> *Ibid*

<sup>viii</sup> Maturana H.R., *op.cit.*

<sup>ix</sup> *Ibid.*