
Meeting of minds Using the Tavistock model of child observation and reflective group work in the advanced training of foster carers

The task for foster carers is complex and emotionally demanding on many levels. A crucial aspect of maintaining a successful placement is that carers have developed the metacognitive skills for thinking about the foster child's mind, to mentalise and resist their own impulses to react 'unthinkingly' in the face of sometimes extreme provocation. **Leslie Ironside** describes a training for foster carers, rooted in clinical practice, which promotes this reflective state of mind. The effectiveness of this training is enhanced by group work and is therefore also efficient in the use of a child mental health clinician's time. This article describes the theoretical underpinning of the training and uses a case example to illustrate how experiential learning in a group can powerfully bring the practical and psychological challenges of the fostering task into the reflective space. The cohesion and mutual trust within the group are shown to be of critical importance for enabling personal exploration. The model is potentially replicable in any local area where there is the availability of suitably experienced child mental health professionals.

Dr Leslie Ironside is a Consultant Child and Adolescent Psychotherapist and Director of the Centre for Emotional Development, Brighton, UK

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A foster mother's description of a child in her care:

Slowly I was becoming a different sort of mother than I expected to be. Looking into DeeDee's eyes, when I felt most distressed by her, I saw an image of myself as I didn't want to be. Slowly I came to see how hurt children hurt the parents who care for them. Did it matter that I had not created DeeDee's problems, that I was innocent of her mother's inadequacies? It did not. I lived with the outcomes and was changed in ways I had not expected. (Crittenden, 2008, p xii)

Introduction

Fostering children can be extremely testing for carers and a great deal of

thought needs to be applied to their training and support in order to help them to contain and best manage the sometimes severely traumatised children in their care. One very crucial aspect of a successful placement is the development and maintenance of a 'reflective space' in the mind of the carer. This space is of crucial importance in terms of the psychological development of a child (Fonagy *et al*, 1994, 2004)¹ and can be severely eroded through the pressure of problematic and unpredictable daily experiences. Without the capacity to reflect on the child(ren) in their care and make emotional meaning from their behaviour, foster carers may be unable or unwilling to maintain a child's placement or they may provide for the physical needs of the child but be unable to provide for the child's emotional and psychological development.

The capacity to reflect upon and understand the mental state of oneself and others that underlies presenting overt behaviour is also known as the ability to mentalise (see Midgley and Vrouva, 2012). It is this capacity that enables people to perceive and interpret human behaviour in terms of internal, intentional mental states. The ability to mentalise also heightens an individual's psychosocial development and resilience (Fonagy *et al*, 2004).

Keaveny *et al* (2012, p 103) usefully introduce the mentalising task in their work with families in an everyday language for young people in the following way:

What you have just been doing is a key skill that we use to help us get along

¹ This capability of a mother to reflect upon her child's mind is variously referred to in terms of her insight, her reflective function, her maternal mind-mindness (Meins *et al*, 2001) or her ability to mentalise (Fonagy and Allison, 2012).

with people, and it is one that we really try to concentrate on in our work here. Surprisingly there isn't an existing word for the skill we're trying to practice here, even though we all kind of know about it and we even know a bit about which parts of our brain do this job. So instead we sometimes use a new word – we call this 'making-sense-of-why-a-person-is-behaving-this-way-by-imagining-what-is-going-on-in-their-mind – 'mentalizing' [original in bold].

This skill can be deeply eroded in the face of the emotionally charged situations which can occur in the fostering relationship and it is the development of this skill, both in terms of (a) thinking about what is happening in the mind of the carer and trying to help carers to understand their own mental experience, and (b) developing an increased understanding and recognition of the importance, within the fostering relationship, of 'keeping the child's mind in mind' (Midgley and Vrouva, 2012, p 2) that this training aims to develop.

The development of this ability to mentalise as an adult is complex, but it is understood to be related to having had the childhood experience of secure adult attachment figures who are themselves able to mentalise (Fonagy and Allison, 2012). A foster carer's capacity to mentalise is then something of crucial importance in terms of a foster child's developmental path, but a carer's capacity to mentalise is also related to their own developmental experiences. Some carers may not have had a secure upbringing but may have developed a good-enough ability to mentalise as an adult, other carers may, of course, find this a more difficult task owing to their own experiences.

The training draws upon principles from psychoanalytic thinking and infant observation (Miller *et al.*, 1989) and aims to aid the maintenance and development of this reflective space in the minds of the carers through an experiential group

learning experience.

For the eight-week duration of this training, foster carers attend a two-hour weekly group and are asked to observe and complete a weekly process recording of a half-hour interaction with their foster child to present to the group. The psychoanalytical concepts of transference and counter-transference are explained to the carers and they are encouraged to be aware of, and to note, the thoughts and feelings created in them through their interaction with the child during the observational time. In the group discussion, great emphasis is then based on the importance of these observations as they can provide some insight into the inner emotional worlds of the child(ren) in their care. The hypothesis is that if the feelings created can also be seen as a communication, and be thought about from this perspective, this can add an additional dimension to the understanding of the children and their behaviour. The foster carers are expected to maintain this weekly observation at a consistent time and for the duration of the course. At the end of the group each attendee will have completed six written detailed recordings of their observations, one of which will have been presented to the group.

The group is open to up to six carers² and a different child is presented each week. The first meeting is used to set the scene and the experiential experience of starting something new and unknown, and the excitement and anxiety this creates, are also explored and thought about. This experiential aspect of the learning experience provides a backdrop to the whole learning experience and matters are addressed each week as they arise. The last meeting is used to reflect upon the experience of the training as a whole; the experience of ending and managing loss and change is also explored.

The learning experience is therefore complex and expected to work at various levels:

² The number of attendees and therefore duration of the group can of course be adapted but I feel that six is about the optimum number.

- as a ‘developmental training’ in observational and reflective skills and designed to enhance these skills;
- as a consultation space to think about each child with an experienced mental health professional;
- as a means of enhancing self-awareness through being part of an experiential group with other experienced carers and a facilitator. This is an explicit and important function of experiential learning in a group.

An experiential learning group like this is effective, inexpensive, relatively easy to organise and has the advantage that facilitators can often be found at a local level. The facilitator of such a group needs to be:

- experienced and confident in working with foster children and foster carers;
- informed in terms of psychoanalytic thinking and practice;
- informed and experienced in terms of facilitating groups and able to work experientially;
- informed and experienced with the model of infant observation.

The group facilitator will also need support and supervision in this task in order to safeguard his or her own reflective capacity and ability to contain, understand and mentalise.

Setting the scene³

Consider the following. Sam was an eight-year-old child with a history of chronic neglect and physical, sexual and emotional abuse. He had been in foster care with his younger brother, Jack, for four years. His foster mother, Louise, described how his behaviour, when he first came to live with them, was unbelievably challenging, boisterous and at times physically and verbally aggressive. He was described as being attention-seeking, controlling and

constantly requiring a high level of stimulation. He and Jack were described as enjoying winding each other up and both were seen to have short fuses. With his peers he found it difficult to judge how to behave appropriately and usually viewed himself as the victim in situations where his behaviour had been that of the aggressor.

He was also seen to be a child who wore his heart on his sleeve and had always been quick to show his emotions openly and demonstratively, whether they were of joy, anger, frustration or upset. He would vent his anger and frustration by shouting, screaming and hitting out at people, particularly at Jack, and shortly after moving to this placement he knocked Jack’s tooth out.

He would also often hit the foster carers’ daughter, Naomi, who was three years older than Sam, and sometimes around the head. He would sit on her and once left teeth marks on her bottom and pinch marks on her stomach. This level of aggression caused the foster carers to have many sleepless nights and led them to really question the viability of the placement due to the effect on Naomi.

Initially Sam was also particularly anxious at bedtimes. He would insist on sleeping in the same bed as Jack. This was always a difficult time leading to ‘attention-seeking’ behaviour.

About six weeks after being in care both the children attended medicals. They were seen separately and both refused to remove clothing to be weighed or checked.

After Sam had been in the placement for three months, he came out of school laughing and showed his foster mother his reading book with a picture of a hippo with a duck sitting on its belly in a bath surrounded by bubbles. He said, ‘Look they are sexing.’ A month later, Naomi came to her mother crying because Sam had pulled her pyjama bottoms down. Sam thought this was funny. The foster parents told him that

³ In order to retain respect and anonymity, throughout this article identifying details have been changed while maintaining the main structure and thrust of the dialogue and observations.

this was not a nice thing to do and that he had to say sorry to Naomi. The next evening he did the same thing again. Sam said it was only a game. The foster mother replied that it was not a nice game and they did not play those games in this house. He replied that he played that game in his house. The next evening he threw a book at Jack's head and then pulled his trousers down. A year later, Sam made an allegation of sexual abuse against his mother's partner.

Sam's behaviour was markedly aggressive and abusive. He seemed to teeter on a knife edge between, at one moment, being seen as an abused child who needed protection and sympathy, and at the next moment an abuser who 'should' be punished.⁴ At the beginning of his placement the professionals involved with him were not very optimistic about the trajectory of his development. Four years later, however, Sam was seen to be a child who responded very well to the firm, consistent boundaries provided by his carers and in the time he had been in the placement he was seen to have made considerable progress in managing his behaviour and developing social skills. There was now a great deal more optimism within the professional network about his future and the probability seemed much higher of his following a much less fractured and difficult developmental path.

Louise also described the price they had had to pay as a family for this progress and how hard it was to express the true level of impact that fostering Sam had had on them as a family. They felt that they could not adequately explain to non-foster carers what they had been through as the usual reply was that their 'birth kids' do exactly the same. These carers knew it was not the same. They had had their own children! Louise described how prior to fostering they had been married for 18 years and built up a home that had become a happy, calm, safe and secure

environment. When Sam and Jack came they lost all of these feelings and felt that everything had been blown apart. She described how:

Our personalities had to adapt and change from being gentle, calm, caring and patient to 'bossy, schoolteacher mode' around them. At times it felt like we were living in a battle with them as the enemy. They would pounce on you the moment you left your room in the morning and wouldn't leave you alone, tearing you apart and messing with your mind until they eventually went to sleep at night.

Discussion

Fostering can be very rewarding but stories such as this are not unusual and illustrate in so many ways the adage that it is easy enough to take a child out of a family but it is much more difficult to take the 'family out of the child'. Children who are in care can present, like Sam, as being extremely disturbed and in turn can be extremely disturbing to live with (Fahlberg, 1994; Schore, 2001; Ironside, 2004; Kendrick *et al*, 2006; Crittenden, 2008).

Such children have often experienced what might be best called 'pathogenic parenting' and may have internalised an abusive and/or depriving parental experience rather than integrating an adequately reflective one. Ironically then, for these children, the developmentally important experience of being thought about and reflected upon may then be something that is felt to be quite novel, alien and persecutory. In addition, the children may present as abusive and depriving and, in the more extreme situations and times, it may even seem as though this mental condition is contagious. Foster carers themselves can then, in response to a child's difficult presentation, feel that they are – and indeed they may become – abusive and depriving, and lose the ability to reflect upon

⁴ This change of view is likely to have been linked with Sam's own shifting internal defensive mechanisms whereby he was, at moments, identifying with the aggressor (Freud, 1946) in order to gain illusory control over his circumstances.

their own behaviour. It is at this point essential to think through with carers whether or not this is a passing feeling or if it has in fact tipped into a reality. If this is so, it is then essential that the professional network around the child is able to act appropriately and, if needs be, draw the placement to a close (Sprince, 2000, 2008; Ironside, 2009).

The very nature of the emotional contact between a foster child and his or her carer is also likely to be inherently disturbing in some way. This, of itself, is likely to affect the carer's reflective capacity in some form and render him or her liable to seek ways of avoiding, rather than containing, the emotional effect of living with the foster child. This may be in a passing form or take root in some more extreme and worrying way which, again, may seriously disrupt the carer's ability to reflect upon, understand and contain the presenting emotional and behavioural state of the child (Ironside, 2004). The challenge for the carer, as illustrated by Louise and her family, is to be able to be close enough to the child to experience the often traumatic emotional charge of such a relationship, while also maintaining enough of a boundary and sense of a separate self, not to be overwhelmed by the emotional effect of the relationship. This is the maintenance of an observational and reflective state of mind and it is not an easy undertaking.

Foster children will, by definition, have experienced things as having gone very wrong in their lives. They will have had to function outside of their zone of normative development (Vygotsky, 1978) to a secure and dependable adult carer and are likely to have been traumatised by this. They may also, without such adequate adult support, have had to apply immature psychological processes to threats they were unable to manage (Crittenden, 2008). For the child, it can be as though they have experienced a psychological birth akin to a 'tearing apart' that gave rise to intolerable psychic pain and, in turn, this may have led to a manic defence system.

Regardless of the difficult behaviour

so often associated with children who are looked after, to simply care for and live beside such traumatised children will be emotionally testing. The effect may be unbearable and the desired compassionate process, in which the carer is able to observe, reflect upon and sustain the impact of the child's state of mind, may be needed, but it is *not* the only response to the kind of emotionally raw experience inherent in this work (Ironside, 2008). The foster carer may well feel overwhelmed and so respond in a very different manner.

How to be of help? The development of the training

In my work as a child and adolescent psychotherapist, cases are generally referred to me when things have reached a crisis point, and my usual initial intervention is not that of meeting with the child but meeting with the network of adults involved in the child's care and education, in order to think about the best way forward and join, if not set up, a professional network group around the child to think about how to best manage his or her education, therapy and care. This may lead to offering further consultations or result in individual treatment for the child, sibling work, family work, etc. However, another intervention that I, and other mental health professionals, have found to be extremely useful is to offer meetings for the carers themselves in order to think about how the child is perceived through their eyes (Ironside, 2004). These meetings can serve to enhance the ability to mentalise and to reflect on their own mental states, to psychologically and emotionally contain and think about what is happening, as well as offering management interventions that the carers may try. The aim is to develop what might best be described as a 'therapeutic management' style of parenting and if possible, and if it continues to be appropriate, to help maintain the placement. The working hypothesis is that if foster carers have a space in someone's mind to think about the powerful, and sometimes destructive and denuding, forces that may abound in

the fostering experience, this may help them, in turn, to maintain and develop a space in their minds for the child(ren) in their care.⁵

The training model

This experience with individual carers also led me to think about the value of working with carers as a group as a 'treatment of choice', as I felt that this could create both a learning and a validating experience for the carers. I also felt it was very important to try to take this style of thinking forward in a proactive rather than a reactive way, as a training for carers rather than as a response to crisis.

This training then developed through this clinical experience and is also modelled on the Tavistock training in infant observation (Miller *et al*, 1989). In the training in infant observation, the student is asked to observe an infant in his or her home environment for an hour a week and then to write a process recording of this for presentation in a group with an experienced facilitator. The experience of being such an observer is a complex one and, at times, can be fraught with the difficulties of managing and witnessing sometimes raw infantile experiences and projections. The facilitated group then serves as a helpful 'emotional container' for the sometimes stressful responses that the experience can evoke in the observer.

This training for foster carers echoes this experience and aims to enable foster carers to think about their own responses to the often extremely turbulent and raw emotional environment they find themselves in.

The group training begins with an introductory session and each attendee is sent in advance a paper titled 'Living a provisional existence' (Ironsides, 2004), to be read prior to the beginning of the group. This describes some of the dynamics inherent in caring for foster children and serves to set the scene and begin the thinking process. A timetable

for future presentations is organised at the first session and each of the following ones is used for each attendee to present in turn. When a carer presents to the group, the expectation is that they will supply a brief thumbnail sketch of the child's personal history and that the observation is clearly written or typed and a copy made for each member of the group. The last session is used to conclude the group and discuss the different children and what has been learned from the experience. The exercise of writing such a process recording each week also serves to enhance the carers' observational skills and enables them to take a more detailed view of the complexity of the interaction with the child.

In addition to the presentation, an integral part of the learning is that the attendees are encouraged to also think about their experience in the here and now. What does it *feel* like to join a new group? What does it feel like to be expected to present something as intimate as an honest and open process recording of an interaction with a child and what are the feelings associated with this? How will this be received? How will I be perceived, etc? The group dynamics emotionally experienced within the group are reflected upon from the start and encouragement is given to raise issues such as confidentiality and trust. The experience of being new to something, the anxieties around presentations and, of course, later, the experience of ending are all part of the fabric of the course and add an essential richness to the thoughts about foster children, their experiences of joining a new family and indeed an increased understanding, and reminder, of how anxiety-provoking the educational experience can be for foster children.

From the start, attendees are generally very able to enter into the spirit of the experiential learning in the group and share their personal responses. For example, I have found that there is often a lot of good-humoured banter in the

⁵ On other occasions though, it is important to also be able to recognise that the task may be different and may be that of recognising the necessity of recommending that a placement be drawn to a close.

first session about individual differences, personal histories and preferences around issues like who will risk presenting first? Who likes to get things over with? Who prefers to wait till the end? Who prefers to leave things to the last minute? How to manage the fears and worries of feeling like one is back in a classroom? Will my presentation be good enough? How will my presentation compare with others, etc? And there is often a discussion of the natural propensity to 'act out', with jokes of even 'going off sick' as a way of avoiding doing a presentation. This is all an essential and rich part of the experience, with carers often talking of such things as how important it is to keep a sense of humour when fostering and recognising that when this is lost things have become very dire!

The issues of individual difference and the anxiety of presenting to the group has also always led to an acknowledgment of the infinite number of possible different individual styles of being a good-enough foster carer, and the sometimes seemingly consistent struggle to maintain a sense of self-confidence as individual carers when faced with situations that can really test their inner resources to manage and cope. Carers often describe how this can lead to extreme feelings of self-doubt and loneliness.

Within the group, attention is drawn to the complexity of matters and how such anxieties regarding presenting may well be a very real issue in the here and now of presenting to the group, but that such a *feeling* of self-doubt, when caring for a child, can also be thought about in terms of a communication and a projection of feelings from the child and into them as carers. This draws attention to the likelihood of the probability of a foster child's even more extreme struggle with issues such as self-confidence and self-doubt. This, in turn, can lead to a better understanding of the child's propensity to act things out, perhaps through violence or absconding as opposed to 'being sick', and to the child 'avoiding' rather than 'bearing and managing'

these difficult feelings. In the broadest terms, this can then usefully be thought about in terms of secondary trauma; the foster carers, through the process of projection, feeling something of the nature of the child's innermost and most intimate feelings. The child's presentation can then be seen as a means of communication that needs to be understood as well as best managed and to be an enabling rather than disabling experience.

Experientially, then, the attendees' emotional experience of joining this new group and the facilitators' ability to draw attention to this can lead back to a better understanding of the emotional experience of the foster child that is in their care.

An example of a presentation

Each presentation is unique but in order to give a flavour of the experience, consider the following observations written by Louise in relation to Sam. This presentation offered the group a remarkable insight into how things had changed over time, as she had been writing brief observations throughout Sam's placement and really felt that writing and observing her interactions with Sam had been extremely helpful to her in managing the placement. In the group we then had the privilege of seeing how Sam and the family were moving from a position of extreme turbulence, dissonance, insecurity and persecution to a place of continuing 'high-octane' care, but within a structure of safety and security.

In terms of the experiential group experience, the 'here-and-now' experience of being in this group, Louise was able to address her anxiety as to whether or not her style of presentation would be acceptable to the group and to myself, as the group facilitator, in that she was 'deviating' from the normal path and wanting to present two observations some four years apart. Discussing her anxiety in the group then led to discussion about self-confidence within fostering in general, an acknowledgement and discussion of how difficult it

can be to maintain a sense of individual style and difference and at the same time conform to what is felt to be some 'ideal golden standard' for fostering. All members of the group could clearly relate to these tensions in fostering, acknowledging the danger of this idealisation of some 'golden standard of care' alongside a recognition of the importance of an idea of a standard of 'good-enough care', even if, at times, this is difficult to define and may lead to principles of conformity that may seem petty or draconian as well as necessary. Alongside this, the group discussed how every carer is different and how this created a tension on top of the strain of caring for some very problematic children and how, at times, it feels very hard to feel confident in one's own style and way of raising children. The group discussed how there must be few experiences in the world as lonely as being fostered and, mirroring this, many foster carers can feel, and may become, very lonely, isolated and unsupported.

This is an example of how the 'here-and-now' issue of handling an anxiety about the course led to a much wider discussion of some of the very difficult tensions that foster carers have to manage and that are inherent within the fostering task.

The value of this discussion for itself was acknowledged by the group and, as the group facilitator, I felt that it was important to validate Louise's initiative and listen to both presentations and all members of the group were in agreement with this.

1. Observation from the early days
Sam is four and due to see his birth mother the next day.

The escort came to collect the children to take them to nursery and school. Sam went out of the front door and ran around the house and hid in the back garden. When we eventually found him he began to shout and scream that he hated school and was not going. It took some time to calm him down and heavy negotiations to get him to go. After

school he met with his social worker. He was tired after a long day. Later, bath-time and bedtime were really difficult and both Malcolm, the foster father, and I had never experienced such difficult behaviour. First, he refused to get into the bath and then he refused to get out. Naomi and Jack had already had their baths and were ready for storytime. He shouted, 'You cannot tell me what to do. You're not my mum.' He refused to get out. Feeling at the end of my tether and not knowing what else to do, I emptied the bath and turned the taps hard so that he could not turn them on again. I told him it was his last chance to get out as the story was about to begin and I would not let him listen if he did not get out now. He shouted that he still would not get out and that it was up to him when he got out. I went into Naomi's bedroom where she and Jack were waiting for a story. He went ballistic and started shouting and screaming at the door. Malcolm came up to talk to him. Naomi was upset by Sam's behaviour and asked if we should just let him in and listen to the story. I had been wondering this myself but felt I had to hold the line on things and I told her that if I did, then Sam would think that he could get away with doing what he wanted all the time. I managed to finish the story with Sam still shouting lots of abuse, trying to charge past Malcolm at the door. I came out and Sam shouted, 'I hate you.' He looked red in the face and really hot and bothered. I asked him to get his pyjamas on – he was still wrapped in his towel. He replied, 'No, and I'm telling social services of you! You cannot tell me what to do! You are not my mum.' I said, 'Of course I am not as good as your mum. I will never be as good as her. She is your mum and she is very special to you.' My reply calmed him momentarily and he looked thoughtful. He then started shouting that he was going to kill himself and that he was going to come down in the night and get a knife and do it. He then surprised us by going to get his pyjamas on. He then remembered he had missed his story and had another tantrum jumping up and down on the

spot and demanding that we read to him now. I said, 'If you do not go to bed now you are going to be too tired to see your mum tomorrow.' Eventually he calmed down and got into bed.

Comments

In the group we discussed the extraordinarily complex issues illustrated through this observation while also acknowledging how Louise had felt brave and trusting enough to bring to the group such intimate 'warts and all' material. Members of the group immediately made the link to foster children and the huge issue of whether they can trust others enough to expose the more vulnerable parts of themselves. Nobody was saying this was 'perfect' parenting and looking back, Louise felt there were many things she might have said and done differently. It was, however, an honest report of a difficult interaction and all the carers in the group spoke of how they could relate to the daily, difficult judgement calls inherent in trying to be a good-enough foster carer. Louise described how nervous she had felt about presenting, but that she had grown to trust the group and felt that they would not just play down how difficult things had been for them as a family. She described how the early experiences with Sam felt like they were inscribed in her mind with indelible ink and how often she would run 'if-only scenarios' in her mind, kicking herself for doing things one way rather than another, or feeling that she had so often said the wrong thing.

As the facilitator, I felt humbled by the nature of the group interaction in this and other meetings, and felt very respectful of the trust that members had shown for the group. Each presenter in turn seemed to feel themselves to be with other carers who 'knew' what it was like and would be willing 'to put

themselves in their shoes' and bring only a humane view to the occasion. I was very impressed with how this counteracted the enormous well of loneliness that can exist for foster carers. During this, and other presentations, we were also able to think about other parallel processes, in the fostering situation, where the development of trust and the management of anxiety are such common themes for children in this situation.

Further group discussion

The group went on to discuss the presentation in great detail. It is difficult to fully capture the richness and diversity of the group discussion but in summary the group went on to speak about how:

- We could see Louise struggling to contain her own rage, while also trying to manage and reflect upon her own actions and feelings. She was multi-tasking in the extreme and giving the situation her best shot.
- The rage that Louise felt could also, in itself, be seen as a communication of feelings and that though the feelings may have felt quite disabling to Louise at the time, one could also see this as Sam *enabling* Louise to really know something of how he was feeling – beside himself with rage and unable to manage.
- She was also bravely endeavouring to keep in mind the conflicting demands of the three children in her care, including her daughter who seemed to serve to ground her mother in her internal reflections as well as create an additional strain. We noted how she had to maintain a 'reflective space' in her mind for each individual child as well as the collective of three children at one and the same time.⁶ Again, the group also

⁶ The task for carers when managing the dynamics of both parenting birth children and parenting foster children is extremely complex. In this situation, the mother was having to manage to parent both integrated and unintegrated children. Her secure daughter was having to adapt and learn strategies for the management of anxiety whereas her anxious foster children, particularly Sam, were having to learn about and begin to understand how to live in an environment of security, comfort and safety.

discussed this as a form of communication in that so many foster children seemed to find the ordinary multi-tasking of life so difficult. The example was raised of the struggle of the foster child in the classroom, how they sometimes just cannot seem to cope with both the social and the learning aspect of the classroom and that their antennae are so focused on the social that it can make it very difficult to be able to learn as well.

- Though the foster father did not feature a great deal in this observation, he arrived home during it, Louise made it clear how well supported she felt by him and we discussed how the parental couple were in co-operation here as supportive figures. Louise felt that with the undoubted support of her husband she felt able to 'bear upsetting Sam' and bear being hated by him while holding on to the reasons for fostering and explaining them to her daughter, who was obviously struggling with the invasive level of conflict in her home. A monumental task! The group was also able to acknowledge that one of the prime experiences missing for so many of the foster children in their care was that of being a child held in a cradle of supportive parental concern.

- We then discussed how here we see a child struggling with the enormity of his situation, torn apart through the separation experience from his own mother, who he was due to see the next day, and overcoming his frustration at the separation through triumph, fantasy and idealisation of her. In the contrary and complex fashion of so many issues in fostering, this seemed to both threaten and create a sense of coherence about himself. We discussed how the idealisation could be viewed as a healthy part of his mourning processes, which would serve to hold him together at this time of extreme distress, but how he was also being asked to attach to, and trust, strangers and to change his internal working models of relationships; that their – the strangers' – way of looking after him was somehow 'better' than that which his mother could provide. We felt that

these two contradictory emotional pulls would feel so antithetical that, rather like a car being driven with the brakes on, it was little wonder he was going up in steam. And, in turn, Louise herself was often left feeling she was going up in steam as she struggled to cope with the contrary demands of her experience.

- We thought about how so much could be learned from her intervention within the storm: 'Of course I am not as good as your mum. I will never be as good as her. She is your mum and she is very special to you.' We discussed how she spontaneously captured a great deal in this statement; how she kept the 'child's mind in mind', and how she contained the child's fantasy and view of the conflict as well as providing him with a 'here-and-now' reflective parental experience. Louise seemed to be demonstrating through the emotional experience, which was far greater than can be expressed in words, something like, 'I know this is scary. I can see what you are struggling with and I am on your side and can see how tough this is.' Verbally she acknowledged both loss – 'I am not your mother' – and gain, a 'oneness with mother' in terms of maternal functioning: 'I am here *as a mother* who can reflect upon your internal turmoil and hold in my mind your "truth" that, despite your being placed here with us, your mother is good.' A very complex process that led us to discuss how difficult and contrary this all was. Sam was in care with this foster mother because, in the eyes of the authorities, she was 'better' than his mother. But, of course, at this moment, in his mind matters were felt to be completely different; this 'truth' was suspended. The foster mother had intuitively seen that any reference to it would lead to a deeper collapse in Sam. It was far better that in the moment she 'joined' with Sam's internal narrative and idealisation of his feelings for his mother and kept his dream alive. To acknowledge this seemed to contain matters, to ignore or question it would probably have led to further anger and

aggravation of mourning processes. All members of the group seemed very engaged in acknowledging the complexity of this interaction while also acknowledging how this observation made them see how, in the normal course of events, so many important interactions may not be observed or thought about in the ordinary course of busy lives. This led to group members thinking about getting a book in which they could just jot things down in order to better aid this observational process.

- One group member commented on how Sam also seemed in contact with the, 'I do not know how to put it, something like the 'death' of his mother as he had known her.' The group went on to discuss this in terms of distorted grieving processes; in a way he might also have been taking over from his mother, looking after himself and 'becoming' her rather than 'grieving for' his own mother as way of managing his emotional turmoil. This strategy, perhaps helpful in the short term, in terms of managing psychic pain, would, in the long term, lead to a total intolerance of allowing anybody else to mother him. This heightened the paradox of how in this moment, this foster mother was actually 'mothering' in a most coherent and profound way. Her words and actions had created a reflective space which gave an understanding of what was happening and momentarily allowed for a space for thoughtfulness to be in Sam's mind. Here was a 'mother-and-infant fit', a moment of auto-reciprocity that also ran deeper than language. The group then began to think about how this external containment led to the momentary development of a different quality in terms of Sam's internal world. He could now briefly tolerate a moment of reflection and a more coherent, contained sense of self but this also then led to a further worrying but different form of attack, now against the self rather than the other – 'I am going to kill myself and I am going to come down in the night and get a knife and do it.' This led to a further discussion of how

difficult fostering is:

You so often feel you have made a step forward only to have it flung back in your face.

It is so hard to know if you are doing the right thing.

Once again, an example of how foster carers often feel like they, too, are driving with the brakes on and going up in steam!

- We further discussed how under stress a person may relinquish their hold on their own identity and take on characteristics of significant adults in their lives. Sam had lived in unpredictable and unreasonable environments and lacked a reliable verbal interaction with his parents. He was probably subjected to an intrusive form of interaction and identified with parental figures derived from this experience. Sam then seemed to repeat this pattern, endeavouring to bully his way into Louise's mind and expected her, and almost forced her, to bully, invade or colonise his own. He seemed to attack thoughtfulness and then turned the attack on himself. We discussed how thoughtfulness probably left him feeling isolated and facing an unbearable void which separated him from his internal parental figures, his usual sense of identity, and, indeed, at one and the same time, separated him from his new carers.

Here we see another contradiction whereby a reflective space, the very thing that is needed for development (Fonagy *et al*, 1994, 2004), can also be felt to be very persecutory to a child and so exaggerate the foster carers' struggle to maintain such a developmental space.

2. Summary of a more recent observation, written by Louise during the training
Sam is now eight.

Sam arrives home from school and seeks me out immediately. He asks/tells me that John, the foster carer's eldest son, and his girlfriend had said he could go

round to their place.

'Can I?'

I said, 'Yes.'

He excitedly said, 'Oh yes, yes, yes.'

He shouts upstairs to Jack, 'I am going round to John's house.' He runs upstairs to get changed and wash his hands. Runs back downstairs and into the conservatory shouting, 'Thanks Louise,' for his drink and biscuit.

Almost immediately he runs out and shouts upstairs to Jack, who is just running down. 'Did you just go in my room?'

'No,' he replies, annoyed.

Sam finishes his biscuit and runs up to the loo.

In the meantime we get a phone call with a text message from a mother of child at Jack's school. The friend wants to invite him round on Friday after school. Sam comes downstairs and says in an assertive voice to Jack, 'So are you going?'

He replies in an equally assertive voice, 'I do not know.'

He says, 'Why?'

I remind both children that Jack has Cubs on Friday so he will not be able to go. Sam gets his homework out. I ask him to show me what he has to do. He happily shows me all the work he has to complete. This includes spellings, reading and writing about his book and finishing a fable that he had started at school. He said his teacher had told him to re-do it at home because it didn't make sense. We read it through and laughed at bits of it because his teacher was right, it didn't make sense. We discussed how to improve it and wrote down some key words to remind him. I asked him to quickly go and write it down while it was fresh in his mind. I suggest he should quickly do it in rough and then I would check it with him.

He went away and then came back immediately asking if he could just write it up neatly straight away because he had a lot to do and would run out of time. I reasoned that it would only take him five minutes to quickly write what was in his head and then he could write it up really neatly and draw a picture.

'OK,' he said and ran back to the conservatory.

I could hear slight bickering with Jack about each other's homework and who had the most.

Discussion

The members of the group marvelled at the change and the hope this gave them in terms of their own more problematic situations. They commented on how Sam was still so very active and exhausting but not persecuting. One person described how Sam now seemed to see Louise as 'on his team, a coach and not the enemy'. It was noted that anxiety still remained but the interaction was so different. Containment was very much in evidence.

In the group we discussed how this material seemed to indicate change at the deepest level of internal security, internal object relationships and procedural memory. As one member of the group commented, it was as though the background music had been changed from 'horror film to something like family entertainment'.

After her presentation Louise spontaneously spoke of how helpful she had found the group, even though things were so much better. And she went on to describe how she had found doing the formal observations helped her to think more about different aspects of her experience and, she added, she would have liked to attend the course when she first had Sam. She described how she felt it would have really reassured her as she felt it would have enabled her to see in finer detail what was happening and perhaps lessened the traumatic emotional impact upon herself and the family.

Conclusion

It is impossible to capture totally the full richness and multi-dimensional nature of such a group experience, but this example does illustrate the different levels of work within the group. The experiential work, drawing upon the here-and-now experience of the group members, provided a backdrop to the more specific

discussions that arose from the presentations themselves. The group also served as a space to be able to voice and think about the excitement and pleasure of fostering, as well as being a containing reflective space to think about the more problematic and anxiety-provoking issues which go with the territory.

The facilitator of such a group does need to feel able and confident to draw upon immediate issues as they arise and relate them to the fostering situation as well as feel able to offer management advice, when needed, and to contain manage and think about the presenting anxieties. This is a complex, multi-dimensional task which can be daunting and challenging, and demands that the facilitator pay attention to his or her own counter-transference response. The facilitator may, for instance, also find him or herself struggling with such feelings as lack of self-confidence and not feel able to think about whether or not this is an appropriate response to the situation. This illustrates the need for the facilitator of the group to ensure that he or she has their own supervision and time to reflect upon the group processes.

To be a good-enough foster carer is very demanding and it is a role that demands a great deal of support and respect. In my work with foster carers it has for the most part been a privilege to work with people in one of the most challenging 'caregiving' roles, offering so much of themselves personally by bringing troubled children into their families. In my clinical work I have found that developing a reflective space for carers to think about the psychological and emotional containment and management of the children is the key component of my work, whether it is in individual, couple or group work.

The group training as described in this article has been a further development of my approach. Its structured focus on observational skills and using the group as a medium for experiential learning have been found by participants to assist their mentalising of interactions with their foster children. In the case example of Sam we can see how this can lead to a

child experiencing a 'meeting of minds' in their foster placement and the carers experiencing a containing and useful 'meeting of minds' in the group. The initial evaluation from these groups indicates that they are proving to be a very positive and economical way to support and further develop a very important resource for looked after children.

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References

- Crittenden PM, *Raising Parents, Attachment, Parenting and Child Safety*, Cullompton: Willan Publishing, 2008
- Fahlberg V, *A Child's Journey Through Placement*, London: BAAF, 1994
- Fonagy P and Allison E, 'What is mentalization? The concept and its foundations in developmental research', in Midgley N and Vrouva I (eds), *Mentalization-based Interventions with Children, Young people and their Families*, Hove: Routledge, 2012
- Fonagy P, Gergely G, Jurist E and Target M, *Affect Regulation, Mentalization, and the Development of the Self*, London: Karnac Books, 2004
- Fonagy P, Steel M, Steele H, Higgitt A and Target M, 'The Emanuel Miller Memorial Lecture 1992: The Theory and Practice of Resilience', in *Journal of Child Psychology and Psychiatry* 35:2, pp 231–57, 1994
- Freud A, *The Ego and the Mechanisms of Defense*, New York: International Universities Press, 1946
- Ironside L, 'Living a provisional existence: thinking about foster carers and the emotional containment of children placed in their care', *Adoption & Fostering* 28:4, pp 39–48, 2004
- Ironside L, 'Difficulties with reflective thinking in direct work with children in care: the role of supervision and consultation', in Luckock B and Lefevre M (eds), *Direct Work: Social work with children and young people in care*, London: BAAF, 2008

- Ironside L, 'Working with foster carers', in Lanyado M and Horne A (eds), *Handbook of Child and Adolescent Psychotherapy*, London: Routledge, 2009
- Keaveny E, Midgley N, Asen E, Bevington D, Fearon P, Fonagy P, Jennings-Hobbs R and Wood S, 'The development and initial evaluation of mentalization-based treatment for families', in Midgley N and Vrouva I (eds), *Mentalization-based Interventions with Children, Young People and their Families*, Hove: Routledge, 2012
- Kendrick J, Lindsey C and Tollemache L (eds), *Creating New Families*, London: Karnac Books, 2006
- Meins E, Ferryhough C, Fradley E and Tuckey M, 'Rethinking maternal sensitivity: mothers' comments on infants' mental processes predict security of attachment at 12 months', *Journal of Child Psychology and Psychiatry* 42, pp 637–48, 2001
- Midgley N and Vrouva I (eds), *Mentalization-based Interventions with Children, Young People and their Families*, Hove: Routledge, 2012
- Miller L, Rustin ME, Rustin MJ and Shuttleworth J, *Closely Observed Infants*, London: Duckworth Books, 1989
- Muller N, Gerits L and Siecker I, 'Mentalization-based therapies with adopted children and their families', in Midgley N and Vrouva I (eds), *Mentalization-based Interventions with Children, Young People and their Families*, Hove: Routledge, 2012
- Schore AN, 'The effects of early relational trauma on right brain development, affect, regulation and infant mental health', *Infant Mental Health Journal* 22:1–2, pp 201–69, 2001
- Sprince J, 'Towards an integrated network', *Journal of Child Psychotherapy* 26:3, pp 413–31, 2000
- Sprince J, 'The network around adoption: the forever family and the ghosts of the dispossessed', in Hindle D and Shulman G (eds), *The Emotional Experience of Adoption: A psycho-analytic perspective*, Hove: Routledge, 2008
- Vygotsky LS, *Mind and Society: The development of higher psychological processes*, Cambridge, MA: Harvard University Press, 1978

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