

Being in Relationship

Paradoxical Truths and Opportunities for Change in Foster Care

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One September, in the early years of The Children's Ark, a young woman showed up on our doorstep. "Desirae*" had just given birth to her second child, who was removed from her custody because of prenatal drug exposure. She was currently in drug treatment and desperate to reunify with both her newborn and her older son, who was also in foster care. Because we offered mothers the opportunity to reside full-time with their children while participating in services, The Children's Ark (see box, next page) was an attractive option for this mother.

Typically, families were referred to The Children's Ark by the Department of Social and Health Services. The kind of initiative that this young woman demonstrated by arriving without a referral was unusual, and was perhaps our first hint that she had courage and wisdom well beyond her 17 years, buried beneath her tough exterior. Desirae's journey with us over the next 12 months and, indeed, to the present day, has taught us some invaluable lessons.

The following story of Desirae and her children highlights the sometimes paradoxical truths about families in crisis and the nature of lasting change that challenge the current system's good faith attempts to assist families fractured by addiction, abuse, and neglect. If those of us who work in the child welfare system are to make a lasting difference in the lives of at-risk families, we must find ways to reconcile each family's complex needs with the efficient functioning of a system and with what is in the best interests of the children. Much of it in Janet Mann's words, this article focuses on Janet's experience with Desirae at The Children's Ark and in the years following Desirae's departure from The Ark. As such, Janet's voice

throughout the paper is primary; unless otherwise indicated, all first person referents involve her direct work with Desirae and her insights regarding that work.

Desirae and Her Children

DESIRAE HAD A familiar history. She had been physically and sexually abused as a child and had been in and out of foster care herself. Her childhood experience of violence, deprivation, and abandonment had already played out in dramatic ways in her life. After being found guilty of second degree manslaughter following the death of a fellow gang member when she was just 12 years old, she had served time in a lockup facility and was still on probation. Her first son, Jacob, was removed from her care when he was a toddler, after he swallowed cocaine. At the time we met Desirae, Jacob was 2 years old and living in a local foster home. Desirae's second son, David, was a newborn, and it was with him that she requested entry to The Children's Ark.

*The names of the mother and her children have been changed to protect their privacy; however, Desirae read the final draft of this paper so is fully aware and affirming of its content.

Desirae and David moved into The Children's Ark, together, a few weeks after she first knocked on our door. It was immediately clear that Desirae was suffering from depression, struggling to bond with her infant son, and preoccupied with her older son, Jacob. She was resistant, defensive, cold, and harsh, both with her baby and with the other parents and staff. Her tendency toward chaos and disorganization were problematic, and she and I were constantly in conflict as I struggled to find a way to connect with and help her.

Jacob began visits shortly after Desirae and David entered The Children's Ark, and

Abstract

This article focuses on the experience of "Desirae," a young mother who participated with her children in services at The Children's Ark, an attachment-based intervention for families in foster care. The story of Desirae and her children highlights both the sometimes paradoxical truths about families fractured by addiction, abuse, and neglect and the nature of lasting change that challenge the current child welfare system. Informed by attachment theory and other psychodynamically oriented perspectives as well as Buddhist psychology and mindfulness, the authors stimulate further thinking about how professionals can manage challenges with creativity and compassion by keeping relationships at the center of care for families in crisis.

THE CHILDREN'S ARK

The Children's Ark was developed by foster parents, Janet and Paul Mann, as a placement option for children in foster care, in which mothers could also live. Grounded in attachment theory, The Children's Ark provided a safe, structured, and therapeutic environment in which mothers retained primary caregiving responsibilities, under the supervision of the Ark staff, while they worked toward improving their capacities for parenting and self-sufficiency. Shortly after its development, Nancy Worsham and Molly Kretchmar were invited to engage in a descriptive study of The Children's Ark focusing on the experiences and outcomes of the mothers and children (Kretchmar, Worsham, & Swenson, 2005; Mann, Kretchmar, & Worsham, 2008; Worsham, Kretchmar-Hendricks, Swenson, & Goodvin, 2009). Although space precludes a more complete presentation of our findings, the analysis of Desirae's case completed for research purposes further confirms Janet's experience as described in this article.

in the early spring, we had transitioned him into The Ark full-time. Things deteriorated quickly with Jacob also in the house. Desirae was stressed beyond her coping abilities trying to manage two children, go to school, and maintain even minimal living skills in The Children's Ark environment. On May 1, she negotiated an exit. Jacob returned to his former foster home, David stayed on in care with us, and Desirae moved in with her boyfriend.

Over the next 5 months, we cared for David while trying to inform those in charge of this family's future what we had learned during our 7 months living with them. It was our strong opinion that Desirae would not be able to care for her children safely, and we worked harder than we usually do to discourage reunification. The following is an excerpt from one of the letters we sent to Desirae's case worker.

...Desirae's internal working model is based on experiences in relationship with primary caretakers that were characterized by abandonment, insensitivity, devaluation, bullying/belittling, aggression and so on. Desirae learned that the experience of being attached is unpredictable, chaotic, frightening, and dangerous. As she enters into relationship with her own children, the same dynamics will likely play out, just as they did so clearly here at The Children's Ark.

Abandonment or avoidance was an issue from the beginning with David. There was little interaction between them. She often placed him facing away from her, sat with her back to him, and spent long periods of time not speaking

to him. She seemed to have the most difficulty responding to his cries, when he needed her the most. The first night that Jacob spent at The Ark (after being in foster care for more than a year), Desirae took free time and was gone for the evening, leaving Jacob without her in his new surroundings.

Desirae devalued, bullied, and belittled both children in many ways. She carried David under her arm like a football even when he was a very small infant. She resisted soothing him when he was distressed. She mocked and teased him, once reportedly blowing a horn loudly in his ear and laughing at his frightened response. Desirae engaged in derisive name calling and frequently yelled at both boys. This alternated with periods in which she was flamboyantly affectionate, kissing them in a way that was overwhelming and intrusive.

Desirae's aggression towards both boys escalated as her confusing and sometimes frightening behavior (loud voice, threatening posture, sudden mood shifts, and so forth) and failure to set appropriate and consistent limits involved them in frequent power struggles. Jacob's bedtime was a good example. Her lack of consistency coupled with a need to be obeyed led to a nightly screaming match. One incident of striking Jacob was reported to CPS. We then entered into a contract to discourage the verbal and physical aggression and instituted an "open door" policy, a step we felt necessary to ensure the safety of the children.

Desirae's developing relationship with her children, then, mirrors her own experience in relationship with a caregiver. Her children have also come to expect that closeness to her is unpredictable, chaotic, and frightening.

My assessment of what happened here at The Children's Ark is that Desirae became overwhelmed and "hit the wall." This was the result not only of the circumstances of her life, but also of her beginning to come to grips with her past in a way that exposed the pain of her own internal working model. She was not yet ready to confront that pain. Lack of information is not the problem: she knows intellectually that hitting and screaming are not the best ways to parent. If Desirae is ever to have access to her full potential as a parent, however, she will need to explore more completely her past relationships with caregivers and the role they played in her own emotional development. She needs to understand her working model and let down the armor of her defenses. She needs to grieve for her pain and losses and eventually find resolution. That will be a very long process. In the meantime, in my opinion, her children would be at very high risk for abuse and/or neglect should they be returned to her.

In spite of our concerns, and after 12 months with us, 13-month-old David was returned to Desirae's custody and care, along



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One Halloween, Desirae, her husband, and all of the children arrived on our doorstep, and this began a tradition of a visit each year.

with Jacob. Life became even more complicated for Desirae. Unbeknownst to us, she was pregnant when she left The Children's Ark. She married her boyfriend and soon was also parenting one of his children from a previous relationship. The state of Washington then placed in their custody her sister's three children, so suddenly there were seven.

Desirae and her husband struggled over the years to create and maintain a home for themselves and the children, participating in drug treatment, parenting classes, and family preservation services. Sometimes the family was split up with some of the children living with relatives. Sometimes Child Protective Services was just a half step behind. Always they flirted with addiction, homelessness, poverty, and simply being overwhelmed by life.

Although we worked hard to discourage reunification after Desirae left The Children's Ark, we worked equally hard to stay in relationship with her, and not ambush, mislead, or abandon her. I visited occasionally during the first 2 years or so, when I was able to keep track of an address. On occasion, they would contact us, usually when their backs were against the wall. Then one Halloween, Desirae, her husband, and all of the children arrived on our doorstep, and this began a tradition of a visit each year, something we looked forward to immensely. Over the years, we noticed that, in spite of their continuing struggles, Desirae and her husband were becoming more attuned to, more sensitive to, and more affectionate with the children, and the children were less chaotic, calmer, and more direct about their emotional needs.

Each Halloween we hugged them and told them to come and visit anytime. Each year they came only at Halloween. Then last January, in a follow-up to a promise for pictures of David in his football uniform, I received an email from Desirae, updating us on the children. Her “love you guys lots” salutation prompted a response from me including “I think about you with such admiration, Desirae; you have hung in for yourself and these kids with such strength and courage and wisdom against so many odds at such a young age. I truly stand in awe.” Several emails later, we set up a lunch during which we discussed her time at The Children’s Ark and the events of the intervening years.

The Lessons

DESIRAE’S REFLECTION ON her own experience coupled with Janet’s insight and interpretation has helped to frame the following lessons and their implications for practice. In its initial conceptualization, The Children’s Ark was informed and influenced by attachment theory (Bowlby, 1969/82). As reflected in the following, our thinking is also influenced by other psychodynamically oriented perspectives (Fosha, 2000; Heineman & Ehrensaft, 2006; Richo, 2008) as well as by work in Buddhist psychology and mindfulness (Bayda, 2002; Kabat-Zinn, 1990).

Lesson 1: Safe parenting is not an information issue, but an emotional integration issue.

Like you could pull on the grownup end and sooner or later you would get to the child, just like pulling a bucket out of a well. Like you would never be left holding a broken end, with nothing attached to it at all (Cleave, 2008, p. 70).

Decades of research show that the intergenerational forces operating on one’s parenting are powerful, that even when parents intend to care for their children differently they often find themselves repeating what they experienced. Researchers and clinicians have described how the parent, once the child, reenacts dynamics of previous formative relationships with her own children, whether those are rooted in security and trust or in insensitivity and pain (Fraiberg, Adelson, & Shapiro, 1975; Kovan, Chung, & Sroufe, 2009; Kretchmar & Jacobvitz, 2002; Richo, 2008). Desirae’s interactions with her own children illustrate how these dynamics play out.

Desirae’s Story

Desirae came to The Children’s Ark a charming, intelligent, strong, insightful young woman, who knew that hitting and yelling were not the way she wanted to parent. And



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Decades of research show that the intergenerational forces operating on one’s parenting are powerful.

yet, as her time with us demonstrated, she repeated with her own children many of the behaviors she herself experienced as a child. She was somehow unable to translate her insight into action, but retreated instead into defensive withdrawal or hostile self-reliance. Clearly Desirae possessed a softer, more sensitive, vulnerable side. The challenge was in overcoming her fear of parenting from that sensitive place inside of herself. When faced with her children’s need for open-hearted tenderness, whenever they cried out to be seen, heard, understood, and held, Desirae’s own emotional deprivation and longing were triggered. The pain was then too deep, the risk too great. Her only option was to protect her own heart.

These history-in-the-moment experiences powerfully color, shape, and drive parents’ behavior even when they have some insight into them. Desirae stated to her Ark therapist, “I feel like I’m living with my mother and nothing I say matters, and it is never good enough.” This emotional reenactment with me of her own experience threw Desirae into a protective, defensive stance that felt critically necessary to her survival on some level, but from which she could not possibly parent with any sensitivity.

What she needed were not instructions regarding the proper way to interact with children, but some experience herself of how security felt. Parents cannot give their children what they have never experienced, partly because they cannot bear to acknowledge what they did not have, or their yearning for it, and partly because only in receiving security are they able to soften and open the

heart enough to give it.

So what Desirae needed were repeated overriding experiences during which she felt all the nurturing care her childhood lacked. She needed these experiences long enough to begin to trust them, to let them in. Only then would she be able to nurture her children in the same way. Providing her with opportunities to grieve what she did not get would also be essential in helping her integrate her own painful experience enough to operate from the more positive feelings generated by her new relationships.

Lesson 2: Being engaged in a caring, long-term relationship within the safety of a holding environment optimizes growth and change.

No longer is insight and interpretation the key to therapeutic success; the current consensus is that the actual relationship between therapist and child is what results in change (Bonovitz, 2006, p. 148)

Desirae, like all people, seeks connection; even while she resists it. All people develop, and can change, within the context of relationship. In order to begin to trust new transforming relationships, however, or to embark on the important work of grieving what they did not have, they require a reliable, safe haven or holding environment. Until they feel the safety of an environment that can contain the vulnerability of everything they think, feel and are, they will not come out from behind their protective walls.

Although my relationship with Desirae was conflicted, we both held on to a strong

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Having compassion does not mean condoning behavior that harms children.

enough thread to keep the connection alive. Even as we at The Ark fought reunification, we were careful to maintain enough relationship with Desirae that she always knew we were available to her and that our care for her was unconditional. For her part, Desirae contacted us just enough to stay “on our screen.” I remember, for instance, a call from her several years after her exit from The Ark asking us how to cook an artichoke. In the end, that thread of relationship is what made it possible for us to connect again in a significant way. At that recent lunch, Desirae talked, with warmth and wisdom, about how all we had offered her at The Children’s Ark had gone in at some level, but she was just too overwhelmed in the moment to use it. She talked about knowing always that everything we did and everything we said, we did and said out of love for her and her children. She understood too that, even when she couldn’t hear it, we cared about her. All knowledge that she could hold—because there was “enough” relationship—until she was in a place where she could access it, articulate it, and act on it.

Desirae also talked about how, upon leaving The Children’s Ark, she had to keep all that she had learned tucked away behind her tough, self-reliant front until she had tried many parenting strategies and had become more grounded. Then, years down the road, as she watched others all around her parent from defended, fearful places, she kept hearing our voices and could finally open herself up to the tender, real place in herself that knew what to do. What she was finally able to do, in essence, was meet her children’s

vulnerability with her own. That is where — vulnerability meeting vulnerability—change happens.

Lesson 3: Meeting the needs of children at risk requires an ability to hold with compassion the ambiguity of good people doing bad things.

I realized that genuine compassion can never come from fear or from the longing to fix or change. Compassion results naturally from the realization of our shared pain (Bayda, 2002, p. 138).

How easy it is to reach out to and love a battered baby; how much harder to hold compassion for the batterer. No matter how angry and frustrated the cruelty human beings inflict upon one another makes professionals feel, without the compassion that understanding another’s pain brings, those who engage in this work can be of no help to anyone, including the children. Living with Desirae’s abandoning, belittling, insensitive, devaluing, and aggressive behavior toward her children was never easy...making us want to scream out with frequency, “STOP IT!” As the stories of her childhood began to unfold, however, and her pain and fears were revealed, our hearts began to open in understanding and compassion.

Over one of the Christmas holidays at The Children’s Ark, the mothers were sharing stories. Desirae started talking about how many agencies “adopted” her family at Christmas when she was little, and how as each stranger arrived bearing gifts, the

pile of toys and goodies under the tree grew larger and larger. But then as her mother, who was an addict, fell into more depression and desperation—along with her own painful ghosts from the past—the pile began diminishing. As Christmas approached Desirae witnessed kids in the neighborhood riding “her” bike and playing with “her” doll. Tears rose in Desirae’s eyes as she described the shame, humiliation, and deep pain of watching others with gifts intended for her because her mother put her next drug fix before her children.

Suddenly instead of wanting to respond with “STOP IT!” we were thinking, “OF COURSE.” As Desirae was faced with her children’s genuine need to be met and embraced, she could only be plummeted into grief and despair regarding her own unmet needs. In order to survive, she chose to protect and defend, at great cost to herself and her children.

Having compassion does not mean, however, condoning behavior that harms children; any more than understanding the genuine need behind children’s difficult behavior means condoning their misbehavior (Mann & Kretchmar, 2006). Having compassion also does not necessarily mean recommending that families be reunited. Compassion requires facing the truth. We did not support Desirae’s children being returned to her, but we were honest with Desirae about what we were doing and why. We were clear also that we cared about her as well as her children and that our position in no way diminished our care and concern for her. She was, in our opinion, just not ready. She had more work to do.

Lesson 4: Real change takes time.

But walls, whether built by bricks or isolation, don’t come down without a corresponding amount of labor (Caldwell, 2010, pp. 86–87).

The walls that take a lifetime to build up also take time to dismantle; there are no quick fixes or easy roads. The challenge, of course, is to give families the time they need—and deserve—to do the work, while not leaving children in limbo for too long. At our recent lunch Desirae talked about how it took time: time to try other, easier routes; time for life to get manageable enough to access and use her knowledge; time to allow herself to work through the pain and grief of her own experience so that her knowledge was more integrated; time to let her carefully constructed defenses fall enough that she could operate from a softened, opened heart; and so on. Anything less time-consuming would probably have been compliance, and thus transparent and transient. In essence what Desirae was talking about was the beginning

of a rewiring of her way of seeing the world and herself in it, giving her access to her full potential as a parent, referred to in the letter above.

The Implications

WHAT ARE THE implications in practice? How do child welfare professionals reconcile the need for timely resolutions for children with the time it takes parents to do the work they need—and should be allowed—to do, all within the constraints of an overwrought system? There are, of course, no simple or easy solutions, but there are things each of us can do to render interventions with fragile families both more nurturing and more effective.

First, the best interests of the children must always lead, especially the need for timely resolutions (Hudson et al., 2008; Katz, 1990; Mann et al., 2008). While keeping that in mind, and insisting that it drive and shape decisions, professionals must also do a better job of considering the bigger picture in which children exist. Abuse and neglect do not effect only the children, they impact whole families, and sometimes multiple families. Although a primary goal is to reconcile families, the professionals in charge often put families at the mercy of an adversarial system that pits party against party, parent against parent, parent against treatment provider, and, sometimes it even seems, parent against child. Until professionals manage the whole family, with creativity and compassion, they are not really helping anyone and in some cases are adding to the harm.

Next, not only must the whole family be considered, but also the whole family should be treated. Although individuals bring unique histories, issues, and ways of being in the world, problems reside in the dynamics between individuals, or in relationships (Sameroff & Emde, 1989). Professionals must therefore treat relationships: parents and children together (Cooper, Hoffman, Powell, & Marvin, 2005). Really serving children may mean offering services to them, both with their biological parents and with their foster parents. Children will resolve and heal only if those with whom they are in relationship, past and present, are on board and aware of their own contributions to the relationship dynamic.

Parents and children may well also benefit from individual treatment in conjunction with the relationship-based treatment. Two factors are important to remember regarding any treatment. One is that change is optimized within in the context of a safe relationship; and so, whenever possible, therapists and treatment providers should remain constant. For example, The Children's Psychotherapy Project, started by a nonprofit



The challenge is to give families the time they need—and deserve—to do the work, while not leaving children in limbo for too long.

organization called A Home Within, developed the following model for its work with children and youth in foster care: “One child. One therapist. For as long as it takes” (Heineman, 2006, p. 3). This approach grew out of a consistent finding in research and clinical work: “The single most important factor in the lives of children and youth in foster care is a stable and lasting relationship with a caring adult” (Heineman, p.11).

Related to the idea of constancy, the system should not change or rotate workers and providers except when absolutely necessary, and parents should be discouraged from repeatedly changing providers, except in the case of a truly inappropriate match. In Desirae's case, several gaps in case workers allowed an advocacy group to take a stronger role in decision-making than they were authorized to provide, which ultimately shifted the process toward reunification, despite our deep concerns.

The second factor regarding change is that it takes time. Not only should parents be required to attend services, they also have the right to complete the work they've begun. That may mean that treatment continues after children are returned home. That may even mean that parents be allowed to continue treatment after relinquishing children, both for their own benefit and also for the benefit of any future children. Children also are entitled to ongoing, uninterrupted treatment that follows them wherever they go and involves their current caretaker.

Finally, relationships between biological families and foster families or relatives should be encouraged and facilitated, not discouraged (Ehrensaft, 2006). Not only do the children benefit from all their caretakers working together, but foster families and

relatives can often be the best resource for a family in crisis. Foster families are entitled to information about the children in their care specifically, and they should be better trained about the needs of children facing significant loss and trauma generally (Bass, Shields, & Behrman, 2004; Dozier et al., 2009). A well-intended, well-informed, well-supported foster or relative family can be a critically important member of the team and a caring bridge between parents and children at risk (Harrison, 2004). Had Desirae and I not been able to tolerate each other's imperfections enough to stay connected over time, she would never have been able to use what The Children's Ark had to offer.

Conclusion

AT ITS CORE, Desirae's story reflects the importance of relationships. A primary paradox facing the foster care system is that relationships take time, but it is time that none of us has. Given that paradox, our goal in this article was to stimulate further thinking about possibilities for approaching challenges with creativity and compassion by keeping relationships at the center of how all of us care for our society's most vulnerable children and families.


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More of Desirae's Story

Just as Desirae maintained enough connection to ultimately access the softer, wiser part of herself, so David held, on some level, the "knowing" of another way to be in relationship. One day, about 2 years after the family had left The Children's Ark, I encountered Desirae, David, and the new sibling (who was now 2 years old) at a nearby park. David was playing in the wading pool. Desirae called him over to say hello to me. Quite appropriately, he first peeked out from behind his mother's skirt, then ran off to play on the climbing equipment with his sister. As I left the park I walked by where David was playing up on a platform and stood eyeball to eyeball with him. I said hello to his sister, tousled her hair, and remarked, "You don't know me, do you?" as she stared at me with a bit of apprehension. David, however, was staring intently into my eyes. I said quietly, "But you do, don't you?" David nodded, slowly, almost imperceptibly, without taking his eyes off me. Finally he fell into my arms and held on tight and long. Even after 2 years something in his deeply rooted, perhaps unconscious, memory system allowed him to trust the safety and connection in my arms. That moment in the

park floated through my mind recently as I stood with Desirae on the sidelines of the now-14-year-old David's football game, cheering him on. 

JANET C. MANN, with her husband Paul, founded The Children's Ark in 1994 where she served as its director until she retired in 2009. Since 1988, Mrs. Mann and her husband have loved, nurtured, and transitioned more than 120 foster children to permanent homes. For the past 17 years she has trained in the areas of object relations theory, attachment theory, brain development, and child development. In December of 2005 she completed an advanced training in infant mental health assessment and in January of 2008 she passed Level One certification in Circle of Security Assessment and Treatment Planning. The Manns have been the recipients of numerous awards including the first annual Foster Parent Leadership Award from Children's Administration, Region One in 2007.

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Authors' Note

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