



EVERYTHING YOU NEED TO KNOW ABOUT BONDING

James A. Kenny, Ph.D.

Bonding, when it occurs, is critical to a child's development. The disruption of a bonded relationship does considerable damage. The presentation and proof of bonding between the child and the foster/adopt parents may be the strongest argument for keeping them together, especially in a contested adoption. The problem for attorneys is to define bonding and to prove in a factual and evidentiary way that bonding has taken place..

BONDING DEFINED

The time of childhood is short. From birth to maturity the child has much to learn. Most learning will be mediated through personal attachments and relationships. Attachments are vital to the development of a self-sufficient and loving adult.

In trying to define bonding mental health professionals are often vague and fuzzy, giving opinion rather than data, generalizations rather than facts. As a result courts and case managers may not have given bonding the critical consideration it requires.

Bonding refers to the strength or depth of a "relationship." The word "relative" is used to designate blood kin, a genetic relationship. Yet significant relationships are fashioned by means other than through genes. Throughout life people may attach to one another in ways more significant and more powerful than those dictated by genes. A very close friend or "soul-mate" may become more important in life than a parent or sibling. The most obvious is the marriage bond whereby two people attach themselves to one another with a commitment that superseded genetic connections. Bonding, when it occurs, may be more important than kinship.

The terms bonding and attachment are sometimes used interchangeably. Bonding, however, should be reserved for a significant attachment that is likely to last a lifetime and whose disruption is likely to cause serious and long-lasting trauma.

The dictionaries define bonding as a significant and reciprocal attachment, a unique relationship between two people which endures for long periods, even a lifetime, and which is interrupted or terminated at considerable peril to the parties involved. The definitions have four key elements:

- Significant attachment: the relationship is critical to the parties.
- Reciprocal: both parties want the commitment.
- Long-lasting: the relationship takes time to develop and both parties want and expect it to continue.

- Interruption and/or termination may cause serious harm: childhood and adult disorders are the frequent result of disrupting bonded relationships.

While dictionary definitions are important background, the court needs more. The court needs factual evidence to prove that bonding has occurred.

The Indiana Division of Family and Children (DFC) in Section 805.12 deals with the adoption of foster children with special needs. The DFC is required by the federal government to make every effort to find an adoptive placement that does not require post-adoption subsidies. The Manual then notes, however, that this requirement may be waived if moving to another home would violate the child's best interests. The Manual states: "If a choice of adoptive placement which does not require assistance is not in the best interest of the child, the requirement [to find a non-subsidized adoptive home] may be waived." The Manual then gives three examples of situations which would merit a waiver. The three examples provided reflect several concrete definitions of bonding. They are:

- The child has been in the foster home for six months or more.
- The child has already developed a significant emotional attachment to the foster parents.
- The child desires to be adopted by his foster parents.

Research on bonding and the Indiana DFC Case Managers' Manual (805.12) together offer four ways that bonding can be factually defined. Any one of them standing alone is sufficient to prove that bonding has occurred. The criteria are: length of time, the behavior of the child, reciprocal attachment, and family identification.

1 *TIME IN PLACE*. In a parent-child setting, bonding is likely after three months. Research from many venues indicates that three months is the length of time that normal human beings take to adjust to a new and/or difficult situation. This three-month period is reflected in folk wisdom as the time of grieving after a death, and as the probationary period when starting a new job. In the description of many psychiatric disorders listed in the DSM-IV (1994), three months is the time allowed to "adjust" before a more serious illness is diagnosed.

Bonding is probable after six months. Normal children will adjust and attach well within this time frame. As noted above, Indiana regulations for selecting an adoptive home recognize this fact.

Bonding is almost certain after one year, unless one is dealing with an unbonded or psychopathic child. In such cases the child is not capable of bonding with anyone. Even in such cases, when bonding on the child's part is absent, the court should recognize the willingness of the foster/adopt parents to make a lifetime commitment of considerable value both to the child and to society.

Bonding is likely after three months, probable after six, and almost certain after 12 months. Time is critical. At some point the child's right to permanence and emotional stability must come before the rights of the biological parents. Recognizing that a year is a very long time in the life of a child, biological parents cannot be given unlimited time and chances to reform their lives. Delay, even to grant biological parents extra chances, is destructive to the child.

The new laws and Indiana DFC policy are clear. Biological parents must be given immediate help and the opportunity to change neglectful or abusive behavior. But they must do so within a reasonable time. If a year goes by and the biological parents are still not ready for reunification, and the child has bonded with another family, then the child's right to a permanent

stable home becomes preeminent. This preeminence exists even though the biological parents may not be at fault.

2 *THE BEHAVIOR OF THE CHILD* is a second way to determine whether bonding has occurred. Research shows that bonding can be established by the way a child acts. Bonded children seek to stay close to the parent or parent-person. They turn to the parent when frightened, hurt or distressed. They may object when the parent leaves them. They want the parent to watch and admire what they do. (Belsky et al, 1988.)

Bonding checklists can be used to observe and measure these behaviors clinically (Randolph, 1997; Keck, 1998.) The Indiana Bonding and Attachment Checklist (Kenny, 1999) lists 28 such behaviors. Here are a few examples:

- Eye contact
- Affectionate with “parents”
- Enjoys hugs and physical contact
- Attentive to what is going on
- Copies mannerisms of “parents”
- Goes to “parents” when hurt or distressed
- Can assert self
- Able to express pleasure and joy
- Kind to animals

3 Bonding is *RECIPROCAL*. The third way to evaluate bonding is to measure the promise expressed by the actual or potential parent. The court should consider seriously the commitment being offered by the foster/adopt parents. The bonded parent wants to raise the child through good times and bad, through joy and heartbreak until death. At the appropriate time the attorney may want to put the foster/adopt parent on the stand to express the strength of this commitment before the judge.

I want you to be my forever child. I will always be there for you. As long as I live. Even after you are 18 and emancipated. You won't ever be absent from my concern. The poet says, 'Home is the place where when you have to go there, they have to take you in.' That will be true of you with my home. When life hits you hard and you need a place to go. When you need money. When you go through a divorce. Or a death. My home is now your home. And when I die, you will have an inheritance.

4 *FAMILY IDENTIFICATION* is the fourth way to measure bonding. The DFC case managers' manual (805.12) is practical and explicit in directing case managers to identify and protect bonded relationships with the foster parents. The manual provides the specific guidelines to prove that bonding has occurred:

- 1 The child identifies as a member of the foster family.
- 2 The child is perceived to be a member of the foster family by the community: e.g. the school, friends, neighbors, extended family members.
- 3 The child has developed self-reliance and a trust of the foster family while in their care.
- 4 The child does not make a significant attempt to attach to another family, including the birth family.

To demonstrate bonding using “family identification” criteria, the attorney may wish to present evidence to the court from the extended family, teachers, friends, and neighbors.

What can be done when there are conflicting attachments? Older children may be attached to birth parents, and subsequently, during their stay as foster children, they become attached to foster parents as well. In such cases a cooperative adoption may be in the child’s best interests, giving the child the advantage of a stable and permanent home while still maintaining ties with the biological parents (Kenny et al, 1995.)

Cooperative adoption laws may grant the biological parents legally enforceable post-adoption visitation rights. By so doing, permanence can be achieved earlier because a biological parent may be open to a voluntary termination of parental rights, knowing they can still see their child. The child’s significant attachments are respected and protected and the child gets a permanent home. Indiana, along with over 30 other states, has a law which allows for cooperative adoption.

RESEARCH ON BONDING

Standards to identify the psychological parent, the one to whom the child appears to have most firmly bonded, are outlined by Goldstein et al (1973.). Children form attachments to adults who regularly meet their physical and emotional needs regardless of biological relationship. The authors believe that, in the child’s best interests, the psychological parent should become the primary and permanent caregiver.

Bonded relationships are critical in child development. When a bonded relationship is threatened or severed, trauma results. Bowlby (1969, 1979), Ainsworth (1991), Maier (1994), Keck (1995), Holmes (1996), and Hughes (1997) all discuss definitions of bonding and the consequences of its interruption.

Bowlby (1979) speaks most eloquently of the importance of affectional bonds and of the dangers of permanent detachment and the loss of the capacity for intimacy:

Many of the most intense of all human emotions arise during the formation, the maintenance, the disruption, and the renewal of affectional bonds...In terms of subjective experience, the formation of a bond is described as falling in love, maintaining a bond as loving someone and losing a partner as grieving over someone. Similarly, threat of loss arouses anxiety and actual loss causes sorrow; whilst both situations are likely to arouse anger. Finally the unchallenged maintenance of a bond is experienced as a source of security and the renewal of a bond as a source of joy.

Cahn and Johnson (1993) note:

Child development specialists agree that the ability to form lasting bonds with any caregiver is severely reduced if a child undergoes too many separations or lingers in impermanence too long. By allowing impermanence for abused or neglected children in our care we are causing further damage. We are damaging children’s capacity to form the lasting ties that make families secure and safe.

BONDING MYTHS

Because bonding has often been so vaguely defined, some misconceptions or myths have arisen, which sadly seem to serve the purposes of those expounding them. These myths about bonding need to be addressed and discounted.

MYTH ONE: No harm is done when an infant or small child is moved from home to home because they will not remember the experience later. False.

According to almost every expert, the initial year of life is critical in child development. The principle of primacy over recency applies. The earlier in life an event occurs, the more significant consequences it has.

The first 18 to 24 months of a child's life are pre-verbal. Pre-verbal experiences make a more generalized and lasting impression than later ones. Erikson (1963) posits that the lifelong attitude whether to trust or distrust the world is formed in the first year or two. If a teen feels that his mother is non-responsive, he may figure that she has had a bad day and look elsewhere. If an infant's mother is not there to meet basic needs, the baby's whole world falls apart.

Small children generalize. If one important person leaves, they may well perceive that they are unlovable and that the world is not to be trusted. If separation and loss are hard for an adult, they are catastrophic for a small child.

Child development can be compared to the ocean voyage of a ship from New York to Spain. A small navigational error made just short of the Spanish port might cause the ship to scrape the dock. That same error made while leaving New York might cause the ship to miss the entire coast of Spain. The earlier a consequential event occurs in life, the more it determines basic patterns of adjustment.

MYTH TWO: The child who has bonded well in one family is a "good bonder," and will do well if moved to another family. Totally wrong. Humans do not bond or love generically. They bond to this particular person in this particular place.

When first placed in a foster home, some children appear superficially pleasant and charming. The "honeymoon" may last as long as three months. This phenomenon has been called false or pseudo-bonding and is a symptom of the exact opposite of a healthy attachment. Entering a new placement, the pseudo-bonder exhibits the desired manners, not to relate, but as a way to manipulate the new parents. Some psychologists and social workers have naively believed that multiple placements have taught children how to bond quickly and easily. In fact, experienced foster parents have learned to be wary of the child who comes on too quickly. Bonding takes time.

Suppose that you have been happily married for two years when the kindly well-meaning person in charge of your life announces, "You are such a good bonder that we have decided to move you. Tonight you are going to a different home with a different husband. It is a very nice place, and he is a wonderful person. You're really going to like it there." Crazy? No more than telling a bonded foster child that he will be very happy moving to a new placement.

MYTH THREE: Bonding is a skill. Both parents and children can learn the skill of becoming "good attachers." Wrong again. Learning good manners and how to get along pleasantly and superficially is very different from bonding. In fact, bonded relationships may involve conflict and at times be stormy.

Bonding is more elemental than the skill of good manners. Bonding is what happens to normal people over time when they share meals and bedtime stories, chores and recreation, videos and Teletubbies and baseball games. Bonding is part of the process of living together. Bonding takes time.

In the past, foster parents in their training were sometimes counseled not to become too attached to the children given to their care. This counsel assumes wrongly that bonding is something over which people have conscious control. Bonding happens to people who live together for a significant period of time. Frankly, one might question the emotional response of foster parents who fail to become attached to the children in their care.

MYTH FOUR: Kinship comes first, no matter what or when. Not true. The mistake here is to assume that blood ties are the only ties, or that they are necessarily more vital than bonding. If the child's rights are truly to be considered paramount, then the DFC and the court must look at the family and home situation from the point of view of the child's best interest.

The word "relative" obviously has the same root as the word "related." The questions should be asked: To whom is the child most closely related emotionally? Which relationships are most critical for this child? Blood is one way we are related, but bonding is another. These relationships need to be examined with the child's best interests in mind.

A bonded relationship must be respected over kinship. If a child is removed from the biological home and a suitable biological relative is available, the child should be placed immediately with the biological relative. All too often children are placed first in a foster home for an extended period of time. Foster parents and child become attached. Then the agency finds a distant relative in another state and proceeds to break the emotional bond with the foster parent to unite the child with kin-come-lately. By overvaluing the blood ties with unbonded kin, such a move destroys the existing emotional relationship, a perilous course.

THE PSYCHOLOGICAL EVALUATION OF BONDING

The concept of bonding is reasonably well-defined in the psychological literature, in the Indiana DFC guidelines, and by common sense. A thorough and professional evaluation of bonding can be helpful to the attorney in representing foster parents who wish to adopt.

The four Indiana DFC criteria for proving that bonding has occurred are length of time; behavior of the child; reciprocal attachment; and family identification. These criteria were derived from and support the research literature and provide a solid framework for a bonding evaluation.

A mental health professional (psychologist or social worker with a graduate degree) should perform the bonding evaluation. Use of the criteria above would be advisable, since the criteria can be documented with facts rather than opinion and thus have more credence in court.

Other tests and measurements which the evaluator may find useful are:

- The Vineland Social Maturity Scale (VSMS) or any similar developmental schedule provides a measure of the child's developmental age. The VSMS can be used to document the child's eligibility for special needs' subsidies as well as to demonstrate the foster/adopt parents' knowledge of and success with the child.
- The Indiana Bonding and Attachment Checklist (IBAC) summarizes behaviors that demonstrate the presence or absence of bonding. (Kenny, 1998) The IBAC is adapted

from the Randolph Attachment Disorder Questionnaire (Evergreen Attachment Center in Colorado), Keck's list of attachment disorders (Ohio Attachment and Bonding Center), and the Indiana DFC's own foster parenting manual. While not providing a single composite score, the IBAC is a good review of individual bonded behaviors.

- The Children's History Answered by Parents (CHAP) is a detailed ten-page questionnaire that asks for data on the child's growth and development, the child's behavior, the family situation, and other pertinent information. (Kenny, 1965) The CHAP or any similar child history questionnaire is another good measure of the foster/adopt parents' knowledge of and concern for the child and can demonstrate the bondedness of the foster parent. In a contested adoption the attorney may ask the other party (usually the biological parent) to complete the same questionnaire and then compare the knowledge of the child between the contesting parties.

CONCLUSION

Permanent harm results from the repeated interruption of bonded relationships. Bonded relationships must be given the attention and respect they deserve.

At some point the child's right to permanence and emotional stability must come before the rights of the biological parent. Recognizing that a year is a very long time in the life of a child, we can no longer give biological parents unlimited chances to reform their lives. The new laws are clear. Biological parents must be given help and the opportunity to change neglectful or abusive behavior. But they must do it within a reasonable time frame. If a year goes by, the biological parents have not changed, and the child has bonded with another family, then the child's right to a permanent, stable home becomes preeminent, and this preeminence exists even though the biological parents may not be at fault.

When a child who becomes free for adoption is living with and bonded to a foster family, that family becomes the family of choice for adoption. No longer can we devise scorecards giving equal weight to families where bonding has occurred and families where the child is personally unknown.

BIBLIOGRAPHY

- Ainsworth, M.D.S. 1991. Attachments and other affectional bonds across the life cycle. In C.M. Parkes, J. Stevenson-Hinde, and P. Martin (Eds.) Attachment across the life cycle. London and New York: Tavistock/Routledge.
- Belsky, J. and T. Nazworski. 1998. Clinical implications of attachment. Hillsdale, N.J.: Erlbaum.
- Bowlby, J. 1969. Attachment and loss. vol 1. Attachment (2nd ed. 1982). London and New York: Hogarth.
- Bowlby, J. 1979. The making and breaking of affectional bonds. London: Tavistock.

