



## **WHAT HAPPENS WHEN BONDED RELATIONSHIPS ARE INTERRUPTED**

*James A. Kenny, Ph.D.*

Interrupting or severing bonded relationships takes a heavy toll on human health and well-being. It is as serious as brain surgery, death or divorce. The younger the child and the deeper the bond, the more devastating the result.

The trauma begins, of course, with the initial abuse and/or neglect, when a decision is made to change homes for the basic safety and good of the child. The child often sees the removal as his fault. "If I were a good and desirable person, this would not have happened." When separation occurs, self-blame by the child is very common.

Steinhauer (1991, p. 82) puts it clearly:

The more continuity is disrupted, be it through multiple moves or through being left too long in limbo while wardship and future plans are being contested, the greater the risk of severe and lasting personality damage...Many juvenile court judges, lawyers, and even Children's Aid Society workers still do not fully appreciate how damaging it is for a child to be left in limbo while his case is adjourned again and again to suit the convenience of the parents or the legal system.

Keck (1995, p. 60) and Hughes (1997, p. 24) and many other experts support this position.

Even a child who is well-adjusted in the beginning may give up after facing too many crises. Why bother adjusting? It becomes too painful to attach if one must face the crisis of loss again and again. More tragic, an unfortunate pattern of anticipating rejection may develop, a pattern which shapes future relationships even when the fear of loss is no longer realistic.

The foster care system is set up to provide temporary relief for the abused and neglected child while a more permanent plan is arranged. However, because of inefficiency and bureaucracy in the child welfare system and delays in the courts, the very system designed to protect the child becomes a major abuser. The system creates the unbonded child, the child who suffers from a failure to attach. The key issue is: at what point in time is serious and lasting damage done to a child?

### **SEPARATION AND LOSS**

Separation and loss are critical life events. Most adults can still recall their first broken heart. How rejected and devastated they felt. They were certain they would never love again. To some extent that loss colors the initiation and course of future romantic relationships.

From infancy on, parents or caregivers are aware of the pain and damage that separation and loss can cause. Parents anticipate this and prepare for it in many ways. The universal game of Peek-a-boo is a playful way of hiding the face, practicing temporary loss, and then reassuring the child by uncovering the face again. Tension is usually relieved with peals of laughter.

Separation and loss cause anxiety. Anxiety is “physiological and psychological arousal to meet a crisis.” Anxiety causes an increase in pulse and blood pressure, an increase in digestive juices, more neurohormones and adrenaline in the blood stream, changes in breathing, sweat, and many other physiologic signs. The arousal is neither good nor bad and may in fact presage growth. However, if the child is required to adjust repeatedly to moves, as in foster care drift, the arousal may remain as continuing panic, leading eventually to aggressive behavior or depression.

Bowlby (1973, p. 30) wrote years ago of separation anxiety:

Young children are upset by even brief separations. Older children are upset by longer ones. Adults are upset whenever a separation is prolonged or permanent, as in bereavement. A pile of clinical reports, moreover, starting with Freud’s early studies of hysteria, and swelling in increasing volume in recent years, shows that experiences of separation and loss occurring recently or years before, play a weighty role in the origin of many clinical conditions.

Steinhauer (1991, p. 29) confirms Bowlby and defines the stages of response to separation. He warns that the child may develop an attitude of permanent detachment.

Unresolved separation and loss, multiple placements, and long (over three months) delays in limbo can lead to a loss of capacity for intimacy, psychopathy and aggression, and mental illness in adolescence and adulthood.

## **NONATTACHMENT: CREATING THE UNBONDED CHILD**

Bowlby (1979, p. 141) warns of the danger of disrupted family relationships which can result in “...the emotionally detached individual who is incapable of maintaining a stable affectional bond with anyone. People with this disability may be labeled as psychopathic and/or hysterical. They are often delinquent and suicidal.”

Steinhauer (1991, p. 23) and Cahn (1996, p. 74) write in detail of the effects of multiple placements, noting that some children develop a “social indifference” while others express the loss in “affect hunger, wanting constant attention. These reactions frequently last a lifetime.”

In summary, moving children who have bonded may cause them to refuse to attach, resulting in the “unbonded child,” one with an inability to feel compassion and form or maintain relationships.

## **CHILDHOOD MENTAL ILLNESS**

Mental illness is another common result of intermittent placement and non-attachment. A young child is removed from a situation of abuse or neglect. Frightened, bewildered, upset, he comes to a new and totally unknown home. In time he becomes accustomed to the home, grows to like it, attaches to the people in the home. Suddenly his caseworker comes and moves him to another home. These people are also kind to him. He likes his room, he likes the

food. But he is becoming wary about growing attached to them. Sure enough, six months later, he moves to yet a third foster home. This time he may greet the new people warmly and smile at the right time; he may get used to the food and the bed and the new school. But he no longer feels any attachment to the family. On the outside he wears the mask of attachment. On the inside he remains apart and alone. He has learned how painful broken attachments are, and he will no longer expose himself to that kind of pain.

Kulp (1993, p. 214) summarizes the common pathologies of foster children, worsened by continuing lack of permanence.

- Delayed development in personal hygiene.
- Immaturity and poor social skills.
- Problems with authority figures (feelings of powerlessness, acting out, etc.)
- Stress reactions (fire setting, animal abuse, etc.)
- Self-destructive behaviors (lying, stealing, running away, suicide attempts, etc.)
- Difficulty in relating to others (passivity, dissociation, etc.)
- Attachment and separation problems
- Psychosomatic complaints (nightmares, stomach aches, etc.)
- Physical and mental impairments

Karen (1994), Main (1996, p. 239), Clark et al (1998, p. 536) and many others document lists of childhood mental disorders resulting from multiple moves.

Unfortunately this scenario is neither unlikely nor rare. The Diagnostic and Statistical Manual of Mental Disorders (1994) is the compilation and description of diagnoses of mental illnesses. Among these psychiatric diagnoses is Reactive Attachment Disorder of Infancy or Early Childhood. This diagnosis describes two types of inappropriate behavior in social situations and offers three causes:

The condition is associated with persistent disregard of the child's basic emotional needs for comfort, stimulation, and affection (Criterion C1); persistent disregard of the child's basic physical needs (Criterion C2); or repeated changes of primary caregiver that prevent formation of stable attachments (e.g. frequent changes in foster care) (Criterion C3). (DSM-IV, 1994, p. 116)

In other words the American Psychiatric Association has identified foster care drift as one cause of a specific mental disorder. If we remove a child from the biological home to protect him from abuse or neglect, then subject him to a series of foster care placements, we may have corrected one cause of attachment disorder but created another cause of the same disorder.

Interrupted bonding frequently leads to other psychiatric ailments in children. Included in the list of common childhood disorders caused by moving youngsters around are:

- Adjustment Disorders
- Attention-Deficit/Hyperactivity Disorder (AD/HD)
- Oppositional Defiant Disorder
- Developmental Delay
- Learning Disorder. (DSM-IV)

Adjustment Disorders are defined by the DSM-IV (p. 623) as expressing “clinically significant emotional or behavioral symptoms in response to an identifiable psychosocial stressor or stressors.” The symptoms may include depression, anxiety, flattened emotions, and/or misbehavior. The obvious stressor in these cases is the separation of the child from a situation where he felt safe and loved.

AD/HD is defined by the DSM-IV (p. 78) as “a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequent and severe than is typically observed in individuals at a comparable level of development.” In a child who suffers the loss of a significant relationship, the failure to focus attention may be a spin-off of nonattachment. The hyperactivity, often expressed in misconduct, may be the result of anxiety and pervasive anger generated by separation.

Oppositional Defiant Disorder is defined by the DSM-IV (p. 91) as “a recurrent pattern of negativistic, defiant, disobedient, and hostile behavior toward authority figures that persists for at least six months.” Included among the many symptoms are loss of temper, arguing, refusing to comply, annoying others deliberately, blaming others, and being angry and vindictive. It is not difficult to surmise that being separated from a secure base may be a causative factor in the development of such strong resentment.

Experts have speculated that foster children, due to being shuffled around, may be one to two years behind academically and emotionally. The DSM-IV (pp. 53-61) describes a variety of areas where delay in development can be shown. Although developmental delay is more often due to genetic and physical causes, it may also be the result of a separated child who simply decides it is easier to give up and not try.

Learning Disorders, according to the DSM-IV (p. 46), are diagnosed “when the individual’s achievement on individually administered standardized tests in reading, mathematics, or written expression is substantially below that expected for age, schooling, and level of intelligence. The learning problems significantly interfere with academic achievement or activities of daily living...” Again, as with developmental delay, learning disorders may develop as the result of being shifted from home to home, from school to school.

## **ADULT MENTAL ILLNESS**

Disorders of childhood generated by flaws in the foster care system (delays and multiple moves) are mild compared to what is yet to come. The breaking of bonded relationships causes even more serious problems in adulthood. Foster care drift eventually creates a person who lacks the ability to attach to others. While there are many contributing and confounding antecedents of adult disorders, nevertheless, adult mental illness, crime, poverty and homelessness have all been positively correlated with time spent in foster care. Problems submerged in childhood behind a veneer of compliance will surface in adult life.

What happens in childhood has lifelong consequences. Foster care, even when necessary and at its best, carries with it the impact of rejection and is likely to engender feelings of inferiority and low self-worth. The person who carries this condition into adulthood is much more vulnerable to mental, emotional and behavioral disorders.

What is mental illness? In simple terms, mental illness is a disorder of thought or behavior which significantly interferes with functioning in a major life area such as home, work or leisure time play. Both the research and common sense tell us that interrupted relationships lead to withdrawal and a fear of investing in new relationships. Withdrawal and the failure to relate are at the basis of many mental disorders, including depression, anxiety disorders, and thought disorders like paranoia and schizophrenia. Even among “normal” adults, failure to form healthy emotional attachments makes stable and joyful adult family life all but impossible.

Bowlby (1979, p. 71) writes:

Those who suffer from psychiatric disturbances, whether psychoneurotic, sociopathic, or psychotic, always show impairment of the capacity for affectional bonding, an impairment that is often both severe and long lasting...Antecedent conditions of significantly high incidence [of mental disorders] are either an absence of opportunity to make affectional bonds or else long and perhaps repeated disruptions of bonds once made.

Triseliotis (1993) and Aldgate (1994), among many others, confirm the correlation between children who graduate from foster care and adult mental illness.

## **CRIME AND VIOLENCE**

Detachment and the destruction of the capacity for intimacy are not the only results of long stays in foster care. Adult crime and violence are likely outcomes in those individuals whose empathy is stunted and who grow up without the conscience normally fashioned through a concern for the well-being of others. The psychiatric literature labels these people “psychopaths.” Karen (1994) refers to multiply-placed children as “psychopaths in the making.”

Frustration leads to aggression. The lack of a permanent home and foster care drift are obviously frustrating to a growing child who must find his or her elemental identity in roots and stability. To know who one is and to gain the courage to venture out on one’s own requires a stable base. Foster children are destined to spend many of their growing years in a state of uncertainty.

An unstable childhood generates a deep-seated and often unconscious anger. While childhood anger can be treated and socialized in a proper setting, it is often an antecedent to adult violence and crime.

Bowlby (1973, p. 249) writes, “The most violently angry and dysfunctional responses of all, it seems probable, are elicited in children and adolescents who not only experience repeated separations but are constantly subjected to the threat of abandonment.”

Steinhauer (1991, p. 67), Fanshel et al (1989), Keck (1995, p. 11), Lloyd (1998), Desai et al (2000, p. 327), Haapasalo (2000), and Freedman et al (2000), all report that a foster care background is significantly correlated to adult crime and violence. The evidence is overwhelming.

The reasons that led to removal from the birth parent home may be the initial cause of adult crime. Nevertheless, lengthy time spent in foster care clearly does not remedy the problem and, through delay and multiple moves, may well amplify the initial anger.

## **HOMELESSNESS AND POVERTY**

Better than any other term or condition, “homeless” describes the state of a child in foster care. By definition the foster child is a transient without a permanent home.

Children who are emancipated into legal adulthood without a permanent home have no safety net, no family of origin to fall back upon. If they have been in foster care for an extended time, temporary living and the lack of a true home is a state they have learned while growing up. Small wonder then that foster care is highly positively correlated with homelessness. Research shows that children in foster care have a significantly high chance of becoming homeless adults.

The Sunday New York Times (1991) reported in a front page story that “A large and disproportionate number of the nation’s homeless are young people who have come out of foster care programs without the money, skills, or family support to make it on their own.” This finding was preceded and documented by earlier reports from the Citizens’ Committee for Children of New York (1984), Schaffer et al (1984), Mangine et al (1990), and a 1991 study by the National Association of Social Workers.

Little has changed in the past ten years. Susser et al (1992), Blankertz et al (1993), Piliavin et al (1993), Calsyn et al (1994), Koegel et al (1995), Herman et al (1997), Rosenbeck et al (1997), Bassuk et al (1997), Zlotnick et al (1998), Cauce et al (1998), Sumerlin et al (1999), and O’Brien (1993), all report large numbers of homeless adults with a history of foster care.

Roman and Wolfe (1997) in “The Relationship Between Foster Care and Homelessness” summarize:

There is indeed an over-representation of people with a foster care history in the homeless population...Physical and mental health problems also interact in the homelessness-and-foster-care equation...It is clear from this study that what happens to children has a lifelong impact on them. When you see homeless adults, it is quite possible that they are homeless because of people and systems that failed them as children...If it is necessary for children to enter the foster care system, extraordinary measures should be taken to move them as quickly as possible into a permanent living situation (family reunification or adoption), taking all steps necessary to avoid multiple placements.

Poverty and homelessness are obvious bedmates. A major reason why people are homeless is that they have no job and no money. Not surprisingly adults with a history of foster care are significantly more likely to be below the poverty level.

Rohter (1992) writes of the relationship between “children living in legal limbo” and adult poverty. Aldgate (1994) reports that out-of-home public care is one major factor in adult poverty.

Cook (1994) reports: “With respect to education, early parenthood, and the use of public assistance, discharged foster care youth more closely resembled those 18-to-24-year-olds living below the poverty level than they did the general 18-to-24-year-old population.”

## **WHY CHILDREN ARE MOVED**

Moving a child from one home to another is an intervention that has serious consequences and should be effected only for the most serious reasons. Ideally, every move should be made as if that move were to be the last one necessary. As has been seen, the interruption of relationships in a developing child can have detrimental consequences both now and later. If this is so, why are children ever moved?

Obviously, the health and safety of the child are a paramount concern and may mandate a move. Children are moved when their life and health, both physical and mental, are in danger, and when the benefit of moving outweighs the cost of separation.

Too often children are moved for less compelling reasons, when the cost to the child far outweighs any benefit that might be obtained.

Unfortunately, many child welfare workers do not recognize the importance of maintaining significant attachments (bonding), nor the harm done when children are moved from home to home. Children are moved for trivial reasons, even upon whim. When one caseworker was asked why she moved a child, she responded, "Because I can." A compilation of complaints by foster parents from a Midwestern state revealed the following less than significant reasons why children are moved:

- Because the child ran away.
- To reunite the child with other half-siblings.
- To make room for a larger sibling group.
- To place the child in a same-race home.
- To be on the "safe side," protecting the foster child following uninvestigated and unsubstantiated charges of abuse by the foster parents.
- To keep foster parents from becoming too attached.
- To accommodate birth parents who complained about the distance they had to travel to see their child.
- To punish foster parents who have made too many demands and are considered troublemakers.
- Because of a lack of communication between caseworkers and foster parents.

Kulp (1993) states: there are only three reasons (other than substantiated abuse), why a child's status should be changed within the foster home: 1. To return to the birth family. 2. To be adopted by the foster family. 3. To be adopted by another family.

## **CONCLUSIONS**

Interrupted bonding is significantly positively correlated with childhood and adult mental illness, with adult crime and violence, and with homelessness and poverty.

The inability to cope with separation and loss in a growing child may set the stage for anxiety and depressive disorders and even adult psychoses.

Multiply-placed children are psychopaths-in-the-making. The separation from early attachments breeds anger which erupts in adult crime and violence at a significantly higher rate than within the general population.

Homelessness is a life style learned in foster care. Children who grow up without a permanent home take to the streets as adults in disproportionately large numbers, living without a family and without a roof.

Children who are emancipated without a permanent home begin their lives with no source of family financial backing, no possibility of any inheritance, and the likelihood of beginning and ending their job careers at minimum wage. Emancipation from the foster care system into so-called “independent living” is a significant cause of adult poverty.

Foster care is not the sole cause of the above-mentioned disorders. Correlation is not necessarily causation. There are other obvious causes. The original abuse and neglect is a significant factor. Also mental illness, crime, homelessness, and poverty are interrelated and thus may cause each other.

Nevertheless, experts agree that delay, multiple moves, and the lack of any permanent home are damaging and abusive in themselves and play a significant role in adult disorders. The child welfare and court systems are designed to correct problems of abuse and neglect. By failing to achieve permanency within a short period of time, the systems amplify the very abuse they are mandated to heal.

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