

**‘Attachment and Abandonment:
A study of factors contributing to or hindering the
development of trust and functional family behaviour’**

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OCMS, Ph.D.

Abstract

This research examines the lives of individual children and adults of diverse ages and ethnicities, who suffer common and uncommon abandonment. The study employs a naturalistic “inquiry from the inside” approach and involves intensive participant observation on the part of the researcher. This allows a form of research to emerge that is longitudinal and dialogical. It includes the collection and analysis of the life histories of participants and allows for comparisons and shared experiences.

The depth of involvement of the researcher in the participants’ lives, together with analysis of their experiences, combine to form a unique methodological model, generating a deeper and more nuanced understanding than commonly available of how the abandoned person views their world, while moving toward relational connection. Analysis of the life histories, field notes, observations and interviews, in concert with ethnographic field data, yield a progressive pattern of trust and development of relationship.

In this process, the language, stages and steps of a non-clinical model of intervention emerges within the life experiences of the individual participants. The resulting paradigm applies most directly to individuals challenged by abandonment, and to their family structure, with the potential application for social agencies (governmental and non-governmental) and institutional models of care.

The research offers two contributions to the field of study addressing the lived experience of formerly abandoned children and their families including: (1) extended understanding of the phenomenon of attachment through a holistic and dynamic approach to the attachment process, involving life history and ethnographic examination and (2) a coherent model of intervention revealing the development from abandonment to relational connection. This includes responses of the participant to availability and empathy, and reveals a progression from survival through vulnerability and trust, to authenticity and relational connection.

‘Attachment and Abandonment:

A study of factors contributing to or hindering
the development of trust and functional family
behaviour’

By

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DECLARATION

This work has not previously been accepted in substance for any degree and is not being concurrently submitted in candidature for any degree.

Signed _____(Candidate)

Date _____

STATEMENT 1

This thesis is the result of my own investigations, except where otherwise stated. Where correction services have been used, the extent and nature of the correction is clearly marked in a footnote.

Other sources are acknowledged by midnotes or footnotes giving explicit references. A bibliography is appended.

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STATEMENT 2

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DEDICATION and ACKNOWLEDGEMENTS

Jesus called a little child and set her in the midst of his disciples (Matthew: 18:2). This same friend of the child says to us that we are also welcome in His midst. I am grateful to Him who comes and values the child and the child in all of us. This is dedicated to Him and to them. Amongst those children is one I am particularly grateful to, my youngest of four, Fuxia who courageously chose to ‘walk’ with me as a participant on this long and arduous trek.

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Glossary

Terms concerning Attachment and Methods

1. **Affectional bond:** a persistent bond, involving a specific person, one who is not interchangeable with anyone else
2. **Attachment:** a relational connection, between self and others... deep and lasting emotional connection developed between child and caregiver in the first years of life, influencing mind, body, emotions, relationship and values. Attachment is understood as a system meant to insure survival activity and create safety at a perceived or real threat.
3. **Attachment behaviour:** behaviour that encourages proximity to the attachment figure
4. **Attachment behavioural system:** an organization of attachment behaviours within the person, a flexible behaviour system, which responds to environmental changes, while attempting to attain a goal – such as proximity to the primary caregiver when frightened or perceived danger.
5. **Attachment bond:** a larger class of bonds that one individual has with another that they deem stronger and wiser.
6. **Attachment challenged:** a person who suffers from disordered attachment with any one of the following disorders – non-attachment, disordered attachment or a disruption of attachment.
7. **Attachment disorders:** (in children) conditions of ‘non-attachment’, ‘disordered attachment’ and ‘disruption of attachment’. Non-attachment – qualified as RAD (reactive attachment disorder) DSM-IV, children with no discriminated attachment figure, may either fail to differentiate among adults (indiscriminate sociability) or fail to seek or respond to care-givers (Zeanah and Boris 2000). Disordered attachment – a selective but disturbed relationship, can exhibit self-endangerment, extreme inhibition, compulsive or compliance (Ibid.). Attachment disruption – extreme behaviours of protest to despair to detachment (Ibid). (Boris and Zeanah suggests that clinical cases supply more reliable data than the DSM-IV criteria.
8. **Attunement:** Attunement is being aware of, and responsive to, another. The most powerful of our non-verbal communication instruments is the face. A child's face, and yours, is a barometer expressing interest, investment, curiosity, joy, fear, anger, confusion, or doubt (summary taken from Bruce Perry's writing).
9. **Internal Working Model:** ‘Research has also shown that, at least in older children and adults, individual differences in the security of attachment are indeed related to the individual's representations of social relations’ (Bretherton & Munholland, 1999 as cited by Johnson, S., 2007: Volume 18, Number 6 Association for psychological science, Stanford).

10. **Mentalization:** allows one to understand your own or another's behaviours are linked in meaningful, predictable ways and are often unobservable, changing and dynamic feelings (Slade, 2008: 764).
11. **Peoples Republic of China (PRC):** The People's Republic of China is a single party state governed by the Communist party of China. It exercises jurisdiction over 22 Provinces, five Autonomous Regions, four directly controlled municipalities (Beijing, Tianjin, Shanghai and Chongqing), and two mostly self-governing Special Administrative Regions (Hong Kong and Macau) *People's Daily Online*, 23 November 2009. Article 138. The capital of the People's Republic of China is Beijing.
12. **Primary caregiver:** The attachment pattern exhibited by the child is reflective of the quality of care that he receives. A child whose caregiver is appropriately responsive and consistently provides for their needs will develop a Secure Attachment, while those whose caregivers are unresponsive or inconsistent will develop an Insecure Attachment (summary made from Ainsworth's writing).
13. **Secure Base:** The primary caregiver provides a secure and safe environment emotionally and physically, which allows the child/person to explore and in turn develop confidence.
14. **Strange Situation Test:** A procedure formulated to measure attachment relationships between a caregiver and children between the age of nine and eighteen months.

Methods

1. **Convenience Sampling:** In clinical practice or sociological research 'clients' or participants can be chosen from those who are available or volunteer. This sample may not represent the general population however as in the case of this research the participants have experienced the affect of common and uncommon abandonment.
2. **Snowball Sampling:** Begins with a person who meets your criteria for the research. They in turn may lead to others meeting the criteria.
3. **Ethnography:** 'In its most characteristic form...[ethnography] involves the ethnographer participating, overtly or covertly, in people's daily lives for an extended period of time, watching what happens, listening to what is said, asking questions- in fact, collecting whatever data are available to throw light on the issues that are the focus of the research' (Hammersley and Atkinson 1995:1). 'Iterative-inductive research (that evolves in design through the study), drawing on a family of methods involving direct and sustained contact with human agents in the context of their daily lives (cultures); watching what happens, listening to what is said, asking questions and producing a rich written account that respects the irreducibility of human experience, that acknowledges the role of theory and views humans as part object/part subject' (O'Reilly, 2005:3).

INTRODUCTION OF THE PARTICIPANTS

A brief summary is presented in alphabetical order of each of the primary participants to create a frame of reference for the research. Detail of those present with the researcher and the context of the environment as well as the types of data collected are included.

Fuxia:

Fuxia was an abandoned girl child from a southern province of China (PRC). She was born with the genetic disorder, Osteogenesis Imperfecta, a bone condition that leaves her bones fragile and vulnerable to fracture. She lived in two orphanages (government and NGO) prior to becoming apart of her new family in 1998, a few weeks before her fourth birthday. She lived with her adopted family in Hawaii for seven years before moving to Washington, D. C. where she is presently completing her last year of high school.

The context of her initial connection with the researcher was at the Wee Care orphanage in which she lived for two years before being adopted. She lived and was fostered within the orphanage by the director, Ms. Ji and her two immediate assistants. This commitment was made in light of her vulnerable medical condition and concern that local foster families would not be able to sufficiently care for her. These three individuals, along with baby care nurses were the primary individuals present during interaction with Fuxia in the course of the early data collection period in the PRC. Open informal interviews of opportunity were conducted with Ms. Ji and the two assistants during each extended stay by the researcher. Ms. Ji served as a research assistant and translator when required as interviews of those associated with Fuxia were always conducted in English, Mandarin or Cantonese. Ms. Ji is fluent in each language. Cantonese and English were part of her primary and secondary education in Hong Kong. Mandarin was primarily used for her work in the PRC and her undergraduate degree in psychology was accomplished in English from the University of Toronto in Canada. She also served as an interlocutor for

observation in government and private institutions in the PRC. Video footage and photographs were made of Fuxia during the years of 1996-1998. These were offered to the researcher after the decision was made in 1998 to adopt her.

Once she was adopted, family members including her father, mother, maternal grandparents, periodic contact with her three adult siblings and teachers and Physicians were the principal persons present during data collection over the ensuing years. Means of data collection included: observation, dialogue, video recordings, medical records, journals and informal notes of specific events within family life experienced over a decade of time. Notes were made by the researcher initially in the context of a mother recording history for her adopted daughter. When Fuxia requested at the age of ten to be included in the research, notes were made after each purposed interview as well as episodes considered noteworthy in everyday life experience. The everyday life experience notes were documented at the end of the day and any persons present during those occasions were subsequently interviewed for their contribution of the experience, providing a testing and perception of the information and episode. These notes were also reviewed by Fuxia and created further discussion and analysis...always allowing hers and the other participant's voices to bring clarity to the findings.

Jonathan:

Observation of Jonathan began two days before his adoption in May 2007 with an extended interview and observation of Jonathan at home with his foster family. This was requested by the researcher of the foster family and approved by the Orphanage director who had relationship with the family. The family welcomed the extended visit and allowed pictures and video during the observation. They also invited their extended family to join our time together, which allowed me the opportunity of interviewing them as well as the foster parents. The process of adoption in the PRC was also filmed including the

following participants: adoptive mother, and older son, agency representative from the mother's adoption service and the provincial government officials were present as well as the foster family and Jonathan. After the custody of Jonathan was given to the adoptive mother, those present were primarily the adoptive mother, grandmother, big brother, myself, my assistant and periodically the agency representative who spoke fluent Mandarin and English. After leaving the PRC we remained in contact weekly until 2008 when Jonathan, his brother and mother joined me on the East Coast of the U.S. for a follow-up visit. This was the last interview and observation however we have maintained periodic contact.

Jonathan was born in southeast China and was cared for from infancy to seven months at Wee Care child-care centre. For the following two and a half years he was fostered until his adoption at three years and four months. Born with a cleft palate he was in the care of his foster family during his first surgery. He has an adopted brother who is one year older and is also from the same region. He presently lives with his brother and mother in the United States.

Beyond the initial meeting with Jonathans foster parents, adult foster brother and foster Aunt, Ms. Lu Xia, a student from California State University and former student of mine served as translator. My research assistant from the United States remained with me to document the adoption process and collection of data on film. This pre-adoption period transpired over five days. After the adoption, there was a final 'good-bye' meeting between the new adoptive family and the foster family. This was also translated and filmed. Present during continued periods of data collection with Jonathan were his adoptive mother, grandmother, adopted older brother, my research assistant and the adoption agency representative, Hana, who is as well fluent in English and Mandarin. The context of data collection while in China included the foster home, Wee Care facilities, local government offices, a hotel and restaurant along with walks in the market place and

parks. This period of time extended from early morning until evening for the first week of adoption. Data collection continued in Jonathans new home in the U.S. and a subsequent visit from Jonathan and his family to the home of the researcher in Arlington, Virginia. The evidence of data was collected through dialogue with various family (foster and adoptive) members, both separate and together, in recorded interaction with Jonathan, Wee Care records of his stay in the orphanage, journals of his adoptive mother and observation until the newly formed adoptive family flew to Guangzhou for the final adoption process. The video recordings remain with the researcher on a hard drive and a copy was given to the adoptive mother. The dates of data collection are recorded in the primary source section of the bibliography.

Jenna:

The observation of Jenna began in 2008 and continued through 2011. Specific interviews are recorded in the primary resource bibliography.

Born in northern China, Jenna was in institutional care until nine months of age when she was adopted. Her mother, who is British and a business executive, took maternal leave for three months after Jenna's adoption to bond with her. She has an extended family including a younger sister. Her aunt and uncle live in close proximity and have a deep and regular investment in Jenna's life. They, along with her mother and sister hold the tradition of Sunday dinner together. Two years after her adoption, Jenna returned to China with her mother, to bring back her adopted infant sister. Jenna is presently in middle school.

Those involved during the recording of data included Jenna's adopted mother, sister and her uncle and aunt. Means of recording included extensive journal excerpts of her mother, the researcher's personal journals of interaction with Jenna, observation, written reports of the uncle and aunt, teacher reports and records of a play therapist, along with medical and psychological evaluation records. Data collection predominantly took

place in her home, school, and medical facilities in London and during vacations over a two-year period of time. The researcher was able to observe Jenna in her home with her mother and sister present, during park outings with her extended family, and at Sunday family dinners with her aunt and uncle. The researcher also took walks with Jenna. Permission was given to record Jenna's interviews and random dialog. With permission of the play therapist and the mother, notes of each appointment were given to the researcher as well as telephone interviews given by the play therapist. The mother made the record of a diagnostic test, performed in 2010 by a psychiatric team at a reputable psychiatric institute, available.

Lok Chi/ Jacob:

The observation of Lok Chi began in 1998 and continued periodically through 2011. Certain specific interview dates are recorded in the primary source bibliography.

Lok Chi spent his first three years in and out of hospital and institutional care. He was blind and a sickly infant, fearful of touch. Gary and Helen, an ex-pat couple, fostered Lok Chi at three and a half years of age, after he was brought to the Mother's Choice baby care centre for special needs infants in Hong Kong. They adopted Lok Chi after two years of fostering and remained in Hong Kong until he was approximately ten years old. He is now eighteen and in his senior year of high school. They now reside in Colorado where Jacob attends high school with special instruction. Gary and Helen have four grown children and several grandchildren.

Data collection took place while observing Lok Chi in Hong Kong during periodic visits with the family and at his home in Colorado after the family's move to the U.S. Those individuals present during these periods included; Mothers Choice staff, Lok Chi's parents, Fuxia and her parents in Hong Kong and in Colorado, his young adult brother Andrew. Beyond these periodic visits over a four-year period of time, data was as well

drawn from interviews with his parents and a review of their journals and medical records recording both his early history and later neurological assessment. (Queen Elizabeth Hospital Kowloon, Hong Kong, PRC data received in interview with the administrator of Mother's Choice Hong Kong in November 2002. Cascade Centre for Family Growth, Orem Utah (2004) EEG and neurological assessment in April 19, 2004.

The included data was collected over a period of five years during both direct encounters with Lok Chi and skype calls with the family. Carmen Radley, a family friend and writer, for the purpose of compiling a record of his life history and eventually a book to be written, collected additional data, articulating the family's experience. The parents gave interviews and the researcher kept observation notes. The life experiences observed by the family members and the researcher were discussed and analysed. Lok Chi was not able to communicate directly with the researcher due to physical and emotional disabilities.

Millie:

Millie is now deceased. She was born in Uganda and lived there with the exception of sixteen months when she and her husband Benon studied in Hawaii, finishing her degree program in early childhood. She was orphaned between the ages of one to three and taken by extended family members of her father. As a pre-teen, she was able to live with her maternal grandmother. She grew up during the tumultuous reign of two ruthless dictators, and suffered throughout her short life due to the hardships experienced during this time. After returning to Africa she established an early childhood centre. Her husband died shortly after their return and Millie passed away two years later.

Data collection related to Millie took place during extended visits to East Africa, conducting seminars on project development and training. Millie was my host during these times and we travelled together around the country observing the care of the abandoned child in Uganda. It was during these occasions that I asked questions and began to piece

together her life history. She shared this again later with my brother and sister-in-law, while visiting the U.S. for an international leadership meeting of educators in Tampa, Florida. I was also present during this time frame and later met regularly (weekly) with Millie while she was a student at the Kona campus of University of the Nation in Hawaii. Occasionally we met with her husband Benon, other College of Education colleagues and mission, leaders in East Africa. Collection of data took place over a period of three years and was drawn from personal journals and records of dialogue with Millie, her colleagues and my own observations. These were occasions of convenience where data took the form of simple notes of particular events or conversation, which would later be studied and better understood in following the whole of Millie's life. Specific dates and locations of interview are found in the primary source section of the bibliography.

Mishti:

Mishti was born and raised in India and is presently living in the sub continent. As an infant she was placed in an orphanage because of her mother's inability, after divorce to care for her. While having periodic contact with her mother, there was no relationship established. At fifteen years of age, she was aged out of the orphanage and continued her education until she was pursued for marriage. She is now married, has three sons and four grandchildren. She has spent her life in humanitarian work throughout the subcontinent and presently gives leadership to a childcare centre for abandoned children.

Initial interviews with Mishti began in May of 2009 and continued intensely through August of that year. From 2009 – 2011, there were consistent face-to-face skype interviews and periodic conference calls with Mishti and her support team.

Those individuals present during data collection included a neighbour who hosted her during her visits to the East Coast of the US, the core team of individuals who supported her in her humanitarian work, and at times her husband and sons. Collection of

data took place over a period of two years during periodic visits of Mishti to East Coast of the U.S. and on skype calls with her after returning to the sub continent. Additional data was drawn from dialogue with her core team of friends in the U.S.

Molly:

Molly was adopted shortly after birth by a couple who themselves had personally experienced abandonment and adoption. Her birth mother gave her up for adoption shortly after her birth and later died in a car accident. Molly struggled relationally throughout her early and adolescent years with her adopted parents. After years of disruption in the family, she left home, eventually marrying and bearing two children. In her early thirties, she left her husband and children, pursuing a restored relationship with her birth father. She has since remarried, is restored and living with her children.

Initial contact and dialogue took place with Molly by phone and during face-to-face conversations. Additional data was drawn from journals recording conversations with Molly and her children. Extended conversations took place via phone and email while she was living on the east coast and during her years with her biological father in the south. Individuals present during the recording of data included: her adopted parents, biological father, first and second husband and her children. These encounters took place over a period of four years. The majority of the data was recorded during one on one meeting over coffee, at my home, Starbucks or in the park. I would let Molly chose where she was most comfortable. Occasionally we met together with her first husband. There were a few meetings I suggested we meet with the children in order to observe the interaction of the children with Molly. This also gave the children an opportunity to contribute to the dialog. Dates and locations of interviews are given in the primary resource section of the bibliography.

Ruth:

Born into a family living on the west coast of the U.S., Ruth and her brother (fourteen months older) grew up in the context of an alcoholic father and an incapacitated mother who was seriously ill for most of Ruth's infancy and early childhood. She died during Ruth's childhood years. Ruth was effectively abandoned in urban America, and left to make her way growing up, abused and misused by neighbours and employers. She married in her twenties, bore four children and is now a grandmother, living with her husband and next to youngest child.

Data was collected through observation and dialogue with Ruth over the six years of this study. The interaction took place in her home during monthly visits of three to four days, international trips to Asia, Europe and Africa and during skype calls that transpired weekly over a three-year period of time. Additional data was drawn from the record of email interchange with her and her own journals. Individuals present during much of the data collection included Ruth's husband, the husband of the researcher, Ruth's grown children, counsellor and mutual friends.

The dates of primary source interviews with Ruth as with all of the participants are listed in the bibliography. The collections of photographs, videos, interviews and all records spoken of in the research are kept in the researchers resource files of each participant.

1 CHAPTER ONE – INTRODUCTION

This research is about people, children and adults who suffer abandonment and the journey they undertake from survival toward relational connection. I describe how this study takes shape and the experiences and suspicions that provoke its development. The relevant attachment research is introduced to the reader, based upon validated paradigms of measurement in which aspects of attachment have been carefully assessed, yet with insufficient attention allotted to its processual nature. I distance myself from this methodological approach, situating myself as a reflective practitioner who is seeking to bridge the gap between the laboratory and the field. The method I use to achieve this is an intense study, over a period of several years, of the life histories and lived experience of individuals having been subjected to abandonment. A new methodological approach is introduced, which allows the researcher to examine the progression of attachment as it develops, in engaged, participatory fieldwork. The research will show that themes emerged within each stage of this process consistent with each of the participant's life history, ethnographic discourse and behaviour.

The work is interdisciplinary, drawing from sociology, psychology and anthropology. The study allows the researcher to function as a participant observer of the attachment challenged person.¹ To paraphrase Evered and Louis, three necessary components of participant observation are recognized as 'insider'. These include: 1) Being there, immersed in the life and experience of the participant and their context (1981: 387).² 2) Meaning and analysis is developed through by using methods necessary for acquisition

¹ The terms 'attachment challenged' and 'attachment disorder' can be confusing and requires clarification for the purposes of this research. See Glossary for clarification of the terms and how they are used in the research.

² Evered and Louis define context in their description of inquiry from the inside as...understanding the events, activities, and utterances in specific situations. "The rich appreciation of the complete context, local culture, people, resources, purposes, earlier events and future expectations that constitute the time and space background of the immediate and particular situation" "facts have no meaning in isolation from the setting"(1981: 390).

of praxis (1981: 390).³ 3) The necessity of dialogue and engagement of the lived experience with participants and the academic community (1981: 392-393). This form of research provides an occasion for empathic involvement. When this is recognized and received, a safe environment is created for the participants to begin addressing their attachment challenges. In turn they begin discovering a capacity to trust and this trust influences how they relate to their world. As the ethnographic discourse of experience is compared and analysed, a ‘thicker’ and more nuanced understanding emerges of how they interpret their world and move toward relational connection (Geertz, C., 1973). Deep involvement and analysis evolves to become the pattern for the research. As such, my position as researcher and fully engaged participant is critical.

My role, by necessity changes the composition of the research. As a participant observer and adoptive parent, the research influences my life as well as the lives of the participants. In retrospect the overall research absorbs my own biographical narrative.

I have been involved from 1985 – 2012 in developing nations, initiating early childhood programs. Exposure to the poor, the growing population of abandoned children, adoption agencies and adoptive parents gave way to extended participation with children in institutional care from Africa to Mainland China. While living with and engaging with people of varying ages and cultures who have suffered poverty and abandonment, I was able to build up a body of direct knowledge and experience that served in informing my doctoral research. Similarities in abnormal behaviours were found among children and adults in diverse countries, institutions and challenged living situations. This raised various questions for comparisons: How did they view their world? What influenced the similarity of behaviour patterns? Could these patterns change?

The following example of an adoptive parent and child serves to illustrate and

³ Praxis – “the knowledge of how to act appropriately in a variety of particular situations, focusing on the particular infused with human organization and interest represented in the situation under study”(Ibid.).

extend these concerns.

Ethnographer's field notes, PRC China – May 2007

As I came around the corner of my hotel hallway toward the elevator, I saw a young mother coming from her room holding a dark haired, dark eyed little baby girl, in contrast to the mother's light blond hair and blue eyes.

I watched how the mother was holding the little girl – distant and restrained with a hint of fear in the mother's face. I thought how strange. It seemed almost as if she were afraid to hold her close. It was obvious we were going to be on the same elevator, so I engaged her in conversation. I asked, "When did you get her?" Thinking to myself – it must be just today, that would explain why she seems so insecure in holding her. Her reply was, "three days ago." I asked, "How old is she?" and she responded, "eighteen months."⁴ The tone in her voice was as if she were going to break into tears at any moment. I asked the obvious, "is there something wrong?" It was as if she had been waiting for someone to ask that question. Her words poured out intermingled with sobs and eyes streaming with tears. I tried not to show how taken back I was at her response to a stranger. I mentioned I too was an adoptive parent of nine years – from this same city. She continued to tell me how awful this experience has been. How she and her husband were so thrilled at finally having a baby and within the first hour their little eighteen month old had bitten her on her neck and clawed her arms. She went on to show me her battle scars while holding the baby at a safe distance from herself. There were pronounced teeth marks still visible and now bluish in color on the lower part of her neck and scratches on her arm. As awful as they were, I knew they could not compare to the bruised spirit both she and her baby displayed and the body language both wore of rejection. I looked carefully into the eyes of this little one. They were empty and frightened, quickly turning

⁴ It is often difficult to judge the age of a child who has been in institutional care. Their physical and emotional development is normally below their chronological age. This child was small in stature for eighteen months and seemed to be physically between ten to twelve months and was non-ambulatory.

her head to avoid any further eye contact. I wondered what had happened in her short-lived history that had provoked such emptiness and fear. I could hear the desperation in this new mother's voice and asked if she would like to get together and talk.

The epilogue to this encounter was a planned meeting with the couple the following day. Upon arriving at their room and expecting only the couple and infant, I found it filled with five adoptive parents and children of various ages. A parent represented each family as the other took care of the adopted child. The young mother had gathered together those adoptive families affiliated with the agency sponsoring their adoption process. I asked questions to assess their informed understanding regarding the abandoned child. This encounter stirred multiple questions and concerns falling into certain themes. These included: the history of these infants and children, the motivation of the adoptive parent(s), similar behaviour patterns in these early days of adoption, preparation for adoption by their social agency.

I continued to be confronted by the lack of understanding surrounding the child of abandonment and adoption. Weekly I received calls or email requests from strangers, inquiries concerning research – asking for advice in how to work with their child of adoption. There was a culture surrounding this need, which seemed to be growing and I had become a part of it.⁵ Okley points out that 'bodily experience of the fieldworker as research process and source of knowledge has been under-scrutinized' and that we learn another culture 'through our senses' (2007:66). 'Craft and bodily knowledge confront misconceptions and limitations of verbal knowledge and can integrate the two' (Okely, 2012: 77).

The research required an embodied knowledge, 'a way of understanding those features of experience that have no immediate reflections in language, but which still have to be spoken about in the anthropological discourse' (Hastrup, K., 1990: 52). Reflecting on

⁵ Culture is defined by Spradley as attitudes and behaviour characteristic to a particular social group (1980).

my own life and field experience along with the early observations and engagement with adoptive parents, provided clarity regarding unanswered questions related to the context and state of the abandoned person. These developments led to the formation of a central research question:

IN WHAT WAY AND TO WHAT EXTENT DOES A HOLISTIC APPROACH OF RESEARCH BASED PARTICIPANT OBSERVATION INTO THE LIVED EXPERIENCE OF (FORMERLY) ABANDONED CHILDREN AND THEIR FAMILIES PROVIDE IMPROVED UNDERSTANDING (S) FOR INTERVENTION?

The introduction presents a framework for this research and identifies this central research question. While I formally began as a part-time researcher in 2006, the process of keeping a journal of field notes started in 1985 and more intentionally in 1995. The following section begins with a reflection taken from observation recorded in the researcher's personal journal and identifies the motivation and experience influencing the study.

1.1 Motivation and journey of a child development practitioner

My earliest professional experiences provide exposure as well as an influence in what became more formal research related to children in adversity and the abandoned child. These included two years in the California public school system (1968-69), the development of an early childhood curriculum and classroom model in Germany (1976-83), Director of an Early Childhood Centre in Kona HI (1984-86), Interim Principal of International Christian School-Kona/Grades 1-12 (1988-89), Director of Curriculum Development and Early Childhood Education/U of N Kona (1985-99). These years in teacher training included extended field assignments in the Pacific (Tonga, Philippines, Hong Kong, Thailand) and Africa (Kenya, Uganda, Tanzania). The Early Childhood Centre and International Christian School-Kona are laboratory schools, associated with the University of the Nations (U of N), College of Education. They serve both the children of university personnel and the local community. The U of N is a globally networked

university structure, founded in 1978 by Dr. Loren Cunningham and Dr. Howard Malmstadt. Cunningham, a pioneer in modern missions and Malmstadt, Professor Emeritus of University of Illinois and early innovator in applied chemistry and modular education, developed with the U of N, a tertiary model of education to serve the developing world.

As mentioned above the focus of my work from 1985–1999 was in teacher training. Part of the student training process required participation in the establishment of an early childhood centre within a cross-cultural environment. During these years, students and staff of partnering ethnicities established thirty centres in twenty-two countries, Kenya being one of these. These projects were an extension of the leadership role I carried with the University of the Nations, College of Education (1985-2004).

The following is a reflection that exemplifies this early experience. It was taken from my journal notes, spring of 1989, Kenya: Where is your mother?

The spirit of this study began to take shape through the following encounter in Kenya. Seeing for the first time the sheer discouragement of helplessness, mine as well as hers - in Nairobi - as a four or five year old, infested with lice and dying of aids wanders the streets looking for connection. Attempting to survive at any cost, the child is malnourished and asking for nothing. My friend from Nairobi says to her- “Go away”, “Go, “Go.” She is acquainted with the groups of begging children roaming the streets. “Normally, she said, there are small bands lingering around sending out the youngest to beg”. There is nothing winsome about this child. There is little life in her eyes, and she refuses to make contact with mine. Her eyes are filled with infection, and to be candid, the thought of dealing with transferred lice while on assignment is not pleasant. I look to see if I can find anyone to whom she might belong. I ask, “Where do you live?” She pointed to the sidewalk under a stairway where garbage was discarded. My friend and I cannot identify anyone looking after her. “Do you have a mother?” She shakes her head no, in reply. I feel helpless and frustrated. I take her hand and hold it firmly. Her grasp was lifeless, similar to her eyes. We walked a very long way. Her head lifted after a few blocks and her grasp of my hand became firmer. I gave her food, held her and later that evening we parted. She disappeared as gently as she had arrived. It was after this experience in Kenya, the investigation into the plight of abandoned children began.

My stay in Nairobi was a stopover on the way to advise a recently established program in the tribal region of Shimba Hills and to support a partnered team in Mombasa in establishing one such centre. The work did not focus on abandoned children and my study remained simply investigation.⁶ The work was that of a developmental practitioner, an activist concerned and questioning intervention. With the exception of curriculum

⁶ Burnstein, Michael H. (1981: 213) refers to the abandoned child as a child who has been physically left with no intention of a parent or parents to return for the child. The motivation for this act and a further description of child abandonment is included in Chapter Four.

development I had not been involved in academic research. I was familiar with psychosocial behavioural models but I had not actively worked with emotionally challenged children since my first professional assignment in the California public school system. In 1968 my first year of professional life began in the state school system working with emotionally disabled young teens who had turned to soft drugs and a few to gangs for connection and comfort. The responsibility was to create a safe environment encouraging intervention through art, connection and creative activity. To say the least, this was a difficult assignment for an inexperienced young professional, however, one that would influence a continued concern with the need to understand the multiplicity of conditions that formatively influence the child at risk.

By the mid 1990s, the term ‘children and youth at risk’ was increasingly used to describe a demographic of young people 0-18 years of age who are ‘at risk’ from poverty, abuse, war, ethnic marginalization, sexual or street exploitation, institutionalization, lack of access to basic education, social services and health care (Prevette, 2008: 3-4).

Throughout these years (1985-1999) and in those locations where centres were established, the investigation of the abandoned and neglected child continued. It was reminiscent of the first assignment with the California state schools. In order to understand their behaviours, I found it necessary to engage the students outside the context of the classroom. This included social outings, group and one on one discussion. The children in California lived with a parent or parents unlike many of the children of the nations in which I was now working. Their similarity was seen in the lack of emotional connection they experienced with a primary caregiver.⁷ Every country I now engaged seemed to have similar situations brought on by comparable circumstances.

Before addressing the specifics of problems, methodology, analysis and findings, it is important to clarify my role as a reflective practitioner, an instrument in the research process. Chapter Three, Methodology, will present a further explanation of my position

⁷ A primary caregiver is a mother figure – The person or persons who are the primary nurture figure(s) for the child. These terms will be used interchangeably and are not gender specific in the body of research.

and methodology as a participant observer utilizing an insider approach:

The practitioner allows himself to experience surprise, puzzlement, or confusion in a situation, which he finds uncertain or unique. He reflects on the phenomenon before him, and on the prior understandings, which have been implicit in his behaviour. He carries out an experiment, which serves to generate both a new understanding of the phenomenon and a change in the situation (Schön, 1983: 68).

Confusion and puzzlement were most certainly a part of my experience. My prior knowledge of child development and culturally appropriate methods were not sufficient for understanding or supporting the abandoned and neglected person. My colleagues and I had lived and taught based upon the premise that education requires relationship for development, learning and change. However, after extensive experience observing children in institutional care and those neglected in small shelters with multiple siblings and no permanent parent or caregiver, a similarity in behaviour was noted (see Addendum A and B). As a follower of Jesus, I was committed to walking out his mandate to “love the Lord your God with all your heart, mind, soul and strength and love your neighbour as yourself” (Matthew 22:37-39). I had passively embraced a code of conduct related to this “neighbour” as defined by the prophet to, “do justice, love mercy (kindness), and walk humbly with your God” (Micah 6:8). I was ill prepared though to address the situations I had begun to observe.

It was in China, where first hand the recurrent abandonment of the female infant and the special needs male child was observed. In the spring of 1995 while associated with a leadership development course as a mentor, I became acquainted with a young Chinese graduate student, Ms. Ji. After completion of her undergraduate studies in Canada and working for a time as a social worker in Hong Kong, she took employment within the government orphan care system in the Peoples Republic of China (PRC). Her personal value system informed her behaviour and in turn she pursued the nurture and care of the girl child within the system. This behaviour conflicted with the prevailing system, and in time Ms. Ji was dismissed from her role. Returning to Hong Kong, she gave herself to creating a model of care that would fit culturally, value the girl child and physically

disabled, and in turn influence the direction of the care system for the abandoned child. We became friends during her graduate study and she eventually returned to China and established that model with government approval. In that season, an accumulative three-month period, we partnered in the formation and expansion of a training model for caregivers. This and other cultural engagements drove me to search for organizing principles and understanding to answer questions regarding similar behaviours observed in residential care facilities and among children living on the streets. This search leads to the development of a new model of intervention for the attachment challenged person.

During our collaboration and subsequent time spent in China, my husband David and I met a three-year-old girl named Fu Xia.⁸ There was no intention at the time of either post-graduate research or adoption upon meeting Fuxia. We had three biological children who were now young adults and had never contemplated a fourth child. Our nest was empty and both our life's work required frequent national and international travel. Adoption however followed in 1998 and the course of our lives changed. In 2004 the need and interest developed to do further research. Observation, interview and recording in a journal were always a part of my life and work. When the decision was made jointly, at Fuxia's encouragement, to include her in the research, the data of her early life was available; interview dialogue, stories she had told and written. Ms. Ji had kept video footage and pictures before adoption. From the beginning of our life with Fuxia, David and I had felt it important to compile a life history developing a narrative of her roots. Data was based on documents, with historical facts and interview contributed by those who knew Fuxia from 1995-1998. A journal (field notes) was kept of her life, beginning with her adoption in 1998 through 2011(interviews of caregivers and leadership from Wee Care and Guigang government orphanage, films taken by Ms. Ji during her stay at Wee Care).

⁸ Fu Xia asked to keep her Chinese name meaning blessing and the beauty displayed at dawn and dusk. She decided to place the sections of her name together as Fuxia. Her official records remain Fu Xia.

My study increasingly focused on the possibility of emotional and cognitive development for children of neglect and abandonment. The neuroscience of relationship was catalytic in the process of understanding possibilities of intervention and hope for the prior experiences encountered on the field. I attended an extended study at UCLA in April of 2007 where I was exposed to the combined research of neuroscience within the theory of attachment. The work of (Cozolino 2006; Schore, 1994 and Siegel, 1999; Amen, 2001 and Thompson, C., 2010) examining plasticity of the brain and the regulation of learning guided by neuro-plastic processes, focused upon the interaction of relationship.⁹ Relevant also is Kling and Stecklis' proposal that the brain is a social organ and damage to certain brain structures created abnormal social behaviour in primates (1976: 216-238). Karmiloff-Smith et al. 1995 added 'there is no one part of the brain dedicated to social behaviour; rather, there are multiple sensory, motor, cognitive, and emotional processing streams that contribute to the development of social intelligence' (as cited by Cozolino, 2006:11). 'The individual neuron or a single human brain does not exist in nature' (Ibid). 'Without mutually stimulating interactions, people and neurons wither and die' – the process is called apoptosis of the neuron and depressed behaviour in humans (Ibid). The plasticity of the brain and the ability to develop 'occur as the result of experience' (Karmiloff-Smith and Thomas, 2003: 969-972).

The history of institutional care and the neglected infant/child was dismal in the 1900's and remains so in many developing nations. The historical study of abandonment offered a comparison of circumstances of care and of abandoned child behaviour observed in China and other developing nations. A reading of early twentieth century history of European and American institutions also indicated despairing if not miserable outcomes

⁹ Plasticity (ability to change) is the context in which development occurs both in typical and atypical development, and underlies structural changes that occur as a result of experience (e.g., Cicchetti & Tucker, 1994; Kariloff and Thomas, 20003: 969-972). The study of neurodevelopment disorders is invaluable as a source to elucidate constraints on plasticity, because in such cases the neurocomputational constraints are already altered at the time of conception and deficits at the cognitive level may be the outcome of development rather than a reflection of deficits in the initial state (Ibid.).

for those who had suffered abandonment. . Institutional care included extended hospitalization of the infant child in rigid sterile, aseptic conditions. The assumption and behavioural belief of the time was that cuddling and comfort were physically and emotionally harmful. The net result was ninety to one hundred per cent mortality of the institutionalized child occurred within the first year of life (Bloom, 2002: 32-33). Bloom reported of the inability of the institutionalized, refugee and hospitalized children in North America to respond relationally after only relatively short stays without a parent or committed caregiver (Ibid: 46-47).

The progression of my study in its written form seems to be linear. This is not at all the case. A more accurate description would be that of a large jigsaw puzzle comprised of a number of individual puzzles. Similar pieces are found among the individual puzzles at different stages but when compared and placed together create a more complete picture of the process. A similar analogy by Prevette suggested the difficulty of the work was in the missing guidance picture usually found on the box lid of the puzzle (2008: 1). This method of research requires creating the picture from the experience of the informants.¹⁰ The analogy relates also to the movement of the puzzle pieces to establish categories or events/episodes. Such movement requires crossing chronological and cultural boundaries of age, ethnicity and time.

The process of observation, between the years of 1985-1995 involved developing an awareness of the abandoned person internationally. What could be observed as common to environment and behaviour? Between 1995-2008 a continuing study and comparison of literature relevant to those observations took place. I began by surveying literature on attachment theory and the historical views of abandonment. The study of attachment created a natural connection to the neuroscience of relationship. My literature review of

¹⁰ In the research the term of informant and participant are used interchangeably and generally clarified in the context.

attachment theory and the historical literature of the institutional care of children became a frame of reference for the participant observation and life history research that followed. This initiated a heuristic process described by Schön as the ‘generation of new understanding for a phenomenon’ and the emergence of ‘change in the prevailing situation’ (1983: 68). The literature associated with attachment measurement with its theory of predictions, patterns and phases, provided a theoretical context for analysis. The comparison of experience in the field of those who were formerly abandoned, neglected children and their families offered a more direct, experiential form of learning (Martin, 1994: xv).¹¹

The years of 2005-2007 produced significant generation of data. The fieldwork from 2007-2009 combined with the early data of 1998-2004 coalesced with the field experience. I made the decision to extend the fieldwork to 2011, which in retrospect allowed for additional time and experiences with the participants. Without the extension of time, the emergence and application of a non-clinical model of intervention would have been found lacking in its longitudinal description of change and appropriate closure. Reflection at this stage of research offered a much clearer picture of how critical the role of the empathic caregiver is in the process, and enhanced my understanding of the thinking of the abandoned person. To be a primary caregiver alone is not sufficient. Because of the need to see and feel the world as the abandoned person sees it, due to their historical neglect, the unconditional and empathic commitment on the part of the caregiver is fundamental for the development of trust.

1.2 Rationale for the research

My professional experience provided broad exposure to the expanding need regarding

¹¹ For clarification abandoned family context does not mean a family who has been abandoned. The term refers to a family where an abandoned child has been placed by adoption. The context might also be an adult who has known abandonment and neglect as a child and is now a mother or father of their own family.

persons having experienced abandonment and placement in institutional care. Additionally, a network of knowledgeable field-based relationships emerged as trusted collaborators. A foundation of related tacit knowledge influenced my drive toward research and the model of engagement that evolved in the study. This resulted in iterative-inductive research utilizing multiple methods and at times sustained contact with the participants within the context of their daily lives (O'Reilly, 2005:3).

The obvious context for this research is people who have suffered abandonment and their family environment. Initially I conferred with Ms. Ji as an interlocutor for possible participants. This opportunity provided an adoptive family to follow before, during and after their adoption experience and continuing for two years. Other relationships led to a snowball effect, providing participants who requested participation, which continued to characterize the research. After following this initial adoption, greater certainty came as to Fuxia's inclusion in the research. Her own enthusiasm and the vast amount of comparative data from other sources made this possible. I initiated discussions of adoption of abandoned and neglected children and adults with a broad group of voluntary participants, which further extended my research base. While following these participants, themes emerged related to the behaviour of children in institutional care, lack of knowledge regarding attachment and neglect leading to a compromised or challenged attachment for the child. While there are various fieldwork studies, which approach the theme of abandonment and attachment, I did not find any ethnographic studies focusing specifically on the issue of attachment after abandonment. There is an abundance of research in developmental psychology of attachment from infancy throughout life, pertaining primarily to the measurement of categories and normative attachment. There is a meagre amount of research within attachment study relating to traumatic loss of attachment figures or children adopted after infancy (Bowlby, cited by Greenberg, 1999: 480).

The literature on attachment falls into distinct categories: 1) development and theoretical writing, psychopathology and attachment's role in personality development, 2) cognitive psychology and information processing models, patterns of infant attachment and adult activation of the attachment system and, 3) as Slade describes 'a small but steadily growing literature' on the relationship between attachment and clinical procedure, primarily in adult assessment is now developing (1999: 576-578). Adoption and foster care research is centred on measurement outcomes from longitudinal studies such as Tizard and Hodges (1978: 99-118). These studies suggested repeated complications in measurement due in part to the frequency of change and variables of foster and residential care (Rushton and Minnus, 2002: 360-372). Adoptive studies have primarily focused on early age adoptions in comparison studies. More recent study of adoptees five to eleven years of age, suggest several factors leading to behavioural complications. These included lack of preparation of the adoptive parents and adequate post adoption support (Dance and Rushton, 2005: 269-280) (see also Appendix 2 – Adoption Policy in the UK). Continuing lament is made in the literature to the lack of studies regarding treatment for the specialized needs of the adoptee (Cohen and Kreider, 2008). The literature reviewed focused primarily on research supporting measurement analysis of the case study groups. However reading was expanded to include clinical intervention, adoption, neuroscience and anthropological literature supportive to understanding the research argument.¹² Slade explains – 'the understanding of the nature and dynamics of attachment informs rather than defines intervention' (1999: 577).

A model of intervention emerged by following the lives of participants and examining the process of developing a trusting connection. After clarity of elemental descriptors surfaced in the data, attachment history and theory, along with comparisons found in former field study, the understanding of abandonment and attachment was broadened beyond any

¹² This literature is found where it informs the appropriate part of the study.

specific ethnic group. This provided depth to this emergent model.

1.3 Assumptions, research questions and methodology

While doing earlier fieldwork between 1985-2001 in Asia (Thailand, China, Philippines and Asia – accumulated six months), Africa (Kenya, Tanzania, Uganda - two months), South America (Brazil and Colombia – one month) regarding abandonment, survival behaviour and adoption, there were certain assumptions I carried and observed. The first was that normal child development and the natural love of parent for the adoptee was sufficient to develop and nurture a secure relationship. For most, this was subliminal and was associated with their motivation for adopting, whether they were childless or altruistic and simply wanting to meet the need of the child. My assumption that ‘love is enough’ proved to be far from sufficient. I held the thought that trust is the critical element for relational connection. My thinking was that if I could observe trust develop over time in the behaviour of the participant and observe change evidenced in their context, then potentially the steps in that process could be observed and analysed. As desirable as that would be, the process is not predictable and is in fact quite circuitous. Late in this study I discovered a Model of Attachment-System Activation and Functioning in adulthood (Mikulincer and Shaver, 2007). Their research exposed dominant attachment related schemas, and processes in normative adult attachment creating an informative model for the adult and how they responded to stressors. The method of discovery was based upon existing attachment research and the measurement of interviews.

Beyond the central research question referred to earlier in this chapter, several related questions emerged in the process of the research.

1. In what ways and to what extent within the mainstream literature and professional practice, is the phenomenon of attachment presented, communicated and applied in
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the specific world of abandoned children and their families? ¹³

2. What might be a coherent model of intervention in the lives of abandoned children and families that non-therapeutic practice could use as a foundation for effectively serving this presently underserved population?

Phase one of the research involves examining the experience of the abandoned child in various cultures. It seemed that I fell into this examination by accident. The purpose of my professional experience in these countries was more an interest in practical results related to the child at risk than theories and principles associated with abandonment. There do exist discussions and definitions of abandonment, street children and the orphan. For some of these, see the work of (Bowie, 2004; Panter-Brick and Malcolm Smith, 2000: 1-14; Ennew, 2000: xiii-xvi). My conversations and personal involvement opened my eyes to patterns of behaviour with these children. This was done by participant observation and spontaneous interviews specific to the culture and circumstance. These were in diverse environments and locations including refugee camps (Thailand), street children left entirely on their own (Colombia and Brazil), institutional care of the abandoned and neglected (China, Uganda), and children living on garbage dumps (Philippines). These early interviews and encounters offered exposure to the scope of the problem geographically. It seemed to be a universal issue. This phase of research also unmasked as well the dearth of relational connection existing within care systems. ‘Connection gives purpose and meaning to life. Neurobiologically it is how we are wired.’ (Brown, Brene, 2010: 25; Cozolino, 2006: 3-9). This early exposure and initial phase of the research provided the opportunity to observe the experience, behaviour and circumstance of the abandoned child – their lifeworld. These discoveries are expanded in Chapter Four.

¹³ Sherman and Torbert would characterize this as transforming science to engage human experience and create relevancy for the reality of most of the world’s population (2000: 1-27). I would make a similar application of actionable knowledge applied to the need of a population of abandoned persons. In praxis there can be no prior knowledge of the right means by which we realize the end in a particular situation. For the end itself is only specified in deliberating about the means appropriate to a particular situation (Bernstein 1983: 147) Praxis, however, is creative: it is other-seeking and dialogic (Freire, 1995; Smith, M. K., 1999)

The effect of following adoptive families and relational connections as mentioned in Section 1.2, leads to Phase Two – a more intentional study including a group of voluntary participants, both interlocutors and individuals who become part of the study. These participants were followed over a period of several years rather than weeks or months. I begin this phase by examining the life history of the primary participants. This process leads to greater clarity related to the impact of abandonment and neglect in their young lives as well as that of institutional care and fostering. It also expands the understanding of the process of connection and the requirement of trust for this attachment to take place. A closer analysis of the life histories and the dialogue recorded in field notes reveals a tangible empathy, that when perceived and received by the participants creates initial trust. In contrast to the children involved, with each of the adult participants, the development of their identity uncovers a stigma consistent with each of the life histories that says, ‘there is something wrong with me,’ or ‘why did they leave me or give me away’. This concept rests in the ‘fear of disconnection’ (Brown, Brene 2010: 7-10). While the children would not identify the concept of shame, their behaviour gives expression to many of these same feelings.

For all that is gained in the historical and theoretical understanding of attachment theory, the movement has been slow into clinical/therapeutic practice (Holmes, 1995: 20; Atkinson, 1997: 3). As such it has by and large remained ‘high and hard ground’ (Schön, 1983: 42) and separated from the swampland in which many of these children and families live, their lifeworld referred to in chapter two as moving from the ‘laboratory to the field’.

Phase Three is characterized by sociological ethnographic engagement with these children and adults with their families. According to O’Reily’s definition of ethnography in (Sociology) a family of methods is often used in the following ways:

Within the context of their daily lives (cultures), observing, listening to what is said, asking questions, and producing a rich written account, respecting the irreducibility of human experience that acknowledges the role of theory as well as the researcher’s own role (2005:3)

This allows me to see the theory of attachment in a dynamic research process in the life world of the participants. This naturally includes a heuristic process of trial and error, failure and success. Initially none of the participants/families realized there was a need for therapy. Few knew the appropriate questions that would lead them to understanding. Attachment was a laboratory concept that was foreign to their experience. We were all in a discovery process.

Analysis of the life histories, field notes, observations and interviews from Phases One and Two, together with the ethnographic field data, yields a pattern of connection and development of trust, giving clarity to the central research question and informing a model of intervention.

1.4 Discoveries and changes of perspective

Early in this process, I had assumed that social services and adoption agencies associated with those I interviewed were providing appropriate preparation for parents on issues related to attachment. It became increasingly clear that this was not the case; In fact the majority of those interviewed were not initially aware of the implications of challenged attachment.

My interview base broadened to assess if this was common. I asked questions in numerous situations where I encountered parents in the process of, adopting from China, the former Soviet Union countries, Great Britain and the United States.

The adoptive mother's response when asked to share her adoption history is typical:

I find it almost criminal that I was vetted by a specialist adoption agency who didn't teach attachment interventions as part of the process of Jenna's adoption. Jenna needs help now, particularly before she enters puberty and also whilst she's in the junior school. I have tried to seek help for her (and me) since she was 4...another story. Parenting her can often be immensely frustrating, and it is just awful to see her distress and lack of trust, which so easily manifests. (Field notes – April 2009 with Jenna's adoptive mom, Great Britain)

Another adoptive mother gave the following response when asked to share her adoption history:

If I had only known, the social worker who did our case study never said anything about attachment – I'm a special education teacher, I was clueless, We thought she was the perfect baby, just laid in her crib, never demanded attention – we could take her anywhere. As a toddler, our friends kept saying – oh, she is so cute – look how she just goes to everyone – so friendly and confident (May 2008, Molly was privately adopted as an infant, she is Caucasian, now in her early thirties with a self-destructive life history).

Another adoptive mother responded in a similar vein when asked to share her adoption experience:

I'll give you a little history on our kids. We adopted 3 siblings from Latvia and they arrived on 2/21/1997. One boy and 2 girls: Josh was 8 yrs. old, Jane was 9 yrs. old and Mary was 12 yrs. old. They looked much younger and were small for their age. They are of Russian heritage, as most kids in the Latvian orphanages are. Once Latvia regained independence from the Soviets, all Russians lost their Latvian citizenship and became outcasts. Our adoption agency gave us no info on what to expect. We worked almost exclusively with an American "facilitator" who spent a lot of time in country. I could write a book on the "unusual and unique behaviour." They were hyper vigilant, especially Jane. They all had and still have control issues. (January 2011)

During the three phases of this research, fifty unstructured interviews were conducted to ascertain the instruction and intervention coaching offered to adoptive parents in preparation for their adopted children. I felt it best to encourage open-ended conversation by asking the respondents to share their adoption story, including any early history of their children known prior to adoption, experiences they found positive and those that were negative. I refrained from using research and clinical terminology such as 'attachment' or offering leading questions. The adoptions took place from 1977–2010. The results revealed that none of the adopted parents were given pre-adoption counsel regarding bonding, attachment or expected behaviour of the adopted children, as the examples quoted above indicate. These experiences helped me begin to formulate a framework in my thinking for what became the target group, namely those who had struggled with abandonment and neglect in their cultural family context and or placed in care.

At this stage I began accessing blogs and online support groups for adoptive parents. In making an application for the one particular support group online, I had openly acknowledged my involvement in attachment research and had said that I was also an adoptive mother. My intention was to assess the knowledge base regarding implications of attachment prior to adoption. The dialogue in this cohort of pre and post adoption

blog/support group participants supported my earlier assumption, encapsulated in the mantra ‘love is not enough.’ When I began to ask questions within the support groups regarding preparation for adoption, I was asked to leave by the administrator of the group with a response of ‘while they were waiting for culmination of their adoption, these were not areas of concern by the participants, loving the child will be sufficient (2009).’ After this experience I examined larger online adoption agencies websites. From specific sites I was able to email an agency representative to request a list of materials provided to parents who were interested in and waiting for adoption. I was sent an attachment including an online manual. Information included the logistics of the adoption process. While exceptionally well presented, when it came to the point of receiving the child, their guidance was again a matter of logistics and nothing related to what the parent could expect regarding the behaviour of the child. I emailed my appreciation and thanks, and specifically asked if they could give me any information related to the attachment process of the adoptee. They referred me back to the website under the heading of ‘Post Adoption Services.’ While one of the sites offered names of therapists who could provide counselling ‘post adoption,’ nothing was found related to pre-adoption preparation of the parent. A pattern found among adoptive parents, when requesting help with therapeutic intervention, was that they should wait until the child was at least seven years of age. At that point predominantly play therapy was suggested. It became evident from my research, that by the time parents recognized the reality of a compromised attachment, it was already embedded in the family system.

With these experiences I realized an objective in what Schön describes as the difference between the high versus the swampy ground. The theoretical research done in measurement of attachment is the high ground but the life experiences of the masses is swampy:

In the varied topography of professional practice, there is a high, hard ground where practitioners can make effective use of research-based theory and technique, and there is a swampy lowland where

situations are confusing ‘messes’ incapable of technical solution. The difficulty is that the problems of the high ground, however great their technical interest, are often relatively unimportant to clients or to the larger society, while in the swamp are the problems of greatest human concern... (Schön, 1983:42).

It is acknowledged that the adoptive parents bring their own culture and personal attachment history with them into the relationship with the adoptee. This understanding provoked reflection regarding my own experience and questions of my pattern of attachment. Would my own attachment experience promote a secure environment with my child? What kind of schemas would influence her internal working model (IWM)? Fonagy explains this as similar to mentalizing, namely what is the family environment into which she was being invited?¹⁴ What are the cultural expectations we bring into this process of connection? These were necessary questions to be considered and reflected upon in our own preparation for adoption. These came to the fore within our family during the decision process in our journey toward adoption.

1.5 Recognition of limitations

The multi-sited geographic spread of my research creates limited exposure within any single field environment. Due to this spread, time and intensity of engagement with some of my participants is affected. By contrast, the long term study and intensive time invested with Fuxia, Jenna, Ruth, Molly, Mishti, Jonathan, LokChi and Millie provides, through analysis of episodes and experiences, a framework that enabled me to focus my observations and conduct effective interviews with the other participants. Included in the ‘Introduction of the Participants’ (pages x-xiii) is a sequence of paragraphs detailing the context and giving an overview of the evidence base for each of the case studies including details of those present during periods of data collection, the language used, whether there was a translator and the means by which the evidence is recorded. Life histories of all the

¹⁴ Fonagy and Gergely et al. 2004 put forth a detailed theory that successful development is associated with mentalizing. Attachment challenged and neglected persons do not have the necessary mirroring of positive relational connection for healthy development.

participants offer a foundation to draw from for analysis. It is important as well to recognize that the study investigates phenomenon that are not static. Each of the participants continues to develop and grow in their own context. Naturally episodes are missed. I have, however, maintained contact with participants by electronic means and continued our dialogue as well as carrying on face-to-face research whenever possible.

The early phase of this research involves a more analytical approach. The data being studied is 'out there.' I am observing from a distance. With the introduction of Fuxia into the research the equation changes and introduces a potential limitation due to the intensely personal and inter-subjective nature of the research. With her request to be a participant, the pattern changes to one of complete immersion combined with analysis. I become as well an instrument within the research. Affirming the work of Early (1999:30) 'my roles as researcher and full on participant became essential.' Being an insider provides a view and understanding that could not have been attained without being in that role. In this situation, what would normally have been a limitation, contributes to the quality and depth of the research.

It is the intention of the research to allow the child's voice to be more evident in the data than is traditionally the case in studies of abandonment. There are certain limitations inherent when studying children and seeking to capture their voice. These include language issues and variable attention spans. The children in my study are attachment challenged which adds to the difficulty. This is the reality. Even the irrational and manipulative dialogue is telling and usable. Additionally, when creating space for the child's voice it is critical to do this without exerting power influence over the child. Isolating focused time in between distractions was a further demand. Each of these circumstances contributes to the reality of gaining their voice.

The research acknowledges that two of the seven longitudinal participants had serious physical and /or mental disabilities. While it might be expected that these

limitations create an impediment to relational connection, the contrary was actually the case. Instead of being an obstacle, the disability became an occasion for perseverance and allowed the primary care giver to gain an implication filled understanding of the child's lifeworld. The child's individual life history provided a rich perspective on the sensorial perception of survival, leading towards attachment.

Finally there were limitations experienced in the investigation of certain institutions providing child-care due to their fear of potential negative exposure. At times this affected the process of observation and the depth of interviews possible. As stated in Section 1.4, interviews with certain adoption agencies were limited by their concern not to emphasize attachment challenges for fear of losing potential adoptive parents.

1.6 Contribution of this research to an understanding of abandonment and the process of attachment

The research offers three contributions to the understanding of abandonment and attachment theory in addressing the lived experience of formerly abandoned children and their families.

First, the research extends the understanding of the phenomenon of attachment by introducing a dynamic and holistic methodological approach to the process of attachment through the use of life histories and ethnographic research. A significant contribution in the category of 'insufficient attention to the participant's world' was the deeper analysis found in using the theory of symbolic interaction. This was utilized to discover the perspective of the abandoned person, embedded not only in their family of origin or their present or adoptive family but in how they actually see and experience their lifeworld.

Secondly, in comparing, contrasting, and triangulating to analyse patterns of thought, dialogue, behaviour and key events of the various participant studies, a coherent model of intervention was defined. It is one, which pays sufficient attention to the context

of the abandoned person, be it institutional care, family, school, friendships and so on. It integrates the theory of attachment into the model, enabling the researcher to identify which constructs of attachment theory were being applied through differing age groups from infancy onwards. The concepts are equally applicable, whatever the age or ethnicity of the participant. This improved understanding brings about empowerment(s) for (formerly) abandoned children and their families based on a family contextual model.

Thirdly, this model demonstrates a sequence or continuum from abandonment to relational connection; I observed the responses of the participant to availability and empathy, and their progression from survival through vulnerability and trust, to authenticity and relational connection.

1.7 Summary and organization of the study

This chapter presents the early experiences that motivated the research. These provided the opportunity to observe the experience, behaviour and circumstance of abandoned children – their world context (Phase One). Field-based ethnographic research highlighted initial assumptions, which in turn provoked expanded observation, reflection and the development of the central research question (Phase Two). From analysis of the data, themes begin to emerge. These themes are illustrated by examples drawn from the life histories of participants (Phase Three). Together these phases served to inform a research process that provided a basis for intervention and in turn facilitated the participant's journey from survival to attachment.

The research is presented in Chapters Two to Seven. Chapter Two provides an overview of relevant literature and identifies the gaps in current attachment theory and practice. The concerns of those involved in attachment research are shared with the potential of new and different methods proposed for capturing context and process.

Chapter Three explains the methodological paradigm of the study. Having chosen

to do an empirical field study, I clarify how the participants were chosen, the criteria used in their selection, the use and justification of life histories, interviews, and participant observation, with continued reflection in analysis of the case studies. Chapter Four begins with an introduction of abandonment and a description of the forms of abandonment applied to the informants/longitudinal participants of this research. These are drawn from historical records, extended interviews and personal life histories including narrative written by the participants, or as in the case of Lok Chi composed by a research assistant from the interview with Lok Chi's adoptive parents.¹⁵ Chapters Five through Seven present a dynamic and often cyclical process of stages in the development of trust in the process of survival to connection, emerging from the data. This process of analysing the quality of the data provides a more comprehensive picture of the developing 'puzzle.' The neuroscience of relationship is included, explaining the process of changing schema patterns. Chapter Five introduces the enactment of a construct between the safe figure and the participant, based upon the responsiveness of the participant to the emotional availability of the parent or safe figure. This heuristic process initiates the early components of trust including common language, familiarity and adaptation. The acceptance by the participant of the safe base parent/person surfaces in Chapter Six. Taking risks marks this acceptance; a growing confidence of extended exploration of relationships, with diminishing expressions of survival behaviour and need of control by the abandoned person. Chapter Seven presents the construct of a forming identity rooted in trust and connection, confident communication and a sense of worthiness.

¹⁵ Definition of life histories and life story – “Within the expanding field of narrative analysis there is a reluctance to define narrative (Lieblich and Josselson, 1994; Atkinson and Delamont, 2006) because the boundaries of the concept are still blurred and fluid within and across different disciplines” (Linda Lentz, 2011: Chapter Two). Life story is understood as the exclusive use of a person's retrospective account of past experiences with their respective meaning (Clausen, 1998: 192). A life history uses outside perspective, sources, historical records, which Denzin suggest lends objectivity and validity to the narrative (Denzin, 1998). The research integrates Okely and Skultans persuasion that autobiography and anthropology offer unique insight from the experience of the anthropologist into a particular cultural phenomenon by telling their own story (2004: 292).

Chapter Eight concludes with the findings, clarifying a model for non-clinical intervention through analysis of the heuristic process of events that hinder or enable the development of trust – connection. The entirety of the research, considering the diversity of age and ethnicity of participants, exposes a unity found in their similarity of behaviour, language and process of connection.

2 CHAPTER TWO – REVIEW OF LITERATURE ON ATTACHMENT

2.1 Introduction

This study is focused upon children and adults who have experienced abandonment and are initially trapped within the constructs of survival behaviours associated with their circumstance. The intention of the research is to identify the process by which relational connection can be realized. Responding to the central and related research questions, this chapter addresses to what extent within mainstream literature and praxis the phenomenon of attachment is presented, communicated and applied in the specific world of abandoned children and their families.

Attachment theory is the premise that most clearly conceptualizes and supports the analysis of the ethnographic data gathered in this study. However, my research shows while the theory's assumptions support many of the themes surfacing during the process of relational connection/attachment, they do not clearly define them or provide the nuance of behaviour found in the process. The methodology of measurement has been extrapolated beyond the bonded ages of infant and toddler. The concepts therefore are not clearly expressed for the older child (O'Connor and Zeanah, 2003: 223-244; Carlson, Sampson and Sroufe, 2003: 364-379). Hinde makes the point that Bowlby's seminal work of attachment theory created a paradigm for philosophers and historians of science. 'Most scientists work within the confines of one theory or approach'. Bowlby combined disciplines and approaches in order to develop the theory of attachment (Hinde, 1991: 161). Just as these disciplinary boundaries were crossed to initiate the theory, this research approach is concerned with examining the process of relational connection/attachment beyond the measurement of normative qualities and patterns defined by predominant attachment literature. This chapter will clarify gaps within attachment literature as well presenting recommendations for application.

Bowlby and Ainsworth's early attachment assumptions were based upon observation, biographical, autobiographical narrative and extended interview. Ainsworth's later Strange Situation (SS) measurement provided empirical evidence supporting the theory.¹ The predominant research however has become largely dependent upon the SS and variations of this measurement. Atkinson (1997) suggests a need to broaden the former boundaries of research, to explore a qualitative approach and return to Bowlby's original concern for pathology and intervention. Deklyen and Greenberg confirm this assumption suggesting that there is a 'measurement roadblock' in the research:

Unfortunately, in its transition from the child, clinic to the normative study of childhood, attachment has often been so reified that research has been limited to a few validated paradigms (of measurement) in which aspects of attachment have been carefully assessed, but the larger picture has been insufficiently attended to...A renewed emphasis on attachment informed studies of children who have experienced extremes of care-giving is also critical in order to address urgent clinical and public health demands; it also promises to enrich our understanding of attachment processes (2008: 654- 657)(emphasis added).

This roadblock, which hinders an understanding of the process of attachment, is overcome in this research by examining those who have been subjected to the extremes of caregiving while applying the method of life history and participant observation within a longitudinal study. The gaps are identified when application is made from theory to practise. My research brings to light these gaps by introducing an ethnographic methodological approach. This research extends the present accepted measurement methods by analysing the dynamics within the process of attachment creation thus formulating the principles for a model of intervention.

The following sections address the history and development of attachment theory and methodologies used to test the theoretical ideas. While foundational for the study at large, evaluation of the current related literature brings to light the gaps in theory and practise, particularly as it relates to the attachment challenged person and their lifeworld.

¹ For the 'design of SS' see Table 1. The left column gives the attachment patterns. The middle column explains the behaviour of the child during the measurement test and the right hand column explains the caregivers' response. These classifications are based on the infant's behaviour toward the caregiver during the reunion episodes.

2.2 History of attachment theory

Attachment was initially named and given distinction by the work of John Bowlby followed by Mary Ainsworth. He was responsible for formulating the basic principles of the theory. His work transformed the way we view a child's tie to the mother and the 'disruption through separation, deprivation, and bereavement' (Bretherton, 1992: 759). Mary Ainsworth provided the innovative methodology to empirically test some of Bowlby's ideas. Her work expanded the theory into new directions and offered the concept of the attachment figure or primary caregiver as a secure base.² In addition, she formulated the concept of maternal sensitivity to infant signals and the role of infant-mother sensitivity in the development of attachment patterns. A retrospective review of this theory's original history returns to the observations and narratives Bowlby made of the 'Young Thieves' (1940, 1946) – the investigation of the family systems and conditions in which these young delinquents grew. The collaboration of Bowlby and Robertson in examination of young children in hospital and subsequently Robertson's films on the 'Responses of Young Children upon Separation from their Mothers' (1952) created pressing concerns based upon their observations. Ainsworth's research for her dissertation focused on conditions creating security. She compiled data of life narratives from undergraduates and made a 'pen and paper' analysis around a construct of security she had formulated. Later after serving as a research assistant to Bowlby she spent time in Uganda where observational research yielded the work 'Uganda: Infant Care and the Growth of Love'. These observations were the early foundations and in part the motivation toward the conception of the measurement research of infant attachment qualities.

Attachment is a system meant to assure survival activity and to create safety at any perceived or real internal or external alarm. It is understood by most to influence

² Secure base concerns the proximity of the child to the PC. When developmentally appropriate to the particular infant/young child growing in secure relationship the child will extend the proximity and play – often checking to see where the mother is.

relationship over the lifespan of an individual. Bowlby and Ainsworth describe attachment in the following way:

The initial relationship between self and others, serves as a blueprint for all future relationships (Bowlby, 1982). Attachment is the deep and lasting emotional connection established between a child and caregiver in the first several years of life. It profoundly influences every component of the human condition – mind, body, emotions, relationships and values. This is not something parents do to their children. It is something that children and parents create together in an ongoing reciprocal relationship (Ainsworth, 1969).

Attachment is a psychological and evolutionary theory. It is a combination of developmental psychology, psychoanalysis, ethology and systems theory (Brisch, 2002:14,15). Bowlby's and other's observations (Bender and Yarnell, 1941; Goldfarb, 1943) combined with his afore mentioned efforts working with young juveniles,' and following with the WHO report of the young child's experience of separation and loss from their mother, encouraged his exploration of ethology. It was this study of animal behaviour, which brought to light the compelling survival drive of attachment (Lorenz, 1935; Harlow, 1958; Blum, 2002). It is viewed as a behavioural system based upon the child's need for proximity and associated with survival, when there is a perceived threat felt or observed. Sroufe and Waters explain the operation of several behaviours, apparent in the attachment system, highlighting the desire for proximity that responds to internal and external cues (1977: 1184-1199). Ainsworth saw a relational reciprocal interaction between the primary caregiver (PC) and infant. During the early months of life, while promoting a supportive relational consistency, that person(s) PC would become a secure base as the child developed.³ This allowed the child to explore their extended world from varying distances from the mother. The theory also considers a hierarchy of relationship extended from the PC to others. This most important early relationship of sensitive and reciprocal response employs the senses of touch, hearing, sight and sound. It was

³ The term primary caregiver (PC) is used interchangeably with parent, parents, trusted primary person: throughout the research. The term does not intend to suggest there is only one caregiver who is primary. Research suggests a primary attachment is initially developed and inclusion then extends beyond the primary caregiver dependent upon a mutual development of connection through bonding behaviours.

considered by Bowlby and Ainsworth to initiate during the first six months through two years of the child's life. Originally this period was called the sensitive period, within which the child was more apt to respond to the bonding activities resulting in an attachment relationship. It has since been proven that attachment relationships can and do form beyond this period (Rutter, 1997: 33). However, sensitive parenting remains a 'central tenet in shaping the security of an infant's relationship to parents' (Ibid: 28).

The following section introduces the primary methodology concerned with attachment patterns, developed by Ainsworth toward empirical evidence and core predictions. This offered further clarity and support to the analysis of the fieldwork data.

2.3 Methodologies: Strange situation measurement

The Strange Situation (SS) was the original laboratory/clinical procedure designed by Ainsworth as a methodology to classify attachment in infants. This was and remains the foundational measurement contributing to the validity of the theory. The procedure takes place between the ages of twelve to twenty months. Strange Situation classification is based upon a 'moderate increase of stress' for the infant within controlled conditions (Solomon and George, 1999: 290). The focus of the research is dependent upon the observed behavioural construct of 'attachment security'. Ainsworth, Blehar, Waters and Wall all acknowledge, security cannot be observed but must be inferred by what is observable (1978: 95). The use of the SS measurement requires several variables including an observable domain from twelve to twenty months. This domain is formulated by using Bowlby's ethological attachment theory of (1969/1982, 1973, 1980) (as cited by Solomon and George, 1999: 288). Nunnally shares that the approach is based upon 'an inherent circulatory logic' (1978: 83-85). Attachment behaviours can be observed when the young child seeks close proximity, or remains in contact with their primary care giver. This internal behavioural system when activated for protection, seeks proximity. Solomon

and George explain that an accurate measurement would be dependent on the extent to which the system is activated.⁴ When the child is alarmed they will seek in some way connection with the primary care giver (crying, approaching, clinging, reaching). Once the proximity or connecting is completed and the perceived threat is no longer, the child will continue his/her exploration (1999: 288). Boundary areas may be disputed, however, they suggest the core predictions of the theory should be the basis held. The predictions provide together with the explanatory and theoretical research a further analytic tool for participant observation within the abandonment/attachment context. A most important feature of the original SS research is the home observations.⁵

Exceptional effort was made to establish data, which validated the classification/pattern groups. The twenty-five infants who participated in the laboratory testing were visited in their home once a month. Detailed narratives were developed based upon the observations of child and mother interaction for the first year of life. This intense collection of data offered a 'rich and complex narrative portrait' of each infant caregiver relationship (Weingraph, Sroufe, Egeland and Carlson, 1999: 72). These variables were linked to the classification presented in the SS. They exemplified the frequency of attachment behaviour in the home and as well the quality of the behaviour. Both the category system in SS developed by Ainsworth of secure and insecure attachment along with the AQS (Attachment Q-Sort); provide a summary security score relating to the secure base behaviour in the home. The AQS in later attempts of use in home study did not always link the classifications to security, where the original narratives of Ainsworth

⁴ 'Attachment behaviour under conditions of low activation often referred to as secure base behaviour can be much influenced by features of the external environment (e.g., how far away the child can wander, how visible the mother is' (Carr, Dabbs, and Carr, 1975; Rheingold and Eckerman, 1970 as cited by Solomon and George, 1999: 288). Ainsworth and Waters argue measurements are more focused on deviations of the basic pattern as a measure on insecurity in the infant – primary care giver attachment (Ibid.).

⁵ A video recording of the test in progress is found at <http://www.youtube.com/watch?v=QTsewNrHUHU> This recording explores the secure attachment episode within the four classifications. The original three classifications in the SS measurement were Secure (B), Avoidant (A) and Ambivalent (C) (Ainsworth, 1978). A fourth was added (D) Disorganized/Disoriented) through the work of Main and Solomon, 1990).

and team were successful (Solomon and George, 1999: 292).

2.3.1 Conclusions

The following predictions summarized by Solomon and George (1999:289) provide conclusions related to infant classification within the bonded time of 12-20 months:

Attachment security should be positively related to the caregiver's accessibility and responsiveness to the child.

1. This is the reflection of a particular relationship and the sensitivity of attachment may differ between caregivers (Ainsworth et al, 1978):

Attachment security in a particular caregiver relationship should remain stable over time.

2. Bowlby saw the connection remaining 'increasingly stable as a function of mutual adaption'. Sroufe and Waters emphasized, 'although particular attachment behaviours may show little stability (due to the situation of the child's development), the underlying quality of the child's relationship should be expected to remain stable' (1977: 1184-1199):

Attachment security should predict other important aspects of development.

Attachment security can be assessed using similar or parallel measures cross-culturally and across attachment figures.

3. Bowlby carefully developed the case for 'species-specific universal nature of attachment behaviour in the young child' (1969/1982, 1973, 1980). It is proposed to be applicable across cultures in describing the attachment theory' (culture, society, ethnic group, social class).

2.3.2 Recommendation

1. The predictions are observable within the process of relational connection and could be considered as a guide for analysis beyond the bonded time of the SS measurement, regardless of the circumstance or environment of abandonment.

The following section explores the primary longitudinal study within attachment research beginning at infancy and continuing through adolescence. As in the Strange Situation research, certain constructs or concepts are formulated in order to measure particular behaviours in this study.

2.4 Longitudinal study within the measurement paradigm

Constructs or concepts are created within attachment research that allow for measurement of behaviour. Attachment research is built upon the assessment and measurement of security with a balance between attachment and exploration reflected in the infant's behaviour (Grossmann, Grossmann and Zimmerman, 1999:760). The concept of exploration can be extended to the behaviours of attachment into early childhood. In a filmed presentation, Bowlby emphasizes his theoretical premise of continuity on the condition 'if the care of the child remains the same', the relational connection ability of the child continues. The statement also suggests the possibility of the classification of secure and insecure can change. This assumption is maintained by research done with kindergarten-aged children with an 82 percent measurement in continuity of secure and insecure classifications (Main and Cassidy, 1988: 415-426). The continuing measurement of cohorts also predicts the opportunity for change when a child has not developed connection or the connection/attachment was initially insecure. Extended episodes of measurements are done in the Development of the Person, The Minnesota study of Risk and Adaption (Sroufe et al. 2005). Dependency becomes the construct measured and observed in preschool, middle childhood and adolescence along with self-reliance, and efficacy. Activities are constructed to allow measurement of the child's behaviour during the particular episodes. Dependency is defined as seeking attention and proximity to the teacher, at the expense of peer relationships. It is measured in four ways: 1) the Q-sort dependency index, 2) teacher ratings of dependence 3) observed time with teacher and 4)

circle time contact.⁶ These observations take place for fifteen weeks daily of circle times. Other indices are also used as indicators including where the child sits, how often the teacher is touched and how often the child sits in the teacher's lap. This is combined with the data developed through teacher interview and ranking, the Q-Sort measurement and observation of the participants. Careful histories are compiled of the participants' early lives beginning before birth and the circumstances surrounding their infant years (Sroufe et al. 2005: 72-74). The teachers and observers are not informed of the participants' previous attachment histories. The goals are to summarize 'general trends in the course of individuals lives' (Ibid.). The study is meant to show predictability and continuity depending on the measured outcomes. The study suggests the following:

Over all findings of dependency, self-reliance and efficacy suggest that early attachment history does contribute to a child's growing effectiveness in the world. Children with secure histories seem to believe that, as was true in infancy, they can get their needs met through their own efforts and bids. In contrast, children with anxious histories', seem to believe that, as in their early attachment relationships, their efforts are often ineffective, and they must rely extensively on others who may or may not meet their needs (Weinfeld, Sroufe, Egeland and Carlson, 1999: 77).

Can early experience be erased when the circumstances change? Change in psychosocial results would not be inconsistent with Bowlby's presentation of the theory. He saw plasticity in attachment processes as the young child developed (1969/1982). Thompson makes it clear there is an expressed need of research, which is concerned with competence in relationship and processes, which bring change (2000: 145-152) see also (Belsky, Campbell, Cohn and Moore 1996). While the Development of the Person – Minnesota project longitudinal research does make a compelling case for predictability and continuity of attachment classifications; these findings have not yet been replicated (Thompson, 2000:145-152). The general consensus of the research conveyed by

⁶ The AQ sort was developed as an alternative to the Ainsworth home observation narratives. It was created by Waters and is meant to assess the quality of a child's secure base behaviour between the ages of 1-5 years old. The test consists of 90 items, which reflect either the secure base phenomenon or behaviour related to it. The items are then sorted into one of nine piles suggesting whether or not the behaviour is considered characteristic or uncharacteristic to secure base (Solomon and George, 1999: 306-307). A similar Q-sort was created for the concept of dependence for the purpose of the Minnesota Report.

Thompson makes clear the lack of consistent expected outcomes of attachment from infancy (Ibid.).

Thompson suggests:

Examining the longer-term consequences of attachment for close relationships yield a strikingly mixed picture, suggesting that intervening events (including changes in attachment security, family circumstances, social stress, and or the growth of normative developmental capabilities) can alter the supportive research for understanding of long-lasting continuity (1999: 280-281).

Present attachment research is predominately quantitative measurement, contemporaneous to the age tested rather than long-term predictive capabilities. It suggests that such long-term predictions should not be expected and instead the ‘developing conceptual capabilities of the young child’ are held within a bonded time. (Thompson, 1999: 281).

Main also makes the suggestion that a move to heuristic thinking in attachment can develop a ‘powerful level of representation’ (1985:66-69). An example is the observational work of Ainsworth in developing concepts surrounding attachment as secure and insecure (1967). Reflection upon the observational work of Bowlby and Ainsworth, combined with the historical path of observational work leading to the development of attachment theory strengthened my resolve of participant observation (1946, 1967).

2.4.1 Conclusions

1. Research predicts the possibility and opportunity for change in classification with the attachment challenged through early childhood.
2. Early attachment history does contribute to and strengthen the child’s capacity to be effective or ineffective in their world.

2.4.2 Recommendations

1. Evaluate competence in relationships and processes that would facilitate change.
2. Participant observation could provide an effective means of integrating heuristic thinking in the attachment process.
3. The extended concepts of confidence, efficacy and self-worth in Sroufe’s longitudinal research do provide markers to evaluate changes with in the

attachment behaviour of the participants.

2.5 Wider view of exploration as the child develops

This section extends and qualifies both the classification of secure attachment and examines the influence of the extended measurement beyond infancy. This section also introduces adaptive capacities of the relationship between the primary care giver and the child. The narrower view as Grossman and Grossman et al. suggest, is concerning loss, real or possible, of the primary caregiver to the proximity of the child. This is the position of exploration used in the SS measurement. They propose the broader concept would allow for assessment of adaptive capacities of both the child and primary care giver. This encourages a possible view of resiliency or adaptation within the attachment paradigm. This particular wider focus is about emotion regulation during separation and intense distress – secure exploration and the ability to regulate emotion during challenging explorations.⁷ As the child grows so must confidence rather than dependence. The child begins to develop representations of cognitive and emotional growth of care giving, which supports an internalization of feelings and thoughts (Grossman, K. and Grossman, Klaus, et al. 1999: 761). This wider approach pays particular attention to the original foundations, which attachment theory is built upon – Ethological and behavioural systems constructs developed upon observation and interaction with children in real-life environments. According to Grossman and Grossman et al., Bowlby's original therapeutic goal is to reorganize the internal working models or representations of maladaptive children (1999: 761).⁸ The extended research of exploration creates a wider view of attachment development – open-mindedness, open communication and an orientation to curiosity are

⁷ 'A pattern of exploration in which challenges are recognized, accurately assessed, and tackled realistically but not incautiously' (Grossman and Grossman et al. 1999:760)

⁸ Mental or Internal working models are formed by experience – patterns of interaction with the persons principal attachment figures. 'These internal working models (representations) are conceived as 'operable' models of self and attachment partner based upon their joint relationship history' (Bretherton and Munholland 1999: 89).

seen as characteristics of security (Grossman, Grossman and Schwan: 1986 as cited by Grossman and Grossman et al. 1999:761). Confident child behaviour would be characterized by the ability to explore ‘with interest and enthusiasm,’ sensing an environment of reciprocal feelings of enthusiasm and encouragement from the attachment figure present. ‘The value placed by parents – and, in a more global view by different cultures, (of encouragement and enthusiasm in exploration) has the most important effect on personality development’ (Ibid: 761). Parental encouragement seems to be foundational for relational connection as the child develops supporting social confidence toward the preschool years.

2.5.1 Secure exploration during the preschool years

Van den Boon reports a change in the attachment qualification and relationship after intervention with the mothers from her study of irritable infants. The study shows positive affect on the same infants at two and three years of age including positive social peer interaction. Mothers are able to appropriately regulate their negative influence in behaviour (1995: 1798-1816). This is one of the few works associated with intervention. (See also, Lorkovich, T. et al, 2003: 1-95).

Numerous studies are conducted around the concept of exploratory play as it relates to valuable experiences. Most of the research is done with the child in the range of their mothers influence in a natural setting. Maternal supportive behaviour is described as creating an atmosphere of ‘warmth, pleasant and supportive’, refraining from criticism or prohibiting restraint (See Loher, 1988; Carew, 1977, 1980; Schildbach, 1992). The Cambridge study is conducted with seventy-eight families, children assessed at four and a half years of age using a modified SS developed by Cassidy, Marvin and the MacArthur group. Stevenson-Hinde and Shouldice explain the laboratory test does not go smoothly but was accurate to the behaviour expected from this age group. The outcomes are thought to be validating. The children of mothers ‘at home’ (those tested at home) rated secure are

ranked higher in the laboratory test than the mothers at home whose children are rated as insecure. The behavioural environment at home is described as having a 'positive mood, meshing, enjoyment of their children and a relaxed home atmosphere.' The secure children's mothers are said to be sensitive and encouraging of secure exploration (1995: 587). The combined research literature of preschool age testing (See Sroufe, Cooper, DeHart and Marshall 1996; Cassidy and Berlin, 1994 and Belsky and Cassidy, 1994) is summarized by Magai and McFadden in the following statement:

Collectively, the literature indicates that securely attached infants (preschool age) have longer attention spans and are more affectively positive during free play. They exhibit greater curiosity, more autonomous exploration, and have more flexible egos. They also show less frustration in problem-solving situations and are more enthusiastic. In interaction with peers, they show greater social competence and in interactions with adults, they are described as more compliant. In contrast, children who are insecurely attached are more negative with peers and less compliant with teachers. They also display less empathy toward others in distress, are more likely to misperceive cartoon stimuli as having negative intentions, and are less likely to reveal their own distressed feelings when under conditions of stress. During problem-solving tasks, they are more readily frustrated, whiny, and negativistic. (1995, as cited by Grossman et al., 1999: 771).

The view of extended security, encouraged by safe exploration offers the possibility of a creative model of research and a further observational concept of behaviour to be assessed.

2.5.2 Changes in the attachment system

The concept of attachment and relational connection continues throughout the child's life. However after age three, the frequency of initiating the attachment behavioural system and the urgency diminishes (Bowlby, 1969:207). Adolescence brings with it a new phase and a shift in connection with peers. In adulthood the connection is directed toward partners and close friends. The continued development of the child is affected positively when attachment provides a secure and safe centre. Much discussion regarding the continuity of the initial early attachment's influence and the role and influence of further experiences, genetics and temperament, is found within the psychological literature. The initial attachment relationship is considered an internal pattern or working model, related to the caregiver, which influences future relationships (Fahlberg, 1991: 19). A secure connection in early life with a committed primary caregiver encourages positive affects in behaviour (Ibid.).

2.5.3 Conclusions

1. Research into wider view of attachment in exploration reveals adaptive capacities in relationship of the primary caregiver(s) and the child, allowing personal confidence and resiliency to develop, based upon a secure base and developing internal working model.
2. The concept of attachment and relational connection, while directed to different individuals within the cultural context, is shown to be a dominant strand throughout lifespan – confirming Bowlby's early assessment.

2.6 **Patterns of attachment in the early school years**

Again the predominant research returns to the SS measurement to guide further understanding of attachment patterns in this next stage of life. Within Main and Cassidy's research (1988:1-12), the organizing principle remains the same, however the research parameter is constructed to match the more subtle six-year old behaviour – proximity seeking and avoidance in interactive behaviours.

The structure consists of five minutes of reunion behaviour and their conversation after an hour lapse. The behaviour of the secure pattern (B) is a casual but comfortable reunion – the child orients toward the parent, responds to and elaborates on the parent's conversational leads or takes initiative for the conversation from the onset. The avoidance pattern (A) is an orientation 'away' from the parent. A polite but impersonal response of uninformative answers takes the place of attempted dialog. Ambivalent (C) is behaviour emphasizing the child's dependent behaviour upon reunion. Their attachment behaviour is heightened and they restrain from exploratory behaviour. In support of the assessments their peer group integration is observed along with self-evaluation (Ibid). This method when evaluated from the 'wider perspective' does not demonstrate adaptive behaviours such as security of exploration or flexibility needed for challenging tasks.

Examining interaction of six year olds related to the reunion study ‘at home,’ shows a correlation between the parents’ behaviour to the secure and insecure behaviour measurements. The mothers of securely attached six year olds appropriately matches their behaviour to the child’s developmental needs (George and Solomon as cited by Grossman et al. 1999: 775).

Other studies in this age development category focused on internal working models. The views surrounding this model are assessed using narrative examples – young children’s comments about theirs and their parents behaviour in response to situations of separation stories (Main, Kaplan, and Cassidy, 1985; Bretheron, Ridgeway, and Cassidy, 1990). Separation Anxiety Test (SAT) analyses six year olds responses to stories of mild and severe separations (Ibid.). Evaluations are dependent on verbal and non-verbal cues – open and concerned communication and realistic response appropriate to the stories shared. Realistic answers and communication exhibit ‘reflective adaptive coping strategies’ on the part of the child when dealing with separations (Bohlin, 1996; Krollmann and Krappmann, 1993; Main et al. 1985; Shouldice and Stevenson-Hinde, 1992). Grossman et al. summarize the group of research for the young school age child and the preschool age, as not offering further information on a child’s adaptive ability to adversity. They consider the research to be an ‘over emphasis on a narrow view of attachment and separation and beyond infancy.’ Research on security of mental exploration is needed. From their view evaluation should be done predominantly through narratives. The results found in the Main and Cassidy (1988) study sees the stability of the outcome was the result of the narrow view of attachment used in the measurement, combined with the mother’s stabilizing behaviour (Grossman et al., 1999: 777).

2.6.1 Conclusions

1. This section of literature, covering age periods between infancy, early childhood and early school age, addresses methods and research, predominantly of Ainsworth

and Grossman, which informs behavioural concepts of both the child and parent.

2. Thompson's research is needed to contextualize competency in relationship and exposure of the process, which brings competency and change.
3. Grossman et al. judge the stability of the Main and Cassidy (1988) study due only to the narrow view of attachment in measurement (1999: 777). They offer the suggestion that beyond infancy, security of mental exploration is needed and should be done predominantly through narrative (Ibid.).

2.6.2 Recommendations

1. Use narratives (life histories and ethnographic dialogue) to heighten the voice of the participant and offer a different method of evaluation, contributing a broader dimension to the change process.
2. It is important for the primary caregiver(s) to assess their historical attachment and evaluate their responses to life episodes with the participant(s).

2.7 **Attachment in middle childhood**

While attachment looks different during these age spans (ages 7-12), there is still a need for relational connection. The expression of that connection adjusts, as is seen in the research of the young child and even more so in middle childhood and beyond. The child spends less time with their parents, with peer relationships having increasing influence. There remains however, a need for nurture along with emotional and practical support. It becomes more evident as the older child and adolescent turns to mothers and fathers most often for 'affection, worth validation, a sense of reliable aid, and instrumental aid' (Furman and Burmester, 1985: 1016-1024; Hunter and Youniss, 1982: 806-811).

Further studies relating to adjustment using representations of parents as supportive and trustworthy, are assessed with a story completion task (Granot and Mayseles, 1996, see also Finnegan, Hodges, and Perry, 1996: 1318-1328). The study of middle school age

children related to attachment patterns of separation and behaviour with parents is increasingly difficult. The German study relating to ten year olds in former longitudinal research, followed the original forty-three of forty-nine participants with a semi-structured and open clinical interview of children and parents, combine with home visits of observation (Scheuerer-Englisch, 1989 as cited by Grossman et al. 1999: 778). The analysis is meant to demonstrate cohesion between the interview and observations. The expected outcome of 'a child's working model of parents as supportive, is significantly related to his or her tendency to seek parental assistance and comfort when distressed or facing problems' (Ibid.). This is confirming of the working model Bowlby proposed in (1973).

An interesting summary of the findings of the Scheuer-Englisch study relate to continuity and discontinuity. This is clarified by the following outcome – the interview of a preschool infant showing a secure attachment relationship with the parent demonstrates continued trust of the parent. It also offers a working model of seeking support when needed, at ten years of age. The child seeks 'trusted others' with regard to communicating feelings of sadness, anger or worry. Others report enjoying physical warmth and connection with parents, however seek other's help in response to everyday problems. The results reveal the child's current model of the parents as supportive is strongly influenced by the existing situations rather than by an early attachment pattern. The sibling relationships, if 'adequate or hostile,' do seem to be connected to the child's attachment relationship to the parent, which is measured in infancy (Ibid.).

A summary of the longitudinal study of ten year olds is made by (Grossman et al. 1999: 779). The findings are as follows:

1. Both current supportiveness and history of secure attachment contribute to quality child parent and peer relations.
2. Attachment history does not affect the current representations of parents

being available and supportive.

3. A father's sensitive play with his toddler predicts the child's representation of the father's availability and supportive behaviour at ten years old (only if the father and mother are living together).

2.7.1 Conclusions

1. There is a correlation evidenced between the behaviour of the parent / caregiver to the security or insecurity of the child, confirming Bowlby's working model.
2. While parents would be sought out for physical warmth and connection by ten year olds, problems and troublesome feelings would be shared with trusted others and peers.
3. The interview / observation methods used in the German study provide a broader conceptualization of the normative behaviour of the ten year old and how they respond to the caregiver.

2.7.2 Recommendation

1. The expanded understanding of ten-year old patterns of response to the primary caregiver would contribute to the analysis of developing normative behaviour as it relates to the attachment challenged person.

2.8 **Adolescent attachment representation at sixteen**

There is increasing evidence suggesting adolescents 'view their parents as an effective and important source of support' (Armsden and Greenberg, 1983: 427-454; Fend, 1990: 92-111; Hill, 1993:69-99), The research reviewed is longitudinal and the assessment is drawn from the Adult Attachment Interview AAI created by George, Kaplan and Main, 1985). This study is a part of the longitudinal research used by Scheuerer and Englisch from northern Germany. The cohort of forty-four adolescents are visited at ten years of age and then again at sixteen (Zimmerman, 1994 as cited by Grossman et al. 1999: 779). The

outcome of this research indicates the autonomous-secure relationship classification positively relates to 'the quality of close relationships with peer and parent (Zimmerman, Becker-Stoll and Fremmer-Bombik, 1997 as cited by Grossman et al. 1999: 779-780).

Further research, specific to adolescence done by Youniss and Smollar reflects a picture of extended connections beyond parental connection (1985: 1-19). They suggest that those who make interventions based on a cognitive behavioural theory approach leave the adolescent to figure out life alone, 'stressing individual agency' (Ibid: 12). Historically a form of modern family is understood as a form of protection in a more harsh society. This would imply a need of closer relationship, versus complete separation in order to achieve total autonomy (Ibid: 13). Baumrind's research shows present-day families are not normally 'authoritative without recourse'. A more congenial approach of 'listening to reasons for actions' is found within the research and creates consistent positive outcome for the child (1966: 887-907). Youniss and Smollar suggest that the parental relationship still retains its 'force' or connectedness, proposing that the relationship is transformed rather than severed. Parent and child remain connected albeit with greater freedom within the relationship. As this 'emancipation' evolves, the adolescent still seeks 'endorsement of their ideas' (1985: 160-161).

Youniss and Smollar also suggest that European and North American studies are congruent regarding characteristics of adolescence over the last two to three decades of the nineteenth century (See, Kett, 1977; Gillis, 1981 as cited by Youniss and Smollar, 1985: 9). While the measurement tools were different and the foci of the studies varied, there are similarities with regard to a continued but transforming connection between the parent and adolescent. Within the attachment study, the outcome was considered to be the result of the parental responding in a manner reflecting supportive and available behaviour.

Corresponding research by Keating, regarding attachment between adolescent and parent, suggests an integrated strategy forming, which is predictive of future attachment

relationships. He explains this is based upon the capacity of deeper reasoning, allowing the person to combine and construct experiences with multiple caregivers (1990: 54-89)(See also, Main, Kaplan and Cassidy, 1985: 94-104). Ricks asserts that the understanding of a person's parent-child relationship affects later close relationships, including adult love. The assumption is based upon Freud's developmental theory (1985: 211)(See also, Benedek, 1949; Berger and Kennedy, 1975; Bettelheim, 1967; Fraiberg et al. 1975; Giovacchini, 1970; LaBarre, Jessner, and Ussery, 1960; Winnicott, 1965 as cited by Ricks, 1985: 211). This assertion reflects Bowlby's attachment theory's view of intergenerational continuity, regarding the quality of parental behaviour. Further support of this view is associated with the research of Epstein and personality theory, relating somewhat to Freudian theory. Epstein's theory is based upon significant emotional experiences, constructing a reality of self and world during the life span. The reality theory is a combination of major and minor postulates. He sees major postulates, for example 'I am love-worthy,' to be formed early in life. These are considered to be universal to human domains. Continued human experiences are integrated into the major postulates and resistant to change. He suggests a personal reality theory has three related functions: 1) to maximize a person's pleasure-pain balance through the foreseeable future 2) to assimilate the data of experience coherently 3) to maintain a favourable level of self-esteem.

When the theory fulfils all three functions, the individual experiences a prevalence of positive affect. However, when it does not, when any of the three is compromised, the experience is dysphoric (Epstein, 1973, 1976,1979, as cited by Bretherton and Waters, 1990: 212-213). Bowlby and Epstein agree upon the basic tenants of the self-theory, concluding that self-esteem is a product of childhood relationships with parents (Ibid.).

While Epstein asserts early parental influence as a reciprocal development, creating major and minor postulates, Bowlby sees the internal working model as perhaps the

foundational contributor to the reality theory of self, providing understanding and patterns for the foundation of adult attachment. Based upon these foundations, certain autonomy between the adolescent and adult parent is created. Somewhere along this progression, a reciprocal relationship develops of sharing wisdom and advice. There are admittedly numerous variables relating to the quality of this progression and scarce research, which informs the transition (Allen, J. and Land, D., 1999:331).

2.8.1 Conclusions

1. A quality assuring availability and responsiveness requires a connectedness involving reciprocity of communicating feelings and thoughts, creating a safe place for the child to respond.
2. This condition of emotional communication maintains confidence in availability and responsiveness creating security (Bowlby, 1973).
3. Closed communication can result in adjustment complications ‘distorting attachment related emotions,’ particularly during adolescence (Ibid.).

2.8.2 Recommendation

1. Attachment within developmental cycles needs to be studied in current relationships as they develop with the attachment challenged person.

The following section explores an attachment view of adulthood with available measurement and the unique difference in relationships and Affectional bonds.

2.9 **Adult attachment**

It is clear that both Bowlby and Ainsworth see attachment as a functioning system over the lifespan – ‘human attachments play a vital role from the cradle to grave’ (Bowlby, 1962/1982: 208). Crowell, Fraley and Shaver agree with the ideas of Ainsworth’s APA address on her acceptance of a distinguished scientific contribution award. She clearly promotes the understanding of attachment’s role beyond infancy (1999: 434). She

articulates the influence of a continuing relationship of the young child through adolescence into adulthood, emphasizing the differing roles of close friends and pair bonds (Ibid.). The previous sections contribute to the research covering the age/life span stages and the varying outcomes. There are few guidelines for understanding the function of attachment in later life. One may presume that the assumption of attachment influence over a life span is built on Bowlby's psychoanalytic training, involving the early observation done with the 'young thieves' adolescence and his personal life experience.

Different methods of assessing adult attachment have been developed, but there is little continuity in purpose of the different research measurements.⁹ Each seems to follow the particular interest for which the individual test is designed. Therefore they could not be used as direct comparisons with the results of the researchers (Crowell, Fraley and Shaver, 1999: 434-444). Mikulincer and Shaver assert in their evaluation of measurement of attachment related constructs in adulthood and speaking to differing lines of research:

The two lines both derive from Bowlby's and Ainsworth's writings and both deal with secure and insecure strategies of emotion regulation and behaviour in close relationship...the differing traditions tend to identify with different subfields of psychology (developmental/clinical and personality/social) and largely ignore each others work (Mikulincer and Shaver, 2010:107).

2.9.1 Theoretical issues of adult attachment

Ainsworth (1993:39) and Bowlby (1969/1982) focus attention on 'species specific' in maintaining the cultural universal quality of affectional bonds, is linked to some function of survival. Crowell et al. would suggest two main ideas in attachment theory, which are critical to measurement (1999: 435). First, the attachment system is normative and creates

⁹ The methods of measurement and their specific purposes were: Adult Attachment Interview (AAI) – assessment of the adults security of self in general and not in correspondence to any particular present or past relationship (George, Kaplan, and Main, 1984, 1985: 78), Attachment History Questionnaire (AHQ) – assessment of past memories of attachment related experiences e.g. separation from parents (Pottharst and Kessler 1990a), the Inventory of Parent and Peer Attachment (IPPA) an assessment of current perception of parent and peer (Armsden and Greenberg, 1987), a similar test Reciprocal Attachment Questionnaire (RAQ) was created by (West, Sheldon and Reiffer, 1987; West, Sheldon-Keller, 1994) assessing security with respect to a primary attachment figure (parent, peer, or partner). The Current Relationship Interview (CRI) assesses adult attachment within close relationships and is the most frequently used (Crowell and Owens, 1996:104-105). Hazon, Shaver and Bradshaw took interest in adolescent and adult feelings and behaviour in romantic relationships. They based the development upon the tenets of attachment theory in general and returned to Ainsworth's classifications for guidance (1987, 1988).

standards ‘relevant to the development of all people’ (Ibid.). It continues to remain active and important in adult life (Ibid.). Secondly, adult attachment behaviour presents differently in individuals attachment relationships (Ibid.). Both Bowlby and Ainsworth assume or theorize similarities between adult attachment relationships and those of infant attachment (1969/1982; 1991). Ainsworth sees the secure-base phenomenon significant in the adult love relationship with a similar critical aspect and function as it held for the infant. It provides stability, which allows healthy ‘exploration’ outside of the relationship, while seeking to obtain and sustain security in life experience. The similar comfort provided to the infant is required for the adult, allowing him/her to move away from the secure base...thus creating confidence to explore and engage in other activity (1991: 33-34). The assumption is that a long-lasting bond evolves into an Affectional bond, based upon the principles of attachment theory. According to Ainsworth and Weiss, attachment relationships in adulthood are distinguishable from other relationships as they offer a sense of belonging and security in contrast to loneliness and restlessness. They see other qualities of relationship distinct from those that attachment creates. Qualities such as: companionship, counsel, sexual gratification, opportunity to feel needed or share common interests, experiences or alliance and assistance (Ainsworth, 1993:33,37; Weiss, 1974).

Ainsworth makes a clear distinction between affectional bonds and relationships. An affectional bond is created within a person originally by a pair relationship. Using the infant attachment as an example – it is a connection based upon protection and security (1993:36-37). Only those activities, which support the caregiving quality of protection and security, create a secure attachment. A relationship is not necessarily an affectional bond. Affectional bonds are long-lived; relationships can be long-lived or short-termed. Relationships develop based upon two individuals complete history together (Hinde, 1979). Ainsworth shares the example of a mother that may teach and play with her child. However, those relational activities do not constitute an attachment or an affectional bond

(Ibid.).

Weiss proposes six types of relationship. Each one contributes a particular benefit he calls 'provisions' (1974: 17-26) to the connection:

1. Attachment relationships give a sense of security and place; in their absence one feels restless and lonely.
2. Other relationships in a social network provide a shared interpretation of experience and a source of companionship.
3. Caregiving relationships offer a sense of being needed, and opportunity for giving nurturance.
4. Other relationships provide the individual with a sense of worth and/or competence, for example, colleagues and families.
5. Kin especially give a sense of reliable alliance and the possibility of continuing assistance if needed.
6. Still other relationships are important, especially in a stressful situation, because they provide guidance – as in a relationship with a mentor.

Of the relationships offering one or more of these provisions, some but not all are likely to be identified as entailing an affectional bond. (Weiss, 1974:17-26).

An attachment is an affectional bond and is irreplaceable, although there may be other persons one is attached to (Ibid.). Ainsworth sets out five criteria in her article for *American Psychologist*:

1. An affectional bond is persistent, not transitory.
2. The affectional bond involves a particular person who cannot be substituted by any other.
3. An affectional bond involves a relationship that is emotionally significant.
4. The individual wishes to maintain contact with the person with whom he or she has an affectional connection.

5. Distress and sadness is felt when separation is involuntary.

An attachment bond adds an additional criterion: the person seeks security and comfort in the relationship and gains confidence to explore life from the relationship (1989: 709-716). Returning to the comparison of the infant attachment, understanding proximity is an important part. Hinde (1982) and Weiss (1982) both agree with Ainsworth in the following assessment. Present in attachment, different from other affectional bonds is ‘a seeking to obtain an experience of security and comfort in the relationship with the partner’ (Ainsworth 1993: 38). The individual is able to move from the secure base the partner has provided with confidence and take part in life’s activities when this security and comfort is experienced (Ibid.).

Relationships can be important without being a bond or an attachment. Those that have the characteristics of affectional bonds will be the most significant in a person’s life. Weiss offers the example of moving into a new community, away from family, friends and colleagues. He states – the isolation felt, even a loved spouse can not make up for where there is a loss of belonging in moving away (Ibid: 39). Loneliness is experienced at the separation of an attachment figure (Ibid.).

2.9.2 Conclusions

1. Attachment systems are normative and relevant to the development of all people from childhood to the adult.
2. The secure base is significant and serves as a critical aspect and function with the adult as it does with the infant – providing stability, sustaining security that would lead to broader exploration of relationships.
3. Affectional bonds, in contrast to broader forms of relationship, are irreplaceable and foundational to connection.

2.9.3 Recommendations

1. Identify affectional bonds in the cultural family context of adult longitudinal participants as it relates to their movement toward connection.
2. Evaluate similarities and differences in attachment behaviour from childhood through lifespan.

2.10 **Influence and phases of attachment development**

According to Bowlby and Ainsworth, there are three conditioning influences, which activate attachment behaviour and four phases of attachment development. The following behaviours and phases represent the normal transitions and affects in secure attachment behaviour between twelve and twenty months. They provide a pattern for comparison of behaviour observed and evaluated within an abandonment context. With observation and reflection, they offer an example of the adjustments made in the research literature by creating comparisons. Recommendations are considered which suggested adjustments in use of the existing attachment theory and the application of a model created for the continuing body of research.

2.10.1 Conditioning influences

1. Condition of the child: fatigue, hunger, ill health, pain and cold
2. Whereabouts and behaviour of the primary care giver: care giver absence, departing or discouraging proximity
3. Other environmental conditions: occurrence of alarming events, rebuffs by other adults or children

(Prior and Glaser, 2006: 18 composed from Bowlby's Trilogy, 1969, 1973, 1982)

2.10.2 Phases of attachment development

Phase 1 – From birth to not less than eight weeks of age

Initial pre-attachment (Ainsworth): The infant uses behaviour such as babbling, grasping, smiling, or crying directed at any care giver in the area to attract and respond. During this phase, they are beginning to discriminate between adults. An example of this is the recognition of the parent's voice made from the time prior to birth in the womb.

Phase 2 – Weeks 8 to approximately six months of age.

The infant begins to discriminate his/her signals or orientation in a directed way toward one or more attachment figures. Attachment in the making (Ainsworth) – with the development of sight and sound the infant begins to discriminate between familiar and unfamiliar adults and becomes more responsive to his/her caregivers.

Phase 3 – This period may begin between six to seven months and could be delayed to one year of age and possibly to second or third year of age.

Bowlby suggests this is a crucial phase of consolidation and has three parts. Firstly, the child's behaviour is goal directed toward the primary caregiver/mother. This behaviour becomes clear and visible (Bowlby, 1969: 267). Secondly, this phase allows the child to discover which 'conditions' terminate his distress and make him feel secure. Finally, the child then begins to plan his behaviour to alleviate his distress (Ibid: 351). The infant increasingly discriminates between adults and as the child becomes mobile, he begins to use his caregiver as a base from which to explore his environment.

Phase 4 – This phase does not begin until the second year, and for many children not until they are three years old.

A partnership begins that is goal-corrected (Bowlby and Ainsworth). The child begins to see his mother figure as a separate and independent person with her own separate set-

goals, less egocentric (Ainsworth et al.1978: 28). This established the foundation for a more complex mother, child relationship, which Bowlby calls a ‘partnership’.

(Ibid: 19-20 composed from Bowlby’s Trilogy, 1969, 1973, 1982 and Ainsworth, 1978)

2.10.3 Positive affects of a safe and secure centre in the child’s primary relationships

1. Attain his/her full intellectual potential
2. Cope better with stress and frustration
3. Feelings of jealousy are reduced
4. Common fears and worries can be overcome
5. Feelings of self-worth increase
6. Become self-reliant
7. More able to sort her/his perception of any given situation
8. Logical thinking
9. Development of social emotions
10. Development of a conscience
11. Ability to trust others (Ibid: 20)

In the following section (2.11) these theorized influences and phases are evidenced in the data drawn from the lifeworld of the abandoned infant, affirming that in participant observation one can examine the nuance of an initial attachment as it emerges.

2.11 Peoples Republic of China – November, 2002 Wee Care – non-governmental residential care (field notes) Mei’s will to connect and survive

I began my observation without a particular observational goal; only an assumption the situation or episode would find me. I was observing the youngest of the babies under care, ranging in age from approximately five months to perhaps eighteen months. Qualifying approximations of age are a necessity. One could never be certain of the actual age of the infant. The documentation sent from the social welfare system was seldom clear. I had also discovered their developmental age rarely corresponded to the chronological age recorded. It was always a guessing game – The infant who captured my attention was a little girl transferred in from a government facility. I inquired of the director if little ‘Mei’ had a story. Her response came with a robust laugh. “Oh, this one she has a will, just watch her you will see.” I observed her extremely tiny body with numerous maladies – cleft palate, Osteogenesis Imperfecta, heart condition and pulmonary complications. It was uncanny that all of these could be housed within the tiny frame of this little person, combined with intention and will. She was admitted a few weeks ago without clarity of her chronological age or diagnosis. The unspoken understanding was Wee Care would be the most caring environment for Mei to die in. I noticed often the difficult or compromised cases were brought to Wee Care. Her breathing was more stable than when she had arrived and she did not follow the pattern exemplified in the historical literature as ‘lonely infants’ – a pattern of behaviour which had also characterized the infants and toddlers observed in Thailand, PRC social welfare government institutions, Uganda, Brazil and Columbia.¹⁰ I began observing Mei’s responses to her caregivers, her eye contact, crying and response at

¹⁰ Behaviours described from observations of Loretta Bender and Stella Chess and David Levy during the ‘Lonely Infants’ era of 1920’s to 1940’s in (Bender, 1941: 1158-1174; Chess, 1978; Levy, 1937:643-652) were similar to the observations of lived experience in China many years later (1997). Little attention and care was being given to the infants and children. Each of these psychiatrists acknowledged strange behaviours, which seemed to be more affected by environment and care. Katherine Wolf (1907-1960) suggested the children in hospital were not only being environmentally sterilized but the result would be children with sterilized psyches (Karen, 2002: 45). Wolf suggested mothers be allowed on the wards with their children (1965: 189-212).

being held, fed and bathed. It was obvious to the staff as well as myself that Mei had decided whom her primary caregiver was to be and any other person attempting to care for her would be met with great protest and refusal to cooperate. She demonstrated her connection to the one she had accepted with warmth, eye contact and observable responsiveness. To add to the observation I was able to gather information by open interview shared by the baby care director and interview by translation of the immediate care-giving staff. Mei survived much longer than was anticipated but eventually succumbed to her inoperable heart condition. Mei's behaviour had corresponded most closely with the first three attachment phases composed by Prior and Glaser (2006: 18-19). Her previous care at the government facility was in keeping with the 'lonely infants' described in footnote 2. Having observed the caretaker ratios and lack of one on one care it was unlikely that Mei had the opportunity to connect at the government social welfare institution. One can only surmise the behaviour transition came when more directed care was offered at Wee Care. I was not present for her initial arrival. However interview of the staff confirmed my thoughts of a more lethargic behaviour until she began connecting with the person who became her focus of attention. Her (now) primary caregiver was not certain why Mei responded to her. She was not the first to care for her.

A statement made by Fetterman regarding analysis reverberated in the 'after observation' processing – 'The best guide through the thickets of analysis is at once the most obvious and most complex of strategies: clear thinking' (1998: 92). My thoughts were initially quite random but clarity came by considering, rereading, returning to observe and continuing to think. The process created further questions, assumptions and adjustments considered in the use of phases within the context of abandoned people.

2.11.1 Conclusions relating to the observations of Mei

The following are some of the reflective questions, which lead to adjustment in use of the

explanatory phases of initial attachment. These considerations/reflections are developed during and after the observations of Mei. However they are influenced by the experience and episodes that begin in 1998 with a primary participant from Wee Care, named Fuxia.

There is a connection formed between Mei and the caregiver she seems to have chosen. One could observe nuance of contact with eyes and touch. Mei's will to live seems evident compared to her initial behaviour upon arrival. Her behaviour mirrors the phases in sequence as her connection develops. Her behaviour toward her caregiver is most discriminatory and none other would do. Mei's caregiver is by necessity of Mei's fragility, gentle and caring in her manner, responding with close body proximity and speaking continuously to Mei.¹¹ Mei's feedings require extreme care and attention with a special feeding bottle because of her cleft palate. Attachment theory (phase one) suggests Mei initiated the connection with the staff caregiver, who quickly became her primary caregiver at Mei's behavioural insistence.

Mei and her PC reciprocally respond to each other's state and a dance of attunement begins. Assessment of the caregiver's behavioural response strengthens the emerging understanding of the connection process. Mei's observable actions demonstrate wilful/survival behaviour.¹² Her life is too short to follow and historical information is not available.

2.11.2 Recommendations

1. Further continued case study observation would serve to create a different grid or view from which to explore connection as it develops. This

¹¹ Observation of cultural care patterns of the infant and young child in China – handling, picking up, touch had consistently seemed more abrupt in movement. This was not due to lack of care on the mother's part but simply 'the way it was done'. This did not have any particular influence on the bonding behaviours of the infant and mother. One does wonder with a fragile child like Mei could there be an instinctive survival concern and therefore response to a gentle manner influenced her choice of caregiver? Gleaning from my own experience with Osteogenesis Imperfecta – My daughter as a young child was extremely cautious as to who was allowed to carry her and was insistent at an early age of being carried in a particular way.

¹² The assumption of genetic influence could be acknowledged as providing strength contributing to Mei's connection with her caregiver. However Mei's condition upon arriving at Wee Care suggested the same lethargic behaviour observed by those physicians and psychologists in footnote 2 describing the 'lonely infant' condition.

necessitates longitudinal case study.

2. While there are certain developmental parameters for biological and cognitive growth – the research should consider the capacity of plasticity of the brain in answer to emotional development, response to positive and negative episodes, which regulate our emotional states (DeVries et al., 2003: 399-407).

2.12 Gaps in current theory and practise

2.12.1 Measurement roadblock

Current methods of measurement pay insufficient attention to the dynamics of attachment as it relates to the abandoned person in their socially constructed reality. In other words, the process of attachment is dynamic and not static in formation. The measurement methods used in predominant attachment research fail to present the nuanced, multi-dimensional depth of a reciprocal and interactive relationship, as it emerges within the longitudinal study.

Rutter suggests this nuanced behaviour, the ebb and flow of relationship and the varying degrees of security, cannot be fully expressed in the current measurement systems (1997: 17-46). Neither can attachment be completely understood nor it's strength measured by the number of times a particular behaviour occurs or the duration of any one type of behaviour and the amount of contact (Hinde, 1983: 59).

2.12.2 Lack of reliable research toward intervention

Strategies in research related to intervention within the abandoned and neglected person's world are limited and formulated primarily around the infant. They are not 'seamless in their translation to pathological research' and therefore lacking in models of intervention (Atkinson, 1997:8). A viable model of intervention requires generational research, necessitating life history and intensive longitudinal study.

2.12.3 From the laboratory to the field

The gap from the laboratory to the field becomes apparent in the life experience of the participants with (1) inadequate clarity of diagnosis of attachment disordered behaviours, (2) failure of agencies to prepare adoptive parents for the attachment challenged child and (3) a general lack of caregiver's understanding of the criticality of their role in the life of an attachment challenged person.

2.13 **Summary**

In reference to my central and supporting research questions, it was found that the theoretical foundation of the theory of attachment, while providing an understanding of attachment as a behavioural system, was not presented, communicated or applied to the world of abandoned children and their families. As the content and results of the attachment research were reviewed, so too was the methodology and historical development of the theory. A gap was perceived between the laboratory/clinic and the formerly abandoned and their family within their socially constructed reality. Both worlds supply necessary factors to the research. Developmental research provides elements, which give indicators of healthy emotional growth. Pathological research focuses attention on indicators of concern. The dynamism though of the process requires explanation related to the particular lifeworld context of the attachment challenged child. The view of attachment within the literature is primarily held in normal developmental psychology. Atkinson addresses the historical difficulty of movement into the clinic. This is a relatively recent movement in respect to the length of time the theory has been recognized and researched. A complaint made by Holmes partially explains this gap regarding psychological and clinical research and its influence upon therapeutic intervention:

Bowlby's (attachment) theory and its tremendous ramifications for clinical work were for decades 'virtually airbrushed out of the psychoanalytic record – rather like some dissident in Stalinist times' (Holmes, 1995: 20)

Atkinson suggests this to be ironic as the intention of attachment understanding was initially meant to explain and intervene in abnormal behaviour. The inability to ‘move from laboratory to clinic’ hinders the greater breadth of understanding encouraged by application (1997: 3). According to Atkinson, Bowlby sees the psychoanalytic hypothesis of his time as weak and lacking proof. He considers the behavioural academics of psychology similar, suggesting it to be “a process of struggling to cram a gallon of obstreperous human nature into a pint pot of prim theory” (1979: 27; as cited by Atkinson, 1997: 3).

This study of engaged participant observation contributes to this particular gap in the research unlike the volume of attachment research done by measurement with predominant attachment tools – it offers a different view. An absence of secure attachment or compromised attachment of those in a participant group offers a circumstance where potential intervening events reveals growth of normative development.

3 CHAPTER THREE – A NEW METHODOLOGICAL APPROACH FOR ATTACHMENT

3.1 Introduction

The central foci of this study are those who have suffered abandonment and the journey they undertake from survival toward relational connection. Given the research aim of observing a process toward attachment and potentially discovering an appropriate model of intervention. While not engaging in a classic anthropological practice of long-term fieldwork in a single location, I followed engaged, participatory fieldwork with specific participants over an extended period of time. The research builds upon life histories of the participants. The methodology approach locates the researcher in two positions with specific purpose in the research paradigm. The first is writing as a research practitioner, informed by literature, theory, experience and tacit knowledge, distilled from extensive field experience, reflected upon and integrated into the research. Skultans supports this position in her work stating that increasingly we have come to recognise the importance of acknowledging and interrogating the ethnographer's experience as a resource rather than an impediment (2004: 292).¹ The second position is characterized by the experimental involvement of the researcher, with the intent to understand and benefit particular situations as they emerge (Evered and Lewis, 1981). In this way I would be able to investigate the process as it develops 'from the inside' by being a participant in conversation and being able to continue the process of questioning over time with each of the informants. The data gathered in this process was collected in field notes, creating 'thick descriptions' of the participant's life history and behaviour in context (Geertz 1973).

Utilizing early experiences captured in personal journals (1985-2000), along with

¹ Dr. Skultan's cites the seminal work of Judith Okely, on autobiography and anthropology "emphasizing the unique insight the anthropologist can provide the academic community into a particular cultural phenomenon by telling their own story" (2004: 292).

observations and informal interview provoked questions and concerns regarding the abandoned person's life context.² In 1998, the adoption of our daughter provided personal and direct access to the life experience of the abandoned person. She would eventually ask to participate in the study. Having commenced part-time research in 2006, a snowballing effect ensued through meeting adoptive parents, children and adults with challenged relational connection.

The following sections clarify access to the social context, sites, and key informants and expand the role of the researcher in the research strategy.

3.2 Inquiry paradigm

The paradigm described as constructivist most characterizes my work. This ontological position resonates with the field research and data collected, in asserting that social phenomena and their meanings are continually being accomplished by social actors (Bryman, 2004: 538). This concept of meaning rising out of understanding social action is found in the work of Weber's 'Verstehen' (Ibid: 88). It is essential to understand how the abandoned persons view their world. Their world is in flux. Symbolic interactionism provides a theory for viewing their world and allows for a dynamic process of change.³ 'You must participate in the mind of another human being ...take the role of another... to acquire social knowledge' (Lofland and Lofland: 1995:16). This requires an empathic view. With the constructivist movement, research shifted beyond the benchmarks of 'goodness of quality criteria,' and 'rigor' ... from a positivist internal and external validity,

² Duranti and Goodwin identify talk as one of the most pervasive social activities in a cultural context, focusing the social anthropologist and sociologist attention no longer only on the larger institutions of kinship and political organization but rather the language and behaviour that coordinate members of a society. (1997: 1-5).

³ Symbolic Interactionism originates in the work of Cooley, Mead and Thomas according to Spradley (1980:80; Manis and Meltzer, 1967). Blumer suggests three premises for its use: 1) human beings act toward things on the basis of the meaning these things have for them (1969:2), 2) meaning is derived from the social interaction that one has with one's fellows (Ibid.), 3) meanings are handled in or modified through an interpretive process used by the person dealing with the things he encounters (Ibid.).

reliability, and objectivity – to the constructivist trustworthy and authentic as a catalyst for action (Guba and Lincoln, 2005: 194).

These issues encourage the acceptance of personal responsibility in how one views, lives, works and experiences life as a participant observer, connected to others rather than striving for an objective impartiality, which in reality does not exist.⁴ The following section extends the description of my position and furthers the explanation of approach and methods.

3.3 Research approach

Reflecting on early field experience with refugee children in Thailand, Cambodia, and Hong Kong, along with observing orphan care in China, Kenya and Uganda prompted the eventual formalization of this research.

Extending the insider position introduced in Chapter One and referred to in the introduction section 3.1 furthers the method of Evered and Louis:

Inquiry from the inside requires the organizational actors to be willing to tell as best they can what they know and how they came to know it – to submit it to critical discussion. Inquiry from the inside is characterized by the experimental involvement of the researcher, the absence of a priori analytical categories, and intent to understand a particular situation. Inquiry from the outside calls for detachment on the part of the researcher, who typically gathers data according to a priori analytical categories and aims to uncover knowledge that can be generalized to many situations. Greater appreciation of the epistemological differences between these two approaches can help organization scientists select the mode of inquiry appropriate to the phenomenon under study and to their own abilities and purposes (1981: 387).

Reading the work of Early (1999) who followed the Evered and Louis insider approach resonates with my own intent and objective. After consulting these studies and others such as (Turnbull, 1961; Whyte, 1993), I read Leinaweaver and her more recent research utilizing insider approach. She describes her interlocutor relationships in the following

⁴ Wolf explains the claim of privileged, objective, authoritative knowledge is difficult to make or maintain – for the reason there are too many ‘natives’ about, to counter them (1992: 137). Qualitative research is inbuilt multi-methods used to understand the phenomenon (Flick, 2002: 226) ‘Objective reality cannot be captured. We know something through its representations’ (Ibid.: 227). The use of multiple methods adds to the study rigor, breadth, complexity, richness and depth by empirical materials, perspectives, and observers (Ibid.: 229-230).

way:

My fieldwork relationship with almost everyone who graces these pages was one of friendship. Throughout, I often refer to my interlocutors as friends. Some were close confidants with whom I shared laughter, tears and dozens if not hundreds of plates of food. Some became relatives through *compadrazgo* (2008: 17).⁵

She shares numerous accounts of connection to those who become ‘our participants’ and for some in the process they become our friends (Ibid.). Leinaweaver tells of on-going communication and commitment these friends still hold as a part of her life, calls, messages and shared memories (Ibid: 17-18).

This model of ‘inquiry from the inside’ parallels my own experience of growth in unconditional commitment with my participants that went beyond the boundaries of research. This is evident as the research progresses and immersion into participant families becomes obvious. These actions of immersion and commitment referred to in Chapter One by Evered and Louis are defined by Early as necessary components:

1. The willingness to experience the personal and organizational dynamics fully.
2. They require a commitment to analysing experience – thinking through, reflecting, reporting the conclusions, and attending to the methods acquiring these experiences.
3. An eagerness to engage critical discussion of these experiences with the academic community (1999: 31-32).

The requirements in these criteria had impact personally as a participant observer, producing change in my role as mother and committed friend. The outworking of these dynamics resulted in a trusting and safe environment of growth and change that was processual in nature. The very subject, creation of trust-connection, required a depth of reflection and acknowledgement of failure and success. Openness of the participants and advisors from the psychiatric and academic community offered supportive engagement and

⁵ *Compadrazgo* is the commitment of co-parenting – of circulating a child to another family often to mutually benefit the child and create a connection between the families (Leinaweaver, 2008:5-8).

recurring discussion throughout the study.

At this stage I had understood my role as an activist practitioner and novice researcher. Prior to this I would have described my work more in the field of action research. It evidenced similarities related to the ‘swampy lowlands’ that Schön speaks of, and revealed a commitment to the people who participated with me in learning (Schön, 1983: 3). In time, I realized that my identity as a researcher was more clearly defined as a ‘human instrument’. This term was also used within naturalistic research and fit well with this particular ethnographic approach.⁶

Lincoln and Guba explain that the original intention of a naturalistic approach was for behavioural research and the research was to be conducted in the natural setting of the participants with full engagement from the researcher with intentional design. Such engagement was not construed as manipulative or interfering with observation (Lincoln, 1985: 8). This stretches the participant observers involvement, however allows the psychological component of interaction and emotional involvement, as does the human instrument distinction. “The human instrument ...is capable of understanding the role of the irrational as a powerful emotive device, because human behaviour is rarely rational, the perfect instrument is one that acts in sympathy with the emotional, non-rational, spiritual, and affiliation renderings of its respondents (Ibid.). Reinharz postulates...an exchange, a communication, a sharing – so that researcher and respondent learn from and teach one another, rather than take and leave bereft. She points out “personal knowledge requires emotional involvement, not merely logical and rational analysis” (1979, 33-34).

My methodology was dialogical, reflecting my commitment to work closely with research participants. ‘Dialogue in this sense does not literally mean a conversation between two parties; in practice, it often consists of even contradictory voices. As a result, discussions of ethnographers own interactions, relationships, and emotional states while in the field have been moved from their traditional discreet place in acknowledgements to the centres of the ethnographies themselves’ (Angrosino, 2008: 164). Often a collaboration of researcher’s ‘participants’ is assumed (Kuhlmann, 1992; Wolf, 1996: 29 as cited by Angrosino). No person can ever fully experience another person’s perspective (Berger and Luckmann, 1960). However sharing a ‘cultural’ context offers one way to share a perspective more closely.⁷ Additionally, the dual role of researcher and participant

⁶ This form of research was originally taken from the collection of Edwin Willems and Harold Raush *Naturalistic Viewpoints of Psychological Research* (1969:46).

⁷ Spradley defines culture as the acquired knowledge people use to interpret experience and generate

provided another means to approach that perspective. It increased attention to the details of the participant's experience (Denzin, 1978, Douglass, 1976).

Differing levels of participation developed during the fieldwork. These were created in part by location and choice on the part of the participant. One example was Mishti, an Indian living in Nepal. She moved temporarily to the United States and through a network of mutual relationships sought me out initially for personal counsel. This relationship grew over time to that of a participant. For a six-month period of time we had intense interaction through interviews, sharing of life history, and prayer. Upon her return to the subcontinent, we continued to dialogue periodically via skype and emails. This adult case study offered a comparative pattern to the engagement of other participants. In contrast to this participant, one other adult longitudinal case study took place over a six-year period of time with multiple three day visits, one and two month visits in the home, international trips together and scores of interviews via skype. These two participants along with the others were immersed in the research, providing a collaborative model of discovery. Adding to this association, individual participants connected to varying degrees with each other, were able to provide differing views as well as consensus regarding ethnographic truth. The participants became collaborators.

The interviews served as a probe into the social context of the participant. The open-ended nature of the conversations allowed for issues and ways of thinking that we could not have anticipated to emerge and be heard. The interviews were usually a part of the on-going relationship between the interviewer and interviewee. The conversations were less like a litmus test...than like a joint exploration (Martin, E., 1994: 10).

It was necessary to be seen as a trustworthy interlocutor if I was to inspire sufficient confidence to understand and support the participants, dealing with issues of abandonment. The very nature of abandonment required a genuine empathetic

behaviour (1980: 5-6). The participants have known similar experience and interpret those experiences exhibiting similar behaviours however this group would not necessarily be considered a culture.

understanding and approach in living with, and interview of the participants.

Denzin states that scientific neutrality and the techniques and goals to achieve it are largely 'mythical' (2008: 116). Others offer supportive 'convincing arguments' Fontana, 2002; Holstein and Gubrium, 1995; Scheurich, 1995 – that interview is not simply about answers to questions. It is an active collaborative work, which is context bound and a mutually created narrative (Holstein and Gubrium, 1995). Scheurich highlighted the unavoidable conscious and unconscious motives, desires, feelings, and biases in the necessity of one to one human interaction (1995: 24).

Multiple methods and various approaches were used in data collection. These included among others narratives of the participant's experience of abandonment.⁸ Life story is used 'when we deal exclusively with the person's subjective, retrospective report of past experiences and their meaning to that person' (Clausen, 1998:192). Life history includes outside sources to provide objectivity and establish validity (Denzin, 1989). For the purposes of this research, the terminology employed with the narratives will utilize biographical life history and life story interchangeably. This method of biographical life history interview has similarities with the work of Rosenthal in the conditions of curative storytelling (2003: 915-933). Fritz Scheutze introduced the method of biographical narrative interview in the 70's (1976:159-260; 1983: 283-294). Rosenthal developed further questioning methods and established a sociological biographic research with a therapeutic dimension (2002: 204-227). The longitudinal ethnographic cases utilized in this research, employed this method where applicable and appropriate for the benefit of the primary participants. Additionally, extended interviews, recorded conversations and videos were used. The purpose was to enhance the data and bring strength and clarity to the research, adding to the participant's life history. As Chase suggests, 'even in interview we often miss the narrative helping life story to unfold' (Chase, 1995: 1-26). An example of this was working with children and allowing their views and voices to be heard and their biographical (external data, medical records) histories to be understood.

⁸ Skultans responds to the criticism of 'narrative as a research tool' defining the narrative form as a more authentic 'experience-near' version of the truth. She follows Rorty's declaration of the told story as a reflection of the 'authenticity of values and aspirations of the narrator (2004: 293). Bruner argues, 'we organize our experience and our memory of human happenings mainly in the form of narrative' (1991: 1-21).

In the case of Fuxia, she was first given the opportunity to share her memories. A photographic history, combined with video filmed during her stay at Wee Care, encouraged the process. Often simply life experience, coincidence, or conversations of returning to China initiated her voice. Various sections of her early life based upon all the available collected data, field notes and interviews were composed in a somewhat chronological order. We then began reading the sections together, starting from the first time we met in China. At this time these were notes not only of Fuxia. Included were appropriate observations and dialogue concerning care of the abandoned child, foster, residential, and social systems affecting the children of common abandonment. They also consisted of experiences I thought might be of interest to her, as she grew older. I spent time questioning those who had cared for her and observed her attending preschool at Wee Care. The puzzle pieces of her life began to fit together. Another approach involved matching pictures and video footage with each historical period. These occasions were enjoyable and emotional. As we wove the strands of her biography together, she often responded with comments, thoughts, feelings and questions. I was able to record her dialogue. There were also occasions of silence when memories of events surfaced with a picture or particular recorded event. Initially days or weeks would pass and she would return with a desire to process and contribute her understanding, after thought and reflection.

The ability to create a historical biography of one's life is normally considered an adult creation. The process of doing so with a child was challenging. The concern was continually her emotional equilibrium. The methods and location were often in flux and revised, suiting her emotional cues. With careful intentionality, I regularly removed myself as a power person in the process. She exhibited an enthusiasm and ownership for her position of authority in the construction of her life history. From the age of ten, Fuxia began offering a more focused contribution to her story and in the years following, her

interest has intensified. She enjoyed returning to the historical records of her early life, speaking of them and connecting them to present incidences. These occasions, often in a coffee shop setting or sitting together on her bed, or during air travel, were catalytic moments producing new thoughts and feelings. There were also occasions of accumulated and/or spontaneous stress, where addressing certain events were simply too painful. The behaviour was withdrawal and bursts of anger, tears and frustration. This method did not follow the exact pattern of the whole story method of Rosenthal (2006: 1-16). However it did achieve a similar purpose and created a process of involvement and ownership, a personal power gained, associated with using her voice and telling her story. The method held similarity to the biographic interpretive method in ethnography (Denzin, 1997: 31-47).

This approach was needed to examine the processual nature of the development of trust and relational connection. Most think of this connection as one created in infancy. Erikson speaks of the development of trust versus mistrust from birth to one year of age (Erikson, 1963:247). He continues, that infants come to find consistency, predictability and reliability in their primary care figure, with whom they develop basic trust or mistrust (Ibid.). The research approach considered, was needed to overcome the fractured nature of objective measurement, and be observed and evaluated over time.⁹

Attachment theory is well established and supported by scientific measurement.¹⁰ Its content is undeniably connected to the research of patterns and quality of attachment. Exceptional groundwork research exists and continues to be expanded with needed emphasis suggested by Kobak of placing the research within a natural relational context (Kobak as cited by Cassidy & Shaver, 1999: 42-44).

⁹ It was argued that such research (research emphasizing Scientific Measurement and objectivity) fractured people's lives, resulting in the production and measurement of atomistic facts, the significance of which had been decided in advance of the research itself (Lewis-Beck, Bryman, A., Lao, T., 2004: 379)

¹⁰ Attachment theory is a psychological and evolutionary theory. It is a combination of developmental psychology, psychoanalysis, ethology and systems theory (Brisch, 2002:14,15). It is a system meant to assure survival activity and to create safety at any perceived or real internal or external alarm.

Viewing attachment through the perspective of the abandoned person provides a different view. The Strange Situation Test (SST) measured the quality of the infant attachment security pattern. Variations on the SST in addition to the AQ Sort test, and adolescent adult attachment interview all evaluate patterns or qualities of attachment.¹¹ They are as well combined with observation. The tests are not designed to show the development of trust and connection, rather the quality of attachment tested within bonded times of development. A longitudinal study by Sroufe et al. (2005) measured risk and adaption tracking variables of 180 children from birth to adulthood. More recently, Mikulincer and Shaver (2007:29-35) created a model that characterizes the activation and operation of the attachment system in adulthood. Both studies, referred to in Chapter Two, suggest a transferability of attachment theory concepts throughout a person's life. Again, these methods were applied to bonded times of normative development with specific environmental influences, but not within the context of the abandoned person.

Looking back, the research approach moved from observation of individual people and situations to considering the range of their life history and experiences. It became a collaborative work involving the ethnographer and participants using biographical life histories, open-ended interviews and recorded conversations. Capturing the episodes was dynamic and by necessity was heuristic in nature. The next section defines how the approach emerged.

3.4 Progression of research strategy

International exposure contributed to opportunities of observation of behaviour and recognizing similarity in patterns, with those affected by abandonment. Previous work in child development merged later with my personal life as an adoptive mother with the

¹¹ A personality assessment in which the subject (or an observer) indicates the degree to which a standardized set of descriptive statements or in this case pictures applies to the subject. The AQ sort is designed using attachment criteria.

intentionality and struggle required to create a relational connection with my daughter.

I had initially thought I would use the SST and the AQ-Sort test to measure attachment with children in China. I expected to confine the study to a cohort of institutionally cared for abandoned children and follow their journey from institutional care through the first six months of adoption. The plan was to follow a comparable research study done by Zeanah (2005: 1015-1028). Rather than creating a comparative cohort of non-institutionalized children, I would follow the children through the adoption process with two visits at three-month intervals. Similar studies of children reared in institutions, focused on the social and behavioural problems of these children (see Spitz, 1945; Goldfarb, 1945). The closest comparable research was Tizard's study of young children placed in residential care in London during the 1960's (Tizard, and Hodges, 1978; Tizard and Rees, 1975).¹² The attempt was to see if similar studies using these measurement methods would bring clarity to the process of attachment in this context. The concerns held from my early fieldwork were not addressed. The process of observing the dynamics of attachment in context could not be as clearly expressed. Additionally, the logistics of systematically following the families around the world in their new adoption context was prohibitive. Finally, upon attempts to recruit couples waiting for adoption, these were found to be understandably insecure in their role as soon to be parents.

I then turned to the history and development of attachment theory. Bowlby's

¹² Tizard identified a group of 65 children placed in these nurseries at birth or soon thereafter. Between the ages of two and four years, twenty-four of the children were adopted, fifteen of the children were returned to their birth families, and another twenty-six remained institutionalized. When the twenty-six still institutionalized children were assessed at age four years, eight (30.8%) of the children were emotionally withdrawn and unresponsive, displaying unusual social behaviours and no evidence of discriminated attachments. Another ten (38.4%) children were indiscriminate, approaching and seeking attention from relative strangers as readily as from familiar care-givers. The remaining eight (30.8%) children had managed to develop a preferred attachment to a caregiver at the nursery (Tizard & Rees, 1975). The first two clusters of children comprised an important basis for the criteria later used to define two clinical types of RAD, the emotionally withdrawn/inhibited type and the indiscriminately social/disinhibited type, which are described in both the Diagnostic and Statistical Manual of Mental Disorders (4th ed., text rev. [DSM – IV – TR]; American Psychiatric Association, 2000) and The ICD-10 classification of mental and behavioural disorders: Clinical descriptions and diagnostic guidelines (World Health Organization, 1992)" (Zeanah, Smyke, and Koga, 2005: 1015).

attachment theory was born out of prospective naturalistic observation in human and animal species. The initial concern with the attachment relationship began with the observation of two children at the school where he worked. 'One was a very isolated, remote, affectionless teenager who had been expelled from his previous school for theft and had had no stable mother figure' (Bretherton, 1992: 760). The second child was an anxious boy of seven or eight who trailed Bowlby around and was known as his shadow (Ainsworth, 1974). Persuaded by this experience of the effects of early family relationships on personality development, Bowlby decided to embark on a career as a child psychiatrist. His analysis of the case histories of disturbed boys, forty-four young thieves, eventually followed by his collaboration with Robertson on the film observation of '*A two year old goes to hospital*', encouraged my direction to both prospective observation combined with ethnographic analysis. It was clear that his inquiry would eventually necessitate what he called 'natural science investigation' in order to support his theory. This he later accomplished with the collaboration of researchers working in the field of ethology and the research measurement of attachment styles contributed by Ainsworth. I saw similar methods used historically in the early work of Ainsworth. William Blatz encouraged her to further his work in security theory. She did so by analysing the autobiographical narratives of undergraduates regarding external and internal familial influences (Bretherton, 1992: 761). I began to consider breaking with the established form of research after finding Kobak's more recent review of attachment research. The concerns expressed by Kobak and his suggestion to study the process of relationship development in context...critical experiences perpetuating causal responses, observation and interview, summarize the way in which I wanted to study attachment. (Kobak, 1999: 21-43).

Ainsworth in her definition of an attachment relationship saw a mutual response between the two (parent and child dyad). 'This is not something parents do to their children. It is something that children and parents create together in an on-going reciprocal

relationship' (Ainsworth, 1969). The relationship is dynamic and interdependent, creating a behavioural response between the primary caregiver and child. This brings an affect, which can influence the development of attachment behaviour in both child and parent (Hinde, 1983: 27-93). Further, Hinde says relationships are 'embedded within the nexus of other relationships and cannot be considered in isolation' (1983: 68). Bronfenbrenner extends this behavioural relationship and speaks of examining this 'growing dynamic entity' within the environment – development context (1979: 21). Quantitative measurement has provided the theoretical underpinnings of observable phenomenon. But complexities are realized when attachment as a dynamic multidimensional concept is viewed in the context of the participant.

My study of participant observation contributed to this particular gap in the research, unlike the volume of attachment research done using attachment tools of measurement – it offered a different view. An absence of attachment or compromised attachment of those having experienced abandonment, offers a circumstance where potential intervening events could reveal growth of normative development.

Atkinson (1997:1) suggested a broadening and expansion of strategies for clinical understanding, to challenge partially confirmed associations. He suggested using observational and clinical experience as a basis to delete or deemphasize areas of the theory, which do not respond (Ibid.). Applying non-traditional analytic methods, Greenberg did research adopting a person-oriented view of the data where the unit of analysis was the individual case (1999: 10). 'The analysis proved of great heuristic value, suggesting a role for state (as opposed to trait) variable, motivational issues and historical-environmental concerns' (Ibid: 13). A clinician must factor these same points into their diagnosis...'explaining why clinical assessment is an on-going process, rather than...a one-time event' (Ibid: 212). Bretherton used a qualitative, phenomenological approach in researching a mother's perspective in co-parenting after divorce. She recommended an

idiographic approach focusing on the nuance of individual's relationships rather than broad generalizations of human behaviour. Atkinson expressed hope that non-traditional data and analytical techniques would 'fuel the growing interest, while enhancing the explanatory potential of attachment theory' (1997:13).

My early experience created a simplified use of biographical history to support explanation of behaviour in the field. Utilizing narratives of experiences, comparing the observations in diverse countries, with differing care for the abandoned and neglected person, created a reliance on attachment theory as a foundation for assessment of abnormal behaviour.

The preceding paragraphs state the concern for viewing a dynamic versus static process. I saw symbolic interactionism as a compliment, offering just such a research path and direction to approaching my early questions.¹³ The social framework was the cultural context of abandoned persons, comprised initially of the historical place – institution or natal family, evolving to the eventual adoptive family or composed family by marriage.

As a result of relationships in China, including adoptive parents, government social workers and adoption agencies, along with the relationship with my own adopted child, the number of unstructured interviews of opportunity grew exponentially. Eventually from connection with specific participants in differing locations, field based longitudinal case study evolved as suggested by Reinharz and Robson:

Particular case histories are inevitably grounded in particular context...the case history instrumentalizes George Herbert Mead's social psychology. To understand why someone behaves as he does, you must understand how it looked to him, what he thought he had to contend with, what alternatives he saw open to him; you can only understand the effects of...commonly invoked explanations of behaviour by seeking them from the actors point of view. The case history...compels the researcher to utilize and analyze experience...[and it] possesses a dynamic dimension since it spans across time periods. Processes unfold and are explained or at least described. Readers reach conclusions with the researcher as they accompany each other through the processes (Reinharz, 1979: 40-43).

¹³ 'Symbolic interactionism is a theory that seeks to explain human behaviour in terms of meanings' (Spradley, James, 1980:8)...human beings act towards things on the basis of the meanings that things have for them (Blumer, 1969:2 as cited by Spradley, 1980:8). 'Meaning of such things is derived from, or arise out of, the social interaction that one has with one's fellows' (Blumer, 1969:2 as cited by Spradley, 1980:9). 'Meanings are handled in, and modified through, an interpretive process used by the person dealing with the things he encounters' (Blumer, 1969:2 as cited by Spradley, 1980:9).

Case studies give you the entrée to variables and research questions concerning individuals, naturally occurring entities, whether these be individual people, groups, organizations or whatever. They would normally focus on current events and concerns, and while they can provide theoretical generalizations, e.g., generalizations about processes, they do not permit statistical generalizations. Case studies...are inherently multi-method (Robson, 1993: 167).

At the outset of the study, it was anticipated that the process for collecting data would range from two to three years. Maintaining an intentional connection with the primary participants extended both collection of data and evaluation an additional two years. In the process, on-going interview and analysis continued, allowing significant transitions to evolve with the participants, confirming expectations of the research. Evidence emerged of growing trust and variable levels of connection with each participant within their family context. Over this total research period, my role varied and transitioned dependent on the participant: from external researcher to participant observer, creating a safe base and after trust and connection were established, maintaining a depth of friendship.

3.5 Details and issues of the research: social context, sites, key informants, role of the researcher and sample

As mentioned in 3.1, the formal portion of the research began in 2006, while informal exposure, thinking and interaction with those challenged by abandonment and their social context had been developing as early as the mid 90's. This expanded period of time allowed me to discover points of access into a range of affected people and agencies. During this season, early stages of trust and relationship were established. The variable dynamics related to the causes of abandonment were revealed.

3.5.1 Social context

Identification of and access to eventual participants was more a continuing process of building of relationship and trust than an event. The negotiation had more to do with my availability to the person. It was never a single request but a relationship that took time and process to develop. 'It is helpful to regard the negotiation of access as a continuing process rather than a single event' (Robson, 1993: 296). There was never a preconceived plan of

involvement or a fixed agreement with any of the individuals who would eventually be participants. There had to be an unspoken commitment, an unconditional offering that would be recognized by the individual as a safe environment. When they felt secure enough they spontaneously volunteered. This process created inadvertently an insider position. Without intention in the early stages of the research, this became a pattern of participation with each one involved. It should be noted that in each of these situations, I clarified with the participant that I was not a therapist but was involved in research related to abandonment and attachment issues. Each of the participants engaged in varying amounts of time but the process was by and large the same. Ruth's steps of engagement modelled this process:

An early and spontaneous decision to visit her in 2005 became the turning point to a new level of relationship with Ruth. She and her husband were friends of our family with whom we had periodic contact. A few weeks before this visit, her husband had expressed concern regarding what he perceived as depression and her increasing withdrawal from the family and life in general. In his attempts to reach out, she had explained to him that in early years of their marriage, she had gone through the actions of spousal behaviour and mother but did not feel connected to him or their four children. She met all obligations, doing 'what was necessary to meet their needs.' I had decided to fly out with a friend for the weekend to encourage her. Had I asked permission to come, she would have resisted out of a sense of unworthiness. Upon our arrival, she was withdrawn and barely able to speak. She had no desire to live and continually prayed that her life would be taken. During this weekend visit while she exhibited in her behaviour a message of hopelessness and rejection, we pursued her with intention. Once she realized there was a commitment to her wellbeing and our offer was unconditional friendship, I began asking questions regarding her childhood and early memories. She was cautious but allowed interaction. Slowly she brought to the surface glimpses of a lost childhood. She saw herself as a 'bird

in a cage lowered into a mineshaft with an expectation that the toxins in the shaft would kill her.’ This picture seemed to be an accumulation of her life experiences. Observing the behaviour of this 60 year old woman and listening to her experience of abandonment was similar to those children I had encountered in Kenya and China – including lack of eye contact, withdrawal from physical touch and a hypersensitivity to movements of others. Her conduct created natural barriers to our developing relationship that would eventually be overcome by means of monthly weekend visits, face to face, and weekly audio / visual connection. The months and years of contact that followed allowed me to demonstrate a committed friendship as well as a growing understanding out of her experiences and my research.

It was clear to me that the relationships with potential participants could not be fundamentally about the research. They were not to be ‘used’ as objects of the study. Without it being my goal, the nature of that unconditional involvement provided access to their participation and that of their broader family culture. The more engaged the participants became, the broader family relationships grew in frankness and transparency. They moved from a posture of cautious reserve to viewing me at times as ‘part of the family.’ Relationship building made the difference in this cultural dynamic...‘ethical fieldwork turns on the moral sense of integrity of the researcher negotiating the social contract which leads his subjects to expose their lives’ (Dingwall, 1980: 871-89).

3.5.2 Sites

The research started as a process of observation of children caught in the historical context of abandonment (Kenya, Colombia, Thailand, China). Each of these environments was associated with certain behaviours. In order to identify these and understand the cultural context, I began following the life history of particular individuals. Marcus describes this process of life history in ethnography as a ‘special case of following the plots.’ Within this research, this process also involved the use of biographical life history (1998: 94). Because

I was following the plot of the abandoned child's life, the primary locations varied but the primary site remained the family.

Early (1999:42) uses for site development the four criteria suggested by Marshall and Rossman:

- 1) Entry is possible
- 2) There is a high probability that a rich mix of many of the processes, people, programmes, interactions, and / or structures that may be a part of the research question will be present.
- 3) The researcher can devise an appropriate role to maintain continuity of presence for as long as necessary.
- 4) data quality and credibility of the study are reasonably assured by avoiding poor sampling decisions.

My entry into the lives of the participants started unintentionally with my professional involvement in child development in China with Ms. Ji. Our relationship and mutual respect laid a foundation of trust and invitation to become more closely involved with training of childcare workers and in the lives of children under her care. Ms. Ji became an interlocutor to management of related NGOs creating foster care homes in China as well as to those giving leadership to social welfare departments in multiple provinces throughout the country. These relationships became integral in gaining entrance to the extended family context of Wee Care and indirectly to other adoptive families.

The family construct, whether in China or other locations, provided a rich mix of dynamics related to the research question. Dependent on the family context, there were varied levels of immersion. Geographic location, cultural customs and an evolving level of trust influenced these. It was necessary to adapt to each of their environments and cultural context. In some I was identified as a close family friend, in another an auntie, or as mother. As relationship grew, each requested my greater involvement as apart of their family, in effect as an 'insider.'

I had my own criteria for participant involvement in the research. Their early abandonment history would include one of the following: institutional care, foster care, had known the death and or neglect of a primary care giver. Age and cultural differences along with the request to be involved with the knowledge of the potential intrusion into the family context were critical. The resultant data supported the credibility of the study.

3.5.3 Key informants

While my initial involvement with Fuxia was not related to the research, I had kept detailed field notes from earliest records of her birth and abandonment up through her adoption and the years that followed. It was important that she be able to offer her participation in the research without coercion or excessive influence on my part. I had to accept the fact that she may have chosen not to be part of the study. At the same time I could not divorce myself from what I was learning as an adoptive parent. She first showed an interest in 2002 during one of our return visits to China and Wee Care. The visit naturally brought up questions of her early life in China. I began to share with her some of my field notes of experiences with her prior to her adoption. This must have stirred interest in response to the questions. Once she made the offer and engaged with the research, she allowed me greater access and began giving her own voice to memories and personal experience.

With other participants, there were accepted geographic boundaries that created natural limitations to the immersion process. However, as a counter to those constraints, extended and intense periods of time were made available for observation and participation in their family context. With the exception of observing younger participants in a school setting – to not be disruptive to their learning experience – these periodic visits paralleled episodes of Fuxia’s day-to-day routine. One such participant was Lok Chi. My observation of Lok Chi consisted of periodic visits spanning the years of 1998 – 2002. Because of his blindness and tactile defensiveness it was only possible to observe his behaviour. Lok Chi’s life history was compiled from interview and dialogue contributed by his parents and composed by a friend of the family and writer, Carmen Radley. Continued video, dialogue, interview and historical records have served to create a more complete historical narrative of his process toward trust. Ruth’s emergence as a participant, detailed in 3.5.1, evolved naturally out of the intense investment of time during early stages of beginning to

recognize her own abandonment as an infant. While nearly 50 years older than Fuxia, she came to a similar stage of offering her participation along with a desire to move toward connection. Her involvement extended from 2005–2011.

Ms. Ji was the interlocutor that introduced me to another informant, Jonathan in 2007. Involved for two years with this family (2007-2009), I was able to follow him from his Chinese foster family to his adoptive mother, a single parent who had already adopted another child two years earlier from the same region of China. This invitation allowed me to walk through the adoption procedure in a way that changed the model of ‘hand off’ from foster family to adoptive parent. Out of friendship with the director of the provincial social welfare department, I suggested that a positive influence could be created for the adoptive child by connecting the adoptive parent to the foster family. Through the enablement of Wee Care and the Social Welfare Department, the personal connection between the two family cultures (including extended foster family members of aunts and siblings, all intricately apart of the child’s early life) was facilitated. This transition created an episode that was markedly different because of the intentional relational hand off. This is expanded in the research body.

As a result of a lecture given in Geneva for the Women and Children’s Advocacy Centre – I was asked by a seminar participant if she could connect me to an adoptive mother in England. Jenna, a nine year old from northern China had been in institutional care for the first year of her life. The circumstances of the government institution were grave, the child was left under extreme neglect and there was no foster care available. She was adopted directly from the institution by the single parent with whom I had become connected. My engagement with Jenna spanned three years (2008-2011). Her early behaviour, as described by her mother, suggested symptoms of an infant with reactive attachment disorder (RAD). See Appendix 1. In that Jenna’s early history was similar to Fuxia’s, this offered some comparisons of behavioural patterns, expanded in recorded

interviews and personal observation.

Molly, a young married mother, searching for connection with her family of origin (natal), came to be a key informant through her adoptive mother. Her adoptive mother was a middle child of eight siblings and Molly's adoptive father was himself a child of adoption. Living in the same community as Molly made the connection easier. As with each of the participants, the critical issue of safety for the participant determined the degree of extended involvement and level of influence as an insider. Molly lived in a continual state of stress. As a result she became dependent on various forms of false comfort. Withholding judgment with regard to her circumstances created an initial entry into her life. Over the next five years (2006-2011), a safe relationship was created in which Molly began to understand and address the issues of her own abandonment. This understanding allowed her to replicate the experience within the realm of a restored family culture.

Through an invitation to dinner by a mutual friend and neighbour, I became acquainted with Mishti, a middle aged woman from India. She was recuperating from a chronic illness in the home of my neighbour. Over dinner the neighbour suggested we share more of our life history and work. Mishti's divorced mother, unable to financially care for her as an infant, had placed her in the care of a catholic orphanage. While having contact with her, there was little relational connection or primary care. After fifteen years in the institution, she was reunited with her mother and soon after married a suitor. Her history was marked by a repeated inability to connect relationally. Learning of my research involving abandoned children, she immediately showed interest and asked for time during her stay for further discussion. This led to a two year engagement initiated by six months of face to face involvement and after by periodic visits and electronic conversations.

Additional life experiences and extended interviews involving abandoned persons from Ethiopia, Uganda and the former Soviet Union are included in the research body.

3.5.4 Role of the researcher

As introduced in Chapter One, a concentration in child development as a young adult, and later hands on engagement with societal issues related to children at risk, created the broad framework and orientation to my topic and role as a researcher. From mentoring roles with ‘Head Start’ among the urban poor to teaching emotionally challenged seventh graders (twelve year olds), much of my life had been spent in the context of children on the fringe of normative social structures. Extensive opportunities of observation and growing understanding of the needs of disenfranchised people, provided motivation to pursue the phenomenon of the abandoned child that was attachment challenged.

My role as a participant observer in an inquiry from the inside was evident before the formal research began. It was my customary model of engagement born out of the role of practice as an intuitive practitioner. Atkinson and Claxton see ‘intuitive forms of knowledge as often being ignored and under-theorized’...they counter the assumption that professional competence is best acquired when you ‘know’. They consider that ‘discussion and reflection is a process which should come later in the course of professional development’ and refer to this as gaining the experience of ‘not knowing what you are doing’... a relationship of experience that is encouraged between reason and intuition (2000: 1-3).

The position of the researcher is time and again raised in qualitative research. While at times described as disturbing the process, Schutz recognized ‘the unique and fundamental relation existing between the self and the other self...that relation whose clarification is essential to a precise understanding of what it is to know another person’ (1972:8).¹⁴ He believed the research is beneficial when the researcher acts as the primary instrument of research.

¹⁴ There is another sense of knowing others better than we know ourselves – watching others subjective experience as it happens (Schutz, 1978: xxvi). We can be fully involved in the social world committed to those within and affect it as well. ‘My attention can be turned out from the social world I am living in - stepping outside of it transforming it to an object of observation or thought’ (Ibid: 157).

Bryman clarifies the criteria for the researcher in qualitative research (2004:279-284). Placing you within the mind of the participant, the researcher views that world from the inside. Thick descriptions of events, settings and individuals (Geertz, 1973a) provide meaning and understanding to the context. Recognizing the lives of the participants are in flux and unfolding over time, the dynamic nature of the research is demonstrated. The lack of a predetermined structure allows for flexibility of research outcomes and benefits from new discoveries in the research environment, thus allowing for processes of change. Several sources of data allow data in relation to a number of different topics to be addressed...and the validity of evidence from particular methods to be checked by other sources. A definable construct of reality surfaces through the observation and continuing interaction of the participants (Bryman, Ibid.).

An additional issue raised with qualitative research relates to the preconceived notions or biases of the researcher. The criteria above conclude that all actors, researcher and participants, view their world from their construct of subjective and objective reality. Consequently it is questionable whether any research viewpoint could be bias free. Evaluation of the results in the lives of the participants becomes the defence of the data. Their voices can have a clarifying effect and provide weight to the research.

My commitment was to see, use language and interpret meaning to the social world through the perspective of the participant. (Loflin and Loflin, 1995:16, Bryman, 2004: 279). The manner in which the research was accomplished, demonstrates the kind of results it can produce. With interaction in dialogue, the participants intuitively recognize explanations as true. The approach allows for the voices of all participants, inclusive of the researcher (Early, 1999: 45). Early quotes Denzin in his explanation of these combined voices in the following way:

...The researcher attempts a wedding of the covert, private feature of the social act with its public, behaviourally observable counterparts...Naturalistic behaviourism places the sociological observer squarely in the center of the research act. It recognizes the observer for what he or she is and takes note of the fact that all sociological work somehow reflects the unique stance of the investigator...in this sense the sociologist becomes both object and subject in his studies. His reflections on self and other and his

conduct in interactive sequences become central pieces of data (Denzin, 1978:6-7 as cited by Early).

3.5.5 Sampling, volunteer participants

As noted earlier, snowball sampling and more specifically convenience sampling of those who volunteered was the primary approach used in identifying possible participants in the research. The eventual participants came to me versus my seeking them out. Each one was referred by an interlocutor relationship. For example, early attempts had been made by Ms. Ji in China to secure participants among adoptive parents. Of ten families initially approached, one responded positively. Additionally Ms. Ji would, from time to time refer families to me who were struggling within their newly adoptive context. While being present at locations in China, every opportunity I had for extended interview with families – at social welfare offices, adoptive agencies, hotel restaurants – was pursued. These were opportunities of convenience in the field. While few of these became key informants/participants, the events observed and ensuing interviews provided the researcher initial contact with individuals and small groups, who were relevant to the research topic. With each of the eventual participants, there were ‘convenient and at times historical contexts’ from which they were able to develop a degree of trust and eventually offer their participation in the research (Bryman, 2004: 100). This sequential process enabled the location of information-rich informants. The process underlined the need to be deliberate and ‘purposive’ in choice of participants. It was critical that the sampling fit with the other components of the study (Punch, 1998:194), suspicions that arose out of life experience and related criteria. These included: life experience suggesting an attachment challenge (common or uncommon abandonment) and similar behaviours at different ages and ethnicities. Miles and Huberman (1994:34) enumerate relevant issues to consider in qualitative sampling:

1. The sampling was relevant to the conceptual frame and research questions.
2. In principle, the phenomenon in which I was interested could appear within the sampling.

3. Realistic descriptions and accounts could be derived from the sampling data.
4. The sampling fell within the scope of time, money and access to the participants. The sampling plan was ethical, with regard to informed consent, potential benefits and risks and the relationships with the informants.

3.6 Data Collection

3.6.1 Orientation to the data

Living with persons and within systems over years that influence the lifeworld of abandoned individuals, allowed me a closer shared perspective of their reality. I viewed the data as internal and subjective representations of external reality expressed in language (Gioia, 1986). This is defined in attachment theory as an internal working model. From the perspective of being on the inside, that language may be that of the abandoned challenged person, their family context member or my own. However it came, it represented an external expression for what was seen subjectively by each person. In this process, I acknowledge that what I perceived was the result of the researcher's perception of what was occurring in the situation, developed through interaction with others. Such subjective truth is subject to change with new information, insight or input and so is always held lightly. From a more social-psychological standpoint, by fully participating and being inside the shared reality of the experience, I was able to more frequently test my perceptions of reality against those of others, increasing the speed of iteration, and it could be argued, the quality of 'consensual reality' being expressed. Clearly this process influenced data collection. Considering analysis of the data, it is important to note that 'there is a process by which our minds organize a stance, approach, or mental set that serves as a filter for our perceptions, biases, our emotional responses, and directly

influences our behaviours' (Siegel, Daniel, 2003:148) Siegel would say that patterns developing from past experiences create synaptic connections which are held in the memory. The early connection created in 'attachment' is an implicit form of memory:

1. It is rooted early in the life of a child and is set in motion involuntarily and without the realization of this action.
2. Has direct impact upon our perception, emotions, behaviours, and physical senses. Consequently transforming attachment would involve unlearning old habits and patterns while producing an environment of consistent experiences that encourages new approaches (Ibid.).

Just as perceptions can change with analysis of the data, there can be simultaneous synaptic changes taking place within the brain from learning that accompanies new experiences. In the case of this research, these experiences took place within episodes. From these episodes, patterns emerged. This model allowed for variations of age, ethnic background and gender while observing consistency in their diverse experiences.

3.6.2 Fieldwork

3.6.2.1 Orientation

A naturalist approach was pursued for the fieldwork in order to observe the participants and their behaviour in their real world conditions. A variety of methods were utilized including participant observation, life history and unstructured interview.

Fieldwork is not just a matter of usefully observing and systematically documenting what people say and do, not just a matter of the mechanics of recording speech and activity. This would not be faithful to folk experience. Rather, fieldwork involves participating with people in understanding everyday life, not vicariously, but analytically (Gubrium, 1988 as cited by Early, 1999:47).

Becoming a part of the abandoned child's world began with exposure to child refugees fleeing Cambodia to the Thai border (Kao-I-Dong Refugee Camp) in the early 80's. I was involved as a consultant with preschool teachers caring for three-five year old children. In 1992 while involved in a teacher-training programme in Bangkok, Thailand, I was invited to observe the government institutional care system for abandoned children. I took the

opportunity to do unstructured interviews of those participating in the programme. This exposed me to the reality of abandoned childcare in developing nations and the growing population of abandoned children in refugee camps. From this initial experience I was able to formulate questions into a semi-structured interview, which became a tool for observation and early evaluation of institutional abandoned child programmes. (Appendix – 3, Interview)

Further exposure came in 1993 in Jinja, Uganda. Observation of and interviews with caregivers of abandoned children were undertaken in non-governmental institutional care orphanages. This opportunity allowed me to evaluate a different model of care, as well as an African extended family care system.

As noted in Chapter One, it was in China, where I saw first hand the recurrent abandonment of the female infant and the special needs male child. In the spring of 1995, while mentoring a Chinese graduate student /social worker (Ms. Ji) from Hong Kong, this perspective thickened with detail and nuance in the life of the caregiver and the abandoned child. The young woman was seeking to establish an alternative care centre in Mainland China as a model for care of abandoned children. It was the relationship with Ms. Ji that provided the occasion for immersion into the lifeworld of the abandoned person. This engagement was episodic with variable, albeit intense periods of involvement. This involved observation and unstructured interview with her staff, government officials, adoptive parents, international agency workers, Chinese foster care families and infants and young children in Wee Care and foster care. They took place primarily in three provinces of Mainland China and Hong Kong. It was my intention not to be in the forefront in these activities but to strengthen and establish Ms. Ji in her leadership role with a growing number of staff and relationship with the government. This was an immersion into a world defined by abandonment. The Wee Care centre included 250 children from infancy to toddler. It was not uncommon to regularly find infants left on her

doorstep. One of the many results of this period was a team, created to develop a childcare training curriculum for her staff, those working in other provinces and developing nations with the abandoned child. The team consisted of Ms. Ji as executive director, a medical doctor who had extensive experience in developing nations, the executive and managing director of a non-governmental organization in Hong Kong and a paediatric nurse. It is important to note, while there was an attempt on the part of the researcher to learn mandarin, the intensity of the work and the quality and consistent availability of my translator did not necessitate or support the time involvement. The overall experience was one of mutual learning. I learned as much from Ms. Ji and her team as I contributed.

3.6.2.2 Forms of Engagement

The episodes prior to 1995 offered a broad perspective among multiple cultures and abandoned persons and encouraged the direction and content of interview for future involvement. For this reason some of the episodes are referenced within the research body. During this period of continued immersion encounters, the ultimate personal step was taken. As explained in Chapter One, I met a three-year-old girl named Fuxia in 1997. There was no intention of formalized research at the time of meeting Fuxia and subsequently adopting her. Prior to 2004, observation, field notes and interview had been a vital part of my learning experience and socialization. All of this contributed to the later decision to formalize my research. During this informal period I observed the various situations as a concerned, caring researcher, seeking understanding of the condition of abandoned children and those who cared for them. Despite frustration, distress and at times anger over the injustices related to the abandoned child, there was still a degree of distance and detachment possible. The initial interviews offered a broad stroke picture. However now, immersion as an adoptive parent brought me to the epicentre of the research – the abandoned child's internal working model and a shared model of their world. Through this process of immersion, the research findings became more pertinent to the

situation (Everett and Louis, 1981:387).

Now fully on the 'inside,' the inquiry process became an intensive learning experience for each member of the family. The role of adoptive parent created a commonality with other parents and focused my attention to a process of relational connection. This stage of the research overlapped with living with Fuxia. She was not an intentional participant at this stage. Observation, interview and writing a daily journal were always a part of life and work. Ms. Ji had kept video footage and pictures prior to her adoption. My husband and I felt it important to create a life story developing a history of her roots. Data was based on documents, and historical facts and interview contributed by those who knew Fuxia from 1995-1998. I kept a journal of field notes beginning with her adoption in 1998 through 2011. These notes reflected critical life episodes. When at a later stage she decided to become a participant in the research, I reviewed these field notes with her and invited her to comment, providing reflections and feelings to the episodes. One example related to her fear in leaving Wee Care. After the initial adoption transfer and processing papers locally and with the US Embassy, we began our journey to her new home. During an arduous trip including five different flights, she continually asked if each of these destinations was her home. While on the last flight, distraught and only able to see water out the window of the plane, with tears she repeatedly asked, "My house in wayer?" Soon after land became visible, she was consoled. She refers to this day and experience when speaking to feelings of fear.

Of the remaining key informants, the participant, their mother, or both facilitated life histories. My role on the inside provided a framework for observation, data collection, discussion, and when further understanding was needed, extended interview. These included participants themselves and all others involved in the social context of the participant (teacher, spouse, sibling). This relational breadth yielded a spectrum of insights related to the abandoned challenged person, and view of their world. With each of the key

informants, I reviewed my field notes of events and episodes being used in the research. Each one expressed keen interest in the process and their participation.

Beyond the key informants, data was collected through an additional set of events and episodes involving abandoned children in: 1) institutional care in countries of the former Soviet Union, 2) traditional cultural care provided by non-governmental organizations in Ethiopia, Uganda, Rwanda and 3) those left in small rooms by prostitute mothers coming and going...a form of abandonment through neglect in Brazil and Columbia. While the environment and social contexts were different, the observations yielded a comparison of responses and behaviours.

Adoption agencies, government social services, adoption Internet blogs, and therapeutic practices offered a broader perspective related to the complexities, attitudes and constraints associated with care for the abandoned child. Attempts were made to connect with representatives of these services in order to secure unstructured interviews. They were met with varied responses from supportive involvement to outright blocking.

3.6.2.3 Conclusion

Toward the end of the formal research stage, a clearer picture of the abandoned person's context had gelled for me. The participants and myself had been changed. My preconceived ideas of how an attachment challenged person views the world and should behave needed transformation. It was discovered that unconditional acceptance, in contrast to my fixed ideas, was the basis for entry into the lives of the participants. I had to be able to step inside their thoughts and feelings to understand, identify and in turn empathize. I had in effect become a participant and in the process had changed. Being apart on the inside of the process and research was the essential factor.

3.7 Data Analysis

3.7.1 Orientation

The process of personal change referred to in the summary of the last section leads logically to the course of action and methods used in the researcher's approach to analysing the data. There is a natural parallel to the process of the researcher identifying with the participant at a deep level. Dilthey's (1911/1977) assertion that 'human discourse and action could not be analysed with the methods of natural and physical science,' reinforces this perspective. He referred to human activity as 'text – as a collection of symbols expressing layers of meaning' (Miles and Huberman, 1994: 8). For the researcher and participants, these 'symbols and layers of meaning' only began to be discovered as steps toward deep understanding and empathy were taken. The requirements of doing the research in this manner actually laid the basis for developing trust and 'an indwelling with the subject of one's inquiries' (Ibid.). This model of phenomenological research and through vigilance over one's presuppositions can lead the researcher into the 'Lebenswelt' of the key informant (Ibid.) – that element that is invariable across the life experience of the person.

What is the means of analysing this type of data? The process involved continually working through the data, born out of everyday activity of the participants, while listening for perspectives and interpretations of their world. This process of observation produced language and episodes, which provided keys for understanding the lifeworld of the abandoned person. Additionally there was evaluation of a broad use of recordings (video and audio), photographs, observations, and documentation of social workers related to the life of the participant.

3.7.2 Details of the analysis

The earliest informal stage of the research produced an abundance of data related to the life of the abandoned child pre-adoption, and the influence of fostering. It gave me an

opportunity to observe the context in which the child was immersed, and allowed me to see various influences upon their care including: attitudes of the caregiver and staff /leadership of the facilities, public and private, care influenced by specific cultures, and related government standards and controls. This stage produced a clearer picture of the landscape, and underscored the need to focus the research on a tighter group of participants or key informants. The focus on this group enabled specific events and episodes to be identified, observed, and for patterns to emerge over time.

3.8 Assumptions related to data collection and interpretation

The assumptions underlying my approach to data collection and interpretation included: 1) the cultural perspectives of the participants, 2) the theory of attachment and social interactionism, 3) the social construction of reality (i.e. how the culture viewed the abandoned person), 4) the researcher's worldview.

While the full effect of the relationship is not known, it is apparent that the child in the womb has a symbiotic connection to the mother and according to Verny, 'unequivocally the foetus hears, sees, experiences, tastes, feels, and learns the mothers rhythm of spoken language and sleep patterns, and even shapes attitudes and expectations' (Verny, 1981: 108-110). Brazelton and Verny believe that circumstances surrounding the mother before birth can effect development of the mother-infant attachment (Brazelton, 1963: 931, Verny, 1981: 21,75). This assumption of dynamic connection between mother and infant is reinforced. Piaget summarizes that a child who learns that being close to someone can result in pain and loss, suggests that the child becomes distant and watchful (Elkind, 1974: 155). While evidence in the research will show that it does not have to be permanent, these experiences influence what will become the lifeworld perspective of the child. That being said, these perspectives enlightened my approach to the data by providing keys to understanding the unfolding process of how they see their world. Attachment

theory, inclusive of the internal working model and implicit and explicit mentallization, offers an approach to the data as a system meant to assure survival and create safety at any real or perceived internal or external alarm. Attachment is understood by most to influence relationship over a lifespan. In this context the theory provides definition to certain behaviours of the abandoned person.

The research as well makes the assumption that receiving cultures, including institutions, foster and adoptive parents, also impact the lifeworld perspectives of the participant. Each brings differing constructs of social reality in how they interact. Berger and Luckmann assert, 'daily activity of individuals or groups, interacting together in a social system habituates and shapes, over a period of time, mental representations of each other's actions. These representations eventually become familiarized into mutual roles played by the actors in relation to each other' (1966: 19-34, 47-72).

Finally, a fundamental assumption and influence of mine, is that the abandoned person has intrinsic value and meaning. For the researcher, this is rooted in a Biblical worldview, affirming the underlying significance and worth of the individual, and an identity spoken into existence by God.

For you have created my inmost being, you knit me together in my mother's womb. I praise you because I am fearfully and wonderfully made; your works are wonderful, I know that full well. My frame was not hidden from you when I was made in the secret place. When I was woven together in the depths of the earth, your eyes saw my unformed body. All the days ordained for me were written in your book, before one of them came to be (Psalm 139:13-16).

In the end these four assumptions, joined together, provided a picture of the attachment challenged person within their social context. They assisted in providing a framework for clarifying the process of connection. Being able to integrate them with the motivation of my worldview afforded a more comprehensive assessment of the data and its possible interpretation.

3.9 Trustworthiness of the Data

Hammersley and Atkinson affirm:

In its most characteristic form, ethnography involves the ethnographer participating, overtly or covertly, in people's daily lives for an extended period of time, watching what happens, listening to what is said, asking questions – in fact, collecting whatever data are available to throw light on the issues that are the focus of the research. (Hammersley and Atkinson, 1951:1)

This description of ethnographic research is consistent with the model of examination used in this qualitative study to understand and evaluate the process of attachment for the person knowing abandonment. Lincoln and Guba recommend four criteria to consider in assessing the trustworthiness of qualitative research: credibility, transferability, dependability and conformability (Bryman, 2004:273-275). These four are used to evaluate the findings of this research.

3.9.1 Credibility

Fetterman recommends that testing the validity of ethnographic research be optimally based upon triangulation – ‘testing one source of information against another’ (1998:93-94). He goes on to clarify that it can also occur naturally in conversation, identifying subtle contradictions of differences of perception (Ibid.). As referred to in section 3.6.2.2, this process was followed from the early stage of the research, utilizing extended interview and persistent observation. I interviewed informally directors and staff of institutions and related staff. This process informed open-ended interviews used later in the research. There were return visits to these contributors to further evaluate observed data. The formal stage of data collection utilized participant observation from the inside, regularly checking the data with participants, their families, caregivers, and external relationships. While this is a particular sociological perspective, which assumes the purpose of the research is to determine the ‘truth’ of the participant’s statements, the primary purpose was to see how the participants represent themselves in conversation as part of the data, and to be able to understand and interpret what was communicated in the relational process. Triangulation can serve this purpose but is not an end in itself as one is trying to understand relationships

and not discover some form of ‘reality’ that exists apart from a particular conversation or moment of time. Where an informant is obviously fabricating a story, this does not invalidate it, but is part of the data that requires analysis.

3.9.2 Transferability

Because this study is focused on a specific group of individuals with similar characteristics, the uniqueness of the context and consistency of patterns were used to assess its transferability. Geertz’s reference to ‘thick description’ was used to provide reliable and rich accounts of the distinct features of the abandoned person’s context (1973: 5-6, 9-10). This process built a source of data that can be evaluated for potential application in other environments.

3.9.3 Dependability

As a means of validating the trustworthiness of the data, extensive materials related to the process and product of the research can be demonstrated (Robson, 1993:405). These include field notes, documents, recordings (audio and video), photos, diary entries, key addendums to the research and electronic communication.¹⁵ While not used directly in the text to protect the participants, videos were taken of all but one of the child participants, and the parents of the participants and the researcher hold copies.

3.9.4 Confirmability

Robson refers to the flow of the above-mentioned raw data as a means to follow the course of the research (1993:406). While it is recognized that total objectivity within social research is not attainable, it is critical to validate that the researcher has acted in good faith. In this case, due to the extended model of field study over years, extensive record of observation and analysis, following the flow of research is achievable and could be reviewed. As mentioned above, due to the extended period of time taken with the majority

¹⁵ Photos were used as provocation for discussion with children and parents and to evaluate similarities and/or lack of facial expressions. Pictures of institutional care were only used to define context but not to expose and therefore are not reprinted in the research. Similarly photographs of the participants are not used, as a means of protecting their anonymity.

of the participants, the data could be extensively evaluated, tested and in turn confirmed. Okely points out that ‘bodily experience of the fieldworker as a research process and source of knowledge has been under-scrutinized’ and that we learn another culture ‘through the senses’ (2007:66). More recently Okely notes that ‘craft and bodily knowledge confront misconceptions and limitations of verbal knowledge. It can integrate the two’ (2012:27).

The methods used in my research and the dialogical approach utilized, required the use of all of the senses (both researcher and participant) including: body language, tone and use of voice, reactive and responsive actions, facial expressions, eye contact, and emotions expressed within dialogue.

3.10 Ethics and the research

Approaching the issue of ethics in this study addresses the reality that I am not writing in a vacuum. The research involves human beings with problems, interests, desires and secrets. It is incumbent upon the researcher to relate to the participant and their world of relationships with integrity, the end goal being a preservation of the rights of the participant and open communication and trust.

The Council of the American Anthropological Association (Cassell and Jacobs, 1987) and other professional bodies define a set of principles to guide the ethnographer through the inevitable maze of conflicts in values and perceptions. The following section addresses these issues in light of the application of the related principle.

3.10.1 Overview of ethical positions

The principles referred to specify that the ethnographer do no harm to those involved in the research or their community. Beyond a wise ethical guideline, this standard finds its origin, for the researcher in the ancient commandment ‘to love God and your neighbour as yourself.’

3.10.2 Application of ethical thinking

It was evident to the researcher, as an engaged participant observer, that a risk of intruding into the lives of the informants could exist. To avoid violation of the primary participant's sensitivities, while revealing information that could be useful, the participants needed to be safeguarded and always free to challenge what went into the record (Spradley, 1980). The following categories are those which the researcher used to assure that protection: 1) anonymity, 2) reciprocity and benefits in the research process, and 3) availability of field notes and findings.

3.10.2.1 Anonymity

In the research the presence of trust on the part of the participant toward the ethnographer was essential to an inquiry from the inside and effectiveness of the study. This trust though had to be treated and protected as a privilege and gift. With each of the participants, privacy was an issue of respecting their defined or insinuated boundaries, nearly all of which were adjusted through the duration of the study as trust and relationship grew. As I became more accepted in the community of the abandoned person, the quality of the communication improved with previously undisclosed information. Anonymity was protected by use of pseudonyms and locations were concealed to protect the individual participants from onlookers, be they political or a neighbour. With each of the participants, these were matters that could be discussed and agreed upon. Because of the nature of the relationships, this process was characterized as a collaborative effort.

The phase of research mentioned in section 1.1 of Chapter One, occurred prior to the formal research phase, which began in 2006. Phase one consisted of professional experiences in the California public school system followed by international fieldwork in early childhood education. Opportunity interview and observation best describes this prior phase, which led to certain early assumptions. During this phase a commitment to research was not anticipated and therefore while journals, records, and logs of behaviour were made

as accepted procedure common to each experience, no effort was made to communicate with those observed. A dated log of activity was made for the students I worked with in California. I did not keep a personal copy but submitted them to my supervisor for the student's records. For the most part I had no further contact with those observed during the first phase prior to formal research. Contact has continued with those in China, Hong Kong, Thailand, Colombia and Brazil, all of whom were informed of the research and their part in the early observation and recorded notes. These early experiences and observations were included in personal journals of the researcher stored by date.

3.10.2.2 Reciprocity and benefit in the research process

The descriptor of 'collaboration' was the outgrowth of reciprocity between the researcher and participant. As a participant observer, what I expected of the participant in terms of vulnerability, I had to be willing to practise. In time, this produced a mutual 'give and take' in the relationship and a shared learning experience for each involved. For the older participants, there were multiple common experiences with which we could identify, observe and analyse. One of these involved my unintentional disclosure of information related to one participant's family members, that she held confidential. This challenged the developing trust of researcher and participant. Her response was to withdraw. Realizing the breach, my initial desire was to do the same. Upon pursuing and requesting forgiveness, we moved toward reconciliation and a new insight came that withdrawal was not the only option. She discovered that she could use her voice effectively.

This mutual benefit was not without conflict and cost on the part of researcher and families of the participants. To walk vulnerably was an invitation to 'walk in light.' It created discomfort and frustration on the part of other family members. The entrance of new knowledge was upsetting to the family system and forced unintentionally other family members to address their own barriers. One case involving the husband of a participant, revealed indications that the husband was not realizing benefit in his wife's new

knowledge. In fact he felt threatened. In time though, basic trust won out and he returned as a full participant, became deeply involved and shared in the process. For other family members, the pace of their involvement was slower than the husbands. Trust had to be earned. As they recognized change in the primary participant, they were drawn to ask questions, listen, give input and move toward the research and as a result achieved a greater sense of cohesion in the family.

For Molly, the benefit, while personally realized in her movement toward trust and connection, resulted in separation from other key members of her family. Miles and Huberman assert that family or friends' interests can at times conflict with those of the researcher and participant, if the activity penetrates to the core rivalries, compromises, weaknesses, or contradictions (1994:265). While to varying degrees accepted by individual members within the families of my key informants, and knowledgeable of the dynamics involved, I carried an ethical responsibility to have a listening ear, not to make judgments and to proactively communicate where there was receptivity.

3.10.2.3 Impact of the researcher

It was critical to evaluate the consequence of the researcher's presence and influence on the participant and their community. The reality of the impact of the research on the researcher needed to be considered as well.

One obvious issue related to the matter of power. To what degree was power on my part affecting the participant and or restricting their involvement? As a participant observer, this was particularly significant in relation to the child participant. Were they intimidated and did they feel safe enough to exercise their voice? It is appropriate that questions would arise related to Fuxia, my adopted daughter. Was she really free to express her own feelings? Was she pressured to be a participant? Could she remove herself from participation without emotional consequences? Was the collection of data disturbing to her normal flow of life? Fuxia requested to be a part of the research well into the

process, had the right to restrict inclusion of personal data and could remove herself from the study. The health of our relationship was not dependent on her participation. She did not need to win my attention by engaging in the study. To the contrary, her insight and direct communication both challenged my assumptions and provided understanding of the evolving process.

Beyond a commitment to relate with honesty, candour and transparency, it was important to engage with patience and consistently listen to the participant's perspective, nuanced expressions and body language, while reflecting on my own behavioural responses. This continuing reflective process, along with interacting with members of the participant community (parent, spouse, teacher, or colleague), provided adherence to ethical concerns.

3.10.2.4 Conclusion

While not faultless, the researcher's adherence to these principles provided a personal safeguard, corrective and guideline for compliance to and honouring of the participant.

3.11 **Critique of the Methodology**

The critique provides an opportunity to evaluate the research in light of the applied methodology and how the study may be enhanced. What were the limitations of the methodology and how could they have been overcome? How could this influence further research in the field?

3.11.1 External validity of the research

In that the study was composed of a span of ages, ethnicities and geographical locations, it provided multiple opportunities for comparison of key events from which themes emerged. Within the diversity there were similarities of response and behaviour. At the same time the geographic breadth and diversity limited the concentration of exposure, observation and involvement with certain participants and contexts of abandonment. That being the

case, the research was extended by two years to provide the time necessary to observe and compare emerging themes. Additionally, LaCompte and Goetz draw attention to the difficulty of ‘freezing a social setting and the circumstances of an initial study to make it replicable’ (as cited by Bryman, 2004:273). While the study may not be generalized to all attachment challenged persons, ‘it is the quality of the theoretical inferences that are made out of qualitative data that is crucial to the assessment of generalization’ (Ibid: 285). The consistency of inferences in this study, in spite of age and gender differences, and disabilities of two of the participants, speak to an assessment of generalization. The study brings together rigorous research of a practitioner research type, based on stories of a few people which give insights reinforcing the experience of working with thousands of others (Woolnough, B., 2012).

3.11.2 Limited access of agencies and institutions

It is important to note a natural limitation, which occurred during the initial phase, and continued with innuendo within the boundaries of agencies and government institutions. Several attempts were made to engage in extended observation within institutional care facilities. Often these attempts were thwarted. Accounts of actual observations are contained in the research. Others were given by interview from those working within the institution. This contributed to the early history of the children who were initially in institutions.

Interviews were conducted with agencies and in country staff working with adoptions and websites promoting adoption. None were knowledgeable nor did they offer information related to attachment, bonding activities or attachment challenged behaviour the adopted child might exhibit. Attempted interviews with pre-adoptive parents were difficult. Entrees into adoption blogs were refused by site administrators, with comments that my questions as a researcher might disturb the joy of the experience by adoptive parents. There seemed to be a general ‘fear of exposure’ in these areas. Some in country

agents and newly adoptive parents did however recognize a concern for their lack of understanding at how to cope with the presenting behaviour of their children.

3.11.3 Subjectivity versus objectivity and the research stance

The opportunity of longitudinal research with my adoptive daughter and other key participants allowed two distinct and contrasting positions to materialize, namely the issue of subjectivity and objectivity. There is a natural concern with subjectivity, particularly as it relates to researching within one's own family context. 'We are trying to live closer to the lives about which we write' (Denzin and Lincoln, 2000: 1058). The criticism is that the research is 'too impressionistic and provides an unsystematic view of what is significant and important' (Bryman, 2004:284). This could potentially be said of my own research. From a different perspective though, the comparative analysis from a longitudinal study provided greater depth and insight. Other cases within the study provided natural comparisons. Additionally, triangulation and capitalizing on the fact that there were 'truth tellers' within the community of the participant provided additional viewpoints.

As parent of one of the participants, there was a need to be rigorous in regularly 'stepping outside' in order to reflectively evaluate circumstance and the interaction of my behaviour and influence on the situation. The nature of the research required the interaction and reflection on the consequences of my involvement. The obvious role included embracing the mother position with the every day intimate involvement in the details of this child's life.

The broader context of the research required an adjustment of role related to the participants. This position could best be characterized as a change agent, coach and above all safe person and friend. A natural embracing of the participants, without personal judgement or conditions to my commitment allowed for a relational connection to emerge. The affect and intensity of this process is clarified within the research body.

3.11.4 Conclusions

My place as a 'change agent' challenged at times my personal capacity. The need to refrain from preconceived judgement within any particular episode, required rigorous attention to 'non-biased' questioning. The slightest failure on my part to remain unconditional was immediately perceived by participants. Their responses initiated self-correction on my part. This required owning my failure, which unexpectedly resulted in identification as opposed to separation. The depth of commitment in association allowed the researcher to be studied as a part of the abandoned context.

The results of the research would have been lacking had my daughter not volunteered to be a key participant. A dissociated position would have developed an undemanding and plain analysis, contributing only a 'thin' text.

The question of how this study could further influence research in the field assumes specific findings to be assessed for their authenticity and application. My purpose in the research was to see improved understanding and structures emerge for intervention within the lived experience of the life world of formerly abandoned children and their families. This framework of understanding the process of trust to connection did materialize and appears to correlate to the data. Recognizing there are contextual variables, this framework laid the basis for a coherent model of intervention that could be used within the non-therapeutic environment in service of the attachment challenged person.

3.12 **Summary**

This chapter laid out an explanation of the progression of the research process, developed as a result of addressing gaps in relevant literature (see Chapter Two). It addressed the role of the researcher as a participant observer in an inquiry from the inside. It defined the research approach and progression of the research strategy. The details of the research including social context, sites, key informants, and role of the researcher and participant

participation were highlighted along with related ethical issues. To conclude, a critique was made of the methodology with considerations of findings.

Together, the elements of this study provided a new methodological approach, allowing the researcher to examine the progression of attachment as it develops. It as well served to create a holistic approach to research based participant observation and in turn provided understandings for intervention.

4 CHAPTER FOUR – ABANDONMENT: CONCEPT, VARIATIONS AND IMPACT

4.1 Introduction

Addressing the lives of people, children and adults who suffer abandonment and the journey they undertake from survival to relational connection is the environment in which the central research question is addressed. This chapter speaks to the context in which they begin that journey, namely abandonment. An abstraction will be created, illuminating the concept of abandonment, formed out of the participant's life experience, observed and participated in. The reviewed literature and praxis within this chapter continue to inform a holistic approach of research based participant observation. Additionally, specific anthropological examples are utilized to extend the understanding of forms of abandonment and the role of attachment in their culturally specific context. The development of the participant's life history will be introduced and the details relevant to abandonment in the ethnographic dialogue will be included. This chapter will illustrate the combined collaboration of social anthropology and psychology as encouraged by Murdock:

Only as the two disciplines collaborate to the full, with anthropology trusting psychology to reveal the basic mechanisms of behaviour and with psychology trusting anthropology to ascertain the relevant configurations of conditions, will a genuine and full-fledged science of man emerge (1971: 22 as cited by Rohner, 1975: 37).

These examples will show in literature and praxis, the attachment behavioural system as a common schema, across culture and gender, among those who have suffered abandonment. The relevant conditions of abandonment will be configured and together with life histories collaborate to provide a clearer picture of those impacted. The availability of detailed documentation and time spent with the individual participants and their families varied, and as such influenced the extent of each life history. Rather than detailing a complete history of each in this chapter, the participant's history and discourse is utilized where it

informed the common themes as they emerged out of the data.

This chapter offers attachment theory as an appropriate lens from which abandonment can be evaluated. These concepts provide the initial understanding for improved structures for intervention toward trust and connection.

Two distinct categories emerge from the life experience and behaviour of the abandoned persons in this study. For the sake of the research, this chapter address those in two sections, uncommon and common abandonment. While life experiences in these categories differ, the resultant behaviour of the combined experiences falls under the more inclusive construct of emotional abandonment. The following section clarifies the present views of abandonment and related literature, before examining cases of uncommon and common abandonment.

For clarification, throughout the body of research, the dialog from participants is noted by name and in block quote – any exception is in quotation marks within the discourse. The ethnographer extended statements contributing to the discourse is also in block quote form and noted as ethnographer. When the ethnographer's dialogue is with Fuxia, it will then be labelled as Fuxia's mother.

4.1.1 Related literature and variable forms of abandonment

UNICEF makes a conservative estimate that over 132 million children make up the orphaned child population in sub-Saharan Africa, Asia, Latin America and the Caribbean in 2005. Garbarino suggests 40 million alone are considered to be in Latin America (cited by Carson, 1987: 2). The term abandonment is applied and defined most often from the context of a western worldview as the above statistics suggest. Panter-Brick calls the word 'abandonment,' used in media, charities and social welfare literature 'a promiscuous term robbing it of analytical value (2000: 1). The varying circumstances concerning these children are often combined under one umbrella and she suggests:

While there is no denying the pain and distress experienced by children separated from their families or displaced in society, or the care owed to them, it is essential to examine the diversity of life experiences

masked by the concept of abandonment and to step back from a position which sees all deviations from the predominant contemporary Western model of childhood as wrong (Ibid.).

Panter-Brick and Smith contend that childhood is too often solely viewed through the lens of a western perspective. They suggest a 'proper childhood' does not always describe the relationship between parents and child. Rather a childhood may be within a group or collective (Ibid: 4). They offer that there is not 'one but a variety of historical and culturally specific childhoods' (Ibid.).

The following section presents a child in different expressions of care. These forms are often associated with abandonment. The difference is explained between types of abandonment and the circulation of children. The discussion then begins to exhibit the connection of abandonment together with attachment challenged behaviour. The term survival behaviour is often associated with the attachment challenged person. There exist particular regulatory systems in our bodies when addressing survival behaviour. These are designed to maintain the balance or homeostasis of life – approach and avoidance; excitation and inhibition; fight and flight responses. These processes have a direct connection to the attachment behaviour system and metabolism, arousal and immune system. These are the regulatory systems designed to keep biological and emotional states in balance (Porges, 2007: April UCLA lecture).

When one examines the variety of culturally specific childhoods, the concept of attachment would seem an appropriate means of evaluation accompanied by the influence an attachment challenged child may bring into their context. Their development is influenced by the security and trust experienced in a functioning attachment system. Mikulincer and Shaver combine biological research with the attachment system stating, 'the presumed biological function of the attachment system is to protect a person especially during infancy and early childhood' (2007: 11). This system encourages proximity to 'caring supportive others' (Ibid.). Biologically, early relationships effect the formation positively or negatively of the prefrontal cortex resulting in: 'thinking well of ourselves,

trust of others, regulation of emotions, utilization of our intellectual and emotional intelligence' or neglect and abandonment resulting in the message that I am less fit (Cozolino: 2007:14). 'Those who are nurtured best, survive best' (Ibid.). Cozolino continues with a description born out in the historical records of the abandoned or neglected child that emotions and immunological function is compromised and often inconsistent with long-term survival (Ibid.).¹

Child circulation is a term, which acknowledges the movement of children into various forms of maintenance, allowing for cultural variations in child rearing practices. Child circulation is not necessarily associated with abandonment as defined by Burnstein, (1981). It is a more comprehensive term expressing the numerous cultural forms of kinship connection in fosterage and adoption are contributed and exemplified by (Halbmayer, 2004: 145-161; Alber, 2000, 2004:33-45 in Bowie, 2004). In Bowie's Cross Cultural Approaches to Adoption, Fonesca recognizes the conditions and circumstances surrounding 'child circulation' in Brazil. Leinaweaver's ethnographic study in Peru presents similarly to Fonesca's with the added state of political violence resulting in orphans (2008: 1-6).² Both studies highlight expressions of child circulation as opposed to abandonment within the children's various cultural contexts. Ennew, like Fonesca and Leinaweaver, raises the concern and association of western thought regarding abandonment with the legitimization of political action, interpretation and eventually policy (Panter-Brick and Smith, M.T., 2000: xiii-xvi). However she expands her concern

¹ Johnson (2008: 16) quotes from the diary of a Spanish Bishop in 1760 corresponding with his superiors in Rome. He records his observation of children in foundling homes by writing, 'though they were sheltered and fed, regularly they die of sadness.' One public report records more than half of the foundlings, 1,080 out of 2,114 died during the years of 1862 to 1875 in a Buffalo, New York asylum of St. Mary's (Blum, 2002: 31). It was noted that those who died received sufficient food, ventilation, and were kept in a clean environment. Those babies whose mothers remained with them survived (Ibid: 31-32). The 1930's and 1940's exposed orphan children in America, 'lacking only touch and emotional contact, dying in droves' (Johnson, 2008: 16)

² In the common use, an orphan does not have any surviving parent to care for him or her. However, the (UNICEF), (USAID), and other groups label any child that has lost one parent as an orphan. In this approach, a maternal orphan is a child whose mother has died, a paternal orphan is a child whose father has died, and a double orphan has lost both parents (http://www.unicef.org/media/media_45279.html).

that the real issues of child abandonment are being obscured (Ennew, 2003:1-18). The result is ‘intervention failure’ due to the lack of first hand research documenting the lives of the children (Ennew, 1994: 49-50 as cited by Panter-Brick and Smith). Numerous researchers have contributed to the concept of child circulation. Alber’s study of the rural Baatombu in Northern Benin defines fosterage as the norm and not the exception (Alber, 33-47 in Bowie, 2004). Biological parents are thought to be unable to be ‘consistent and fair,’ guaranteeing the child an appropriate education (Ibid: 41). In the islands of Oceania, there has been a fluidity of children moving into families of relatives, without official registration of adoption or fosterage (Treide, 127-141 in Bowie, 2004). The indigenous people of Hawaii have long practiced the custom of Hanai children. In this context, the baby boy or girl is first offered as a statement of great respect to the grandparents. This custom remains prevalent today among relatives in the islands. It might also be an act of generosity to a childless couple. The child is sometimes taken because of the inability of the parent or parents to care for the infant and as before to assure the perpetuation of the Hawaiian peoples (Kapuna elder Auntie Mary Boyd).³ Mozambique provides a similar traditional addition to the extended family care of the orphaned or separated child. The war of 1980 separated tens of thousands of children from their families (Garbarino, 1998: 60-69). Community based support was initiated by identifying the separated children, tracing family members for reunification by the ‘Secretariat of State for Social Action’ (SEAS, 1991). If families or extended families could not be found, ‘substitute families’ were encouraged to foster. Residential (orphanage) care was initiated only as a last resort (Charnley, H., 2000: 111-114 in Panter-Brick and Smith).

³ The understanding of Hanai children came from observation of Hawaiian, Samoan and Fijian families living on the island of Hawaii. A friend and Hawaiian Elder, Auntie Mary explained the family configurations in discussion during 1986. It is a custom of fosterage still being practiced. It was also noted from discussion and observation confusion for the child regarding a perceived abandonment of ‘not being wanted by the birth parent resulting often in extreme adolescent anger’.

Abandonment is not only a modern day western and non-western phenomena. Its history dates back to ancient civilizations with varying motivations and numerous anthropological perspectives (Burnstein, 1981; Blum, 2002; Johnson, 2008; Karen, 1998). Burnstein examines abandonment from a sociological and psychological perspective stating, ‘it is an understudied social phenomena’ (1981: 213-221) Physical child abandonment, Burnstein continues and its precursor, psychological child rejection can be combated by proper intervention”(Ibid: 214). Carson suggests the need to view abandonment in the category of abuse and neglect in order to locate psychological understanding (1987:1-18). When presented in the literature, it is cursorily mentioned primarily connected with neglect, psychological rejection or emotional child abuse (Garbarino, J., 1980: 188-198; Korbin, J., 1977: 7-24; Martin, M. J., 1982: 267-276; Spinetta, J., 1972: 296-304; Rohner R., 1975; Envoy J. 1981). Carson surmises the long-term effects of physical abandonment of the child might be more crippling and difficult to reverse than those resulting from physical battering or neglect (1987: 1). Abandonment is associated with both physical, the act of leaving a child with no intention of return, and inadequate care, resulting in danger to the child’s physical and emotional well-being (Burnstein, (1981: 213; Carson, 1987: 1-18). Blume extends the definition of ‘inadequate care’ made by Carson in identifying an uncommon abandonment – a childhood where physical needs are tended to, adequate, and a semblance of normal family life is perceived (2002:1-2). Later the person is unable to recall any open signs of affection or emotional connectedness among their family members, and fails to remember their emotional needs being acknowledged or addressed as a child (Ibid.). Blume relates this primarily to western cultural experience. The research suggests it is also common in some non-western cultures, where there are socially specific norms of rejection contributing to the character of the relationship and the personality development of the child.

The remainder of this chapter is structured around two primary psychological and

anthropological constructs of abandonment, uncommon and common. These are examined through the lens of attachment theory, providing a unique perspective and analysis of abandonment as the initial stage in the life history of the participants in this research. The following serves to summarize the behavioural characteristics of persons of uncommon and common abandonment.

4.2 Uncommon abandonment

4.2.1 Anthropological examples: Palauan, Hawaiian and Ik people

In the work of Barnett, uncommon abandonment is exemplified among Palauan islanders (1960: 4-6). He defines an emotional separation of the mother from the child at weaning and a subsequent refusal to nurture in any form. The description he uses is ‘an abrupt emotional vacuum’ (Ibid.). Barnett describes the practice and impact in the life of Azu on the day of his rejection:

This has been Azu’s first painful lesson in growing up. There will be many more unless he soon understands and accepts the Palauan attitude that emotional attachments are cruel and treacherous entanglements, and that it is better not to cultivate them in the first place than to have them disclaimed (1960:4-6).

Rohner describes the Palauan example as two parts of the socialization process at work, enculturative and phylogenetic (species perspective)(1975:40) and references also (Mead 1963: 184-188; Wrong 1961: 184-193). Azu’s mother responded to Azu in the same way she had been raised and his behaviour was as predictable to loss of care and connection as hers had been; aggression, dependency, and frustration (Rohner, 1975: 40).

This pattern among the Palauan remains in varying form. From 1988-1990, I was asked to become interim director of an international school in the Hawaiian Islands. This school was comprised of both an international teaching staff and student body. Because of the interim position and the fact that none of the staff needed to be concerned regarding their employment status at the school, the emotional environment among the faculty and staff was amiable and open. One of our elementary teachers was Palauan. She had only

recently left Palau with her daughter (nine years old) to consider a more permanent residence in the Hawaiian Islands. As Anna (the teacher/mother) struggled with missing her Palauan food and culture, I observed aggression and acting out on the part of her daughter Maria. I mistook this behaviour for Maria's own journey in cultural adjustment and perhaps a newfound freedom of voice in a multi-cultural setting. As it turned out it was a very entrenched behaviour between mother and daughter. As a friend and teacher, Anna's behaviour was calm and she managed her classroom well. She was directive in style and we spoke often regarding increasing her encouragement of the children under her supervision. As a mother she seemed distant and dismissive of Maria. In Maria's new and more open accepting classroom environment with diverse cultures, her voice and behaviour continued to become more assertive and aggressive. She took every opportunity to draw attention to herself, at times by demonstrating inappropriate behaviour. Anna seemed unable and ill equipped in dealing with Maria's behaviour and withdrew even further from her daughter. With continuing non-threatening discussion, the embedded cultural child-raising patterns, which were a part of Anna's life experience became clearer and the rejection she carried from her childhood gave her understanding of her child's experience and subsequent behaviour. Maria had found a place safe to act out, apart from the scrutiny of her extended Palauan family.

Turnbull relates similar actions of the Ik people living in the mountains separating Uganda, Sudan and Kenya. This is in keeping with 'uncommon abandonment' referred to by Blume. However studies such as Turnbull's expand the complexity of behaviours. Turnbull suggests 'we should not be surprised when the mother refuses to care for the child at three years of age'. He states 'she had cared for the child until three and she replies now it should be ready to make its own way' (1972: 135-136). He makes the observation regarding care prior to this time – care has been given grudgingly without emotional concern for the child's well being. He explains this with examples of infants being left by

a watering hole while the mothers gather. The mothers have full knowledge of wild animal territory and the potential danger this poses for the infant. This action resulted in the infant's death. The mother did not express concern or empathy rather an expression of relief (Ibid.). Turnbull tells of a young girl starving, mistreated and abused by bands of other Ik children. He surreptitiously brought her food without the notice of others. Food was no longer her desire (Ibid: 232-233). She cried and begged to return to her parents. They reluctantly allowed her to return. Turnbull shares Adupa's story as a young girl of twelve or thirteen. The tribe thought her to be simple minded. In reality he suggests she was sane and her tribe was not (Ibid.). Her understanding of life, family and connection were clear. He observed that she found simple joy in observing and examining little things. She took pride and care in the little child's house she had built for herself only to see it laughingly and repeatedly damaged, while being hit and harassed with sticks and stones: (Ibid).

Adupa cried not because of the pain in her body but because of the vast empty wasteland where love should have been. She demanded that her parents love her. Finally they took her in and Adupa was happy and stopped crying. She stopped crying forever because her parents went away and closed the door tight behind them so tight that weak little Adupa could never move it (1972: 233).

Extreme uncommon abandonment, in the study of the Ik people, raises the obvious question of the negative effect of such enculturation on the life and development of a particular people. The lack of empathy and connection of parents to their offspring had a devastating impact on the life and potential survival of the tribe.

4.3 Longitudinal participant examples

4.3.1 Ruth's story of uncommon abandonment

A comparison is drawn from this extreme disregard for life to the ethnographic study of Ruth. There is of course a limitation to the comparison between the Ik's total disregard for life and life as experienced in her narrative. As told by Ruth in August 2008, to the ethnographer: "My mother was emotionally and perhaps physically unable to care for her

children and died of cancer several years later. My grandmother had experienced death of a young child and the early death of her father. I surmised that my Nana held a certain emotional distance increased by her own losses.” This dialogue merges the psychological behaviour with the surrounding conditions and expands the context associated with uncommon abandonment. Ruth has had difficulty throughout life connecting. She could easily and efficiently meet the practical needs of her children and husband but was unable to express empathy at childhood crises, small or large. Socially she is at ease with strangers and acquaintances, demonstrates superior intelligence, and is resourceful. She is now in her mid sixties. Her participation in the research was a decision she proposed. Even though I had known Ruth from a distance for many years, I was unaware of any family or childhood trauma. Her life history was unknown even to her immediate family. At this point in the relationship, we were at best acquaintances. She was severely depressed and wished her life would end. A therapist had been recommended to her and his first suggestion was to open up to friendship. Because of her fear and inability to function, she made the decision to respond to anyone who might contact her. The relationship began by providing a safe place without judgement. She had difficulty communicating within her immediate family. There have been occasions where Ruth has withdrawn and it has been necessary to pursue her, not for research purposes but for friendship. When one follows a life so closely and is exposed to the pain and joys of another human being, it is an honour not to be taken lightly. A person who has experienced abandonment and is challenged in attachment must be pursued and the connection must be maintained, regardless of the push and pull of the relationship. Those who have entrusted us with their life’s history deserve our most transparent and committed friendship. Ruth was attempting to change the template and pattern by which she had learned to function. The friendship became a place where ‘survival behaviour’ could be

addressed.⁴ Slowly, stress, fear and control began to evolve into trust and connection. The environment of safety and encouragement allowed an approachable openness and the process encouraged a different pattern of living. Ruth had pictured herself physically and emotionally hiding in a small closet. Under the skilful direction of Ruth's therapist, she determined to come out of the closet. She discovered she had a voice and slowly learned to exercise it. In the process she began reconstructing relationships and connecting with her family. For some time Ruth saw our dialogue and continual interaction with her husband and family as a service to her, offered on a basis of friendship and research in challenged attachments. While I provided a safe relationship to encourage her fearful almost non-existent voice with others – she demonstrated courage and provided understanding for intervention and broadened my concept of unconditional friendship and connection. Often, upon occasion of processing with her husband and or family, she would vacillate between almost foetal positions of fear at the far end of the couch, to a resolute position with arms folded, unwilling to engage. She learned to write her thoughts and feelings before learning to speak them. Ruth wrote a letter in 2008 to her deceased mother. This is one of many ways Ruth learned to express her confusion regarding her childhood, deal with the depression and understand the disconnection in her own immediate family. Ruth's letter to her deceased mother articulates in summary form her life history and present context.

⁴ A 'triune brain' broad model theory proposed by MacLean (1985) associates the survival instinct with what he calls the reptilian and paleomammalian brains. The model consists of the reptilian, mammalian and neocortex. Cozolino suggests this model provides a 'connective metaphor encompassing the artefacts of evolution, the contemporary nervous system, and some of the inherent difficulties related to the organization and disorganization of human experience'(2006: 24-25). The reptilian (unconscious) mind can 'exert a lifelong influence on conscious behaviour and experience (Ibid: 25). Cozolino sees the MacLean model as helpful but inadequate for the complex requirements on the brain, which allow the whole brain to coordinate simple to abstract functions. Survival behaviour can best be described as early experience, which has shaped our brains to be in a state of stress or fear. This stress or reptilian response is freeze, the inhibition of language and interference with the integration of neural networks 'neocortex' of the brain. These survival responses of freeze, flight and fight are the behaviours recognized also in survival stress (Cozolino, 2006: 29).

Ruth:

I feel mother your own childhood upbringing of ‘children should be seen and not heard’ did a lot of damage in me.⁵ Being put out (of the house in early morning as young as two and three years of age) and told to come back at dark as toddlers hurt our sense of value. It was not just dad who damaged my boundaries. Bathing me in the public outside restrooms was embarrassing. Both Ed and I were humiliated, even if we were only four and five.⁶ I felt like I was not enough, I even felt like maybe I was adopted, that I did not belong. You even said you only wanted boys. I was just wrong. You called me an imbecile and told me to think for myself. I could not do anything to make you happy. When I earned a bible at vacation bible school, you said I could not go back there again. It seemed so harsh. A little like you – There was no, I love you, no hugs, no well done; no I am proud of you. What happened Mom? You did not get it, so I did not. Were you too sick? I come away with questions and sadness of a relationship that never was. Old patterns are hard to break.

Ruth:

David (Ruth’s husband) wants to change and to reach out, but he has no pattern to tell him how. David was raised in a family system of legalism with little encouragement or connection with his mother. This is one of the reasons for the help. I have no pattern either and we have passed on the same fears and challenges to all of the kids.

Ruth’s survival behaviour escalated after she was made to remain outside her home between the ages of two and four years old. She hid and would peer into neighbour’s windows. When I questioned her regarding memories of this part of her childhood, she responded with:

I did not know what family or children did, what did mothers do during the day?

Repeated forms of abuse occurred while roaming the neighbourhood, with the absence of proximity and protection of her primary caregiver. The abuse continued throughout her teens. After her mother died, her father remarried and she was made to leave home and support herself at sixteen, while finishing high school. Ruth’s proclivity for friendliness to strangers, beginning from an early age, left her open to unethical advantage by authority

⁵ A recent conversation between Ruth’s maternal Aunt and Ruth shared in conversation with the ethnographer (February 22, 2011) The Sunday afternoon ‘ritual’ at Nana’s (her grandmother) home was described. Tea was served and the younger children (Ruth’s Aunts) were required to sit in the sitting room holding their tea without saying a word to adults or contributing to the conversation. Ruth’s mother was the oldest and would occasionally rescue the others with an excuse they were needed for service of some sort.

⁶ Ed is Ruth’s brother fourteen months older than Ruth. He has suffered with similar destructive behaviours to himself and his family. It is not ethical to share further detail of his narrative, as he is not officially a part of the research.

figures throughout her life.⁷ David and Ruth both had fearful avoidant attachments with their primary care givers.⁸ This avoidant attachment was familiar in behaviour to both of them and created a familiarity in their relationship, drawing them together. The dialogue speaks to the socialization process, which now spans four generations in this particular case.

One might characterize Ruth as a child in circulation, not dissimilar to Prevette's description of a 'child on the street' with continuous contact with family (2008: 92-95). The differences were: 1) she was not from a low socio-economic family; 2) she was not contributing financial support to the family. However, Ruth was a child on the street in a western culture, perhaps with a lesser degree of protection and connection than some 'on the street' children in developing nations. Certainly, as a toddler she had no awareness of how to protect herself and trust was severely damaged.

4.3.2 Molly's story of uncommon abandonment

An additional longitudinal example is that of Molly. She is a Caucasian American. Her life history models a continuing persistence for connection and identity. She was given for adoption two weeks after her birth. As such she represents a common picture of abandonment. That picture of her abandonment is incomplete. The attachment process was insecure with her adoptive parents. Both were ill prepared, perhaps due to their own childhood experiences of uncommon abandonment. While interviewing Molly's adoptive mother, she spoke of Molly's infant history, influenced by her own.

Molly's mother:

I just did not know, no one told me, I was one of eight children, and my mother had her hands full. I do not remember having time with my mother or being hugged. Molly was a perfect baby, when she would wake from a sleep she would just lay there, looking around, and then later cooing. She was never

⁷ See Appendix 1 – DSM-V Disinhibited Social Engagement Disorder. This is the Diagnostic and Statistical Manual

⁸ Fearful avoidant adults are high in both anxiety and avoidance; although they desire close relationships and the approval of others, they avoid intimacy because they fear being rejected. Dismissing avoidant adults are low in attachment-related anxiety but high in avoidance; they view close relationships as relatively unimportant, and they value independence and self-reliance.

fussy...A little stiff maybe, when holding her. Everyone commented on how happy and friendly she was as she entered the toddler stage.

As a toddler and later in early adolescence, the challenged attachment became more evident. Molly was sent to a residential school for troubled children. After a number of tumultuous years, in and out of the family context, she would marry and bear two children, but eventually leave them in search of her biological father.

Research has shown there is a connection between the attachment pattern of the parent and the pattern their child will develop toward them. This would be applicable to biological and adoptive parents. This has been researched with an eighty per cent degree of confidence over a twenty year period of time (Thompson, 2010: 115), (Sroufe and Egland, et al. 2005: 49-53, 81-84), (Main and Hesse, et al. 2005), (Grossman and Grossman et al. 2005: 245-304; xiv, 332).

The rejection behaviour of the Palauan mother is an expression of the mothering she had experienced. Rohner holds a correlation of similar studies between the emotional abandonment of the young child and the response tendencies of aggression, dependency and frustration as with the Palauan, passed from former generations (Rohner, 1975: 40-41).

The following cases represent the form of abandonment explained by Burnstein as 'the leaving of a child without intention of physical return' (1981: 214). For the purpose of clarification of terms in this study, the physical leaving of a child without intention of return will be called Common Abandonment.

4.4 Common abandonment and attachment

The following life histories provide a picture, drawn from the early lives of the participants in the research – two are male children: Lok Chi, who now has the name of Jacob, born in Hong Kong, and Jonathan, born in the GuangXi province. The other two are girl children, Fuxia, born in the Guangxi province and Jenna, born in northern China. They differ in gender and early social context but their lives tell the story graphically of common

abandonment. All four children carry either physical and or emotional disabilities.

4.4.1 Lok Chi / Jacob

Lok Chi's life history is a compilation of variable sources including the ethnographers observations, interviews and available medical records – and is compiled in the form of a descriptive narrative.⁹

The crib where Lok Chi lay was his territory, something predictable, a space he could measure with his body. With his hands and his feet, he could detect the size of the space and the objects and textures in it, the cool metal bars, the coarse cotton sheet on the mattress, but everything outside it was unknown. From that void, the hands of a caregiver would materialize suddenly and press upon his skin and pick him up, removing him from the familiar space of the crib to change him, to bathe him, or to take him to therapy. But he could not see her coming. He could not anticipate where her hands would land, or, as the caregivers rotated through morning, afternoon, and night shifts, the gentleness or force with which she would grasp him. What other babies could measure with their eyes, as they watched a woman cross the room toward their beds and reach in to lift them by the armpits onto their hips, Lok Chi could only do with his ears. But if she walked softly on the tile floors, if she did not speak as she traversed the room, or if other children were crying so loudly it drowned out her sounds, he could not prepare himself for her touch. In an instant, a person existed where previously there was no one. Abruptly she was removing him from a small place that he knew, and exposing him to a vast expanse of objects and spaces and people and sounds he could not make sense of, all of which were potentially hostile. Sickly and weak, he could resist only feebly, through his cries, but to little effect.

⁹ After moving to the United States, Gary and Helen began using Lok Chi's American name Jacob. The names are used interchangeably in the thesis. The narrative was compiled by Carmen Radley and drawn from interviews with Lok Chi's historical caregivers and adoptive parents, in addition to the ethnographers observations. Prior to his adoption, the parents were engaged professionally with Mother's Choice and as such had access to and occasion to observe the child and his care. The life history of Lok Chi, because of its descriptive narrative form allows the biographical truth to agree with a 'community of minds with events believed to have occurred (facts) and how these events were experienced.'(Denzin, 1998 as cited by Sandelowski, 1991:165). Radleys description encourages and allows the reader to empathize with the feelings and thoughts of the abandoned person's experience with fear, stress, safety and survival.

Those hands cared for forty children in his ward, and because of it, Lok Chi received scant individual attention. Everything from bathing to feeding was, by necessity, done in the most perfunctory way. Lok Chi spent most of his time lying on his back in the crib, and when it came time to eat, a caregiver would put a bottle filled with a rice gruel called congee in his mouth, then place a rolled-up towel near his head to keep the bottle inverted. If he refused the nipple and turned his head away, it would press against his cheek or his ear or the side of his head and the congee would trickle out and down his face, drying to form a white crust.

All day long, the wails of other children filled the air, and with little other stimulus, with no familiar hands cradling his head and no familiar voice assuring him of his intrinsic worth, with no one encouraging him to sit, crawl, or explore the world, Lok Chi languished. When he was nineteen months old, he needed help to roll over. He could sit only momentarily with his hands in front supporting his torso, and only if he was placed in that position. He was hospitalized for chest infections, bronchitis, croup, and adverse affects to antibiotics an unbelievable sixteen times before his second birthday. He developed a flat spot on the back of his head from lying on his back, and he never learned to speak.

This was where Helen and Gary (eventual adoptive parents) found him, when he was twenty-seven months old. He had lived in one other large childcare facility before this one, under similar conditions of neglect, and before that, two different hospitals. Not surprisingly, there are no photographs of him as a baby, and his first two years are told mostly through hospital records and the notes of social workers. Born on May 26th, 1994, at Queen Elizabeth Hospital in the Kowloon section of peninsular Hong Kong, Lok Chi weighed 5.2 pounds, suffered from a rare congenital condition which results in the absence of eyes, and needed emergency surgery to repair a hole in the lining of his stomach, which had caused an infection throughout his abdominal cavity. He stayed in the hospital until he

was seven months old.

Lok Chi's biological parents are sketches in a series of documents from hospital psychologists and social workers. Some details are trivial, banal even, the fact that they both enjoyed basketball and pop music, that he played squash and she liked to bicycle. But through them, one can piece together an outline that helps explain why, after naming this little boy Lok Chi—persistent happiness—they stepped back and eventually walked away. They were in their early twenties and had married when she became pregnant, which on its own could put a young marriage under strain. But other problems compounded it. They struggled financially: she was a quality controller in a garment factory, he was a clerk in a hospital, and together they made less than US \$2,000 a month. She had a visible abnormality in her left eye, some sort of congenital condition like a cataract, which peers, neighbours, schoolmates, and teachers had teased her about since she was young. She was overwhelmingly self-conscious of it; a psychologist's assessment said she hardly dared to look at others directly. Instead, she walked past quietly with her head lowered toward the ground.

As for her attitude toward the baby, records say she showed some affection towards him soon after he was born, yet if she held him or spoke to him isn't mentioned, only that she had difficulty accepting him. She was educated in China, which through propaganda and education in the cities, and through more coercive tactics in rural areas, had pushed a birth planning policy not only of quantity—the well known and excoriated one-child-for-all—but also of quality. In the late 1970s, the state began a eugenics campaign, *yousheng youyu* or 'superior birth and childrearing,' (Greenhalgh, S. and Winckler, E.A. 2005: 234, as cited by Radley) which promoted the cultivation of children who were physically and mentally excellent. Leaders hoped that a combination of lowering population and cultivating a smaller number of well-educated, high-performing, globally-savvy young people would help China become a modern, developed nation, but there were many

unintended consequences. One was that by the 1990s, this perfect child had become a national obsession (Ibid: 235, as cited by Radley).

Of course, she was now in Hong Kong, but crossing the blurred and porous border did not mean she'd left China behind, as its culture and values pervaded life in the city. Her child was not perfect, and she felt that others, particularly her relatives and in-laws, would think it her fault that the baby was born without eyes. Perhaps she was just too fragile for such judgment. Records say that over time, she was more determined in relinquishing her parental rights.

Certainly her husband was an influence. He was younger than she, less mature, and offered little support. Records say that he was unwilling to ask relatives for help, and from day one, he was very firm in his decision to cut all ties from the baby, owing almost totally to the child's disability. Maybe he too was influenced by campaigns asserting the need for a child without blemish, or maybe he was scared and ill equipped to be a father to anyone, incapable of taking on the considerable responsibility that role entailed. The psychologist assessing him seemed to think this was the case. Citing their 'inadequate personalities,' the unstable marriage, and his refusal to look to others for help, the psychologist determined they would struggle to parent a child without special needs, and even more so Lok Chi. Therefore he approved their request to 'sign off on the child.'

They had visited him only twice, when he was seven months old and again on his first birthday, precisely recorded as December 20, 1994, and May 26, 1995, but had no other contact. And then the ties that, though tenuous from the beginning, should have been the means for him to learn the world and secure the confidence to be a part of it, were cut. On October 24th, 1995, they signed Form 4A and Statutory Declaration waiving their paternal rights, and he became a ward of the state. Records show only one visitor: they say a student nurse at Queen Elizabeth Hospital with the family name Choi came 'regularly,' without quantifying how often, to help clean his prosthetic eyes and to play with him.

Otherwise, he stayed in his crib, attending occasional occupational and physical therapy, but he had no steady, close, affectionate contact with another person.

The social worker's notes about Lok Chi's demeanour during this time amounts to a lifeless assessment a few steps removed. He was a difficult baby: she says he had a 'hot temper' when he was first admitted and a propensity to cry. 'Later when he adjusted to the environment,' she continues, 'he became to enjoy a stable emotion. He would make some mono-sounds when he was happy.' The phrasing is vague and suggests there was little positive to report, but Gary and Helen believe she was probably being delicate to protect him, since a negative file would only be more of a barrier to him finding a home. His 'stable emotion' is portrayed as positive adjustment, rather than the alternative, that he might be resigning himself to the fact that his cries would not be heard, that he could not rely on the world to respond to him and meet his needs, that he was shifting from protest to despair.

There is no doubt Lok Chi suffered serious neglect, but his neurological development during these formative years was not charted, so the effects can only be conjecture. In the last fifty years, neurologists have made tremendous advances in studying the human brain and its development throughout childhood, and though they once thought genetics played the major role in brain function, they now know a child's environment also has a huge impact on how the brain develops. Thousands of pathways are built every second, and a young child requires copious and continuous stimulation to use all parts of the brain, which later will shape the child's abilities with language and mathematics, as well as navigating social spaces. But to maximize efficiency, the brain prunes away connections that are not used, and through neglect, a genetically normal child can become mentally retarded (Hawley, 2000: 3, as cited by Radley). A 2006 report of extremely neglected children in Romania produced such conclusions; a nurse assessing children in the study believed that by neglecting the children, the authorities in the institutions she

visited were manufacturing disability.¹⁰

Whether this was the case with Lok Chi is difficult to prove after the fact, but undoubtedly, the deprivation Lok Chi suffered through the first two years of his life impeded his neurological development to some degree. A brain scan at birth read normal, but after months of severe illness in a hospital, then several months in his first residential facility, Lok Chi was given an IQ test based on visual norms and, consequently, labelled mentally retarded. Afterward he was moved to a ward for mentally handicapped children on the third floor of a larger institution, where Helen found him a year later—a sickly, skinny, stressed, and tactile-defensive child with little hope of finding a home.

4.4.1.1 Early Life Documents (medical records and dialogue taken from an interview with managing director of Mothers Choice)

When he was first born, he lived at the hospital for the first six or seven months of his life. He went from Queen Elizabeth Hospital to Kowloon because he was too sick to be discharged. He then went to a reception centre and eventually to the Caritas Medical Centre, a three-story home for the mentally handicapped. He had to be hospitalized six times in six months for pneumonia, respiratory complications, all before his first year. His medical records showed his weight at birth: 2.36kg (5.2 pounds). Health condition: absence of bilateral eyeballs, neonatal B-haemolytic Streptococcal Septicaemia complicated by disseminated intravascular G6PD deficiency and urinary tract infection at four months.

Often the head of our social work team and Helen would make visits to other agencies and institutions in Hong Kong to see if they could identify children that had a good probability of being adopted, if we could remove them out of the institutional setting. Our social workers and nurses would cooperate closely with a number of organizations in

¹⁰ Smith, Craig S., 2006: 3 – <http://www.nytimes.com/2006/05/10/world/europe/10iht-romania.html> as cited by Radley)

Hong Kong, and bring those children to live at Mother's Choice.

We would have vacancies when a child was adopted. We wanted to have in the back of our mind the next child we wanted to bring in to Mothers Choice, so that when one child would go, another child could come in shortly thereafter. This was partly because of the government funding for Mothers Choice Extension – not for the rest of Baby Care, but only the extension. Therefore we needed to keep the twelve capacity filled. After we started Mothers Choice Extension for special needs children aged two to six, we began looking at older children that we thought had a potential of being adopted. That was our criteria.

Helen had seen Lok Chi on two or three different visits, with Janette Pepall a social worker and they said, "We need to bring Lok Chi from Caritas to Mothers Choice Extension." So when we chose Lok Chi, it was because we thought that he did have a chance of being adopted. They did not think he was retarded; they thought that he'd never been given a chance. He was sent to Caritas, which is a wonderful group of people, however he was in a ward with thirty to forty mentally handicapped children. He screamed all day long. Before that, he was in hospitals and other institutions, and had no stimulus as a newborn. He was not held and cuddled, was not fed by someone in their arms. One of them described it as something like a cocoon, so we needed to give him a chance to grow and develop and see where he goes from there.

At Mothers Choice Extension, there was another blind boy, who was four or five years older than Lok Chi, an autistic boy, a girl with cerebral palsy, and two children with Downs syndrome. Lok Chi was tactile defensive at this point. The kids would touch him or not see him and accidentally sit on him, and he would scream. That is what he was familiar with from institutional care, and was his defense. There were two resident caregivers, and Lok Chi's tantrums were going to drive them crazy. They did not know what to do with this screaming little one.

Now, Helen has never said this to me, but this is what I think she was thinking. ‘I have to save my staff because I helped make the decision to bring this child.’ So that is when she started pouching him. It was a cloth pouch with long straps over the shoulders and secured around the waist. He just sat there and hung limply in her arms for four or five hours a day. At two-and-a-half, he only weighed sixteen pounds, so he was not a big boy. And not only was this relief for the staff, but probably this little boy had not had that close contact with someone’s chest to hear the heart beat and feel the connection with another person.

As a near three-year-old, Lok Chi could not even sit up by himself, so he just hung there limply in this sling on her chest while she attended meetings. She did it on the weekends as well. She would go to Mothers Choice extension and go marketing. Helen has a very soft voice and demeanor. Lok Chi was hearing her voice while she was in meetings, and while she was walking between our facilities. She would talk to him or sing to him softly. One day after several weeks, as she was walking between the two facilities, Helen felt something on one of her elbows as she was walking along the sidewalk. She looked down and this little boy’s finger was just grazing her arm, rubbing her arm back and forth. That was the very first sign we had that ‘somebody was home.’

4.4.2 Jonathan

Jonathan’s life history is a compilation of interview opportunity with the adoptive mother, foster family and representatives of the adoption agency and Wee Care. Additionally, with permission of the family, a research assistant filmed each of these occasions. She as well provided observations from her perspective.

(Taken from the ethnographers field notes)

I met the adoptive family this afternoon for the first time. The American adoptive mother, Janice, and I have had several phone conversations over the last three months and numerous emails in preparation for this time together in China. Her mother will join her. I

met Janice's mother in the baggage area of the airport before meeting Janice in person for the first time. The adoptive single mother is 41 years old. She is an ecological researcher in Alaska. She has one adopted son Mark, four years of age, who was adopted three years ago from a government institution in the GuangXi province. Jonathan is also from the GuangXi province but from the baby care facility of Wee Care. Mark had also been in foster care as is Jonathan now. Both boys have a cleft palate. Mark has finished the necessary surgeries. Jonathan has had the initial surgery for cosmetic closure. His foster mother went with him to the hospital when his initial surgery was done at one and a half years of age. The foster mother and her sister alternated remaining with Jonathan during his hospital stay.

Jonathan has been in a Chinese foster home since he was seven months old. He is now three years and four months. He lives with an extended family of foster mom, dad, son and his girlfriend, both nineteen years old. The foster mother's sister and grandmother come daily to see him at the foster parent's home. His foster family is all the family he knows except for pictures he has received from his adoptive mother and new brother.

The foster family makes a distinction by calling themselves the Chinese mom and the American mom, and this has been shown to him in pictures. He has had his new family explained to him. There does not seem to be a clear understanding as to what is going to happen. The director of Wee Care has made regular home visits and the foster mom has brought Jonathan in to the baby care facility on a regular basis for physical check-ups.

Nothing is known of Jonathan's birth family, or birth history. He was brought to Wee Care as a newborn and cared for by nurturing staff with a ratio of one rotating caregiver to five infants. His routine in the baby care facility consisted of regular bathing and nappy changes. He was fed appropriate infant formula with a bottle designed for cleft palate babies, was held while being fed and was comforted as time permitted when fussy. There were no abnormal experiences during his stay at Wee Care. The institution is a

registered NGO in China, subject to the supervision of the Department of Social Welfare in the province.

I met the adoptive family in the airport after arriving in _____. I observed a distressed American lady in the baggage claim area, attempting to communicate regarding her lost luggage. We had apparently been on the same flight from Hong Kong to _____. Since there were very few foreigners traveling on the flight, I asked if she was Janice's mother. She was her mother. I introduced myself and research assistant, asking if I might assist her.

Janice's mother, who I will refer to as Grandma, was immediately warm and appreciative. We went on to meet Janice and Mark as they waited for Grandma. Her translator accompanied Janice, the Chinese agent of Janice's US based adoption agency named Hannah. Hannah spoke very good English but showed concern for our involvement in the adoption process. I assured her of the permission we had requested and received from Civil Affairs and those responsible for Jonathan's welfare. Janice explained that she had encouraged and approved of the plans to observe, interview and film the process of adoption for research purposes. I recognized the need to allow Hannah time and space to accept Janice's decision to participate in the research.

Janice was initially contacted by the founder of Wee Care, inquiring if she had any interest in participating in research of the initial adoption days and bonding experiences leading to potential attachment beginning with the initial contact with Jonathan. It was communicated that she was under no obligation and the research was not affiliated with the government, adoption agency or the baby care centre. Janice was very warm to the idea and requested email contact with me immediately to begin a process of developing understanding and relationship. Her background is in environmental research. She appreciated the learning process associated with research. Because of the great distance between our homes – Janice living in Alaska in the far the northwest portion of the United

States and my home in northern Virginia on the east coast – made a personal visit impossible prior to our meeting in China. Janice was not hesitant in asking any question and it was evident she was familiar and comfortable with research. We both acknowledged an excitement leading up to our combined adventure.

The director of Wee Care met us at the airport. After leaving our luggage at the hotel, we all boarded a van and drove to an apartment complex to meet Jonathan and his foster family. When we arrived Jonathan recognized the director immediately. He went right to her and brought her toys to play with him. He did not seem fearful of my research assistant and myself. He watched us but did not engage with us. He obviously has a connected and comfortable relationship with his foster mom and the extended family. He spilt some juice but was not troubled by this. The foster mom helped him clean it up. He showed us a photo album of his American mom and his new brother Mark. He called them American family. He called the pictures of his foster family, his Chinese family. His foster mom admitted she finds it difficult to let him go. He has playful interaction with his older foster brother. It was obvious that Jonathan was comfortable and secure in his foster environment. He did not go easily to the aunt and played on his own terms. When hugs or kisses were offered to him, he did not always comply. Instead he chose when and to whom he would offer affection. He brought the toys he had received from Janice and proudly showed off the t-shirt she had sent. His schedule and sleeping habits were irregular. He is free to watch movies and stay up late on his own to watch the TV. Because of lack of schedule he sleeps in the morning until someone wakes him. He exhibits strong and at times slightly uncontrolled behaviour by throwing a small chair. He will go to bed but not sleep and often gets up when others have gone to bed. He has much freedom and little structure. He does not eat unless you ask and encourage him. This could also be associated with the difficulty he has with his open palate

4.4.3 Fuxia

Fuxia's story is the history of an abandoned child's life.¹¹ As explained in Chapter One referring to the organization of the work – it is a longitudinal study inclusive of her history combined with ethnographic participant observation, an insider approach. The duration of the study with Fuxia spanned from November 1997 through December 2011. Upon meeting this little girl in 1997, while working on various child development projects in developing nations, it was obvious she held internal (emotional) and external disabilities. There was winsomeness in her personality and strength of will in her character. These characteristics are not uncommon in abandoned or attachment challenged children. The behaviours develop in the context of survival (James, 1994: 3-23)(Fahlberg, 1991: 48-53). I had no intention to complete either post-graduate research or adoption upon meeting Fuxia in China. Adoption however followed in 1998. In 2004 a need and interest developed to formalize personal research. My work in child development had become increasingly focused on the child at risk. Observation, interview and recording in a daily journal of field notes were always a part of life and work, even prior to the adoption of Fuxia. A biography was constructed from this combined data along with Fuxia's contributing her life story. Beyond these observations and personal reflections, data was drawn from government and social welfare service documentation and interview of Wee Care staff and foster Aunts, whose care she was in after being relocated from a government institution to Wee Care.¹² As she grew, teachers, friends and neighbours contributed their voices. Between the years of 1997 and 2007 I made numerous extended visits to China and used the city of _____ as my base of operations. Fuxia travelled with me and we stayed in a guest apartment adjacent to the baby care extension of Wee Care.

¹¹ A change was made in the spelling of Fuxia's name in an effort to make it easier to spell in English. It was originally separate words as seen in her official records Fu Xia.

¹² Personal names and locations remain either blank fictitious and anonymous to assure anonymity for the continuing work in China and for participating informants with the exception of Fuxia and Lok Chi/Jacob.

There were several phases in the collection of field notes. The first was prior to knowing we were going to adopt Fuxia. While I had no plans at the time to do formal research, I had already begun to study the Chinese social service system as it related to the care of the child of common abandonment. These were general field notes of observation and open interviews concerning: 1) the residential and foster care environments, in which children of common abandonment were kept, 2) organizational structure of the residential care centres, 3) the behaviour of the babies and toddlers in the residential care programme and foster care 4) the social welfare system, and 5) the responsibilities, attitudes and behaviour of the staff in the system.

The second phase began after knowing of our intentions to adopt Fuxia. We could not be certain the centre for adoption in Beijing would grant our request. We could not be specific as to the name and location of the child, however we could describe the child we were 'willing' to adopt and coordinate the submission of her file with ours.¹³ The second phase of field notes focused on her history. As mentioned above – Wee Care kept a collection of all the official paperwork including the observations and evaluations from the Hong Kong social workers that made regular visits. A collection of pictures and videos had been taken during her stay at Wee Care. During this phase I interviewed all of those who had direct contact with her. I discretely observed her day's activities without making specific contact with her. Even after she had been assigned to us, the policy of Wee Care was not to inform the children until the final approval had been given from Beijing and travel to pick up the child was granted.

The third phase was documenting her life beginning with adoption. I developed two picture books for Fuxia. The purpose of these books was to acquaint her with her new family members and extended family to which she would belong. The second book was

¹³ Fuxia was in the special needs category and this allowed us to describe her physical condition and state our willingness to take a child with this condition.

one of historical connection. It was entitled 'Our dark haired, dark eyed little girl'. Placing the procedure on paper tends to sound neat and orderly. It did not seem so at the time. The process began in 1997. My purpose was to benefit Fuxia and to understand better the development of connection with a child chosen but not birthed. I first composed a photo journal of her life. The pictures began with the first picture taken of her the day she arrived at Wee Care. After the decision was made in 2007 to formalize my research there was still no intention of placing Fuxia's life as a case within the research. Over time, Fuxia encouraged and requested that she be included in the research. Eventually the decision was jointly made to include her, in consultation with my supervisor. The data was available and the interviews, field notes, pictures and video footage were accessible. She contributes her voice to the biography in three ways. The first are comments and narratives she spoke at the actual time of a particular episode. The second are narratives she wrote regarding episodes, which are a part of her life both past and present. The third are reflective comments, which are her responses surrounding memories occurring as together we reviewed the biographical components of her history in video, photos and memorabilia. Fuxia, as do all of the participants, has the authority to remove any part of her story she wishes not to include.

The examination of Fuxia's life begins with abandonment and chronicles all that is known of her life prior to adoption. Case Number CGML95021; October 23, 1995. Dang, Fu Xia was born in the ____ province, June 26, 1994 and admitted to the Social Welfare institution of ____ on October 10, 1994. Later she was admitted to the non-governmental baby care centre of 'Wee Care' in October of 1995.¹⁴ Assuming these dates are

¹⁴ There are discrepancies with regard to the birth date and actual age of the child, as proposed by the child study examiner. It was suggested that Fu Xia might be older as her teeth and 'emotional development were more in keeping with an older child'. She was given 3 different birth dates, each in the year of 1994. Her arrival at the Social Welfare Institution suggested she was an infant. Subsequent examinations conducted by a dentist and by a wrist bone age scan at the National Institutes of Health were inconclusive. They did seem to support the original PRC provincial government findings of one year eight months upon her departure from the social welfare institution to Wee Care baby care. Her special needs condition of Osteogenesis

approximately accurate the child could have remained in care of a family for several months. However, the official Notarized Certificate of the province shows the child born on May 26, 1994 found abandoned and taken to the Social Welfare Centre of ____ in July 1994. She would have been a month and a half old when abandoned and kept at the Welfare Centre for months before being admitted to Wee Care in October 1995. It was a common practice as exposed by the BBC documentary of 1995 the, 'Dying Rooms' that during these surrounding years in China's institutional care, a child with special needs was placed in a separation room triaged for limited care and deemed not able to survive.¹⁵ This separation limited the care/nourishment given the compromised child. There were no records of birth parents for Fu Xia and no note left with the infant. Her Chinese certification of adoption states: 'Her biological parents were unable to be found and that an investigation had been conducted.' She arrived at Wee Care from the ____ Social Welfare institution with a name given her by the government institution. The surname signifies property of the institution. Her first name in Chinese means blessed (as one close to God), as in the beauty seen at dawn and dusk. Upon arriving at the Wee Care baby centre, it was noted she made no articulate sounds and their conclusion was she was unable to hear or speak. An attempt was noticed on Fuxia's part to communicate with sign language. Upon investigating, it was suggested that deaf children, attending school in the same compound where she was first taken, took an interest in her and kept her alive. This gave some explanation for her survival if her stay was in actuality over a year in the government institution. Their conclusion was the staff allowed this activity to continue, as they were not troubled with her care. This accounted for her use of sign language. Eventually after

Imperfecta and Thalassemia (Haemoglobin H. constant spring) hindered a conclusive age approximation.

¹⁵ In the fall of 1996 I was given my first official tour of a Government Social Welfare institution for abandoned infants. The mortality rate of the previous years approached 95 percent according to a social worker from Hong Kong who had been working with this particular institution. Evidence of this pattern was personally experienced as I left the official group tour- I discovered a separation room. The infants were placed three in a small crib and there was no caregiver present at that time. The room was quiet and the infants were obviously undernourished and dying. This room was different than the main care hall we had been shown.

hearing sounds she began to use her voice.

4.4.3.1 Arrival status of the child – continued from her official record October 10, 1995

Fu Xia arrived with her lungs congested. Her face was triangular in shape. It was obvious from the initial examination that she had fractures in both arms and legs. She was very small for her age, had an enlarged abdomen and was unable to stand or crawl. She did not smile for a very long time, preferring to sit on the play mat and observe activity around her. She seemed a very sad little girl. Weight- 5.9 Kilograms, 13 Pounds (US); Length- 64 cm 25 inches (US); Head Circumference- 43 cm. 16 inches (US)

4.4.3.2 Potential impact of common abandonment

The impact of emotional neglect in the early months and years of childhood, a lack of touch and stimulation can suppress physical and emotional development, as referenced in the literature overview. This neglect can damage a capacity to form lasting relationships over a lifetime (Perry, 1996: 271-291). Perry suggests the effects of such deprivation in the early years of life and the severity of the neglect dictates the depth of problems (Ibid). This does not mean there is no hope for these children in developing normal attachment relationships, however he does state ‘Very little is known about the ability of replacement experiences later in life to “replace” or repair the undeveloped or poorly organized bonding and attachment capabilities’ (Perry, 2001: 4).

4.4.3.3 Medical history of child – continued from her official record

Upon arrival not much was known about her medical history. We were not certain if her fractures were due to abuse by older children in the government orphanage or if there was a medical reason. While at Wee Care she fractured her left arm, which is now healed. On the 2nd of January 1996, she was admitted to hospital for a blood transfusion. She had been running a temperature for a few days and was in general run down and lethargic. The transfusion was successful and she re-joined us full of life.

4.4.3.4 Physical appearance, development, social and emotional – continued from her official record 11/01/1996

Fu Xia has short dark brown hair with beautiful eyes. She has lovely long eyelashes. Her teeth are quite discoloured and crooked. She has quite small hands and feet and her abdomen is still enlarged. She has a cute face and a beautiful smile. Her weight is now 7.05 Kilograms, 15.5 Pounds (US); Length- 65 cm. 25.59 inches (US); Head Circumference- 44.2 cm. 17.3 inches (US). Fu Xia has very good fine motor coordination. She can turn the pages of a book one at a time. She can also place hoops on a stick in order of size. She can push herself backwards when in a walker. Her vision and hearing are normal. She has a very cute mannerism of pointing with a flick of her wrist to demand what she wants, which causes us all to laugh. Her face has now filled out from when she first arrived and is rounder in shape. She can also shuffle around in a circle on her bottom on the play mat to get toys from the toy box. She shows good weight gain. She understands much Cantonese and Mandarin and can say 'Ma' and a few basic words. At present she is unable to stand by herself. Fu Xia can be described as being very smart, cute and strong-willed. She knows exactly what she wants. She enjoys being with adults to eat together and go for walks. She has particularly bonded with one of our local workers, who spent much time with her when she was in hospital. She is now learning to give and receive affection and is more emotionally secure than before. She now smiles and laughs when she finds something amusing. She is learning new things all the time and continues to make progress both socially and emotionally. She is a very brave and special little girl who thrives with one to one attention and deserves a special family of her own. Her daily routine is the following – She is given 210 millilitres of cow's based milk infant formula between meals. She drinks her milk from her own cup. She is given solids three times a day, usually congee, noodles, vegetables, bread, and soup. She really enjoys tasty foods and has even had some spaghetti bolognese with us. Surprisingly she enjoys

cheese! She also likes any type of food in a packet or wrapping that she can open. She usually has a nap in the afternoon. She has more confidence now to sit by herself on the play mat. She loves to sit with the toy box beside her and take the toys of her choice in and out. She loves books; her favourite is 'Winnie the Pooh' because it has bright pictures. She is bathed once a day in the morning. Child Study done by J.E. Mckechnie – Social Worker after the child had been residence – The files have now been given to the Boyd family.

4.4.3.5 Fuxia's history as remembered and shared by a foster auntie

We know little about Fuxia before she came to Wee Care. As such we experienced significant difficulties in determining Fuxia's actual age. There were no records with reliable dates. Wee Care's caseworker's report is the first written documentation we had other than three different unreliable birthdates and a supposed admission date to the social welfare centre at _____. We can only judge the care she was given at the government institution by her condition upon her arrival to us. Her lungs were congested, she was underdeveloped in every respect and her ability to survive was questioned. She could have been around nine months old when she was brought to the welfare centre. This information is in the caseworkers evaluation done upon her transfer to our baby care at Wee Care. According to the dates of arrival and departure from the welfare centre her stay there was between one to two months.¹⁶ She had no note of identification. There was nothing of significance left with her. The police report indicated she was left in a train station in the city of _____. She was very tiny and crying was heard coming from the box she had been left in. Unknown persons contacted the police and they subsequently brought her to the welfare centre in the city. There is no way of determining how long she remained in her family of origin. As her report indicates she was neither physically or

¹⁶ There are discrepancies between the age when abandoned and the length of stay at the government social welfare institution. Her size and condition upon arriving at 'Wee Care' suggested neglect regardless of the length of stay.

emotionally well upon arrival to Wee Care. It became quickly apparent by the shape of her bones there had been multiple breaks. We assumed abuse and during hospitalization discovered she suffered from a bone disorder. She was hospitalized and one of our staff remained with her. We now had x-rays of the extent of her injuries and because of her condition we were very cautious in handling her and held her minimally doing only what was required for her care. I remember how her eyes would follow us from her cot. She seemed to be alert and after a time we slowly began to hold and place her in a carrier. We kept her in baby care and observed her rapid development and response to the staff and other babies. As she developed and began observing other babies being placed in foster families it became more difficult to adequately give her the care she needed and deserved. She began exhibiting a strong will and was soon giving directions to staff caring for the infants and toddlers. After a year or more had passed it was decided among our senior staff that Fuxia needed a different environment for continuing emotional development.¹⁷ She was now well passed two years of age. A team of senior staff including myself committed to fostering her together. That team was originally Ling, Anna, Pei, Mei and myself, Ji. There were occasions where each of us must be away on travel and therefore we worked as a team. In the beginning Anna and Ling carried most of the responsibility for her. Later after they went elsewhere to work Pei, Mei and I became her primary care givers. Because each of us had specific responsibilities during the day and often in the evening, we began a preschool for staff and foster children who were able to attend. We hired a preschool teacher and this also gave Fuxia the opportunity to be with other children her age. In the afternoon an older grandmother living in the vicinity of Wee Care would

¹⁷ Ms. Ji, in conversation during May of 1998 mentioned her concern for Fuxia's development – had not only to do with the lack of primary-care attention – there was also a concern for a controlling directive manner in how she responded to the staff in baby care. She knew each staff's responsibilities and often corrected them and or attempted to do their job for them – for example fetching the necessary diapers or directing how the infant should be bathed. She was creating an environment where she felt in control. This was also observed when her will was crossed one evening when taken to town for grocery shopping for baby care. She did not want to return so early to we care and expressed herself in tantrums. Her caregivers were unable to control her and there was concern she might break a bone in the process therefore she was often allowed to control the environment and influence decisions.

take Fuxia to our apartment located adjacent to Wee Care and she would stay with grandma until we returned home from work in the early evening. She had a mat in one of our bedrooms where her belongings were kept. We took video footage, for example, pictures of a routine day in her life. We often took her along to meetings or grocery shopping and when time permitted to an afternoon at the lake on the weekends. Her life was quite structured her extracurricular activities were minimal. She was cautious with who she allowed to hold her. She had experienced too much pain in a very short span of life.

4.4.3.6 Fuxia returns to her history

With the records, other's perspectives and interviews related to her history, I was able to puzzle her early experience together. How to achieve her perspective seemed as if it would be impossible. She seemed to have little available memory. At best there were fleeting snap shots of recall with little substance. Events occasionally surfaced through the odd question or experience. They were sparked by an event, a conversation; returning to a particular location, a familiar smell, watching a video or seeing an old photograph. Spradley interprets 'cultural knowledge' as the knowledge people use to interpret experience and generate behaviour (1980: 6). While the behaviour could be categorized more easily in patterns, the nuances required continual observation, questions and reflection.

The emergent feelings of abandonment the children carry are unpredictable and diverse in behaviour. The following section records an ethnographic episode/event. It demonstrates a common theme with diversity behaviour and reveals the concern for a connection toward identity. These provide a window and introduction into the question of the emotional concerns of – 'I am alone, I am abandoned, I am a survivor and lack identity.' I refer to the paraphrased quote from 'Roots,' 'if you don't know where you've come from, you can't know who you are'. Each of the participants expressed in behaviour

and discourse these messages. In the case of Fuxia, the truth is often emotionally challenging. The realization that one can be given up and left strikes at the core of the person's emotional and often physical development. Attachment theory affirms the theoretical position of being genetically influenced to connect with a primary care giver in infancy. This behavioural system is not dependent upon the quality of care or even if the physical needs are met. It is not a secondary drive as proposed by: (Freud, 1910/1957; Sears et al. 1957). A child can also be attached to an abusive parent (Bowlby, 1956). Who the primary caregiver is, becomes dependent on the experiences of the child and caregiver together. When a primary caregiver is not available, the child languishes as observed in the historical literature and the empirical research. The quality of that connection with this person(s) is also associated with mutual experience (Ainsworth, 1972: 111-36). Attachment is organized into a behavioural system. The system is borrowed from and based upon the ethological system of 'species-specific behaviours that lead to certain predictable outcomes' (Cassidy, 1999: 5). In attachment theory one of the predictable outcomes contributes to the 'reproductive fitness' of the species (Ibid.). The behaviours do not have to be identical but their goal and purpose is clear. An example is the achievement of proximity with a primary care person or persons for survival. They exhibit flexible behaviours toward the goal of proximity. Survival and consequently control in numerous forms are described as having indiscriminate, stranger friendliness, aggression, withdrawal and hyper-vigilance all threads running through the abandoned persons behaviour and inconsistent and ineffective toward the goals of attachment (Atkinson and Zucker, 1997: 29).

4.4.3.7 Where did I come from – how could they just leave me?

(PRC – 2002 Conversation with Fuxia at age seven)

Fuxia's mother:

Earlier today Fuxia and I took a walk. Funny, we always say – let's take a walk. Fuxia can't walk. She lifts her feet up and down on the footrest of her wheel chair acting as if she were walking or says quite

proudly let's run and her feet simply lift faster on the bar and the only one doing the running and pushing is me – she laughs. It was a warm but comfortable day. We share good memories of the park situated conveniently behind the hotel but today she was curiously quiet. The smells of sweets, bean curd buns and other treats being sold along the path did not bring a rise. The unrelenting stares, from those passing this 'gweilo (foreigner) mother and wheelchair bound child, which always accompany our walk were not responded to as she normally would – by glaring back. The animated, unremitting chatter, her normal posture was noticeably missing. This cautioned something is wrong. My choices were wait – and stay tuned in – or make an attempt to give her words to find her voice. Letting whatever nuisance was causing her mood to come forward. I waited – I sensed she was troubled. I toned down my excitement over our walk in the park and adjusted to her spirit. Softly it came, as if there was concern connected to the asking.

Fuxia:

Mom, where did I come from?

Fuxia's mother:

I spoke quickly and without hesitation. I sensed this was important gauged on the unusual timidity in her voice. I responded, "I have some information of when you were little and I will tell you all I know" – I might not have all of the answers to your questions but I would certainly do my best to answer any question that was rolling around in your thoughts. I asked her, "Should we invite your foster aunties to come over this evening?" "They may have answers that Daddy and I do not. Buoyancy returned to her demeanour. She thought that was a good idea and played normally with a friend throughout the afternoon.

As the afternoon became early evening, Fuxia was again quiet different hesitant, tentative, even cautious. "Your aunties will be coming soon." I said cheerfully. When they came to the door, Fuxia climbed into my lap, instantly as if a mouse had scampered by on the floor and higher ground was safer. She remained completely silent as David, the aunties from Wee Care and myself chatted over something to drink.

She held tight and refused to make eye contact with her aunties. Just yesterday she was chirping away happily with one of them. I began by asking, using Fuxia's name of endearment.

Fuxia's mother:

Foos, would you like to ask your questions? She just looked at me but said nothing.

This feels hard, doesn't it? I wanted to give her words for her internal struggle. "No question you could ever ask would bother Daddy and me." I whispered. "Is it so difficult that you would rather not ask your questions now?" I could feel her little body dissolve into mine. Her head was tucked under my chin with only enough space to turn ever so slightly to see my eyes. It felt as if she was hanging on to me with her eyes. The question seemed frozen in space. How were we going to get through this exposing the most painful of life's questions and remain committed to the truth? David and I have always practiced an open and only truth policy with all of our children – this might be our greatest test of that.

She addressed her questions only to me and requested that I ask them of the aunties. She would not even glance their way. David sat near us on the bed. Her head was turned so that he remained in her peripheral vision.

Are you comfortable?

Fuxia:

A quiet... yes

Fuxia's mother:

Do you have a question to ask Ms. Ji?

Fuxia:

Where was I left? Although Fuxia continued only looking towards David and myself, Ji responded directly to Fuxia

Ms. Ji:

You were left at the train station in _____.

Fuxia's mother:

I continued to respond to her need for closeness. I was so grateful for her response. I could still remember the difficult times when closeness was the last thing she wanted. I could not help but wonder would this set in motion another round of those awful instances.¹⁸

Ms. Ji:

I was not there but the police report said that you were lying in a little box and that some people heard you and took you to the police. The police then took you to the _____ Social Welfare Orphanage.

Fuxia's mother:

She began to shed tears without sound. My notes stated I felt an increase in heart rate – could not stop to take pulse. We were wet from tears and body warmth. My thoughts continued – her heart is beating as if she was there again in the cardboard box alone. Fuxia felt my tears and touched them on my face. This was not the first time she had examined my tears. Ms. Ji's manner of delivery was clear, precise and kind. There was a pause for a time. Fuxia's head was now buried directly into my chest and I could not longer judge her heart rate.¹⁹

Porges explains in his vagal system theory:

¹⁸ The instances spoken of occurred in the first four months of having Fuxia – approximately twice a week or more. They became more infrequent with each month – until there was only one episode every three to four months. They have occurred rarely since ten years of age. The trigger seemed to be a disruption in our connection creating insecurity. I would respond by rocking her and hugging her securely. If I held her longer than a minute – she would begin hitting me or pushing me away or biting my arm. If I stopped hugging or singing to her she remained in her anger and frustration. These episodes would be addressed in and compared with similar behaviours of different ages and cultures.

¹⁹ I took Fuxia's heart rate during a normal early evening time to compare her rate and position with the episode of 'how could they just leave me?'- First a normal pulse rate count was taken and the second rate was taken during a short hug episode comparing a difference in rate from a similar body closeness experienced during the episode with placing my arm on the side of her chest and neck as it was during the episode. She allowed the hug without an abnormal response. Her heart rate was referenced as normal compared to the increased rate felt during the episode in question May 2002. The behaviour expressed during this episode was fearful and withdrawn similar to occasions of reversion to survival behaviour. Fuxia has an extended thin rib cage, which caused the location of the heart to be toward the left side of her torso. It remains in this position until she was approximately ten years of age. Through growth and increased body weight the heart is now more protected. There is substantial evidence from animal research indicating a key role of the neuropeptides oxytocin (OT) and arginine vasopressin (AVP) in the regulation of complex social cognition and behaviour. As social interaction permeates the whole of human society, and the fundamental ability to form attachment is indispensable for social relationships (Heinrichs M, von Dawans B, Domes G. *Front Neuroendocrinol.* 2009 Oct; 30(4): 548-57. Epub 2009 Jun 6).

The experience-dependent 'vagal break' mediates rapid and continuous control of heart rate, creating alternative sources of soothing. In conjunction with oxytocin and vasopressin and based on experiences of safety and trust, the vagal break allows for modulation of the fight/flight response, (Porges, 1998 as cited by Cozolino, 2006:98).

Fuxia's mother:

We all waited silently. I did not record how long we waited or continuing thoughts surrounding this first question. The occasion was too emotionally charged and my insider perspective was absorbed into my role as mother. After a time, which seemed so lengthy but in actuality was not longer than several minutes, Fuxia tugged on my shirt.

I responded by asking – Do you have more questions? You may ask any question

Fuxia:

Who gave me my name?

Fuxia's mother:

This was a question I had hoped would not come. It was particularly difficult. There was something about her name that she held on to with tenacity. I thought perhaps it was the one connection she felt with her birth parents. Thinking perhaps they had named her. We had chosen an American name for her like most adoptive parents and then went about trying to convince her to use it. A name we thought had significance. Taken from Hudson Taylor. I remembered reading a biography of Taylor's life. He encouraged Chinese women to take teaching responsibilities. She wasn't interested. Her name was Fuxia and she had a firm grip on it – until today. We kept Fuxia as her first name and made Taylor her middle name, which she seldom used. Upon meeting new people she carefully explains – My name is Fuxia (foo-sha). If they called her Fuchsia she would quickly and often abruptly clarify – that is a colour and a flower and I am not either. My name is Fuxia enunciating Foo-Sha making certain they heard the difference.

Ms. Ji:

Fuxia when you were taken to the orphanage in _____, the people there gave you the name of Dang, Fu Xia.

Fuxia's mother:

This was extremely difficult for Fuxia to receive. I began to rock her as she quietly wept and wept. After a time she settled. I was at a loss as was David. Ms Ji's answer was again clear and concise. I had hoped there would be some way to alleviate the reality of this rejection. The fast heartbeat had settled indicating fear had past but resignation seemed to be setting in with a voiceless sobbing that forced her body to catch its breath. I thought to myself – there a scripture about our names written in God's hand? I was committed to truth but I looked at David thinking, if this is not in the Bible, I do not want to know about it and charged ahead. I took David's hand and opened it saying, Fuxia, God says that He knows our names as they are written in the palm of his hand. He knew them before we were born. She watched and touched David's hand. Do you remember what your name means in Chinese? It is the character of someone who is blessed and is as lovely as the beautiful colours of the sunrise in the morning and the dusk in the evening. No one but God our Father could have given you a name like that. The people at the orphanage did not even realize they were simply cooperating with Him who named you and wrote it on his hand so that He would never forget.

November 5, 2010, we had a telephone conversation with the director of Wee Care. The

director, Ms. Ji was visiting supporters of her work in the United States and called to inquire about Fuxia and the family. She shared regarding a group of children in her extended care who were HIV positive ranging from toddler to preadolescence ages.

During the conversation she stated:

The trauma these children face is not the reality of the disease, although admittedly their understanding of HIV is limited. It is the same pattern we have continually faced with the children in our extended care age, the pain and confusion of abandonment.

She reported some of the children exhibited the typical signs of child depression. I questioned her further regarding her intervention and she explained by giving an example of a recent encounter with a five year old.

In conversation together the child expressed her feelings of being alone and of sadness, along with questions regarding the rejection felt in being abandoned. The Father's watchful concern and love for her, combined with the care and His identification with her emotional pain of rejection; a recognizable change was noticed in her behaviour.

Ms. Ji further expressed her thoughts on the importance of introducing to the children from an early age in her extended care group a connection with a caring 'benevolent' God as a reality in their lives. She felt this provided a deterrent to the feelings of being alone and abandoned. I reminded Ms. Ji of the conversation we had with Fuxia in 2002. I found the fact that she had decided to make the introduction of God deliberate, based on her observation of the child's need of reassurance, they were not alone, a contribution to my study.

In pursuit of further research supporting this assumption, Rohner's work on rejection and acceptance offered an interesting contribution. His work questioned the effect socialization has on the expressive systems of society. One example of societal institutions was the religious beliefs of a people and how they affected child-rearing practice (1975: 105). His work stated symbolic systems related more closely to beliefs associated to the psychological process of individuals (Ibid: 106). There was a correlation between parental acceptance behaviour and a benevolent God belief in the familial system (Ibid: 106-109, 267-268). 'This was accurate where institutionalized expressive systems

are most revealing of psychological processes...small, stable and undifferentiated social systems' (Ibid: 108). Rohner stated an exception was found in a community in Egypt, part of the 'great religious tradition of Islam'. He observed in the data that such large dogma traditions as Christianity, Hinduism, Islam and Judaism because they are slow to change 'rarely reflect accurately the internal psychological state of their believers' (Ibid: 108). Further research regarding the psychological influence of malevolence and benevolence in supernatural beings and the effect on children and adults is found in (Lambert, Triandis, and Wolf, 1959: 162-169; Russell, 1972; Spiro, M., 2003: 210-215).

Referring to a watchful, concerned, benevolent God figure was not simply a representation used at a moment of emotional crisis. It is a particular belief system functional in our family. This is considered by Rohner to be an undifferentiated system and evidenced in subsequent behaviour (1975:108). The reference made to God's knowledge of her name and proximity to her plight was taken from the historical person of Isaiah as he spoke of the people of Judah returning from exile in Babylon during the sixth century B.C. This particular passage in Isaiah forty-nine begins by speaking of Isaiah's personal relationship with God and continues in the same tenor in speaking to the people of Judah.²⁰ I hoped this would offer Fuxia a sense of continuity and connection. Our dialogue continues on this subject.

Fuxia's mother:

You were already known. She responded by quietly listening. We were all quiet all that could be heard now was her whimpering. We waited – After a few minutes passed she suddenly became angry and began expressing her thoughts with strong animated words and using such body language as placing her hands on her hips.

Fuxia:

²⁰ Isaiah 49:16 – Behold I have inscribed you on the palm of my hand; verse 26 ends with the words – all flesh will know that I, the Lord am your Saviour and your Redeemer, the Mighty one of Jacob. I took liberty based upon our families belief system of a benevolent and just God to bring the assurance of care and concern even when all others seemed absent. Expressions of her abandonment were reflected in always requiring a light on at night as her relational connection deepened in her psyche the light was not required.

How could they do that? How could they just leave me? How could they leave me without anything to eat? The words seemed to explode from her mouth coupled with pain.

Fuxia's mother:

I did not try to stop her anger – I wanted to join her but I knew that no matter what the circumstance of her abandonment she was still part of their DNA – I was concerned her perception would be –If they are bad –she could be bad. Somewhere deep inside of her was an understanding that the parents who had left her were in some unexplainable way a part of her.

It is difficult to understand and we might never know the answer to those questions. We have no way of finding out who they are so that you could ask them. If you think of why it might have been that way we can talk about it. We can always talk about it.²¹

Fuxia:

Ok

Fuxia's mother:

Truth is not always easy but trust has no other foundation. David and I thanked her aunties for helping us answer Fuxia's questions. They expressed their care, concern, and then left. We continued to hold her for some time. We spoke of how we felt telling her she was meant to be our dark hair dark eyed little girl. I had written a story about her to connect her to our history. It was entitled 'our dark haired, dark eyed little girl'. I bound the book and included pictures of the family members. It is now worn and ragged and tucked in a safe place where her treasures are stored. Between the ages of four through ten, she would randomly refer to similarities she perceived in our skin, hair and eye coloring. There have been subsequent incidences of questioning her DNA.

4.4.3.8 I do not care or do I?

Fuxia's mother:

I have never shied away from asking her questions regarding her life in China. It is a part of who she is. Often she brings up an event or a piece of a memory, which is like a puzzle piece that she has and seems to hold it up as if she is examining it – but cannot seem to figure where it fits in her life. David and I don't ever want her to feel she can't talk about anything, even if it might hurt to hear her say it. I used to wonder when she was little and difficult, would she rather go back to China? On a busy day about three months after we brought her home, the day ended by going to the bank. I was tired and cranky. She wanted to remain in the children's corner of the bank with the Lego's. When I told her we had to leave, she screamed – I want to go back to China to play.

I also wondered if she remembered anything from this time in her life and how similar or different our memories might be. Keep in mind Fuxia is almost thirteen and her voice continues to add to the story.

As I relaxed on her bed I said, I was upstairs looking at the journal I kept during your adoption and it

²¹ The concern for identity has recycled now that Fuxia is thirteen and peer acceptance brings with it a concern for identity. Fuxia writes about revisiting her identity as a teenager in Chapter Five.

made me curious about something?

Fuxia:

What is that?

Fuxia's mother:

Do you ever wonder who your birth parents are? What they look like or if you look like them?

Fuxia:

Not really. I know how we could find out though - We could get everyone in the area where I was left to take a DNA test and then we would know who he or she were.

Fuxia's mother:

Would you like to know who they are?

Fuxia:

No, but it would really be cool to test everyone.

Fuxia's mother:

I doubt that we could convince 300 thousand or more people from the area you were left in to do a DNA test. They may have lived in the countryside and brought you into the city by train, since you were left at the station. If you wanted to know I would love for you to, however I doubt it's possible. I suppose I just wondered if you ever thought about it.

Fuxia:

Not really

Fuxia's mother:

Do you ever wish you could live in China?

Fuxia:

Are you kidding? I would be dead by now! Mom, I thought about the DNA because of a discussion we had in science class about genetics.

Fuxia's mother:

Tell me about it

Fuxia:

I really got mad, angry even.

Fuxia's mother:

Why was that?

Fuxia:

Adam asked the dumbest question about whether or not adopted kids had the same DNA as their parents. I felt myself clenching my teeth. He kept pushing it and there was another adopted girl in the room.

Fuxia's mother:

What did she do?

Fuxia:

She's really quiet; I could tell she was embarrassed. She just kept her head down.

Fuxia's mother:

By this time Fuxia had closed her book and quietly scooted over to her bed from her desk climbed up and lay down beside me. I remarked- this feels so comfortable I could just take a nap. Want to?

Fuxia:

No, (giggling) then neither one of us would sleep tonight.

Fuxia's mother:

It was interesting how she came over to join me and sought nearness when discussing an uncomfortable situation in school. What happened in the class?

Fuxia:

Adam kept pushing the questions, and I spoke up and said- Hey there may not be genetics with our parents, but we become like them and even do some of the things they do because we live with them. Hey, **my** birth parents gave me a genetic disorder! I kinda felt bad, Adam is always making some lame comment. I guess my comment came out like I was defending myself. The teacher took Adam outside and straightened him out.

Fuxia has a visible genetic disorder of Osteogenesis Imperfecta of a type that most certainly caused some of her bone deformity and pain from the birth process alone. Her bones will never be able to support the activities we take for granted, which can cause her a substantial bone fracture. We can assume various scenarios about her early days, weeks and months, however we will never know for sure. While female babies are often abandoned in hopes of a male with the next pregnancy, Fuxia's disability would have been

an added source of complication and complexity for her birth parents and grandparents.

Her survival is a mystery as mentioned in footnote 15 in Chapter One.

Her care while at Wee Care was one of quality. However initially because of her disability she spent extended time in her crib. As she grew and responded to care givers she was taken to live in a quasi-foster care placement adjacent to Wee Care. She had multiple caregivers but focused attention from the executive director and her two assistants, as well as an older grandmother, in the afternoon that watched out for her as she napped until her Aunties would come home from their work or travels. The reasoning behind this decision to remove her from the facility was made based on her age in comparison to the babies in care. She had a need for more direct care and was subjected continually to seeing other babies and toddlers leave as they were adopted. A video clip, which was a part of our data, demonstrated the confusion and desire for connection even to strangers. She was in a stroller being pushed and a couple walked into the orphanage as she was coming out. The couple began interacting with her. They were western. They made loving comments on how cute she was and what responsive eyes she had. They gave her little trinkets and candies. Her delight at their attention was pure pleasure. She then turned to ask the staff member pushing her, “Are they my mommy and daddy who have come to get me?” When the answer was no, her face fell and eyes welled with tears. The silence and disappointment were so loud I could not bear to watch the clip any longer. I wondered how compounded abandonment is in scenes repeated like this...well meaning adults and vulnerable children caught in their own lack of understanding of the circumstances.

4.4.4 Jenna’s common abandonment history

The following report was written by Jenna’s mother, a British citizen residing in England with her two adopted daughters. Jenna is the older of the two. She is now twelve years old. This interview was done when Jenna was seven years old. Her mother had been seeking

help from the national health care system without success from the time she was three. There was no availability of intervention in her home district. As a result she sought out private help at great personal expense and outlay of time. Both mother and children have participated in my research by adding their experience to the study and allowing me to become a welcomed friend in their lives. (Participation through weekend home visits and emails from 2008-2011).

Jenna's mother:

Jenna was adopted from an orphanage in mid-northern China at the age of ten months. She was found abandoned outside a government building at an approximate age of one month. Jenna is Han Chinese. No details are known about her birth family. From the age of one to ten months, Jenna lived in an orphanage with no hot water or heating and two attendants for every thirty children. The babies were lined up in rows and 'drip fed' i.e. fed via bottles suspended from their cots. Until adoption, Jenna was being fed a bottle of formula milk alternating with a bottle of sugar water. She could not sit up. She enjoyed being picked up. Within weeks of being adopted she blossomed. She was weaned onto solid foods and started sitting. She crawled at twelve months and walked by fifteen months. She had normal speech development and gained bowel and bladder control at the appropriate age. She was an easy baby; she slept well and loved everyone without stranger awareness.¹²² From the time she was adopted at ten months Jenna did not show any stranger awareness, or later any stranger danger. She would explore without looking back to see where mother was, might attach herself to a stranger in the park or sit on a stranger's lap on the train. She is now over familiar with strangers. As a baby she did not want to be fed or held. She was not affectionate and responded little to being hugged - she continues to wriggle out of hugs.

Fuxia and Jenna's original care in the Chinese social welfare system was similar. With a concern to learn more of Fuxia's early history, we travelled to the city where she was found and placed in government care. An invitation was given by the Mayor of the city to visit during the time surrounding Fuxia's finalization of adoption.²³ We hesitated bringing her to the orphanage, however she was insistent at remaining with us and was intense about viewing every part of the complex. No effort had been made to stage our visit. The conditions matched the description given by Jenna's mother, with the exception of the

²² Every participant parent has made the comment "She was an easy baby," who have adopted a common abandoned child within the age range of newborn to 24 months. After further questioning and observation a comparison was drawn between the quiet behaviour of the infants in the institutional care and the continuing response of the infant now with a primary caregiver. None of the parents were aware of this being unusual or unresponsive behaviour. This will be further examined in Chapter Six. Fuxia was adopted between the age of three and four. She was unable to sleep unless a small light was left on. If the electricity failed in the night she would scream until the light was returned. This was a common response shared by parents who adopted an older child. Common with Russian children as well as those adopted from China.

²³ The Mayor had recently visited our University and was interested in encouraging further relationship. When Mr. Gong heard of our interest in her initial care he offered to arrange a visit. We met later that day for a meal with him and social welfare staff.

bottles suspended above the babies' cribs. As we entered the baby nursery area, two staff were talking with each other and did not acknowledge our entrance. The babies were silent yet awake. Fuxia began addressing the staff after making her way around the room and trying to touch each baby she could reach. In an irritated high-pitched voice and staring at the staff, she demanded, "Pick up those babies, hold them, why are you just standing there?" The government social welfare system in China was similar to those visited in South East Asia and Latin America. It mirrored as well the description of 'baby nurseries' and residential care in the former Soviet Union reported by student volunteers from the U.S. living in St. Petersburg in 1998-99. Tolfree's comprehensive work of orphan care in 'Roots and Roofs' offered a comparative view to what I had observed in these countries.

Jenna's adoption at ten months and Fuxia's move from the government care system to Wee Care happened at approximately the same age. The Wee Care environment provided a more committed care-giving home. A small group of foster Aunts offered more intentional care for Fuxia before turning three years old. Both Jenna and Fuxia experienced a surge in development according to the records and interviews, after being placed in family and foster group environments. This improvement was consistent in physical and cognitive areas. Their emotional development though seemed suspended, as was evidenced by their behaviour. As the study continues this behaviour is examined, looking for evidence of cause and effect.

4.4.5 Contextualizing common abandonment in China

Hundreds of thousands, if not millions of children in China, have been and are kept in residential and non-penal institutions, after being orphaned or abandoned. In some cases, such children are deprived of adequate food and basic medical care, an inadequate education, and subjected to appalling levels of cruelty and at times deadly neglect (Human Rights Watch; Report presented 2009, Dirksen Senate Dinning Hall).

Abandonment of the girl child is a significant problem in the PRC. There are inconsistent reports by the government compared with international agencies, related to the number of infant girls being abandoned. For example the United Nations reports, 50,000 were abandoned in the Jiangxi province in 1993 alone. The Chinese government reported 100,000 for all provinces in the same year (Burkhalter, 1996). The potential impact of the one child policy was underestimated when initiated in 1978. The result has been consistent abandonment of infants with the highest percentage being female. The abandoned child found is placed into institutions, which historically have had high mortality rates (Johnson, K., 1998: 77-98).

4.4.5.1 Collision of policy, beliefs and care

A report issued in September of 2002 from the East Asian Legal Studies programme of Harvard Law School made further reference to the dwindling ratio of girls to boys and the rise of girl child abandonment from a 2002 census (Kaufman, 2002). The government of China has responded in the same way as many developing nations with a similar situation – the creation of an institutional care system for the abandoned child. This system has not been able to keep pace with the growing need (BBC, 1995). *Shanghai Revisited*, a more recent report from the Orphan Care Network shared an interview with one of the directors of a government orphanage in the Shanghai area. When asked where the abandoned children came from, she responded, “from train stations, stores, hospitals, schools, even a stranger on a train being asked to hold a baby with the parent never returning.” She went

on to elaborate that some were even found in dumpsters (Orphan Care Network, 2000). Seven million girls are missing in China each year. UNICEF reports the total number of births in 2005 at approximately seventeen million, three hundred and ten thousand. The China Ministry of Civil Affairs reports the boy/girl birth average ratio across the nation is one hundred and twenty male to one hundred female. One million and seven hundred thousand fewer female births are reported. Situations affected by this phenomena are listed in United Nations Report as: Living 'illegally' with their own or foster families, kept for future service or wives for their sons, gender-selection abortions, fatal neglect by family, outright killing and abandonment and increasing abortion (Carner, T., 2007: 1-57 United Nations Report).

Within the cultural fabric of China there remains a fundamental belief that puts in question the value of the girl child.²⁴ The resultant practice from the government policy of one child per family seems to confirm this belief. The 1978 one child per family policy was initiated to control population growth, however it has served to exacerbate the problem of girl child abandonment. The policy has become more relaxed with the evidence of an upward trend of abandonment and infanticide recorded in 1980 (Johansson and Nygren, 1991). Families in rural communities are allowed to have a second child if the first is a girl. In the urban community, the law remains in effect with penalties ranging from fines, wages cut and limited access to social services after the birth of a second child. The primary contents of the current family planning policy are:

Advocating delayed marriage and delayed child bearing, fewer and healthier births, and advocating one child for one couple. Some rural couples with actual difficulties are allowed to give birth to a second child a few years after the birth of the first one. Minority nationality families can have two children or more. In Tibet, there is no specific requirement.

China encourages fertile married couples to select contraceptive methods of their own accord; and offers various preferential treatments in daily life, work and many other aspects to families who volunteer to have only one child, helps them to solve difficulties in their life and work and creates conditions for them

²⁴ According to Bossen there are three basic reasons for Chinese gender discrimination, which occurs again and again in scholarly and popular discourse (Bossen, L. 2005: 1). These are; sons are necessary for heavy farm labour, to support their parents in old age, and to carry on the family line.

to become better off as soon as possible.

Assessments are imposed on multi-birth families to enable society to bring up their children. This represents both a restriction on having too many childbirths and an obligation of those responsible to pay certain compensation to society. Assessments for this purpose are made according to local legislation, but the amounts thus collected must in no way affect the family's basic livelihood and their needs in keeping up production and management. All funds so collected will be used to further family planning. (Chinese Embassy, U.K.)

In Shanghai, a city of 14 million, already four thousand couples have had sanctioned second children, due to the dwindling birth rate and ratio of female to male. Parents are caught between personal desire, government policy and grandparents, who desire to be cared for in old age and assume that must be a male. The following note was left with an infant girl and shares a picture in words-

This baby girl was born on XX-X-1992 at 5:30 a.m. and is now 100 days old. She is in good health and never has suffered any illness. Owing to the current political situation and heavy pressures that are too difficult to explain, we, who were her parents for these first days, cannot continue taking care of her. We can only hope that in this world there is a kind-hearted person who will care for her. Thank you. In regret and shame, your father and mother.

At present the girl child continues to be caught in the collision of policy, cultural belief determining her value to society, the social welfare system and property rights (Bossen, 2005). There are increasing reports of further relaxation in the state policy and desire on the part of the Chinese family for adding a female child after a male has been born. While the sample of abandoned children of contemporary China conformed to a historic pattern of abandonment, the few in country adoption samples did not. This sample revealed a growing change in the culture against Confucian ideals about the primacy of biology, expressed in lines from the father. These are being ignored if it serves individual family goals. Parents who already had a boy stated they adopted girls for their own sake to 'realize the ideal family composition' (Johnson et al. 1993: 77-98). This supports Greenhalgh and Li's position that in modern China, a bias for boys exists side by side with the increasing status of the daughter (1995: 85-106). It is asserted that this change is in part due to the economic changes in the country (Ibid.).

4.4.5.2 Abandoned child care in China

Still consistently limited, Chinese institutions give differing views of available care. From

personal observation, and review of improvements from existing literature and reports since the Dying Rooms (BBC, 1995) documentary, there is an effort underway toward reform. International aid agencies report orphanages are still over crowded, understaffed and under funded. Although the improvements, such as foster group homes are encouraged, they have not been able to meet the demands of 73 large institutions and 1,200 smaller facilities. These numbers were given by a Chinese government report to the BBC in 1995. Nonetheless, some physical conditions are getting better, with improvements ranging from central heating and more beds to better care (Fackler and Wedgwood, 2001). The focus of these efforts is naturally quality physical care. The physical care of the child must always be stabilized, however with stabilization, concern for emotional well being of the child must also be central to survival. As historical records reveal, physical welfare and often survival is dependent on emotional care, touch, talk, eye contact and connection (Karen, R., 1998: 13-26; Johnson, S., 2008: 16; Blum, 2002: 35-37, 45-50). Government and non-governmental agencies rely all too often upon institutional care as the answer without examining the problems facing the individual child (Tolfree, 1995: 1,2).

4.4.5.3 Recent abandonment concerns of trafficking

Around the year 2000, I was made aware of a vanload of infant males transported into the city of ____ in the _____ province, who had been taken from their biological families and during transport were apprehended by police. Although efforts were made to return the infants to their birth families, they were never able to locate them.²⁵ In 2007, while in China a coincidental interview confirmed this rumoured and disturbing trend in the rise of trafficking children for monetary gain. An official exposed the trafficking of buying infants from unknown sources, which were then placed in cooperating orphanages. With increased awareness of girl child abandonment and inadequate conditions of care, international opportunity of adoption has converged with the movement toward a more

²⁵ Per a respected source within the provincial social welfare department.

free market economy, creating opportunity and motive for trafficking.²⁶ A more recent development exposes this continued conflict of male preference and shortage of females and continued trafficking reported by Clifford Coonan in Beijing:

In a sign of growing discontent, the parents' rare demonstration in the centre of Beijing was aimed at pressuring the authorities to do more to investigate the cases of tens of thousands of children snatched and sold every year. Many of China's missing boys are sold to childless couples who turn to criminal gangs to supply the treasured male heir while the girls are trafficked to become prostitutes or brides in rural areas. China's One Child Policy has led to an alarming shift in the gender divide with a major shortage of girls. Baby boys can sell for as much as £4,000, while girls are sometimes sold for just £300, according to some child welfare groups. Some end up working in brick kilns in the heartland, others as beggars in the booming cities of the east coast. Scandals have occasionally erupted over the sale of abducted children to orphanages for adoption abroad (The Independent, Clifford Coonan, October 6, 2010).

The trafficking of children is not only common to China. David Batstone reports – human trafficking generates thirty-one billion dollars annually and enslaves twenty-seven million people around the globe, half of them children under the age of eighteen (Batstone, 2007). Reports coming from Haiti tell of trafficking and abandonment of the children after the earthquake.²⁷

It is obvious there are variations in the cultural and circumstantial influences related to abandonment. However the affect development, which can be examined in the episodes of the various cases, carries similarities.

4.5 Social influences of behavioural practices

The social influences observed in the behavioural practices of the individual primary care giver or caregivers toward the child may differ. In uncommon abandonment they are exemplified by similar responses of the child. Azu and Maria from Palau in uncommon abandonment responded with aggression, frustration and a demand for dependency and

²⁶ <http://www.independent.co.uk/news/world/parents-descend-on-beijing-to-hunt-for-chinas-stolen-children-2098822.html>

²⁷ Trafficking of children and human organs is occurring in the aftermath of the earthquake that devastated parts of Haiti, killed more than 150,000 people, and left many children orphans, Haitian Prime Minister Jean-Max Bellerive said Wednesday. 'There is organ trafficking for children and other persons also, because they need all types of organs', Bellerive said in an exclusive interview with CNN's Christiane Amanpour. http://articles.cnn.com/2010-01-27/world/haiti.earthquake.orphans_1_haitian-children-human-
http://www.unicef.org/infobycountry/haiti_57675.html

eventually periodic withdrawal as the primary care persons followed the cultural script acted upon them as a child. Uncommon abandonment as observed in the anthropological studies included in this chapter, present an initial connection with a primary care giver or extended grouping of care givers and a later disruption of the relationship(s). The behaviours of aggression, dependency, frustration and withdrawal reflect a mentalizing associated with the neuro construction of affective development.²⁸ The process of mentalizing is either implicit, using neural tracks that process quickly much like a first impression or explicit mentalizing, which is the ability to draw from a memory and reflect on the accuracy of the thoughts and feelings it produces. The process begins in infancy as Thompson describes:

When a baby is born, she interprets her sense of self, and by extension her sense of her own mind, by what she sees, hears, touches, feels, and experiences from her primary caregivers. She does not independently have a sense of her own mind. She will acquire it – but it will be based on how she sees herself in her mother’s eyes, so to speak. And what she ‘sees’ will depend on what her parents see in the first place. If her mother mentalizes well – attunes and responds in a healthy way to her baby’s needs – the infant will develop a particular sense of herself and of the mind of her mother. She will see her mother seeing her in a loving light. If her mother does not mentalize well, the baby will experience a different outcome. Either way, she will see herself and come to understand herself primarily through what she witnesses in her mother’s responses (Thompson, 2010:117).

There is an attunement between mother and child, and if continued, produces resilience in future development. As the child grows they begin to depend on their own mind and will. In turn they often return to the mental image they have held from their mother as they interpret what others are feeling around them. If they are uneasy in a particular situation they may return to the feelings they hold of their mothers to bring calm. If that mental image is confused, as in the life of the child of uncommon abandonment, it follows that these emotions and feelings will be reflected in behaviour.

A child of common abandonment in institutional care or without a connection to a

²⁸ Mentalizing refers to our ability to read the mental states of other persons and engage many neural processes. The brain's mirror system allows us to share the emotions of others. Through perspective taking, we can infer what a person currently believes about the world given their point of view. Finally, the human brain has the unique ability to represent the mental states of the self and the other and the relationship between these mental states, making possible the communication of ideas (University College London, Department of Imaging-cfirth@fil.ion.ucl.as.uk).

primary caregiver may have a void existing where there should be a mentalization of feelings and thoughts associated with connection. A confused, fearful and stress driven brain activity, operates from the survival portion of the mammalian brain function. Perry refers to a disorganization occurring in the infant brain without connection (1996). An example of behaviour referred to as 'easy baby' in sleep and stillness, does not necessarily indicate an emotionally healthy infant or young child, when there is a history of common abandonment. Instead this child is without connection from which to mentalize and develop their personhood. The 'easy baby' indicates withdrawal as the manner an infant uses to deal with the stress of the initial abandonment, perhaps felt even prior to birth (Verny, T. 1981). The behaviour spoken of as extreme 'stranger friendly', as in Jenna's case, is common in children who have experienced institutional care resulting in fear and stress without a mental image formed to comfort. The behaviour after adoption suggests an insecure connection or a connection in process yet to be realized with their primary caregiver. The behaviours might further prohibit a connection if the primary caregiver misunderstands them. The behaviour lacking stranger concern or an infant that remains contentedly in her crib, without caring or needing to be with her primary caregiver, is often misunderstood. Comments as those made by Jenna's mother clarify the misunderstood behaviour.

Jenna's mother:

She was a perfect baby, slept well, when waking she did not cry or expect to be held immediately. As a baby she did not want to be fed or held. She was not affectionate and responded little to being hugged she continues to wriggle out of hugs.

Jenna's mother's comments are common to the narratives of other mothers with infants of common abandonment from various countries as noted in footnote 23.

The lack of early socialization where connection has not developed hangs in the subconscious mind of the child of common abandonment. The mentalizing process has been thwarted and the development of a concept of self challenged:

To the emergence of emotional self-awareness and control – a number of theories have explicitly identified the mother's ability to adaptively 'mirror' 'echo' or 'match' the infants affective states as a significant and central mechanism underlying the early development of the self (Bion 1962a, 1962b, Kohut 1971, 1977; Stern 1985; Winnicott 1967 as cited by Fonagy et al. 2004: 190).

Fonagy goes on to state that both Winnicott and Kohut emphasize the early importance of an infant's self- development is dependent on the mother's attunement to and mirroring of the infant's need states (2004:191). A further example is seen in the case of Fuxia attempting to identify a connection with her birth parents, where she came from and who named her.

4.6 Summary

This chapter addressed life history and social context as critical to understanding those impacted by uncommon and common abandonment. The questions of enculturation, socialization and the place of attachment in non-western and western cultures were considered when evaluating behaviours of common and uncommon abandonment. It showed there is sufficient study to substantiate the place of attachment theory as an appropriate lens to evaluate those impacted by abandonment.

The data and relevant literature brought to light the social and emotional causes related to behavioural effects in the lives of the participants. Abandonment is one of these initiators. The participants and the associated ethnographies have contributed to our understanding of their lifeworld, context and affect of abandonment in the lives of abandoned children and their families. The need for awareness of the various behaviours and social context suggests a place for intervention. The examination follows the history of the participants to better inform our understanding of the possibility of change. Will children of abandonment forever be left without internalizing the concept of identity – or an inability to connect, trust and maintain meaningful relationships? Bowlby (1969; 1982) borrowed from ethology the concept of behavioural system, a species universal biologically evolved neural programme that organizes behaviour in ways that increases the

chances of an individual's survival and reproduction (Mikulincer and Shaver, 2007:10). Certainly attachment and relational connection offer a unique view of the socialization process regardless of ethnicity or form of abandonment. Chapter five begins addressing this extended process of survival to connection through the lives of the abandoned person.

5 CHAPTER FIVE – STAGE 1 – ABANDONMENT AND SURVIVAL

BEHAVIOUR TO BECOMING

5.1 Introduction

Through observation of experiences and dialogue of the participants, themes emerge out of the data that sheds light on a developing process from survival to relational connection and wholeheartedness.¹ The following three chapters reveal the stages through observation and analysis of the data. These include: The survivor's response to availability and structure (Chapter Five), a vulnerable response to safety (Chapter Six) and relational connection, identity and development of self-esteem (Chapter Seven). Together these chapters illustrate progression in the continuum from abandonment to a sense of wellbeing and connection.

This chapter begins by addressing the identity of the survivor, how they view themselves internally and in relation to the external world. The episodes are drawn from the researcher's field note data among various ethnicities, cultures and participants. They identify the abandonment characteristics of the survivor (Figure 1). Beyond this a hindrance to interaction and a bridge to connection come to light as the survivor begins moving toward signs of structure and safety. The data reveals the first stage (Figure 2) of movement toward relational connection with seeking of structure and safety, responsiveness to availability, testing availability and taking personal responsibility. As such, the data begins to speak to the core thesis question of improved understanding for intervention among abandoned children and their families.

¹ Wholeheartedness is defined as 'engagement in life from a place of worthiness'. It requires courage, compassion, empathy, and relational connection (Brown, B., 2010:1-2).

5.2 The Survivor's message – 'My world is not safe, I am on my own'

5.2.1 Descriptions of survival behaviour

Survival behaviour in its early form can easily go unrecognized or misinterpreted as rejection, a negative will-fullness, withdrawal or control. This appeared with similar behaviours in each of the participants with the exception of Jonathan.

As the data pertaining to the theme of survival is analysed several characteristics emerge regardless of age or ethnicity. The fearful, anxious, and avoidant behaviour demonstrated by the child being taken from the different forms of institutional care is expressed initially by uncontrollable crying, screaming and often reaching for any familiar face. Even a building or schedule is familiar regardless of how neglectful in some cases the care provided is.

Fuxia's mother:

Now it was clear that she was bewildered at what was transpiring. She looked for clues in the faces of those she was familiar with. Her former caregivers quietly left. I took her back in my arms and she began to cry. The crying escalated until she was squirming in my arms – pushing against my arms, chest with all her strength – grasping for the corners of the building I held her firmly while fearful of breaking one of her bones. I was not certain how much pressure her structure could bare. Her protest continued. Her cries for help turned to screams. As we walked to the taxi, she reached for anyone who would rescue her. First Mrs. Lee, then as we walked further toward the taxi she saw Mr. Jung (the building manager) whom she had little to do with prior to this day. Now she screamed for him to rescue her, save her. I was totally baffled. I had to continually remind myself this was about fear of someone and someplace she had never experienced. A week earlier, she had cried for a mother and father (stipulating western). The thoughts ran through my mind... perhaps she had imagined someone else for a mother – did she prefer Wee Care or Mei, Ms. Ji. Have we made a terrible mistake taking her from the only security of routine, physical structure and staff she was familiar with? Now she was placed in the arms of a virtual stranger.

I was reminded of the scene witnessed two days earlier of the recently adopted seven year old who found her way to the surrounding tables during dinner. At each table, she either stuffed the food in her mouth or took it back to her plate, clutching the food in her hand. Her parents were apologetic and shrugged their shoulders with a look of bewilderment. Their combined communication was:

We don't know what to do – we can't seem to control her behaviour... (see Addendum A)

'We do not know what to do' was a common response from the cohort of adoptive parents and families of the attachment challenged person. The American family who adopted

three Russian children shared:

We had no information on what to expect – our girls in particular were sad about leaving Latvia. They were so dependent upon the only structure they were familiar with. There was a constant drama and complications from day one with each of them. Their mother, an alcoholic, left the family. The grandmother kept Mary, seven. Jane and her younger brother Josh were sent to an orphanage at ages three and four. Mary later joined them at ten years of age. We adopted them at eight, nine and twelve. Our nine year Jane, however was violent from the beginning, out of control behaviour. She just could not handle a family environment.

Movement from any form of structure and familiarity seems to be disruptive even with adults who have known uncommon abandonment. Ruth declared to her husband during their first year of marriage, that she did not feel connected to anyone nor did she consider it possible. Her sense of safety was found in the familiarity of her structural home. When it came time to change residence due to a renovation, she struggled internally moving from her home. It felt as if her world was unravelling. The project took longer than anticipated and when she returned, the home she left was so different she loathed the new and could no longer control her behaviour. The obligatory motions of living life, marriage and social engagement were no longer possible to navigate. She removed herself from what seemed normal for others.

Mishti expressed similar sentiments to Ruth when sharing her life history. While not relating to a physical structure, there was a common feeling of missing connection to what she had projected security to be. She found a different security structure in working in an orphanage different from the one she had lived in until age fifteen.

I felt no connection to my husband even though ours was not an arranged marriage. He had pursued me. I naively thought being married would bring love, feelings and trust. I often wondered what is wrong with me. I found comfort working with the children in the orphanage.

Misunderstanding, rejection and judgements are unfortunately easily made by those seeking to share life with those who are survivors. I recall the new mother, mentioned in Chapter One, whose child, out her fear, would not engage and sought to protect herself by scratching and biting her adoptive mother. The rejection this adoptive mother and the group of five families experienced was evident in their voiced concerns and confusion. The response of the caregiver at these junctures cannot be that of withdrawal or rejection. If

that is the case, a pattern can be initiated which only encourages attempts of control, aggression and withdrawal from the survivor

Jonathan's transition from his foster care mom to his American mom was for the most part seamless. His orchestrated transition, secure foster environment and Janice's understanding of attachment behaviours and intervention created structure and safety. Janice reported only one month later Jonathan's initiating connection in response to her available caregiving, safety and structure.

Janice:

Jonathan came to my bed when he awakened and asked to cuddle with me. This is the first time – It has only been a month.

I also spoke with my caseworker about the disruption of an adoption this month. There have been 3 in the last year. Our discussion centred on the fact that the adoptive parents were not prepared for the child's behaviour.

Observing Millie Mukasa's short life highlights the core message of the survivor. She knew from an early age that she was 'on her own' and had to look out for her. Her life message of assuring that she survived permeated every aspect and action of her behaviour. Millie's life, as with the more recent participants in my study, personalizes the ethological concept of the behavioural system, a 'species universal, biologically evolved neuro-programme that organizes behaviour in ways that increases the chance of an individual's survival...despite inevitable environmental dangers and demands' (Mikulincer and Shaver, 2007: 10).

5.2.1.1 Case of Millie (1995-2001)

I met Millie Mukasa on my second trip to Uganda. She was an eager young student in her mid-twenties, desirous of completing a degree in Early Childhood Education. I was her instructor. She was contemplating marriage with a young man named Benon. He was busy developing a small business of raising goats in a community development project. He had travelled to England to learn all he could about animal husbandry and to make the right breed selection for Uganda. Millie hesitated regarding his proposal of marriage only

because she wanted nothing to keep her from fulfilling her dream of beginning a school in her city, as a model for training other teachers. When Millie and Benon were able to agree upon combining their dreams of finishing their studies in America, she agreed to marry him.

Millie eventually became part of an international advisory team, representing early childhood in East Africa. We travelled together, encouraged mothers to become involved with their young children in early education, gave simple demonstrations and suggested how educational tools could be made from whatever raw material was available. We visited orphanages in cities and rural settings. Each time we were together, Millie taught me much regarding the customs and culture of her country. During one of our international advisory gatherings, there was a particular dialogue that took place upon her arrival at the Miami airport, which I recorded in my journal. This allowed me a further insight into another form of abandonment and the resulting message of survival.

Ethnographer:

I am so sorry Millie for taking such a long time finding you- I am just not familiar with this airport and where internationals come out... I have been paging for the last hour – did you not hear your name being paged?

Millie:

It is all right...it is all right. No, I did not hear my name- I was in a different building- decided I would have a look around. I wanted to see some of America. How are David and the children?

Ethnographer:

They are all fine. Thank you and how is Benon?

Millie:

He is fine, tending his goats.

Ethnographer:

(Hugging her again) Well, Welcome. I have arranged for both of us to stay at my brother's home. He and Sandra are looking forward to meeting you. I remember the first time I flew into the airport at Entebbe. I was concerned that someone would be there to meet me. Had you not been there, I would have had no idea how to get to where I was suppose to go.

Millie:

You remember the time we went to visit the catholic orphanage? Across the country – were you afraid then? Our taxi stopped-middle of nowhere, the van was full – we had to get out and I said – if we get separated, just look for my smile- white teeth. You laughed when I said that’s what we mean when we say darkest Africa. (Laughing) We blend into the night unless we smile.

Ethnographer:

I was the only whitey in the bunch and I have never seen so many people crammed into a small, VW van – I had no idea that was a bus stop-the middle of nowhere – YES! I was a bit afraid.

We chatted all the way home remembering many of our experiences while travelling by van across Uganda. One evening, after an extended committee meeting, we were sitting in the family room and my brother asked Millie to tell us about her life growing up. This was her story.

Millie:

I do not mind sharing my story. You know Carol that my mother and father are dead. My mother was killed (poisoned) by my father’s relatives. I was little... very young. I have little memory of my mother or father. My uncle and his family took me to live with them. The older I became the more difficult living with them became. They had their own children. You see my mother was Christian and my father’s family Muslim. They were from different tribes. My grandmother said they did not want the marriage. My father left after my mother died. I heard later he was also murdered, I do not know for certain. I don’t remember him. I do not know why they did not kill me too. I remember working very hard, very hard. I was also beaten when I did not do, as they wanted. I do remember I was always hungry. I began living in the bush, hiding from them. My aunt was a mean woman. There was one cousin, who was nice to me, he would bring me pieces of food and I would take food when no one was looking in the night. I was always found and they would beat me and I would just run away again, when they were not expecting.

Eventually, my grandmother came – my mother’s mother – took me away from the village. She found me. I was then able to go to school. We lived in town then. She lived a very long life. Longer than most. She was clever. She read her Bible every day and had all her teeth until the day she died, even after the soldiers broke her glasses she was able to read without them – very old and very strong faith. These were difficult times; she would try to hide me when the soldiers came, Obote’s men. He was as bad as Amin; he was a butcher with an education. There were many orphans left. So many of us were raped and may have the virus and there will be more children left again. Remember I told you – if I bleed, do not help me. That is why I said to you if we ever have an accident and I bleed, you could not help me. Now you understand. I do not know for certain but so many in my country have it.

After Millie told her story, she made light of the circumstances under which she had grown up. She had no difficulty sharing. She was not troubled at all about my writing her story in my journal and corrected anything I had misunderstood. She spoke as if nothing about her life was difficult or tragic. Millie knew a different form of abandonment than that of institutional care. There seemed to be layers surrounding her abandonment created by the trauma of tribal conflict, abuse, and loss of family. In time her grandmother created a safe

place for her and built upon the short time Millie had with her mother before she was murdered.

The director of the faith-based organization with which Millie was affiliated, asked me why I had chosen to invest in Millie when her future was uncertain? He also expressed a concern that Millie seemed willing to do anything that would benefit her career and had misled them on occasions. I explained her tenacity and that she was perceived as not being a 'team player'. For some her determination was construed as 'loner' behaviour and offensive.

She spoke so casually of the trauma and circumstances of her life. It became obvious that Millie had developed strong survival skills. There was admittedly at times a mixed agenda. Survival had led her to isolation. She had what she called her sad times of withdrawal. The will to survive was ever present in some form in Millie's life and perhaps it was mixed with her will to do well. She had confided earlier in our relationship that she was not certain she wished to get married and described the relationship as one of convenience. For his part, Benon was thrilled to be following Millie to America and looked forward to doing further study in community development.

Benon became ill toward the end of Millie's degree programme yet she covered up the severity of his illness. Although she expressed a concern for others safety in those earlier years with regard to HIV-aids, she explained Benon's illness away by saying the food in America did not agree with him. She was determined to finish her degree. She pulled away from our friendship when I gently questioned her regarding the virus and testing. She laughingly shared that she had been tested and was negative, expressing with great joy that she must have been healed. I held a deep regret for not having known the truth of her condition. Treatment might have been available. Millie eventually finished her degree and the two of them returned to Uganda for her to begin a preschool. Benon's condition became worse after returning and in the end, his family came to take care of him

as Millie was consumed with her school and refused to assume his care. Millie became extremely closed and would not respond to my emails or letters. She continued to isolate herself from all who had once thought themselves to be close to her.

The following statement was made by one of Millie's former co-workers, during a conference I attended in Kenya 2001: 'She had long since cut off all communication with any of her mission associates. She took the school materials which we had collected and created over our years together for the mission school associates, and supported herself by beginning her own school in town. She slept in the school. She died as a result of AIDS prior to this conference, alone. She had kept her school going until shortly before her death.' The last reference I found of her was a listing in the record of HIV-Aids Education in 2000 representing UNFPA at the HIV/aids conference in Kampala.

5.2.1.1.1 Conclusion

Millie's response is consistent with others that suffer abandonment and neglect, particularly as it relates to an aggressive conduct. It shows itself in the following behaviours: avoiding relational connection, self-interested use of virtually all relationships and a lack of empathy.² The data revealed the effects of shame and abandonment expressed in an attitude of 'going it alone,' covering her fear with lying and disingenuous behaviour. The inability to trust others drives the need to control. Mary Kamanzi, another east African educator, commented that the inappropriate treatment at times by adoptive relatives coincides with the early childhood experience of Millie Mukasa. Mary shared that a common statement can sometimes be heard in east Africa, 'you take on another's child, and you take on problems and pain to your family.'

5.2.1.2 Case of Jenna (September 2009-2011)

By the age of three, Jenna's aggressive behaviour escalated. Her mother sought help in

² Compulsive self-reliance – According to Mikulincer and Shaver this self-reliance occurs when proximity seeking is perceived as dangerous or disallowed. The attachment challenged person concludes there is no need of attachment connection and dismiss or deny the need for such a connection.

England, her country of residence, but was told by authorities to wait until her second child was older, and then to deal with Jenna. At seven years of age, in desperation the mother engaged a therapist privately who specialized in play therapy.

Jenna is now verbally aggressive toward her mother and has moved to the point of being physically hostile in response to her younger sister.

Jenna's mother:

I know that Jenna only had 10 months in an institution but I would have thought that her symptoms and behaviour do fit with a child who has experienced neglect and the lack of a primary care giver. We also do not know about her first month of life when she was presumably with her birth family...whatever, it must have been... I imagine it to have been traumatic one way or another. I also feel that when she came to me at 10 months I did not parent her properly as far as encouraging attachment. I parented her like a normal 10 month old in many ways and she met and was held by too many different people. She slept alone in a cot in her own room. I did not know any better despite 10 - 2 hr. interviews with social workers for the home study and a 3-day course! Attachment was not clarified. She was of course loved to pieces. When she was several months old, I returned to work full time.

I have tried to seek help for her and me since she was 4...another story. The year of intervention we had eventually when Jenna was 7-8 was a huge commitment. We left the house at 12 each Sunday, drove 45mins to my sisters, dropped Anna off, then did a 1.5 hrs. journey up to north London for a 1.5 hrs. session and another hour and a half back to my sister and 45 minutes home! I am not sure what benefit Jenna got from it all.

Jenna at age five lacks the social skills to make friends...the need to control is paramount. If other kids are playing a game and Jenna arrives, she cannot edge herself in she goes straight for destroying their game.

She seems to lack an on/off switch, which gives her internal control, Volatile. Consequences mostly do not prevent her from re offending. She lacks empathy. She has a confident image, but in reality gets quite worried about things...being late, wearing the wrong thing to school...Very frightened of failure.... won't begin work if she thinks she can't do it...or will stop after a couple of lines. In a situation where she is in front of people she will often freeze than burst into tears.

She has always been obsessed by death...will I die, will she die and gets panicky if she thinks she is being left behind...."Don't leave me."

She is very jealous of Anna...wants to wear the same clothes...if she could get into Anna's skin she would. She does not like people kissing her and makes a big thing of shunning affection.... With some men she will be overtly affectionate too particularly if she does not know them. She finds it hard to be vulnerable.

She will burst into tears and give up If she cannot do something right the first time. This has big implications for learning. She is a very bright child not reaching her potential. Lacks spontaneous joy and ability to 'let go' Often she incorporates into her drawings " I love you mummy, I will be good."

Has a need to be first and win at everything and can easily 'loose it' if she is not. She does respond hugely to encouragement and praise.

At nine, she is now using magical lying and blame...unable to take responsibility. If something of hers breaks, even if I am nowhere near it, it is my fault.

From the moment she wakes up she is only still when watching the TV and playing on her DS. When I read to her each night, she finds it very difficult to lie still and listen...she usually wants to be doing something else at the same time. If I stop her and she lies next to me, she will be biting her fingernails or

picking something so, the story is interrupted constantly by 'don't do that.' Once Jenna is awake, the whole house has to wake up.

At weekends, she will come into my bed with her little sister...it usually lasts 5 minutes, as she will have niggled Anna so much it ends in tears.

The child minder says that within 5 minutes of arriving at her house... Jenna has interrupted the other kids games and it ends in tears.

She will always interpret a light tap, or someone brushing against her as " they hit me" and will then clobber them back. She will always blame others.

She is often rude to adults, but it seems not at school. She is particularly rude to her child minder and me.

She is emotionally fed by having things and this becomes a top priority in Jenna's mind. A couple of weeks ago she decided that she wanted to read the set of the 'Invisible Road' books. She went on and on and on over several days about them...all linked into a continual jibing of how "I do not love her, I only love Anna". When I say this goes on and on...it is extraordinary the intensity and importance this all takes in Jenna's mind. Eventually I ordered them...the deal was that she would not use her DS until she had read all 13. (A bit harsh I know but I am sure that without incentive she will not read any of them) The books took 7 days to arrive...each evening was hell when they had not arrived...she was more than grumpy. Each day they did not arrive, it was my fault and a demonstration to her that I only love Anna. As you can see, we are not talking rational here! She will needle and negotiate on everything...and it goes on and on and on. Taking her shopping is challenging. I agree the guidelines with her before going. We are invariably going to get something for her, which we get and from then on, she negotiates on her terms what else she wants. She does not get it and it ends in tears. When she does get something she wants like the books, she will sleep with them in bed with her.

It is hard to talk her down from situations, and as she is not open to negotiation or reason much of the time...for instance. She is supposed to do her homework at the child minders but she invariably does not. We got home just after six, I asked her if she had homework. She had math, which I know she can do easily. She started to do it in the lounge sitting on the table. I was in the kitchen sorting things out. Constantly Jenna is shouting from the lounge demanding I tell her the answers. I go in, tell her that if she comes and sits at the dining room table I will try, and help her. She will not, so I do not. This results in a string of abuse from Jenna about how stupid I am. I send her to her room to calm down. She eventually goes but firstly pulls books off shelves, tears up magazines, and knocks chairs over. I am now mad and shout at her to get upstairs...she goes and is raging around upstairs. I tell her that if she does not stop she will have a consequence. She does not and she loses her TV rights for the following day. She responds by punching a hole in the door of the room they are using as a playroom. I have yet to decide on what consequence I should give her for this.

I do not allow them to watch TV in the mornings on weekdays, as Jenna is completely unable to keep to her side of the bargain. To watch TV she has to be completely ready for school with bag packed, and she has to turn it off when I say, at eight am. From me telling her it is eight am and time the TV is going to be turned off will involve me telling her 3-4 times over the next 5 minutes. Then she will say she can't find something...we've tried so many times with Jenna promising she will comply and she doesn't, so now it doesn't go on. This results in Jenna starting each day mad because I will not capitulate. Fortunately, Anna can take or leave the TV. When it is on Jenna controls everything they watch. If Jenna goes to the loo, the DVD is put on hold, if Anna goes to the loo, Jenna will not hold the TV! Small things but this approach and attitude pervade everything.

My parenting style is getting increasingly authoritarian which I am sure is not helping but I do not have the reserve to manage it any differently. I am sure if I could give her 1 to 1 attention the whole time it would help. The worst times are the evening weekdays as I am tired and so are they. We have a lot to pack in from six when we get in and getting them into bed.

This morning in bed she went into one of her conversations about me dying...that has not surfaced for a while. It used to when she was much younger and I think is a genuine fear that she carries.

Jenna:

What will happen to me if you die?

Jenna's mother:

Well I am not planning on dying but if in the unlikely circumstance I did die, Auntie Judith and Uncle Ron would take care of you. You would move into their house, they would decorate yours and Anna's bedrooms just the way you would like. You would still go to the same school. You would still go on holiday to ____ and to ballet and to Brownie Camp and do all the things you are doing.

Jenna:

What if they think taking me to school is too far?

Jenna's mother:

They know what would be best for you and that staying at the same school with the same friends would be good, so they would do it.

Jenna's behaviour continues to intensify. Her mother explains she has seen no lasting results from all of the efforts of therapy. This day was no different from any other. It was just a normal Saturday routine. Jenna, now a ten year old, did not want to ride with Mom to take her sister Anna to Chinese and violin lesson. She chose to stay at home. It was only a short trip and Mom returned quickly. Jenna promptly pulled all the curtains shut so no one could see inside. She made sure all the doors were locked and said she wanted to make certain that no one saw her or that none of her friends should come by, because they would steal something. For the same reason she won't have friends come for a sleep over. This has been and remains Jenna's common practice.

After lunch Jenna decided to roller blade in the house. She put her skates on and began to skate through the house, despite her mother's reticence and concern that the space was limited and she might hurt herself. She ignored her mother's caution. Anna was walking just behind her on her way to her room to fetch her toys. Jenna lost her footing and took a tumble. While not serious, she began to scream,

Anna pushed me with both her hands on my back. Did you not see it?

Both her mother and myself were observing the girls. Anna was at least two feet behind

Jenna and had not touched her. She continued in rage over and over,

I will kill you Anna - I could feel her two hands on my back.

She then turned to her mother accusing her sister. The pitch of her voice was piercing...

You never believe me!

The following is a conversation regarding Jenna's insatiable need for things. Jenna's endless demand for 'more' represents a pattern of collecting, hoarding and unreasonable fear that something will be stolen from her if friends visit is a demonstration of her need for structure. Her world is safe only if she has everything she wants. She is now approaching age twelve.

Jenna's mother:

She is being a complete sod and thinks this is unreasonable... (If I deny any of her requests for things) She is and becomes fairly verbally abusive to me...she also pushed into me on the stairs this morning in her anger. Her materialism pushes all my buttons, as does her need for instant gratification on everything she wants and her overwhelming 'want' to have the phone (and only this model) means that this is her only topic of conversation. (This can go on for days and continue in an attempt to have whatever it is). It always makes buying anything for her miserable.⁴

5.2.1.2.1 Conclusion

One dominant message rises in Jenna's dialogue and behaviour. Everything and nearly everyone external to her person represents a threat and needs to be controlled. Whenever she feels out of control, blame is placed outside of her. The effect for Jenna is an inability to respond consistently to her caregiver, to engage relationally and to begin to trust.

Interestingly, oxytocin plays a role in both child-parent attachments and later romantic/sexual "pair-bond" attachments (Carter, 2005) and is measurably low in former orphans who were neglected or poorly treated before being adopted into caring families (O'Connor, 2005). (This may be one of the mediators of clinically significant "reactive attachment disorder," which is the technical term for a disorder involving inability to form normal child-care-giver attachments after having been severely neglected or treated abusively early in life. Another example: Cortisol levels are especially high and labile in both young children and adults who are separated from attachment figures, or are simply asked to think about such separations and losses (e.g. Gillath, Shaver, Mendoza, Maninger, & Ferrer, 2006; Gunnar, 2005). Thus, attachment researchers are well on the way to understanding the physiological processes that account for some of the effects Bowlby and Ainsworth observed in the behaviour of clinical cases and participants in laboratory studies (as cited by Mikulincer and Shaver, 2007:11,12).

Jenna's irrational behaviour, need for protection, hoarding, blame shifting and inability to

⁴ It is important to note the mother's behaviour as being infinitely patient with clear, kind and direct communication.

trust and connect relationally with her mother and sister, fits the description of early institutional neglect and suggests the profile described by Mikulincer and Shaver when cortisol levels are high.

5.2.1.3 Case of Ruth (February 2006-2011)

Ruth:

I see myself as a survivor. My mother died when I was twelve, she had already had colon cancer and thyroid cancer before the brain cancer that would take her life after three surgeries and three hospitals. My first memory is being put out the door with my brother, I was two and he was three and told to come back at dark. My next memory is being molested between the ages of three and five by a teen neighbour. My father was an abusive alcoholic who fondled me at age thirteen and kicked me out of the house at age sixteen when he remarried an alcoholic. He died when I was twenty-nine. My teen years were chaotic, a failed gang rape at thirteen, a rape at sixteen, looking for love in all the wrong places. I became pregnant at eighteen and had an abortion that would bring me to the Lord. I married at twenty-four to someone with intimacy problems. We have been married thirty-eight years. I have four children thirty-six to twenty-six that I am just now trying to bond and attach to. It is not easy to do relationship for me. I have attachment issues; trust issues, abandonment issues and good and bad issues.

When fear takes over, I struggle to belong. I lose my voice and withdraw internally and externally. I search for safety, inside and out. I lose all sense of connection, fear of reaching out takes over. In those bleak hours to weeks, I question why I just cannot go home to be with Jesus. Then I have to face another fear, when I get to heaven, I will not belong there either. I see myself going through heaven searching for a safe place and struggling to fit in almost the same way as I do now in my home. The anguish of spending an eternity like this is overwhelming. I take it everywhere I go and even into the next life, I feel I will always feel left out, like I do not belong. I question if I will ever feel normal, like everyone else.

I look at young children that have a sense of self and use their voice and I am amazed. I realize so much was damaged so early and for so long that I have trouble feeling safe in my own skin. To come out of that skin and voice a want, a need, and or a hurt becomes Mount Everest to me. Like radar I pick up any cue that might make me feel less than and that validates what my internal system has always told me, that I do not belong and that I do not matter.

5.2.1.3.1 Conclusion

While not in Millie's 'bush of Uganda,' Ruth effectively grew up in the 'bush of a major north American city.' Her pattern of response was survival and again the message of 'I am on my own,' doing what is needed to do in order to stay alive and endure. Early on it was compliant behaviour in the face of abuse and neglect. A few decades later, when her children were gone and obligations of family were no longer controlling her life, the structure that had held the fractured elements of her existence together, dissolved. Regardless of a perception of normalcy, the drive to survive is seldom deactivated. Ruth, like Millie, views life in general as a threat. In contrast to Millie, she emotionally and physically withdraws from those closest to her, while making immediate acquaintance with

strangers in proximity. Whenever Ruth and I are in public, she becomes acquainted with any stranger nearby...usually by making a unique or funny statement. Another example of her internal stress is expressed in hyper-vigilance, needing to know her movements and detailed information of all activities around her. An example transpired during a seminar we attended together at a university a few hours away from her home. She became extremely tense when a third party in our group didn't immediately return to her seat after a break in the programme. The message was, 'I am alone and have to control my environment.'

5.2.1.4 Case of Fuxia (May 1998-2011)

Fuxia:

I was born in China. I don't know where exactly. I was told I was left in a train station in a little brown box. My crying was heard and the police were called. They brought me to the nearest government orphanage. When I found out those details, I was quite sad and mad at the same time. I wanted to know why 'they' left me. I am not certain how old I was when I was left or who rescued me. I do not like to think about it.

Fuxia's mother:

Is this difficult to talk about now?

Fuxia:

Yes (no eye contact)

Fuxia's mother:

Are you sad now?

Fuxia:

Sometimes...that is why I do not like to think about it.

Fuxia's mother:

Would you like to look at some of the video footage taken by Ms. Ji? Ms. Ji brought you to Wee Care from the government orphanage...you were not doing well there. Fuxia, when we met you in 1997 we asked if Ms. Ji had any early videos of you. She did and sent them to us. Every child at Wee Care has pictures taken during their stay. If they are fostered, the foster parents are asked to take pictures for a photo album for the child and adoptive parents to take with them. Ms Ji provided the pictures we used for your photo album.

Fuxia:

A day in my life – I have a picture of my second day at Wee Care. They are bathing me. I was so tiny.

Fuxia's mother:

Fuxia looked at the first picture in her album. She stopped talking and stared, and did not turn the page. She became sad and began to look through the book for happier pictures. The pictures on this first page showed her condition physically and emotionally described later by the social worker. This particular picture was earlier than the examination of the social worker and therefore showed a more neglected frightened infant.

Fuxia:

I did not talk when I first came to Wee Care from the government orphanage. I made signs. They thought I could not hear. I just watched them. When I see the video at Wee Care, I feel they cared for me as well as they could. See me scooting around. I moved very slowly, not like I can scoot now. I was being careful. I had to be careful about my legs – pause... I had to be careful about everything. Fuxia continued ...Lets watch more of the video...I was really smart then- (as she put a floor puzzle together, placing the letters in order and speaking out the names of the pictures).

Fuxia's mother:

(The camera moved to a picture on a dresser and then to a picture taped on the wall, underneath the picture on the wall was a crayon drawing of a rainbow and a mother, father and children).

I remember that picture. She abruptly left the room and returned with a book I had made for her with pictures and a story written about our family and how we came to adopting her. This is a simple laminated book of pictures of those involved in her adoption. It is worn from use over the years and covered with children's stickers.

Fuxia held the book up to the page with the identical picture, which hung then on the wall above her sleeping mat on the floor.

Fuxia:

I do not remember very much about those days at Wee Care. Sometimes I have short memories like snapshots that come into my mind. We watched together as the scenes continued.

Fuxia's mother:

In the next frame, Fuxia had climbed onto the floor mattress above her mat on the floor to sit with one of her foster aunts. They were singing songs and talking together. Suddenly she fell from the mattress-a distance of a foot from the top of the mattress to her sleeping mat. In the video, she began to cry uncontrollably, holding her lower tibia and foot.

As she watched this she began crying, sobbing. I reach down and held her as she cried and said it is all right to cry Fuxia. Does that bring back painful memories?

Fuxia:

Still sobbing, Yes, I felt so much pain.

Fuxia's mother:

David and I asked if she would like to stop now. It is so warm outside that evening and we had the use of a neighbour pool – Lets go swimming. We were the only ones using the pool. She was relaxing swimming under water from side to side and every time she came up for a breath, she wanted to share another memory with us. There was no coercion or questions. It was as if the snapshots she had spoken of kept returning to her mind as she swam and each pause for breath produced an experience.

Fuxia's mother:

Fuxia was adopted in 1998 as she was approaching her fourth birthday. Her initial response as we brought her from Wee Care into the taxi to take her to our hotel was to scream at everyone and anyone who might rescue her from our arms. She turned her body toward the building manager as we exited and begged him to take her from us. 'Save me'. Until this moment she had never acknowledged his existence. Her fear of leaving the only physical structure and people she knew was overwhelming to her. Similar incidences occurred in these early days of adoption. Her desperate reach for anyone and attempts to hold onto the buildings very structure indicated a fear for leaving the only system, routine, structures and people she had known for people she had just begun to know. I had stopped working and was with her throughout the day. Wherever I went, she was with me. For the most part, I had withdrawn from large gatherings. She seemed to be over-stimulated by larger groups of people. Her behaviour would escalate, demanding attention from those around her. She exhibited an exceptional friendliness with strangers, whether in a department store, church service or meeting friends on the street. The incidences were for the most part manageable.

Fuxia's mother:

I made my first trip outside of Hawaii without bringing Fuxia two years after her adoption. It was to lecture in Brazil and took place during the World Cup Soccer Games, taking place in Brazil. She was staying with her father and grandparents. During the trip I had committed to call her daily to stay in touch. This worked as long as the soccer games were in play – that meant that phone lines were available because everyone was watching the game. On one day during the trip, there were no games and I was not able to get through to her by phone, at a corresponding time to when she was available.

Upon returning home, a disconnect with Fuxia was apparent. She was extremely controlling of her environment. After a few days, I took time to sit with her on the couch. I explained to her how much I missed her while away and said I could tell that she was upset and not talking much. I lay down on the couch and laid her on my chest...she stiffened. I rubbed her back and she grabbed hold of my clothing as if trying to maintain stiffness in her body language. I sat up a little and continued to hug her. It took her quite a while to soften. I mentioned, "You seem angry can you put words to it and tell me what it is about. It feels like you are trying to control and separate from me?" I continued to rub her back but she remained stiff. I said, "Fuxia, mommy loves you very much. I reminded her that I was away but came back. I called you almost every day." She started to cry and said "but you didn't call me." She was obviously very upset and repeated, "you didn't call me, and you didn't call me." I realized that the one missed call, during my absence caused the disconnect. She cried and I did as well, telling her how sorry I was. I took responsibility and affirmed my return, that she was fine with Daddy and the grandparents. With this, she snuggled and softened. Fuxia was still in the process of mentalizing what it meant to be safe and secure, that her mother could be trusted and would be available.⁵

Fuxia's mother:

Another pattern had begun and continued to escalate. Fuxia would bring food of all sorts into her room

⁵ Mentalization is a psychological concept that describes the ability to understand the mental state of one's self and others, which underlies overt behaviour (Fonagy, P., G. Gergely et al, 2004). Individuals without proper attachment due to physical, psychological or sexual abuse, can have greater difficulties in the development of mentalization abilities. Attachment history of the person partially determines the strength of mentalizing capacity of individuals (Ibid.).

wrapped up in various ways and stuffed it into spaces between her mattress and the bed frame. She eventually learned that small packages of cookies, potato chips, crackers and dried fruit kept best. At times she would eat parts of the package and leave the rest hidden around the bed frame. It seemed as if she must have some sort of food stored near her at all times. Eventually when the amount was too great to hide and the time came for a linen change her hoarding became evident. None of the food was ever completely eaten and some never even opened. This seemed to be another way of structuring her self-care and controlling her environment.

There were though times in which she was difficult to calm. Her degree of hyper vigilance was exceptional, affecting her hearing capacity and awareness of detail in her proximity. She was subconsciously perusing her environment at all times to protect herself. This response was amplified by her need to control her environment. One example took place during a reception we were hosting in our home. It involved her 'recording' multiple conversations in her mind that were taking place in the living room of our home. Three days after the event, to our surprise, she 'replayed' the conversations of various individuals from memory. The scenario happened regularly. This hyper sense of awareness demonstrated her need to know everything that was going on around her – particularly as it related to her wellbeing. A more refined expression of this has continued into her teenage years.

One additional experience took place in preschool, three months after her adoption. The school was adjacent to my office at the College of Education. She knew where I was and I was accessible. The situation involved play with a soft rubber ball. Out of fear of being hit by the ball and potentially breaking a bone, she became distraught with an inability to reason. I finally had to take her home in order to calm her.

Similar situations have taken place as she has aged, with more mature and yet 'in control' responses...David and I were both away for the weekend. Anita, a close friend of the family who Fuxia knew well was staying with her. While at school, Fuxia accidentally burned her leg with boiling water while making a cup of tea. She hid the fact and went immediately to the girl's washroom, putting cold wet paper on it. The skin had already blistered. She did not tell her teacher; go to the school nurse, or Anita when she came home from school. She hid the pain and took care of herself. She did not mention it during any of our phone conversations. On Saturday evening, Anita took her to an indoor pool to swim. Fuxia covered the thigh burn with a towel, so Anita would not see it. She wanted to leave early, which was unusual for her. On Monday, shortly before we returned, she refused to go to school and would not tell Anita why. She called to let us know, that Fuxia was crying uncontrollably but would not communicate the reason. She screamed continually that she just did not want to go.

Arriving home, I put her on my lap and asked her to tell me about her weekend. She began to cry as she spilled out in detail the situation. "You weren't here mom." The burns were bad. She had done an excellent job of nursing them alone. I took her to the doctor and the burns were treated. (They were quite severe and should have had immediate treatment) All three of us talked about how this happened and her response of taking care of it. Why did not she ask for help? Her response was that I was not there and she could handle it. We developed a plan on what to do when something like this happens. Afterwards we went to Starbucks. An interesting conversation ensued, one different than I had expected. It had to do with drawing attention to her, when we have company. Fuxia said, "Most of the time I draw attention to myself," "do you think that I like having attention because I didn't get enough when I was little?" To survive, in her mind, she had to take care of herself, whatever the situation. She had obviously separated survival care with enjoying attention. Survival was about fear and pain and 'I must take care of myself.' Seeking attention is a means of maintaining control.

5.2.1.4.1 Conclusion

While exhibiting similar survivor behaviour to the other participants, Fuxia demonstrated more overt control of her environment, due in part to her physical condition. Along with Ruth, Jenna and Lok Chi, while expressed in different ways, there were extreme expressions of hyper vigilance and control. Even as she could be humorous and endearing, she often demanded attention publicly.

The circumstances and environments in these particular events and life histories varied with the participants. The data revealed dominant themes (or descriptors) of survival behaviour, including emptiness, aloneness (the world is a threat, people are a threat), blame, control, and inability to trust (see Figure 1). This internal model moved each of the participants to create their own form of safety and security. For some this was expressed in an unnatural dependence upon material things, structure that feels safe, need for information, or dependence on a repetitive schedule. With others the response was either withdrawal from or aggression toward their primary caregivers.

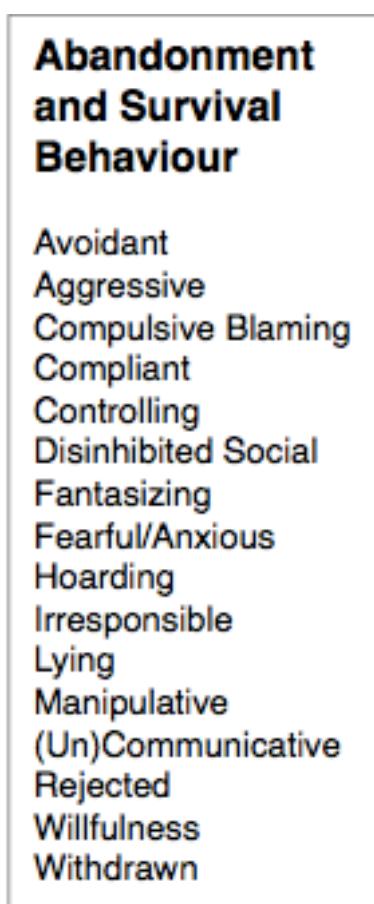


Figure 1a: Abandonment Behaviour

As different as the circumstances and environment seemed to be with Ruth and Millie, both told and wrote their narrative as if it belonged to someone else – dissociated from reality. Millie was more aggressive in the measures she took to survive. Ruth was compliant and withdrew...another mechanism of survival...disappear so that you can't be

seen or heard. Jenna was aggressive within her family context of mother and sister. Fuxia vacillated between control through withdrawal expressed in non-communication and control through aggression of a disinhibited nature. Lok Chi responded with becoming obstinate, pounding on the floor or any surface producing sound, screaming or a sharp 'uh' meaning no.

Lok Chi's mother:

Children, as in the case of Lok Chi, are easily overwhelmed by sensory input, crowds, over stimulation. Energy is quickly depleted by situations that a child whose early years are in family care would not struggle with.⁶ The social anxiety gives expression in multiple ways as observed in Lok Chi's case with banging on the floor, tantrum, hiding under a blanket and at times obstinate toward eating. Lok Chi's behaviour is explained as an emotional disconnection and certainly as a feeling of treat to survival.

5.2.2 Movement toward structure and safety

On a continuum, each one was at a different place. The intensity of their behaviour varied. Where there was a positive response of trust within a safe environment, created by an available and consistent caregiver, small steps were taken to communicate and begin connecting.⁷

How do the key informants interact and develop through the representation of their own experiences to the context of abandonment and caregiver who receives them? The following section identifies a primary hindrance to interaction and a bridge that arose out of the data of the key informants, triggering the opportunity for eventual connection. This process is visually portrayed in its entirety in (Figure 5), A Model of Non-Therapeutic Intervention. The model is a matrix including three vertical stages related to the development of: Structure and Safety (Stage 1), Vulnerability, Empathy and Courage (Stage 2) and Trust and Responsibility (Stage 3). There are as well three horizontal sections tracking: (1) Caregiver behaviour, (2) Internal messages of the participant and (3)

⁶ Observations combined with EEG brain activity recordings made and analysed by Van Bloem, LCSW suggested stressors and depleted energy occur with too great a stimulation in Lok Chi's activity. There is an inability of children raised in early sensory deprived setting to tolerate high levels of sensory input (Federici, R. 1998).

⁷ An important component of this safe environment was structure fashioned by the careful perception and negotiation of the primary caregiver.

steps within the connection process. Together these stages portray a heuristic process of development from survival to relational connection. It should be noted while the caregiver's role adjusts during the three stages as the figures suggest, the underlying characteristics of being available, non-judgemental and accessible through the process remain consistent and present. The remaining sections of this chapter will address the caregiver's initiation, the observed steps taken by the participants and their internal messages they carried. For reference, this is visually portrayed in Figure 2 (Stage 1) on the following page.

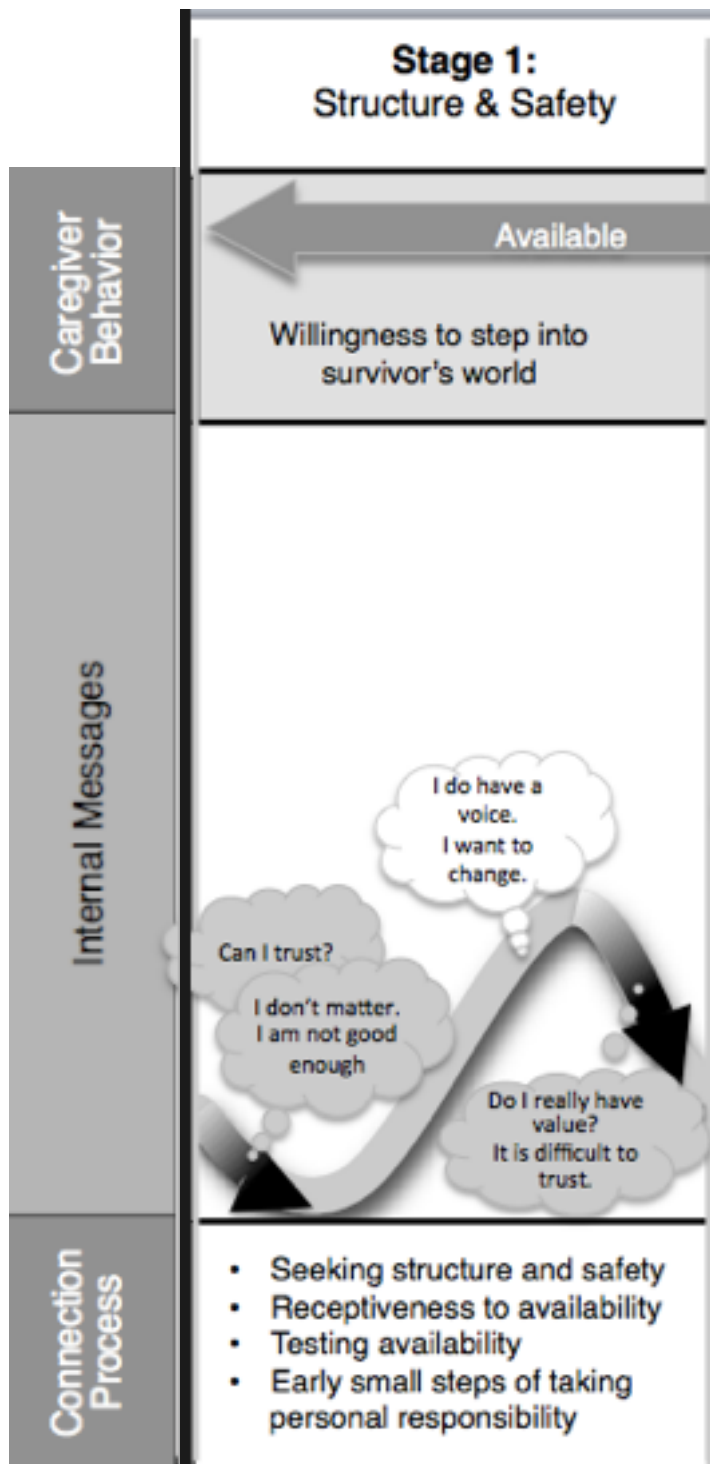


Figure 2: Model of Intervention

5.3 A Hindrance and a bridge

5.3.1 A Hindrance to interaction

The participant's actions relate to survival-concealed messages revealed in the analysis of the data. The messages find root in fear of being unwanted, unlovable and unworthy. They

create an internal message that at their core, they are shameful. While to be human is to know shame to some degree, the attachment-challenged person knows a near insurmountable barrier of shame due to the trauma of their neglect and abandonment. Brown defines shame, in her research as, ‘the intensely painful feeling or experience of believing that we are flawed and therefore unworthy of love and belonging’ (2010:39). Cozolino’s work supports this in defining shame as ‘the visceral experience of being shunned and expelled from social connectedness’ (Cozolino, 2006: 234). ‘Social anxiety is not a direct threat to our physical survival. Rather, it relates to the anticipation of shame, the social correlate of physical danger. As an infant, shame is an emotional disconnection with caretakers that is experienced as a threat to survival. The automatic and unconscious activation of shame continues to shape our self-image and social behaviour into adulthood’ (Ibid: 241-242).

Jenna:

What will happen to me if you die?⁸

On one hand there is an obvious fear of abandonment again...what will happen to me? In a more recent conversation with Jenna’s mother (August 2011), the theme of Jenna’s adopted mother’s possible death is consistent in her dialogue.

Jenna’s mother:

She now refers to it at least once a week. No matter how I respond, it does not reduce the expressed anxiety.

Jenna’s follow up question to her mother’s response, assuring her of her uncle and aunt’s commitment to care, reveals another message beyond survival.

Jenna:

What if they think taking me to school is too far?

⁸ This question and Jenna’s obsession with the potential of her mother’s death has escalated, even though her mother is healthy and there is no rational reason to be concerned. The fixation has grown and is a weekly question requiring reassurance.

Would I really be taken care of? Am I good enough or am I worthy of their care and concern? While this is both the mother's and my perception, Jenna's related words and repetitive actions, reinforced her challenged identity and relational security. Social anxiety and fear is expressed in each of the children's behaviours, as is the concern for worthiness of care.

Ruth:

I am toxic and the people I become close to die...my mother, grandfather, grandmother and now Fuxia. I am responsible. I did not have my prayer time for her. This is my punishment (conversation in November 2009, referring to Fuxia's adverse reaction to the H1N1 virus and subsequent hospitalization).

At the time, Ruth saw that her survival, and that of others, was based on her performance, in this case religious. From her perspective, she is unworthy of connection and consistently verbalizes this perception of her identity. A further statement illustrates this flawed self-perception.

Ruth:

For the first time, I told that I have a problem eating out-of-date food. I told David this morning that it started around the time when I wanted to die and it just never stopped. Somehow this resonates with the way I feel about myself, garbage and I guess it goes all the back to childhood, being put out like garbage.

Molly:

They were saying...do you just not get it? You're worth a whole lot IF you do what I am telling you to do! We didn't want you when you were born and we don't want you now. She considered herself worthy IF she complied with others expectations – a matter of survival...It's like every time I feel I have let someone down or they let me know I have let them down: that hole and emptiness in me gets bigger and I feel more overwhelmed.

5.3.1.1 Seeking familiarity

At the root of the human condition is a desire for connection. It seems we are wired for it. Increasingly the field of neuroscience is affirming this drive as more than a feeling; it is actually part of our physiological makeup. Additionally it is recognized that our

relationships form our biology and our experiences.⁹

During the process of observing the key informants, a course of action, not contributing to connection, became apparent among most. This hindrance, rooted in the drive for connection, expresses itself in ‘seeking familiarity’ with individuals who carry similar destructive patterns in their own lives. At first glance, this looked to be counterintuitive to early steps taken by the participants toward connection. Observing the data it becomes clear that these actions are rooted in patterns that are known and comfortable, even though having the effect of impeding forward movement.

Fuxia’s father:

While in middle and early high school years, Fuxia had, within close proximity of her home, a few close friends who had unconditionally reached out to her and together they formed authentic friendships. She was secure in this relational environment, in spite of the obvious differences among the friends including age, size (she was small for her age, due to Osteogenesis Imperfecta, and physically limited to her wheelchair), schools and interests. In contrast to this pattern, she struggled in public school to connect with her peers. She was the only disabled student among six hundred and most students had misperceptions of her disabilities and how to relate to someone in a wheelchair. Insecure in this context, she connected relationally to two other girls who were also ‘different,’ either because of appearance or personality. There was a certain unspoken familiarity among them. While offering companionship, out of their individual insecurities, none contributed to a sense of well being in the others.

Ethnographer:

Molly sees her husband in her life as only the father of her children and not as her life partner. During her previous weekend visits with her family she stays in a basement apartment of their family home. The children have access to her and yet it provides some sense of structural security in all of the upheaval she struggles with internally. This is very difficult for the husband who is committed to Molly while holding anger at the disruption caused by her inability to remain. She is very cautious and keeps him at a distance. This is partly due to her feelings that everyone has expectations of her as well as her husband’s

⁹ Even our most routine encounters act as regulators in the brain, priming our emotions, some desirable, others not. The more strongly we are connected with someone emotionally, the greater the mutual force (Goleman, Daniel, 2006: 4-5).

concrete view of life. His view is of course that she be a wife and mother. Their relationship in the past has been quite argumentative. She mentioned that long before she abandoned the family they had no communicative relationship. It had become only a relationship of convenience. The relational conflicts are obvious in Molly's inability to maintain a relationship and his inability to empathize with her need to control the environment. Why did she pursue him in the beginning? What drew her to him? He brought control into her life, which is what she was used to with her adoptive father. This pattern of control and expectations are familiar to her from her adoptive family. This would be a natural pattern of parents, who perceive their world 'out of control' due to the behaviour of their teenage daughter.

Another picture of this pattern is evident with a child's behaviour, as Jenna defaults to what is familiar and out of fear isolates herself from her peers. This familiarity with isolation is found in her life history, from the circumstances of her early institutional care after birth. Isolation becomes her 'friend' and is often observed as a place she goes to when insecure or fearful. She is familiar with this environment.

Jenna's mother:

She is seldom invited to birthday parties and prefers not to have friends over to her home for fear they may steal from her or harm her belongings in some way. These fears have no foundation in experience with other children.

5.3.2 A Bridge to interaction

For each of the key informants, effectively addressing (or not) this hurdle requires a 'bridge' that emerges out of their family context. That bridge comes in the form of a 'message' and approach, delivered through an available, non-judgmental and accessible caregiver (viewed in part in Figure 2 above and in total in the top horizontal line of Figure 5). The message is that they were 'heard and valued.' The significance in the approach is that someone was available and responsive. It comes in the following manner for each:

Fuxia's mother:

When we got home I put her on my lap and asked her to tell me about her weekend. She began to cry as she spilled out in detail the situation. "You were not here mom".

Jenna's mother:

A report made by her mother, after a week's holiday with an emotionally available aunt and uncle and in a structured context. Jenna is in great form and has had a really good holiday. Aunt and Uncle say she has been a pleasure to have. When Anna saw her new room Jenna even managed to tell her it was very nice instead of moaning that Anna had a much nicer room than her...it was a lovely moment for me.

Ethnographer's discourse with Molly's mother:

My relationship with Molly started with a desperate mother's phone call. She began by apologizing for calling but explained her extreme anxiety and need to talk. She mentioned a brief encounter together where she spoke of her adult adopted daughter. At this point in the conversation I cautioned her that she had called my mobile number and I was currently in England and the call would be costly. She shared her desperation, which was evident in her voice. I then explained although I had invested much time in the study of attachment and had extensive field experience at home and abroad – I was not a therapist. She understood, insisting she explain the situation. "We have taken her to therapy, medication was prescribed for her depression and other diagnoses beginning in childhood. She has now left her husband and children to live with her birth father she recently found in another state (her birth mother was deceased)."

I agreed to contact Molly when and if she returned and left my mobile number with her mother. One morning Molly called and I asked if she would like to meet somewhere for coffee. We decided on a time and she arrived shortly after I did. She was initially uncomfortable. I said to her – Molly, I have no expectations of you. I am not trying to get you to return to your husband or children. I just want to know if you are O.K. How is your birth father treating you? Can you tell me a little about your life? I am sure there must have been a reason for you to leave and live with James (Molly's birth father). Molly's mother had mentioned to me that she did not connect with people easily and doubted she would talk with me. We did connect and then she left again to live with James. We continued our relationship by phone, email and coffee together when she came to town to see her children. I provided a relationship of availability. I tried always to take her calls and arrange my schedule to spend time with her. She loved her children and felt guilty for leaving them. She was in 'flight' unable to cope with the expectations of family, work and children.

As explained previously, the connection with Ruth begins in telephoning her, only to find she is severely depressed and wishing she could die. A therapist had been recommended to her and his first suggestion is to open up to friendship. Because of her fears and depth of depression she makes the decision to respond to anyone who might contact her. The relationship begins by providing a 'safe place,' without judgement. She has difficulty communicating within her immediate family. There are occasions where Ruth has withdrawn and it has been necessary to pursue not for research purposes but for friendship. When one follows a life so closely and is exposed to the pain and joys of another human, it is a sacred privilege. A person who has experienced abandonment and is challenged in

attachment must be pursued and the connection must be maintained regardless of the push and pull of the relationship. Those who entrust us with their life's history deserve our most transparent and committed friendship.

5.3.2.1 Conclusion

Each of these occasions demonstrates the behaviour required in the caregiver to move toward a connection with the participant. It includes a capacity to be available, with flexibility of time, a non-judgmental attitude, accessibility and the ability to remove conditions on the attachment challenged person – resulting in a willingness to identify and step into their world. Brown, in her research would describe this as ‘deeply rooted, able to bend and willing to earn the right to hear’ another person’s story (2010:1).

5.4 **Categories of progression**

To this point, this chapter has addressed the identity of the survivor, how they view their world and the message of their personal identity. The life histories of the participants are used to establish a more holistic picture of their cultural contexts. The process of analysis, as described in Chapter Three, includes these life histories, along with data recorded from relationship and extended dialogue, occurring within particular episodes with the participant’s lives. These are defined by categories identified with particular characteristics and behaviours. Combined, these provide a progression, a construct for possible relational connection. It should be noted that the chronological progression of examples in the text, does not always relate to the emotional development of the participants, nor is it linear. At times they revert or recycle to a former step of development and in the process, the clarity of their identity grows and the level of trust with the caregiver deepens.

This following section is structured around the first four steps of movement toward connection.

5.4.1 Seeking structure and safety (Step 1)

Each of the participants, regardless of age or ethnicity, demonstrated a need if not a demand for structure and safety. This related to their living environment, tasks/chores, schedule, unresolved conflict, and expectations. This need for structure was first examined in the actions/behaviour and dialogue referenced in section 5.2.1. The child's efforts to survive included a fear of loss upon change. Regardless of how poor the previous structure, it was all they knew. The same could be said of the older participants. Molly sought control in a person, in their marriage, who was concrete and structured. The emotional availability was absent in their relationship. Both Molly and Ruth began to withdraw when a decision to move from their home as a married couple was taken without listening to their concerns. For Molly, it meant living with her parents so that her husband could return to school. For Ruth, her routine and security of her home would be challenged. It was a place where she had felt safe with her children. This action to leave was not about irresponsibility. It was about structure, safety, identity and value. Ruth did not leave physically, she did however, leave emotionally. The abandonment from early life surfaced in both as the emotional safety and structures they had relied upon dissipated.

Fuxia's mother:

Although my bonding with Fuxia is strongest, her understanding of who Gretchen is in the family as big sister is now becoming acknowledged and the distance in age is positive. I believe this provided a bridge for the boys in the family, Josh, Aaron and Jon Marc. The boys were gentle and warm. They were able to get physically on her level and play. They all bathed her and she enjoyed the attention. That night she rolled on the foam mattress (two inches high) in her sleep and caused a slight fracture in her femur. She can seldom be casted so I made a splint and wrapped it. This made transporting her difficult and contact with others more frustrating for her. Simple procedures like going on the potty and dressing became painful. She would wait far too long to urinate. I became the only one she would allow to hold her. The pain medication gave some relief so we decided to take her to the aquarium to visit the new baby Beluga whale and her mother. She watched intently. The baby was often being nursed or nuzzled by the mother's body as they swam. She made no expressive comments. She wanted to stay and watch for a very long time. This event seemed to be significant to her. After reading this section of her life history in August 2006, Fuxia commented...“I had never seen a baby and a mommy together like that. All I knew was a baby with foster people and staff. Still I had never seen a baby act like that before. I thought that babies just showed up on people's doorsteps, and if they wanted to keep them, they did and if they did not want them, they would take them to an orphanage. Would it not make sense if all I knew were the orphanage?”

Two pictures regarding structure rise out of these field notes and response by Fuxia that speak to 'internal' structure of identity: 1) Fuxia's awareness of the 'place' of Gretchen,

her new big sister in the family, was important for her find in order to locate herself within the family structure. She knew from her adopted family life history (recorded in book form for her), that she was not only desired for a very long time, but that she had a sister and brothers, grandparents and relatives...she belonged. Her place in the family structure created a mental fitting for her in a specific family...she belonged. She did not have to wonder any longer...she was home. 2) The visual experience of watching the baby Beluga with her mother whale was another discovery of structure related to the appropriate relationship of mother to baby...something that was missing for her by experience and in turn a missing piece of her structural identity. She knew it intuitively when she saw the two mammals, affirmed it and compared it to the inaccurate picture she was carrying out of her experience in the orphanage. After returning home a few days later she recalled the experience and wanted to play pretend, asking me to be the mommy whale and she would be the baby. I would crawl on the floor and she would crawl underneath me, making sounds of smacking her lips as if she were eating or nursing. This went on for several days.

Fuxia's mother:

External structures seem to play a significant part in Fuxia's ability to organize her life and in turn, affecting her behaviour and being at rest internally – her internal behaviour became more responsible with the external order. When she was very young, we limited the amount of toys she had and played make believe emphasizing the personal play together. She was always responsive to this and never expressed that she was missing anything.

One assumption in watching her behaviour at fourteen years of age was that the external clutter was representative of the internal clutter. This was the same with Molly in earlier discussions...she said that it was important to set structure into her living environment, organizing clothing, pantry...it gave a sense of order and responsibility, particularly when in so many areas of her life she felt irresponsible.

Fuxia's mother:

One example involved a situation in which Fuxia had been neglecting homework, clean and dirty clothing left on the floor, food half-eaten on the bed etc. Her attitude was reflective of the visual picture. We addressed the situation and spoke of the external and internal clutter saying we would help her de-clutter her external life. She was quiet and non-responsive. We simplified her clothing to basics, took all electronics, toys, and dolls and left a few stuffed animals and her books. She did not react and welcomed

our action, as though she could not handle the environment and needed help. Afterwards certain guidelines were agreed to that if items were left on the floor, we would take them until she believed she could be responsible with them, with demonstration. The effect was that she 'came to rest' internally and externally.

The positive effect of structure upon Jenna came to light in a report from her mother. She spent a week away during the summer with her sister, together with her aunt and uncle at the ocean. Her mother clarified that the aunt and uncle led structured lives, and when keeping the girls, filled their time with creative projects, physical activity, chores and time structures. These were clearly explained in advance and carried out. The effect was a very peaceful week.

Jenna's mother:

Jenna was in great form and had a very good holiday. Ron and Judith said she has been a pleasure to have.

For some this may sound normal but for Jenna, it was exceptional as words used to describe her typical behaviour with her sister were disruptive, aggressive, angry, competitive, and controlling. While the girls were away, Jenna's mother had sorted the girls' bedrooms – earlier she had sorted Jenna's room and removed container loads of accumulated items. Her response typically would be rage over any change in her room, wondering what could be stolen if she did not control everything. In this case her response was positive, without complaint and even remarked how nice her sisters' room was, instead of moaning that she had a much nicer room than hers. In the mother's words, 'it was a lovely moment.' Jenna seems to respond with welcome to structure, in contrast to the message of her typical external behaviour.

5.4.1.1 Conclusion

Both externally and internally, the expressed need and desire for definitive structure was evident with each participant. To the degree this was addressed with available caregivers, the participants exhibited evidence of secure behaviour and emerging voice. The power of choice and consequence continued to be an important part of confidence development.

5.4.2 Responsiveness to availability (Step 2)

Each participant either responded or reacted to the caregiver. In cases of child participants, this was normally their mother figure or primary caregiver. For the adult participants, this was a safe person or as Brown refers to them, ‘someone who had earned the right to hear their story’ (2010:11). In most of the cases, I became, as the ethnographer, that safe place, taking an active role in the process. This role is explained in greater detail in the methodology chapter. The following dialogue illustrates these initial and foundational responses on the part of the participant toward safety and availability.

Ethnographer:

Even though I had known Ruth from a distance for many years, I was unaware of any family or childhood trauma. Her history was unknown even to her immediate family. Up until this time we were acquaintances. As stated earlier, the connection began as I called her to find she was severely depressed and had no desire to live. The call was providential. A therapist had been recommended to her and his first suggestion was to open up to friendship. The relationship began by providing a safe place without judgment. I arrived not knowing how she would respond. I had asked a close friend who worked in the mental health field to travel with me. After spending three rather tense, anxious and revealing days, an initial connection was made that provided a basis for a continuing dialogue. Ruth’s email response a few days later was telling.

Ruth:

Looking back on the weekend, it seemed as though a couple of angels came to visit me. I am sure you didn’t feel welcomed. You were ‘in my face’ though and did not let me run away. For the first time, I did not feel alone. I do not really know where this will lead but have a very little ray of hope.

Jonathan’s mom and Ethnographer:

This account was recorded upon observing Jonathan interact and respond for the first time with his adoptive mother and brother. The day before, I had requested two things of the Chinese Dept. of Social Welfare and the adoption agency agent: 1) I asked if approved by both families to visit Jonathan’s foster family with my translator and research assistant to observe him and take pictures in his foster environment and 2) a change in protocol to allow the foster family to interact with the adoptive family, particularly for Jonathan to see a relational connection between his foster and adoptive family. I suggested to the government and adoptive agents that this might ease the confusion for the child if he could see some relationship between the two moms. This had not been done before and they were unsure that protocol would allow this. He had been with the foster family for two and a half years. The family included the parents, a nineteen-year old son and girlfriend, an aunt and the grandmother. These were daily a part of his life. He called the mother his Chinese mom and the adoptive mother his American mom. The entire family was there to greet me when I arrived. This was not their first foster child – they had two others prior to Jonathan. He had a small album of his American mom and brother’s pictures including their home and activities. He seems to enjoy seeing them and could explain who they were. His foster home was a clean environment and he sang and played naturally with his toys. He was friendly, and it was obvious that his foster mom was his safe person and that he looked to her for approval as he laughed and interacted with others. His only distress was upon brushing his teeth because of a cleft palate.

Unexpectedly on the day of the transfer of Jonathan to his new family, both families ended up in the same elevator together. It was strained and awkward as each was aware whom the others were but were unable to communicate. When we arrived at the appropriate floor, the officials quickly separated the two families

into different rooms. Normally an official would bring the child from one family to the other. What happened next was quite surprising. The foster family brought Jonathan to the adoptive family and remained. The agency translator stepped into this environment with me and began introducing them to each other. Jonathan and his new brother began to share the backpack of toys he had brought for him and played parallel to each other on the floor. Jonathan checked periodically to see if his foster mother was there as he played. I explained to the foster and adoptive families that it would help Jonathan to see them communicating and sharing expressions of warmth. I am not sure how this was translated but both families talked through the translator, it was animated and they ended up hugging each other. At that time, the adoptive family went to another room with Jonathan to sign the necessary documents. This initial connection seemed to help the parting. As we were boarding the van to take Jonathan back to the hotel, the foster family was getting into their own car. Watching them drive in another direction, this caused some discomfort for Jonathan with tears. His big brother reached out to him and his mother focused well on Jacob. In the car, I observed the mother holding him close, comforting him, and rocking back and forth. By the time we arrived at their hotel room, the excitement of being in a new place calmed him. His big brother did tricks using prosody in his voice, which attracted Jonathan and soon they were laughing together. Big brother said, “don’t worry, we have lots of toys to play with, and this is forever.” The mother entered into play with them as though this was normal. During the night, he crawled into her bed and slept close beside her.

Mishti:

I have tried to be strong and fight my struggles on my own without saying anything – for the sake of protecting reputation. Unfortunately, I failed to do so as my inner struggle came to a point of outburst. I seem to no longer be able to control the pain. In this state of mind and emotions, I struggle to know right or wrong, and what is wise or unwise. As a result, I have further let down family and friends.

Upon meeting Mishti for the first time and not knowing much about her, I was aware of her south Asian Indian ethnicity. I simply asked her to share with me something of her journey and why she was in the country. In the course of the evening, several things stood out to me including: 1) she grew up from nine months to fifteen years of age in an orphanage: 2) her parents had divorced and her mother could not care for her or her sister as her mom must work to survive. 3) She had dreams of being a doctor but was encouraged to marry by a pursuing young man. She acknowledged that early in her life she felt disconnected to her birth mother even with periodic visits her mother made to the orphanage. She had told her husband to be she also felt no connection. He responded he was certain this would come after they married.

Being a new acquaintance, I was surprised at her degree of openness, and had to assume she felt safe in the environment context of her friend, a neighbour of mine, who had unconditionally accepted her and was available.

Mishti:

I am grateful to my dear friend who has kindly extended her home for me here in the United States. She is a wonderful friend; I am happy and comfortable with her. She has been taking very good care of me. I am also grateful to Carol, who I have asked to be my mentor and help me through this difficult journey.

The inability to connect sounded similar to the life history of Ruth and her statement made to her husband that she was unable to feel connected to him and later the children when they arrived.

Upon Jenna's adoption, her mother took three months maternity leave to spend time with Jenna and build a relationship – she reports on her struggles.

Jenna's mother:

I agree that Jenna needs help now, particularly before she enters puberty and whilst she is in the junior school. I have tried to seek help for her and me since she was four...another story. The intervention we had eventually when Jenna was seven was a huge commitment. We left the house at twelve each Sunday, drove forty-five minutes to my sister's, dropped Anna off, then did a one and a half hour journey up to north London for an hour and a half session and another hour and a half back to my sister and forty-five minutes home! And I paid privately for this, as it was not included in my healthcare system. I am not sure what benefit Jenna got from it all. The therapist was supportive to me. As I think I said before she did not get round to writing a report but she did get the full impact of Jenna in nearly every session! I am completely committed to Jenna and love her dearly. I know that her behaviour, low self-esteem etc. is not my fault. Parenting her can often be immensely frustrating, and it is just awful to see her distress and lack of trust, which so easily manifests. We need so much more of an evidence base to inform care and care agencies. I find it almost criminal that I was vetted by a specialist adoption agency that did not teach attachment interventions as part of the process of Jenna's adoption. The extraordinary thing to me is that Anna (Jenna's younger adopted sister), who was adopted at eighteen months, in the orphanage for nine months and then foster care for nine months is the most loving and attached child...but she kind of led the process. She was unbelievably anxiously attached and distressed at adoption...clung to me like a limpet for weeks...co-slept but woke up fifteen plus times a night distressed for the first month or so. Her favourite thing in the whole world is snuggles with mummy. She still has a bottle with me at night, and you kind of feel her brain flooding with endorphins as she blisses out...I feel all this has not helped Jenna either. When she has asked for a bottle I have always given her one but she loses interest after thirty seconds. She does enjoy me massaging her at night.

5.4.2.1 Conclusion

The early interaction with the participants was not always marked by receptivity. What was obvious was that with a few, there was fear and fragility in their capacity to emotionally respond. For most this stage was a process of 'push and pull,' involving forward movement and retreat. Ruth described it as 'pushback – one step forward, two steps back.' With each, there was an unconditionally available person who established the environment. For some, like Jenna, they struggled to take the first responsive step toward the available person.

5.4.3 Testing the availability (Step 3)

With each of the participants, there was an inevitable phase of testing the availability and determination of the caregiver. The underlying question, which emerged out of the data was, Are you really there, no matter how bad I am?¹⁰ Ruth had begun to view me as a mother figure she never had. The four of us (both couples) were away for the weekend. In attempting to get the two of them to listen to each other, she perceived that I was taking sides with her husband against her. At that point she verbally and emotionally withdrew. I had to pursue her with diligence to assure her of my availability and commitment. The following paragraph contains my reflection of this interaction:

Ethnographer:

Ruth has pulled away from letting me be a safe person for her. This has been an adjustment period. It began on the weekend away. In working with husband and wife, I was perceived as taking sides with the husband. He was the central focus of her blame. He could do nothing right – did everything wrong. I was no longer safe for her. Unbeknown to me, I had become the mother figure that she had never had. We would have to renegotiate our friendship and I needed to regain her trust...I could not walk away. I needed to pursue her and discover what it was that had damaged her sense of safety. It was a few weeks before she would use her voice and communicate what had happened. This gave me the opportunity to empathize, and express genuine regret for what she felt resulting from my insensitive communication.

Fuxia's mother:

I began the conversation rocking her and holding her in a cradled position. We had direct eye contact to begin with. She responded comfortably for the first five to ten minutes. I sang to her and shared how much her Papa and Momma love her. I made up a little song about how Momma loves Fuxia; Papa loves Fuxia, continuing with grandparents, brothers, and sister. She remained comfortable and began asking where Papa was. When I explained he had gone back to work, the conversation turned to why.

Fuxia and mother:

Why did Papa go to work? Is he eating?

I reminded her that Papa came home to eat with us at noon. I explained where he was, whom he was with, and that he always came home to us wherever we were because he loves us.

She began to tire of being held and started resisting. (Often she would stipulate the terms of our contact, a way of remaining in control – how could she learn to trust me if she was the one in control?) I explained that both she and Momma needed this time together. I asked her if she had a happy heart, and if there were any 'angries' that needed to get out. I am not certain how much she understood, although I had consistently used these phrases with her in association with behaviour. When there was a negative

¹⁰ The majority of shame researchers and clinicians agree that the difference between shame and guilt is best understood as the differences between 'I am bad' and 'I did something bad.' Shame is about who we are, and guilt is about our behaviour. We feel guilty when we hold up something we have done or failed to do against the kind of person we want to be. Guilt is just as powerful as shame, but its effect is often positive while shame is destructive (Brown, 2010:41).

response in her emotions, I talked about the angries and how good it was to have a happy heart...how much better it felt. She continued to sit with clear signs of her desire to move away. I let her wiggle from one side to the other, so as to make sure she was comfortable. Emotionally, I found it difficult and questioned if insisting we spend time together was the right thing to do. Her rejection and pushing back were evident. It was physical as well as emotional. The features hardened in her little face. She would hit or kick me however she could manage. I saw the determination in her will and it gave me a glimpse of her will to live and survive the early trauma in her life. The rejection continued but I responded with warmth and soft hugs. My thoughts and feelings were mixed with a natural fear – afraid of reminding her of previous emotional pain. Will this damage our new growing relationship? I then began to identify with her possible feelings of helplessness. I wept and began to tell her how much God our Father loves her and how sorry He is that she has suffered so much and how sorry I was that she had had so many owies. (Hurt and pain)

I told her how God our Father has cried like Momma is crying about all of her pain with broken bones. I shared with her that I would always enjoy giving her hugs. As I was crying over her hurt, she began to relax. This process lasted about 5 to 8 minutes, and then she slowly relaxed. She remained in my lap and cuddled in my arms. Then she sat up and looked directly at me, felt my tears and then returned to snuggling, voluntarily placing her arms around me.¹¹ I asked her if she felt better now, and whether her heart was happy. She shook her head yes. She remained in my lap looking at me and relaxed.

5.4.3.1 Conclusion

With these two participants, as with the others, the push and pull of testing the caregiver's availability and commitment often took the form of control, covering their fear of abandonment. There were continual tests to see if availability would remain regardless of the pushing away emotionally as well as physically.

5.4.4 Taking personal responsibility (Step 4)

Within the 'push and pull' of this early stage, in what is perceived by the participants as threatening, small steps were taken of embracing personal responsibility and beginning to own their own 'story.'

Ethnographer: (Ruth and David)

What an incredible contrast and culture shock. We stopped in Paris after serving with a humanitarian project in Liberia. We had felt it would be helpful for Ruth and her husband to get outside their world and respond hands on to the needs of others. The exposure was wonderful but their interpersonal communication was non-existent.

David and Ruth still are not speaking to one another. I have such a frustration growing inside of me. How can a person who wants so desperately to move on in their life fail to take simple steps of communication. Even as I write this, the thoughts come rushing in. How can a person who is traumatized, resulting in such a deep sense of fear, begin to speak - when life has been so frightening and fearful and one perceives themselves as such a failure as a wife and mother? Her communication was so negative as we walked along the Champs Elysees. I had to stop and challenge the cup being half full and

¹¹ Fuxia responded to the empathy she felt in this episode. I realized that if I could connect with her emotional state, it helped her to begin identifying this emotion.

finally just said, if there is no possible redemption in this relationship then leave him. If you refuse to communicate and only see the negative, blaming him for everything, then you have no alternative but to leave. She began to cry.

Little did I know that my husband was challenging David at the same time to stop complaining about all that he has done for her – if he can not understand and empathize with her pain. She does not need what he gives to her materially. Instead, she needs relationship with him that is demonstrated in listening and caring for her in her struggles and trauma.

Ruth and I spoke of who was responsible for her childhood. Was David responsible? Was she? We spoke of the spiralling effect of blaming another for the way one feels – that eventually you end up alone. She was quiet. We talked at length of owning your own actions and responses to your circumstances – in effect owning your narrative, your life history. She began slowly to talk – to use her voice and stopped manipulating by withdrawal. I saw this as an action of ‘taking personal responsibility for herself.’ As long as she could shift the blame, she did not have to change herself. She could remain alone, which oddly enough was comfortable and offered her a sense of control.

Couples with challenged attachment tend to use either withdrawal or verbal aggression during conflict (Senchak and Leonard, 1992:51-64). Whenever my partner is troubled or upset, I move closer to provide support or comfort (Kunce and Shaver, 1994: 205-237). Ruth and David’s inability to deal with conflict intensified the need to blame one another. Their mutual blame kept them separated. As they began to take responsibility for their own actions, communication ensued.

Fuxia’s mother:

From early in Fuxia’s adoption, she was insistent and would explain to others that she had my hair, we had the same eyes and our skin color was the same. I always took it to be sweet as identifying with me, her mom. I came to realize though that while there was a desire to identify, the action was a denial of her identity as Chinese. If I were to compliment her on how much deeper and darker her eyes looked than mine, or that her hair was thicker, she would insist that we looked the same. If I were to mention the circumstances of her coming to be apart of our family, or having lived in an orphanage – even the word orphanage being mentioned in a way that was unrelated to her – would cause internal anger shown in withdrawing, throwing things, slamming and locking her door. Since 2006, she has taken ownership of her ethnicity, her straight dark hair and eyes, and is generally pleased with her appearance. She is glad she does not have grey hair and now tells her own story. These steps are clearly an expression of beginning to ‘own’ her life and identity.

Fuxia and mother:

For Fuxia in her early years, an apology and taking personal responsibility was rare. After a season of ups and downs personally and challenging her with keeping current with her personal responsibilities of homework, room etc., and failing to do so, she responded quite unexpectedly with the following: “I felt this afternoon that I did not live up to your standards...not lying and keeping up with my work and being my age. They are easy enough to live up to but I just did not want to. I feel sad that I did not live up to them. I want to change. I am sorry mommy”.

I am uneasy about Fuxia using the word ‘standards’ and not living up to mine. It is important that she knows that loving her is not based upon living up to my or any others standards but rather to feel as if she is doing her best and identifying her own standards. This encouraged me to go deeper into her withdrawal from responsibility – was there a particular fear involved? How could I encourage her to do her best? I discovered the power of choice. She could choose not to do her work, however she must accept the consequences that accompany her choice.

5.4.4.1 Conclusion

As in these episodes, with each of the participants there were walls of distrust, blame, fear of rejection and further isolation to climb over in order to consider the risk of making a

choice to start taking small steps of personal responsibility. Forward progress was heuristic but slowly successful risk taking produced a glimmer of hope that trust was not an illusion and to own their own story was not self destructive.

5.5 Summary – cultivating courage

In observing the participants and their push and pull struggle and progress, it became evident that they had one challenge in common. From responding to availability and testing it, beginning to take personal responsibility and reaching for consistency and structure, each needed to take a step that was characteristic of courage. For most this was expressed in honest statements related to their value or lack thereof. A characteristic of their survival mode could have been defined as heroic, struggling through desperate situations. Courage is something different. The root word for courage is ‘cor’ – the Latin word for ‘heart’. Early use of the word had a different definition than it does today. Courage originally meant, ‘to speak ones mind by telling all one’s heart’ (Brown, 2010:12). This emerging capacity was observed in most participants, as they began to acknowledge shame and ‘speak from the heart.’ They moved beyond hindrances of what were familiar but self destructive, toward individuals that represented a safe place within their context. For some this was a parent figure, primary care giver or a trusted spouse or friend.

It was in this stage of the research, that the central research question seeking ‘improved understanding for intervention among formerly abandoned children and their families’ began to be addressed. This chapter illustrates the initial steps visible in Stage 1 of Figure 5, from seeking structure and safety to taking small steps of personal responsibility. This became evident by the continuing inclusion of segments of life history, while being immersed in and observing the daily life and discourse of the participants.

In chapter six, the continued taking of steps of personal responsibility extends the

exploration process. With this movement toward vulnerability, old patterns are exposed and addressed as the participants experience increased trust.

6 CHAPTER SIX – STAGE 2 – VULNERABILITY TO SAFETY

6.1 Introduction

Observing the participants over an extended period of time, the strong desire of each for connection was increasingly evident. However that was defined and or conflicted, it was not a destination as in the end of a race, with winners and losers. The picture emerging was more reflective of discovering a new lifestyle and understanding of how it would be navigated. For the child and adult, this was expressed in body language, communication, and confidence in exploration. The process with each was tenuous at times, including situations of great struggle when ‘the lights came on.’ Step by step most participants began realizing they were moving in the right direction.

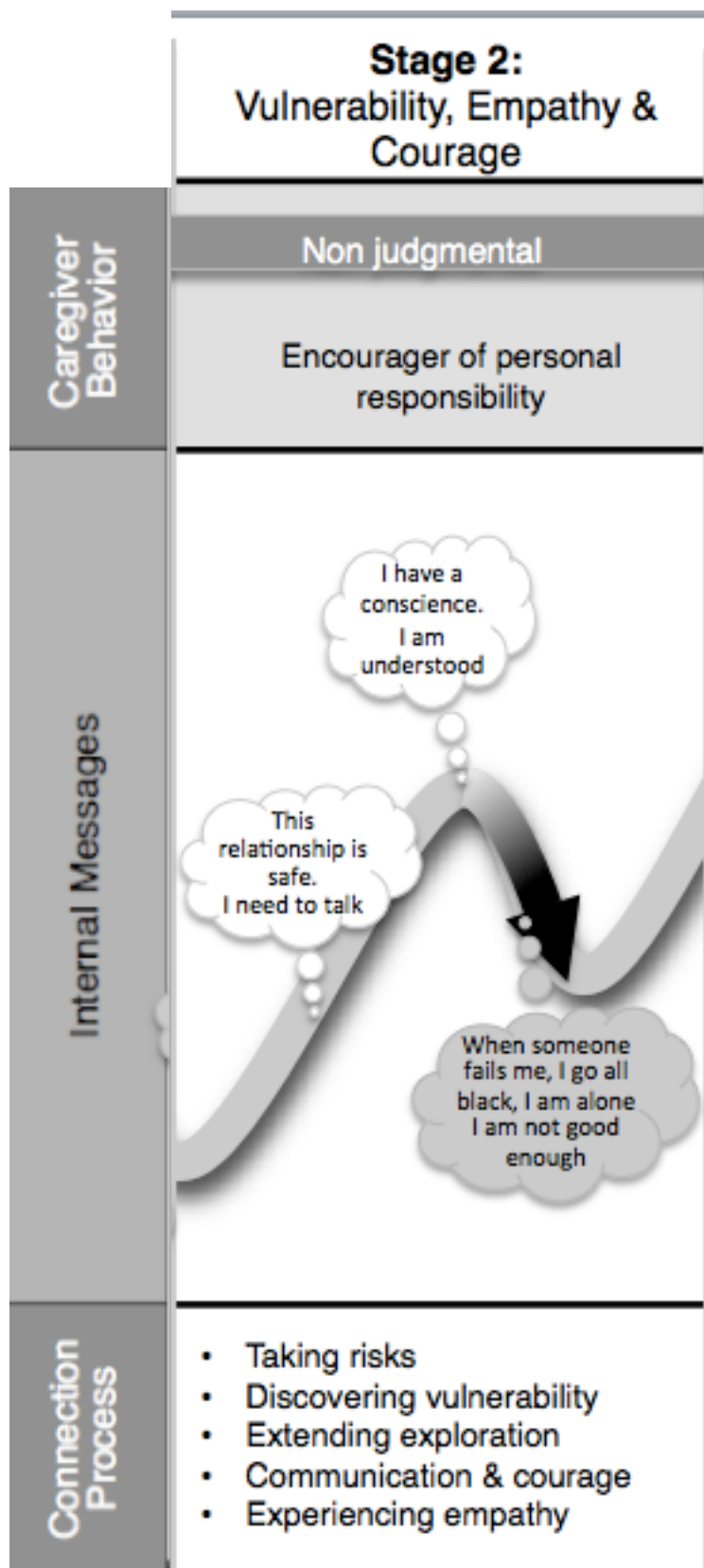
In the context of this chapter, the discourse and examination of behaviour shows that this process began with continuing to take steps of risk in response to the offering of safety, expressed through a primary caregiver, spouse, or trusted friend. It continues through the discovery of vulnerability, communicating with courage and beginning to experience empathy. Each step needed to be discovered, (at times by chance), cultivated by multiple experiences, letting go of old patterns and embracing in the process, fresh experiential understanding leading to new behaviours.

While the research is not meant to observe categories of measurement or degree of security, the experiences observed reveal the development of a safe relational connection or attachment. This chapter extends the existing research of the exploratory behavioural system within the context of the abandoned persons development.¹ This heuristic process is

¹An innate system aimed at investigating, manipulating, and mastering the environment. This behavioural system is activated whenever people encounter novel or unexpected stimuli, or conditions that challenge their knowledge, beliefs or actions. Under cognitively challenging conditions, the exploration system motivates people to learn more about a situation, to remain open and receptive to new information, and to accommodate existing knowledge structures to incoming evidence until a new integration is achieved. (This aspect of Bowlby’s theory was influenced by Piaget [1953] who conceptualized cognitive development of mental structures that assimilate information and accommodate, or self-correct, if necessary, to incorporate new

detailed in Stage 2 below of the model of intervention (Figure 3).

Figure 3: Model of Intervention



information.) (Bowlby, 1969/1982, as cited by Mikulincer and Shaver, 2007:225)

The chapter continues to answer the central research question and sub-questions by articulating the lived experience through the discourse and behaviour, analysing the combined experience toward the improved understanding for intervention. The sub-question: what might be a coherent model of intervention in the lives of abandoned children and their families continues to emerge with clarity as the patterns of behaviour evolve into praxis.

6.2 Taking risks and discovering vulnerability (steps 1 and 2)

The following episodes bring to light the correlation of themes rising out of the data. These include the taking of risks and a willingness to be vulnerable, as necessary components of moving toward connection.

The first event illustrates one of the participant's responses to safety (personally with the ethnographer) and how it was experienced. Additionally it reveals the degree of vulnerability the participant has found in communicating her life history experience.

Ethnographer:

This conversation took place during one of the many extended weekends we had together. We had been meeting approximately 9 months. I could tell she was hesitant and had something on her mind. It was as though she was testing the water and seemed to be asking, "how far can I go in this relationship?" It was late evening, quiet in the household and we were not in the family room where we most often have extended conversation. She asked me to come aside and go into the library. She was the only one who used the library and did so for reading and private meditation. I was sitting across from her and she said, "I need to tell you details of my life." I said I would listen to whatever she was comfortable sharing and that whatever she said would stop with me. (For this reason I will not share the complete details) It was completely up to her how much she communicated. "When my brother and I were put out on the street during the day" I was molested...she shared details her shame and feelings as a little girl, "I must be responsible in some way"...she had a need to be totally open and vulnerable – that someone would know...it was not one occasion but consistent abuse associated with the neighborhood. When she began to share "what was my responsibility in this?" (Tears rolling down her face and mine) I said, "you bear no responsibility and it has taken great courage for you to share so openly. She could tell there was no judgment – I said, "I have admired you before but do more so now than ever." This was a pivotal moment in her responding to a safe place in vulnerability.

Ruth:

I am doing well. There have been bumps and falls and I have gotten up, made connections and moved on. I have noticed the pattern that when David fails me in some way, I go all black. This time he was in _____ and fell, my abandonment kicks in and I shut down. I am totally alone, no Jesus and no value. What I say to myself in those moments is what is wrong with me that my father had to drink to be around

me and my husband has to be on meds to be around me? Jesus, do you want to be around me? Do I have any worth at all? This time I connected with a friend and went out to lunch. I did not talk about my problem. I also saw Jane and did not share the problem. I did talk to my brother. It was enough to get me going. David came home and we are back to our normal.

In this case, while she did not reach out to acquaintances, she did open up to another individual with whom she had discovered she could be safe, her brother Ed. As she kept taking small steps of risk, she began to feel more secure and free to communicate.

Ruth:

My time with Nancy was among other things finishing up where we left off two weeks ago with you (ethnographer), Nancy and I. I have come to realize I do not take in comfort has the other side of the same coin that I do not reach out. When the three of us were together, I could look at you and in my head know that you were safe, that I could trust you, yet in my emotional state something says no. It is a combination of the "Do not bother me" from mom and "Stop crying, or I will give you something to cry about" from dad. Trust just has not gone well. Internally, I shut down, not wanting the other to see how much I am hurt or that I care. That they could get to me. I remember this more with my dad, than my mom. I have also felt that way with David. Probably, if I dug deep enough, it would be there with my heavenly Father, as well.

Over time Ruth grew in her capacity to take risks and be vulnerable with a few others outside the ethnographer.

Ruth:

Yesterday almost (two years later than sharing with you) I told Paul (therapist) for the first time the details of my being molested. Even then, I could not say it all. I am seeing that being put out on the street and being molested is where the – "I do not matter" was supported in my thinking.

There were as well occasions, during this season, where Ruth took a risk and used her voice with her husband. The approach was at times not well received and she withdrew.

Ruth:

A few weeks ago I was sharing with him about me, and he commented that, "He did not want to know every detail of my life. I felt like the door shut in my face, again. Being co-dependent that I am, I agreed with him. The message that it sent me was that I did not matter; he really does not want to know me, do not even bother. So I again quit trying. The truth is that I want to know every detail of his hurts and struggles and what makes him who he is. It makes me sad that he does not care to know me. I am glad I have you and Paul and I am learning to reach out to others that are real that are not afraid to go there.

The more that Ruth and her husband learned to listen to each other, take risks and be vulnerable, their perceptions and responses to each other began to change.

Ruth:

I thought I would pass on what I shared with David & Nancy this morning. One of the most powerful shifts for me and us has been the realization that David is now present. What this says to me emotionally speaks volumes, that I have slowly been unpacking internally as I feel safer to do so. I hardly can handle

it; someone is there, for me. Carol, it is so hard to take in, to trust and yet I want to hold on to this space. He wants to make me happy with things and for him to just be there for me is so huge. I can hardly accept it.

To reconnect, in this case to connect, lovers have to be able to de-escalate the conflict and actively create a basic emotional safety. They need to be able to work in concert to curtail their negative dialogues and to defuse their fundamental insecurities (Johnson, Sue, 2008:125).

This type of communication can happen where there is a degree of connection and security. It is like learning to dance. Using this analogy, you have to know your steps as well as the steps of your partner in order to dance as intended. In this context of relationship, if you do not have a connection to begin with and are unable to be vulnerable, you will not take the risk of ‘dancing’ to begin with and or will misinterpret the ‘steps’. In the case of Ruth and her husband, she was compliant and to keep life safe, she never entered the ‘dance.’ Her husband, early on, never showed up. In time though, her compliant survival behaviour was no longer working for her, depression set in and out of desperation he became present...he entered the dance...without learning the steps.

An expression of a child’s steps toward vulnerability is evidenced below between the interaction of Fuxia and her mother.

Fuxia’s mother:

Fuxia and I had decided to have dinner alone. My husband was going to be arriving home late that night. So, it was ‘girls night out, only at home tonight – and a pizza all to ourselves.’ For Fuxia not to be verbal is unusual. She is an extrovert by personality, strong willed and was the centre of most parties. Tonight though, we just wanted to eat and talk.

Fuxia began talking about a recent meeting with her church youth group. During a recent gathering, she was meeting with her small group and was asked to compose a personal workbook. She had started and was working on it over the previous week. Being quite verbal, she seemed somewhat restrained. She could have completed the project without me ever knowing about it. The fact that she brought it up said, I trust you and want to talk about this.

Fuxia:

I did not know what to write when we did our workbook in youth group? The questions do not fit me.

Fuxia’s mother:

I asked her to go collect her papers so we could look at them together. She was hesitant but went to

collect her journal. Bringing the journal back to the table she said,

Fuxia:

The questions we were to respond to: Who was there when I was born? Mother and/or Father? I responded NO to both. Was anyone else there? I wrote down, “Yes God was there. At least I know He was there.”

Fuxia’s mother:

How did you feel about the questions in your book?

Fuxia:

It was fine.

Fuxia’s mother:

Do you ever wish you were back in China or lived in China with your birth parents? It is ok if you do – I would understand.

Fuxia:

Never – I think I might be dead if I still lived in China.

Fuxia’s mother:

Would you ever want to go back and work with Ms. Ji for a while in China?

Fuxia:

Maybe. I would have to think about it.

Fuxia’s mother:

I think it would be great if we could all go and live there for a while and study Chinese.

Fuxia:

Maybe.

The following conversation arose out of one in which we started talking about her early memories, life in China and how she felt about living with us.

Fuxia’s mother:

Fuxia, you know sometimes when I hold you close and give you a hug, it feels like you stiffen and my response is to hold you closer until you are not stiff anymore – how does that feel to you?

Fuxia:

Good.

Fuxia's mother:

What have you felt like when I have held you after something you have done that was wrong or were naughty?

Fuxia:

I like it when you hold me in a real hug even if I stiffen and fight it. When you do, I feel safe again.

Due to Fuxia's physical condition, she was required to have various other physiological tests during the year. One of those was an examination to analyze the strength of her lungs and breathing capacity. We went to Children's Hospital in Washington, D.C. and were directed to a department with machinery used to test the lungs. In this case, the equipment was a tubular looking structure about six feet tall. She was to be placed inside the machine and her breathing would be evaluated based on variable conditions artificially created by the technician. She was anxious and became seriously stressed upon being directed to enter the container. She was trapped in fear, thinking she later verbalized.

I cannot get to Mom – why would mommy have me do something that would hurt me? Reaching out for help, she searched for me, and finding me locked in eye to eye.

Fuxia's mother:

I assured her that she was ok and talking her through the situation, she was able to accomplish the test. Debriefing the situation, the primary issues were messages of fear; I am alone and not connected. In protecting her within the trauma (creating a safe place), she broke through her fear and took a risk to trust.

Fuxia's mother:

I asked Fuxia to do her homework. She began but was not happy. David and I had spoken to her the night before to consider the topic of her project being her summer activities. We had done some great things and of all those experiences, she chose – breaking her leg. We asked her to think about why she would want to talk about the one negative thing about her summer. At first the standard answer came of 'I don't know.' Then she began to say things like –

Fuxia:

The kids need to know that I cannot do all of the same activities they can.

Fuxia's mother:

Most of the kids in your class know that you must be careful. Do you really need to focus on it? Is this what you want them to think about when they think of you?

Fuxia's mother:

This did not seem like Fuxia. I ask her if she thought of herself as a victim. She said that she did not see herself in this way. What are the positive things that stand out to you about your summer? She was unhappy about having to do the paper over but understood what we were trying to say.

Sunday, she went about doing a poster that was also due the following week. She misspelled some words. I told her not to fret – she could paste over it since she did not have any extra paper at home. Then I started to read the paper she had rewritten. She did not want me to read it. I ask her if she would come sit beside me and we could look at it together. She responded strongly and in an angry tone. Sometimes it is difficult to distinguish what is normal early teen and perhaps something troubling her that is deeper. The situation escalated and I did not handle it well. I reacted instead of calming. Last year was difficult in school. She just did not want to do her work or do it to the level of her ability. David and I had already cautioned her that we would be more careful this year. She had agreed to it and has been looking forward to school.

Her reaction in this case though was anger. I told her that I was not going to respond to this behavior and walked out. David felt like we could not let it go. He suggested since I have been away in England working on my research, perhaps I should take the time and energy to pursue this further. Sometimes she is like an onion and the layers have to be peeled off to get to what the source of the problem is. She locked her door. He opened it and carried her into our bedroom. We both got on the bed with her and I tried to comfort her. I told her I sensed she was angry about something deeper than the paper and she would feel better if we could get it out so that the anger would not increase, and be harmful to her spirit and come between us in relationship. It went from bad to worse. In the past she would become aggressive, bite, kick etc. but now she was always careful not to hurt either of us. At the same time, she wanted to express her frustration and anger. We told her how much we loved her.

Fuxia:

She yelled – you do not!

Fuxia's mother:

My goal was to help her express her anger and frustration in words so that we could understand what was troubling her. If there was something I was doing that sets her off, then I need to know so that we can discuss it and not bounce off each other. She continued to show her frustration... moving her head from side to side so that she would not have to make eye contact with me. I asked her questions and her response was to yell and to turn her head. I explained to her that anger is ok if you can express it in a way that it does not hurt yourself or others. When she got like this she usually would not talk. After about 45 minutes, we affirmed our love and said that when she was ready to talk and use her voice we would stop everything and listen. David carried her back to her room and laid her on her bed. She cried for a while then stopped and went about doing her schoolwork. Later David explained that we would need to talk before she went to youth group that evening, that we needed time and that we could not rush it. If she chose not, to talk that was all right but she would not go to her youth group. On her initiation, she scooted upstairs and we sat in our room together. I asked her what was it that sparked the behaviour. She said she did not want to do the paper over. I asked her if she thought the subject was the best. She said that she agreed with us about it being negative. She did not want me to read the new paper out loud. I said – I understand, I asked her to sit beside me and read it together. She did not respond. I asked if she remembered the things she said when she was angry and out of control? She said she did not and was quite surprised when I told her she said things like we did not love her and she did not love us. She then said – I do love you and we affirmed our love to her. I asked her what is the thought that comes to her mind in these situations. She responded quite quickly saying –I am not good enough. I asked her to look into my eyes. She did- what do you see in my eyes Fuxia?

Fuxia:

Love.

Fuxia's mother:

Yes. What else do you see? (Pause, no response) Fuxia you are strong in spirit. I see someone who can lead others (she continued to focus on my eyes) what else? (Her response repeating, "I don't know) How bright you are? Do you see how proud I am of you? What else?

Fuxia:

I am really loved.

Fuxia's mother:

Do you see how I see you? She gave a little smile and gently nodded her head in agreement. Her demeanor changed. Her speech and her responses were light. We sat together in the chair and I read to her. She got ready and went to youth group with an entirely different attitude.

Ethnographer:

This following dialogue is a continuation of my conversations with Molly and her husband. Molly's dialogue began as one who has felt abandoned from birth and searches for identity in her history and those associated with her abandonment. As she took her first steps of risk and exploration to find a sense of well being, she exhibited courage in communication.

Molly called overwhelmed, feeling abandoned, wondering whether it was possible to go home for vacation with her husband and family. She doesn't think she can handle it. I suggested lets make a plan for transition. Her response was to go quiet – I am concerned it was too much. I was in a shopping centre with others waiting when she called and wondered if I had caused a break in her trust. I will try to call her tomorrow if she does not call. There is a question of how strong the trust is. Is it enough to go through the tough times? Her husband needs to become her safe person – can he handle that? Will she allow him to be that?

A couple days later, I spoke to her husband and explained, that Molly was fragile –hold no expectations – waiting for a call from Molly...

This began eight months ago when Molly found her birth father and decided to leave her children and husband to live with her birth father, seeking to fill the hole in her life and feeling overwhelmed with responsibility as a wife and working mother.

Molly called this morning, hysterical. I was able to help her become centred. She explained her birth father does not understand her and cannot meet her need. She agrees she must learn to value herself apart from receiving encouragement from anyone else. We have established a secure base. She trusts me – I am not sure exactly how that has happened except that I do not place expectations on her. I accept her right where she is in her trauma. I cannot seem to guide her to the next step of moving out of the present painful situation of living with a birth father that seeks only to use her vulnerability. My conversation with him has clarified his inability to care about Molly. He needs her to take care of him and there is no encouragement of her value.

We have a trusting relationship. I am not completely sure what it is in me that does care except that I know I do care and want to help her move on with her life and begin to value herself. We have only met once face to face in a coffee shop after she had left her husband and two children, and moved to another state to live with her birth father. That was in January of 2007. We connected, based on refraining from judgment of her actions and listened to her pain and desire to be loved and acknowledged by her birth father. Her birth mother was killed in a car accident with her two siblings after leaving Molly's birth father. Molly had been given for adoption shortly after birth. A question remained for Molly "Why did she keep the others and not me" "Am I that worthless" While she could not accept it at the time. I said to her. "That act saved your life".

My response has been to wait until she contacted me for support – this has only happened four times in the last nine months - once in May and twice in June and now July 31 and August 2nd.

6.2.1 Conclusion

The above episodes demonstrate the operation of the attachment complex goal corrective system evident with infant, child or adult. In the midst of Molly's confusion there remained a desire for safety, which could result in a sense of security. When this is responded to a risk is taken and differing degrees of steps in exploration are made. This was initially thwarted by the inability of her husband and birth father to respond. An encouragement was made to take further steps of exploration by the support by the availability of a non-judgmental friend. There is a natural set-goal of protection and proximity. This is a natural corrective process to behaviour (Mikulincer and Shaver, 2007:15). This system creates a sense of safety and is part of the process of development of a safe base. At least three cognitive operations are required:

- 1) Processing information about the person – environment relationship, which involves monitoring and appraising threatening events in one's own internal state (e.g. distress, security).
- 2) Monitoring and appraising the attachment figure's responses to one's proximity-seeking attempts.
- 3) Monitoring and appraising the utility of the chosen behaviours in a given context, so that an effective adjustment of these behaviours can be made in accordance with contextual constraints (Ibid.).

The episodes in 6.2 reveal this process in the participant's progressive development of risk taking in response to a safe person. The one longitudinal case that did not follow this

pattern is that of Jenna. At the time of writing this document, beyond the survival behaviour and early stages of responsiveness to availability, she did not fit consistently to the themes revealed in the study. She expresses a resistance to connection with her safe primary caregiver, who has responded according to her own capacity with unconditional acceptance and love. Jenna's early behaviour held similarities of survival and fear with a compulsion to control her environment. Shifting blame has also been prevalent within her context. Jenna's story is not finished. Her response to structure as evidenced in the episodes with extended family (uncle and aunt) reveal a capacity, albeit in embryonic stages to respond to a more definitive structure combined with unconditional availability. She also responded after her mother organized her room, packing away all of the unnecessary clutter and accumulation from hoarding. One can assume there is a strong need or requirement for structure, physically and emotionally, that would communicate a more secure environment.

6.3 Extended exploration (Step 3)

The participants evidenced early indication of attachment security in extended exploration.

Fuxia's mother:

Our periodic travel to China continued after adopting Fuxia, initially with less frequency but in time that changed. The following journal entries compare the attachment behaviour adjustment she was experiencing during and between two of these visits:

1) In the early summer of 2000, we traveled to the PRC to follow up on training and monitoring of the Wee Care programme staff and to meet with provincial officials involved with oversight of childcare for abandoned and orphaned children. Fuxia was desirous of travelling with us even though it meant returning to the place of her adoption and myriads of memories, good and bad, which were attached to her life in the city and orphanage. It is unusual that an adopted child would be interested let alone desirous of returning to their roots, at least within a short time frame of their adoption. We were a little anxious for her. During our stay at the Wee Care centre, we were lodged in an apartment just above the one she was fostered in immediately next to the centre. This meant as well that we would be meeting with many of the personnel that had cared for her during her stay at the centre. Our days were filled with activities from morning to evening, including evaluation of programme and training, care for the children, observing an early childhood school, and meeting with Wee Care staff and government officials. During this visit, Fuxia stayed 'attached' to my (or our) side, held closely and clearly visible to all as 'belonging' to these two gwiilos (foreigners). We may not have looked like her, but as far as she was concerned, it was obvious to all that she was with her mother and father. And if they did have a question, she would clarify – in perfect English 'only', that we were her parents and she would be leaving with us when we departed.

2) Three years later in June of 2003, Fuxia travelled with us again to the PRC and for a visit again to the

Wee Care centre. Again, we would be staying in the apartment near the centre and meeting with many of the same people, along with new staff and officials. By this time, she had been a part of the family for five years, was now nine years of age, spoke fluent English. She was in third grade and had a network of relationships, both with our extended biological family, the university community we were apart of and in other parts of the world. We only realized after arriving in China, what a definitive impact these years and relationships had made upon her sense of wellbeing and attachment. All of this became clear, when after being in her 'hometown' for a day, she calmly said to us, "you know if you and daddy would like to go on a vacation in China, I would be just fine staying here at Wee Care." We were shocked and hardly knew how to respond. Such a verbalization of security would normally be out of the question for an abandoned child returning to their orphanage and hometown. It represented though the process and progress she had made in internally taking risks, responding to a safe base of relationships and was confirmed with a willingness to extend her scope of exploration beyond her secure framework of her new family context.

Subsequently, Fuxia has had multiple experiences demonstrating a much deeper sense of security and capacity to reach beyond her experiential borders and breaking through what Mikulincer and Shaver described as 'distress, perplexity and challenging experiences' (2007:15).

Ruth returned my call and she sounded so up and encouraged regarding the neuro feedback treatment that she would be having. She also mentioned that she had shared the statements (internal messages) that she was going to work on with David. This speaks of using her voice and sharing a form of intimacy with him.

Ruth:

I did it. It only took two and half years. I finally got tired of the pain of disconnection and decided to tell him all the details of my three year old being molested. It seems strange that it would take fifty-nine years to tell someone my story. It took three sessions to get it out in bits and pieces and I feel so much better knowing it is done...

Molly:

I fly out in the morning and am only there for two days...everything you are saying is true...and I know it...it is such a hard cycle to break, but I want too. He (birth father) is exhausted... and he is just bleeding with random cuts on his skin. It just breaks open...it is very sad. I worry alot. I am really going to focus on the kids and am excited to see them, but scared to deal with my husband a little. I will be all right. My parents' left and are not going to see me at all – anyway should be interesting.

Lok Chi: A visit in Hong Kong

Upon one of my return visits to Hong Kong (June 2000), I had opportunity of observing this process of extended exploration with Lok Chi. He had experienced an extreme case of neglect prior to coming to this family. His blindness contributed as well to an orientation of fear that affected most of his life and relationships. His primary behaviour up to this stage in his development was extreme reaction to any new person, new voice in his environment, or new activity. Over the previous two years we periodically had contact with the family via phone calls and updates through visits to the United States by his

father. By 2002, Lok Chi had been living with Gary and Helen for four years. To come into his environment after an extended absence was always traumatic. It was not a simple matter to calm him down. There was a marked difference though during this visit, which could be attributed to the visible connection to his mother Helen... her touch and voice. This had been a slow but consistent process worked out between Lok Chi, his mother, father and older brother Andrew. Our introduction, which would have historically resulted in screaming, was no longer the case. He played happily on the floor, would approach us calmly and played with Fuxia, in spite of a two-year separation. He was secure enough in this safe family environment to extend his relational connections and allow others into his world. It was obvious that when needed, he would listen to his mother's voice for safety. Prior to this visit, he would have to be taken to another room placed in his crib bed, which provided safety to come to rest. We would as well have had to adjust our voices and movements.

6.3.1 Conclusion

Just as a two year old, securely attached to their mother, will move in and out of the orbit of their secure base while exploring their extended environment, the participant examples in this section exhibited similar characteristics as they were progressing from challenged attachment to the beginnings of relational connection.

Bowlby (1973) and Ainsworth (1991) assumed that attachment security would enhance curiosity, encourage relaxed exploration of new, unusual information and phenomena, and favour the formation of open and flexible cognitive structures. Being confident in their ability to deal with distress, secure individuals should be able to incorporate new information at the expense of temporary perplexity or confusion. Cognitive ambiguity should not generally threaten their sense of competence, lovability, and control. They should realize that perplexity, like other challenging experiences, is short-lived and can lead to greater mastery and broaden their sense of coherence and meaning (Mikulincer and Shaver, 2007:225).

6.4 **Communication and courage (step 4)**

A common characteristic of the participants, after beginning to explore beyond existing boundaries, was to communicate and use their voice in situations where they historically would have withdrawn or become aggressive. As mentioned in Chapter Five, just as in

beginning to move away from shame, this process is one that involves a cultivation and exercise of courage in making choices that lead to wholeheartedness, as explained by Brown (2010).

In the following letter from Mishti, one observes elements of this process in communication and choices she needed to take in order to respond courageously in the midst of a significant marital conflict that emerged during the research. This attempt to communicate represented a major lifestyle shift from her historical pattern of withdrawal and taking on the role of a victim saying nothing when judged inaccurately in the face of conflict.

Mishti:

My Dearest ____, ____, ____ and ____,

This letter is in reply to ____' letter dated April 26, '09 (exactly eight months of Nana passing away). I will not deny that the tone and attitude of your letter was painful and hurt to the point of tears for several days.

I want you to know that I was not asking for your approval of whether I am right or wrong. My giving you all the liberty to speak into our lives or to share your thoughts in helping us come to common ground- I see now is not possible.

I am very sorry ____ for your analysis. I realize you are judging the situation from your perspective and understanding based on the information you have and the observations you have made. I fail to agree with many of the things you have said but again, that is your prerogative and I love you just the same. I want you to know that I am not going to go down that road in defending myself or judging another's actions or words without complete understanding. Only God has that picture.

____, ____ and ____, I am withdrawing my request for your involvement. There are many areas which you do not have a complete picture and perhaps more specific facts- so it is not fair to pull you into it. To feel your judgment without complete knowledge is painful when it comes from my children. I will handle this myself...God is with me. You are free to communicate to me about yourself and how you guys are doing. I would simply request that you refrain from judgment.

Finally, I know what I am doing and where my place is. I know that right now I am in the right place, even though I suffer the loss of being with my family who I miss so much and long to be with.

What I am doing is very important in the long run for our family. I am reaching out to seek counseling, advice, and answers to my feelings and struggles in my own personal life, and reestablish my identity and strength in the Lord. I must deal with my own issues and become the whole person I am intended to be first. Then my priority and goal is to try and save my marriage and my family. I have learned that I am responsible for my own issues before God. And Daddy is responsible for his issues. That must be his journey with the Lord.

I miss you so much. After Daddy, my children mean the world to me, I love you more than anything in this world. Please give my grandsons BIIIIIG hugs and kisses from me.

Take care and God bless,

All my love, your ever-loving Mama 'Aama'

Her withdrawal up until this time had been counter-productive to connection, only emphasizing her challenged attachment. The result on the part of her spouse was a search for relational support outside of the marriage. After sharing with her children, Mishti was able to begin the process of owning her behaviour. She practiced non-judgemental communication with her husband and slowly began to take responsibility for her own efforts to connect.

Ruth began making comparable courageous choices after walking through some fundamental resolutions to major marital conflict. She was clearly discovering that she had a voice and could use it responsibly without personalizing reactions or bringing unnecessary offence to the listener. This pattern in her communication showed itself to be in stark contrast to the rigidity of body language and dialogue observed in earlier data drawn from her life history and discourse with family and friends.

Ruth:

More growth steps...David stepped on my toes. I confronted him in love, he received it, heard me, asked for forgiveness and I gladly gave it and we were closer for the confrontation. Later I apologized for a passive aggressive remark that was flippant and wrong. At first he said he knew I was kidding. At lunch he said that when I made the comment it really hurt. The good thing is that I took ownership and came forward in both cases and used my voice when hurt and when I hurt. Then we had a discussion on how that felt. At first he said he felt hopeful. I said good, and what do you feel about us. He said, closer. I asked why and he said because we were connecting. He got it. I was thrilled.

In Chapter Three, the role of the researcher's impact on the participant in an 'inquiry from the inside' is evaluated and consequences considered. One of the obvious issues related to the matter of power. The question at hand was, 'to what degree was power on my part affecting the participant and or restricting their involvement?' As a participant observer, this was particularly significant related to the child participant. Were they intimidated and did they feel safe enough to exercise their voice? The working out of this commitment within my varied roles as researcher and mother became increasingly challenging to me in relationship to my daughter Fuxia. My commitment was to relate with honesty and candour in a way that honours their (her) concerns, desires and needs, fashioning our communication with transparency. Beyond these steps, it was important to engage with

patience and consistently listen for the participant's (her) perspective, nuanced expressions and body language, while reflecting on my own behavioural responses. The following exchange between Fuxia and myself revealed the courage required in a heuristic process where failure and vulnerability must continually be analysed and owned. The potential for damage to or building trust in the relationship were both evident. I began by reflecting on my own emotions.

Fuxia's mother:

The discouragement this morning feels overwhelming. Before I begin with the details of what is happening in our combined life with Fuxia, I need to find a way to process my emotions and frustration. My tears are pushing their way from deep inside and my frustration feels almost paralyzing. The only way I know to deal with it is to write, trusting that by writing I can make some sense of this confusion. I feel as if my connection with Fuxia is eroding and I am powerless to stop it. What is the root? What is the cause of the attrition?

I knew when David and I made the choice to adopt Fuxia it would be life altering. It would require sacrifice on our part. As each occasion surfaced to give more of myself and I observed David doing the same, we met the challenge. Most of the time there was no awareness that we were giving up anything. When it is about your children, you just do it. You love them. You want what is best for them. When I write the words you love them and I apply that to Fuxia, I come to a standstill. Love does not seem to be enough. Then I must ask myself, is it the quality of my love? Are there qualities or levels of love? I do not know. Is my love for her different than it is for any of my other children? I know that I love each of my children in a unique way.

I delight in their victories in life, and worry over difficult circumstances they face. I find great joy and pride in each of them individually. Can I say the same for Fuxia? As I write this, random incidences trickle into my thoughts. The incidences are connected to feelings - feelings recalled from events. The fact that these events come to mind as I ponder and yes even question is an encouragement to me - if that love is of a similar quality to the love I have for the older biological children. David reminded me just a few days ago of the frustration we had with our youngest son. Jon Marc, unlike his older siblings was extremely divergent and remaining on task or organizing life at times was a challenge. Those seasons of frustration were similar to Fuxia's present actions and responses. Love is definitely not always measured by feelings. Those reflected memories - an anger related to protection when Fuxia was threatened physically in any way...a feeling of compassion as I watched her suffer with physical pain, periodically surfaced. Often when her pain seemed inconsolable, I would have to withdraw to gain courage to keep walking with her in her battle with the pain of fractured bones. I remember the mixture of joy and pride as I have seen her triumph in everything from pulling herself up to the sink to brushing her teeth or giving a stellar performance in the church play as she brought life to her part, and then proceeded to scoot across the stage to sit once again in her wheelchair. She did this with no self-consciousness whatsoever. Then there was pride in her first report card of the year and pain as I watched her performance slide. Watching her sleep and thinking to myself - what an amazing child she is. I can remember some of the same feelings and responses with all of my children. Do I differentiate between them all? Yes, I see each one differently. Do I compare them? I am certain I have compared their behavior to each other at times. Often, I used the comparisons to understand what might be causing certain behaviour. I can only base my belief that I truly love Fuxia on similar responses I have with her that I have experienced with her three older siblings. Whatever the degree or depth of love I have for her is simply not enough. I am at a loss as to how to penetrate her understanding of commitment to another. I do not know how to wrap words around my anguish. I have never identified myself as a failure in loving. I love deeply. I seem to come back continually to - love is just not enough. There always seemed to be enough grace to handle whatever came our way. It is interesting that I wrote this sentence in past tense. Is there no longer grace for dealing with Fuxia? What am I to learn from what I am experiencing? Grace is a strange and unique gift. I suppose it could also be associated with a resilience that develops unconsciously. It does seem to require trust to apply grace into situations of discomfort or crisis. I wonder if the quality or quantity of

that grace is proportionately dependent upon the depth of trust.

We have been consistently challenged by Fuxia's lack of responsibility with regard to her schoolwork. This disorganization undermines her work. She began with top grades in the first quarters and then for some reason quit. When we discuss it, her response is "I just didn't want to do the work". We had no idea she was so far behind in her homework and labs and projects. She assured us all was fine and because her grades were excellent to begin with, we were not concerned. It is a continual battle. At times, we are working on homework together till late at night. She just does not seem to care. The greatest frustration and the most painful is a concern she cannot be trusted. It seems far too easy for her to say... I have done my homework or yes, I have turned it in, I have studied for that test or simply I do not have any work. After sharing the frustration and feelings connected to her behaviour, the actual encounters do not seem as important.

I shared part of my processing with her by reading parts of what I have written. We were sitting in Starbucks. We needed to get away from the house and just have some uninterrupted time together. She had experienced a scare in school regarding an approaching tornado two days earlier. The experience was quite frightening and she needed to be able to process the fear of being separated from her family in a crisis.

As I shared what I felt, she began to cry silently. The difficulty we have been walking through has caused me to consider the place of trust and love. What is at the center of this disregard of responsibility?

As she responded to my reading of the process, my thoughts became centred on the distance created by mistrust in a parental relationship. The lies create a separation.

We talked about how important being open and telling the truth was to trust. Fuxia seemed to understand. We also revisited another conversation we had a week prior to this about conscience. She had done something we had asked her not to do. It had been discussed and agreed upon.

I asked if she had any thoughts at the time regarding what she was about to do. She looked at me with her head tucked slightly down and her eyes on the floor.

I did, she responded quietly.

Can you tell me what they were?

Yes, I thought I should not do this.

"Fuxia, that is wonderful." I said. She looked up at me with a slight confusion in her look, as if to say...why is that wonderful?" I responded in a serious but positive tone. "This means your conscience is working. It is so important that you learn to listen to those thoughts." I began sharing with her the function our conscience has in keeping us safe and teaching us to be responsible. We talked about her future and how she would need to be able to make responsible choices as she became older and was involved in activities outside of our home. I said, "who knows someday you might be driving and friends ask you to take them somewhere or be involved in something that could be harmful". We went through many scenarios and she seemed to listen intently with a slight fascination regarding how conscience was helpful. We agreed how important it was to listen to those thoughts and choose smart and wise behaviour.

There are areas of development that need clear direct instruction with experience. With my older children there seemed to be a natural development of their conscience and capacity to trust. With Fuxia I find myself having to be much more deliberate.

The experience of Fuxia's response to the tornado warning mentioned above reveals her own choices of courage and communication as necessary developments in becoming secure.

Fuxia:

Yesterday we were going out to do archery – the people working on the gazebo blocked my way to the archery class. Sally had them move their car and I joined the class when it was half finished. I made three arrows in the blue section and one in the bull's eye. I was quite proud of myself.

It started thundering and Sally began to hurry everyone up to get us in the building. I started getting scared with the sound of thunderstorm. I have not been in a thunderstorm except at home in yours or dad's lap hiding. I started feeling droplets of rain on us. Sally began rushing everyone in and they started pushing my chair fast over bumps and the uneven grass field. This made my chair shake, which made me shake in the chair and with all of this movement...my tailbone began throbbing.

The first door we tried led to a staircase so we had to try another one. We were moving very fast and it made me hurt even more. We were running from the lightning and thunder with a downpour of rain. The second door we tried worked and we were able to get in and a teacher began putting us in groups. They made me get out of my chair... they said it would be safer. When I sat down in the rush of everything, I hurt my tailbone even more. Frank, our principle came on the loudspeaker and told us we were on a tornado watch. What is a tornado watch, I asked myself? I was unfamiliar with the word.

I became even more frightened because I did not know where you and dad were. I began asking around about what a tornado was. The kids just stared as if I were dumb, not knowing what a tornado watch was. I tried to explain that in Hawaii, where I had lived since I was 4 years old no one spoke of tornado's. Then I began feeling even worse. I really felt alone. I had never been at school by myself when there was a life-threatening situation. You are usually right beside me. Like when I got sick the first time with you, you were right there. I was even more frightened when we had to stay there on the floor under the stairs. I felt alone without you there. The power went out and it became very dark there were no windows where we were. We were crammed together and I was afraid of getting hurt. All of the teachers were running around asking where I was. The lights began flickering on and off... like at my brothers wedding when they were dancing.

Everyone else was being so calm about it, which made me feel even worse. I was so frightened. They were playing concentration sixty-four and I was holding my knees rolled up in a ball trying to disappear or at least hiding from all that was going on. I was also afraid I would miss my bus. The bus came early and there was lightning. Dad was not there to meet me because the buses came early to pick everyone up. I had to make my way up the hill in my manual chair with the lightning bursting around me. I got home and grandma was there. Mom was caught in the same storm and could not get home either. Once I got inside I made my way to grandmas downstairs and my back erupted in pain. Daddy made it home right at four and was surprised to see me already home. He was also caught in the storm.

I could not even see anything. I had curled up in a ball of pain and did not realize that daddy had come home. Then daddy started feeding me yogurt so I could take my pain medication. My fear burst out of me and I began to tell dad all about it. Daddy held me and listened. I asked where you were and he explained.

I felt this afternoon that I did not live up to your standards. Not lying and keeping up with my work and being my age. They are easy enough to live up to but I just did not want to. I feel sad that I did not live up to them. I want to change. I am sorry mommy.

Fuxia's mother:

I am uneasy about Fuxia using the word standards and not living up to mine. It is important that she knows that love for her is not based upon living up to my standards. There are internal family experiences and external cultural expectations related to what is expected of a child. These are usually unspoken but definitely inferred in communication and behaviour. I had to evaluate and step back from a number of these and realize that I cannot impose these cultural or familial expectations upon her. One example was that in frustration, when she had failed to follow through on homework and projects again, the manner in which I responded was inappropriate...e.g. 'how you act now will determinatively affect your future...you can choose to work a fast food chain or have a profession that matches you capacities and gifts.' While there is a truth in this, my model of communication was demeaning of her and devaluing of others. It gave her an erroneous picture of the value of manual labour, as if labour in and of itself was not valuable. The matter was resolved in another conversation, in asking forgiveness for the model and content of my communication.

Fuxia's mother:

As I relaxed on her bed I said, I was upstairs looking at the journal I kept during your adoption and it made me curious about something?

Fuxia:

What is that?

Fuxia's mother:

Do you ever wonder who your birth parents are? What they look like or if you look like them?

Fuxia:

Not really. I know how we could find out though – We could get everyone in the area where I was left to take DNA tests and then we would know who they were.

Fuxia's mother:

Would you like to know who they are?

Fuxia:

No, but it would be cool to test everyone.

Fuxia's mother:

I doubt that we could convince 1.5 million or more people from the area you were left in to do a DNA test. They may have lived in the countryside and brought you into the city by train, since you were left at the station. If you wanted to know I would love for you to, however I doubt it is possible. I suppose I just wondered if you ever thought about it.

Fuxia:

Not really.

Fuxia's mother:

Do you ever wish you could live in China?

Fuxia:

Are you kidding? I would be dead by now! Mom, I thought about the DNA because of a discussion we had in science class about genetics.

Fuxia's mother:

Tell me about it.

Fuxia:

I really got mad, angry even.

Fuxia's mother:

Why was that?

Fuxia:

Adam asked the dumbest question about whether or not adopted kids had the same DNA as their parents. A stupid question. It made another girl in the class who is adopted feel bad.

Fuxia's mother:

What did she do?

Fuxia:

She was quiet. I could tell she was embarrassed. She just kept her head down.

Fuxia's mother:

By this time, Fuxia had closed her book and quietly scooted over to her bed from her desk, climbed up and laid down beside me. I remarked...this feels so comfortable I could just take a nap. Want to?

Fuxia:

No, (giggling) then neither one of us would sleep tonight.

It was interesting how she came over to join me and sought nearness when discussing an uncomfortable situation in school.

Fuxia's mother:

What happened in the class?

Fuxia:

Adam kept pushing the questions, and I spoke up and said, Hey there may not be genetics with our parents but we become like them and even do some of the things they do because we live with them. Hey, my birth parents gave me a genetic disorder! I kind of felt bad." Adam is always making some lame comment. I guess my comment came out like I was defending myself. The teacher took Adam outside and straightened him out. I guess by speaking up to him, I could keep him from getting away with bullying. I felt so sorry for the other girl. This way it made her a little more comfortable.

There was a time when Fuxia would have been withdrawn and quiet. Nor would she have communicated the situation with her parents. She would have been embarrassed. This was in fact the case two years earlier, when she was again the target of a bully in her class. The bully's behaviour continued for an extended time without the family being aware of it. Finally in an action intended to traumatize her, he was caught in the act and eventually

suspended from school.

This contrast of behaviour in physical and verbal response, demonstrated Fuxia's internal development in moving away from shame and withdrawal toward vulnerability, connection and empathy for others.

6.4.1 Conclusion

Exercising their voice and demonstrating courage was observed as especially challenging for the participants. This was the case in particular, when the recipient of the communication involved individuals who would have, in the past, been an object of fear or were needed for approval. Central to this exercise of courage was the necessity of 'letting go of what other people may think.' Making conscious choices of courage were seen to be a necessary exercise with the participants, and were strongly influenced if not dependent upon the modelling of encouragement by their safe base persons.

6.5 **Developing empathy (Step 5)**

There is a lack of empathy in varying degrees with the attachment challenged person. This was blatantly obvious with the longitudinal cases in this study. Yet in observing their movement away from shame and responding to a safe person, minor yet growing evidence of empathy could be observed.

Fahlberg says that the attachment challenged child is marked by an inability to empathize (Fahlberg, 1991). Brown speaks of empathy as being vulnerable with people where they are (2010: 11). In the process of movement toward connection, growth of empathy is essential, in developing a capacity to move from a self to other focus. As referred to in Chapter Five, shame is 'the intensely painful feeling or experience of believing that we are flawed and therefore unworthy of love and belonging' (Ibid.). On the other end of the spectrum is empathy. Brown speaks of it as a form of compassion when someone listens while refraining from judgment (Ibid.). The word empathy comes from the

German, 'einführung', which literally translates, feeling into. This capacity to "feel into" is rooted in a sense of personal value and as such can extend value to others. Mikulincer and Shaver speak of the 'broaden and build' cycle of attachment security. When people who possess such self representations (mental representations of a comforting person), they find it easier to remain mindful of whatever is happening to them and around them, to analyse problems (including other peoples needs), to mobilize effective coping strategies, and to endure inevitable periods of upheaval (Mikulincer and Shaver, 2007:461).

The following is a conversation between Ruth, her husband David and the ethnographer regarding giving and receiving empathy.

Ethnographer:

How have you been this week?

Ruth:

You mean since before yesterday?

David:

I had a real busy week...big business deal.

Ruth:

I was dealing with my seventeen-year old stuff.

Ethnographer:

What happened with Nancy yesterday?

Ruth:

I had shared it with her a week ago and have been processing it this whole week and I just spiraled down. When she said it was not your fault, it was like fingernails on a chalkboard.

Ethnographer:

Could you have said to David, I am struggling with my seventeen-year old stuff when I was raped?

Ethnographer:

I know it must be difficult. I know this does not compare in pain or intensity – but I do know that when I can share soon with my husband if I have felt distance or something is wrong – I do not feel as alone.

How did you feel David after you found out what Valerie was going through?

David:

Awful...that I did not know what she was going through and I was so consumed with this business deal. I felt I had failed her. She called herself an imbecile.

Ethnographer:

I do not know if this will help, but a large percentage of children, teens and woman who are raped or abused...because this is a new and perhaps good feeling, they attach guilt to themselves. They are confused with the good feelings. The child compounds their feelings of shame whereas the teen or adult says; I should not have been there. I was so stupid to put myself in that situation, belittling themselves.

Ethnographer:

Ruth, you are not alone...David, will you take Ruth's hand? (Until now they were sitting on separate couches.) As Ruth began to cry, David took her hand. They established and held eye contact. He acknowledged her pain and moved over to sit next to her. The physical connection, touch, hugs, holding hands have been difficult for Ruth to offer for years. When you realize others know the details of your life and you feel you are not alone, those are the feelings of connection. You do not have to hide.

Beyond being with Ruth and David for extended weekends, there was a 10-week period, toward the end of the research, when I was living in their guest quarters and writing. This was a time of reviewing related field notes for accuracy, clarification and correction. I was with them on a daily basis at meal times, social events and private conversations and had opportunity to casually observe changes in their relationship.

Neither Ruth nor David had an experiential understanding of empathy within their respective families. Over the previous four years, there had been a gradual acknowledging and owning of her life history and related shame. This was as well true of her husband. With this process of taking ownership, there was less blame toward David in her communication and expanding dialogue regarding his positive traits. This evolution toward empathy was a dialectic process, not without challenges and tension.

Ethnographer:

The context for this episode was one of considerable tension between Ruth and David. He had organized and invited a group of international guests to their home, without consulting her. The problem was not one of hospitality but loss of voice and devaluation. In any other situation, this would have been a simple disagreement between husband and wife. Ruth found out about the planned event from a third party...clearly an oversight on David's part but an occurrence that happened more frequently. My husband and I were spending the weekend with them when this dialogue occurred.

Ruth had withdrawn, was not expressing her feelings and had spiralled rather quickly. David was frustrated, knew that he had brought offence and had made amends and asked forgiveness. The problem was that neither was able to feel what the other person felt in the given situation. Without being able to do this, there was no opportunity for empathy. Ruth had lost her mooring and they were stuck. I asked her where she was and what did this feel like? She responded, "I am hopeless." I questioned her whether she was hopeless or the situation felt hopeless. She did not directly answer but began describing how she felt in this situation saying, "I am invisible, alone and feel cheated." These feelings had been stuffed for some time and were obviously escalating. She continued, "I don't know how to explain this other than to say, I feel like I am in Hell (alone and abandoned) and I know these street signs. They are familiar to me." I asked David what he felt like when she said that." With considerable emotion he reiterated his apology for bringing the offence and said, "I feel very sad, because I love her." Though crying she did not respond to him... He moved next to her on the couch to comfort her and she got up to leave the room.

(This behaviour was reminiscent of earlier times with my daughter, when rocking or holding her, she would stiffen and pull away, unwilling or unable to receive the comfort. When I connected with her feelings of fear and confusion and began to weep, it brought connection. She would respond by touching

the tears and relax in my arms.)

Almost instinctively, I responded to Ruth's attempt to leave the room. She was sabotaging their tenuous connection. David was genuinely sad for his behaviour and her pain. Her lack of self worth and self-compassion, along with the instinct to save herself, was driving her to default to her survival pattern. Impulsively I stood up, put my arms around her as I had so often done with my daughter, and said to her, 'we are not going to let you retreat, you are not alone, your husband loves you, we love you and are not walking away.' We stood there for quite a while. Her weeping became that of a child toward a mother figure. She then turned toward her husband to embrace and kiss him, along with offering of genuine forgiveness. There was a mutual extending of empathy resulting in connection.

The element of touch was significant in the previous episode. The couple had not only been distant emotionally but had withdrawn themselves from physical touch. The most obvious automatic response in becoming aware and connecting with each other's feelings and thoughts, was to touch and embrace.² Ruth and David reached toward each other making those choices, in a safe and empathic environment. Mikulincer and Shaver affirm this dynamic in the following. While forgiveness in this situation was not a negotiating strategy, the findings in general were reflective of the process.

Attachment anxiety was not significantly associated with dispositions to forgive, withdraw, or seek revenge, but anxiously attached people reported stronger feelings of vulnerability and humiliation associated with forgiving a wayward partner...We suspect that an anxious individual's reactions to a partner's hurtful behaviour are influenced by two conflicting forces. On the one hand, the inclination to intensify negative emotions and ruminate on threats interferes with forgiveness. On the other hand, the desperate need for a partner's love and the willingness to sacrifice some self-respect in order not to provoke a break-up may cause the attachment anxious individual to suppress resentment and use forgiveness as a negotiation strategy (Mikulincer, 2007:275).

The following episode is concerned with empathy in the framework of teenage relationships. It involves learning to express concern socially for others when it means giving up personal control.

Fuxia's mother:

Fuxia has spent the last six years growing up with an exceptional group of young people in the neighbourhood. They range in age from seven to eighteen and fairly mixed between male and female. She is the only disabled person in the group and apart from some physical activities that limited her participation her condition hasn't restricted friendships within the group. They are actually tight relationally and identify closely. In fact, it seems to have enhanced their camaraderie and commitment to each other. During a recent snowstorm, our streets were impassable by auto, let alone a wheelchair. The group wanted to play outside. To not restrict her involvement, they rigged up a huge tire inner tube in which she could sit or lay and they pulled her throughout the neighbourhood, up and down hills and even to the nearest Starbucks to warm up.

Three of her closest girl friends live within a block of each other. All three are tall for their age, dwarfing Fuxia by well over a foot. At one point when she was bemoaning her size, their response was, "NO, you are just Fuxia – that is who you are."

The mother of one of her friends, with whom she had a particular affinity, suggested it was going to be a long summer. None in the neighbourhood were planning on an extended holiday time. She expressed her concern for her daughter who needed to learn to use her voice and be confident in self-awareness. Fuxia is persuasive and can easily control activities if her friends do not state their opinions. Unlike the others,

² "In the work of the repair of the self, which spans infant, child, and adult psychotherapy, neuroaffective touch can facilitate the emergence of the preverbal and infraverbal self (Shaw, 1996). Nathan (1999) describes how 'holding and rocking allows unconscious, preverbal healing events to occur...as if, in the containing hands of the manual practitioner, the body-self understands itself a little more and can relax and grow in such understanding; (cited in Psychologist-Psychoanalyst, 2006, Summer Issue 16/17:45)

this particular friend was reticent and would generally not speak up. Together we decided as mothers, that in order to help her friend take more initiative, that Fuxia would take a step back, allowing her friend to initiate contact. They tried the scheme but there was little initiation and contact. When it came down to it, Fuxia did not understand and interpreted the non-communication as a form of rejection. When the situation escalated, we brought the girls together to encourage them to verbalize how they felt. It was a lovely day and we sat outside on the porch and had tea and cookies. Her friend, Karen, found it difficult to express her feelings even though they both liked and enjoyed each other. It was not sufficient for us as mothers to try and explain our daughter's feelings. We encouraged them to explain enough so that the other person could understand and sense how they felt. Fuxia said that because she did not hear from her, she thought Karen did not want to be her friend and it made her sad. After waiting sometime, Karen shared how difficult it was for her to express her interests and desires. Often she wanted to do something different but hesitated to speak up. She felt overwhelmed by the strength of Fuxia's voice – almost felt obligated to come when Fuxia called. I tried to get Fuxia to put herself in Karen's place by asking, "what if you felt like you didn't have a choice with who you were going to play with and what you would do?" Her response was that she felt like Karen did not want to be with her. Karen finally said, "I just need to learn to say no. It's not about you." We all agreed that it was right for Karen to be able to initiate. If she felt like she had a voice, she would want to.

Both girls learned a degree of empathy in caring about what the other person felt. The process helped them to listen to how each other felt and to respect that.

Ethnographer (with Molly):

Molly and I arranged to meet at a children's park as she has the children all day. She was very excited to tell me about how her day had gone and the evening conversation with her biological father and stepsister. Many times in the past, she had encouraged him to reconcile with his other daughter. The stepsister had called almost speechless to say that her father had called her and apologized. She was amazed and actually thanked Molly for her part in their beginning to communicate with each other. It was obvious that Molly felt good about her part in their reconciliation. Her biological father even told Molly that her sister mentioned what a good person Molly was. There was stability in Molly's voice and even a flicker of confidence. She also shared of her work experience. She felt good about the fact she had shown up and was actually able to follow through with her responsibilities. She had spilled something on a person she was waiting on and recovered from the mistake. The lady was quite understanding and said, "please don't think anything of it- I have four children." I asked Molly how she was feeling about herself and her answer was a quiet positive.

I interacted with Molly's two children, now ages 9 and 6. Her son is now on anti seizure medication, which has affected his activeness. He seemed to be somewhat subdued in behaviour. He was responsive and talkative to his mom. He came to her for reassurance when another child approached him about the coke he was drinking and whether or not it was good for him. Molly did a good job of extending empathy and reassuring him.

Her daughter noticed Molly and I interacting with a younger little girl sitting in front of our bench. She immediately came over to Molly from quite a distance to question her on why she was paying attention to this little girl. Molly reassured her that she was just smiling at the little girl and that she (her daughter) was her little girl who she loved very much.

I was surprised at her daughter picking up on such an insignificant expression at such a distance. It seemed as if she was being hyper vigilant and possessive of her mom. I would probably see this as insecurity regarding her relationship with her mom. We spoke together of some ways of communicating empathy and action together. I was encouraged with Molly's interest and response.

Molly and I spoke of when we would get together again and I encouraged her with the steps of personal responsibility she was taking, how well she was interacting with the children and what a positive influence she has been on her biological father and step sister.

There is little to recognize of empathy in Jenna's thoughts and behaviour. At the very most there is a glimpse of interest in others. I experienced this during a conversation with her.

Ethnographer (and Jenna):

I was walking with Jenna in the park near her home. Her mother was with us. We climbed trees (not very high) and at one point, she expressed a fear of dying if she fell. She turned to her mother and asked, "Does Carol have a child from China?" I responded with a yes and said that I would like to bring her here to meet her sometime. I said she is disabled and uses a wheel chair. She asked, "How is she disabled?" I said that she cannot put weight on her legs or bones. It makes it difficult for her to walk. Jenna asked, "Does she not like not being able to walk?" I said that it did not bother her too much and Jenna asked if she had friends. I said that she did. Jenna asked if she had a boyfriend. I said that she had a boy in the neighbourhood that is a good friend. There are other boys and girls that are friends too. She then asked if the boy was Chinese? Her mother said that Jenna thinks that Chinese are ugly and Jenna chimed in and said, "They are!" She asked, "Does she go out on dates?" I responded that they do not but they usually come over to each other's home to watch movies, play games and they usually do those together. She could not quite grasp that and took off on a tangent about her neighbourhood.

Jenna struggles with any movement in the direction of empathy. This is evident in virtually all of her human relationships (she shows an interest in her cat and other animals). From observing her behaviour in multiple contexts, she moves quickly to blame and judgment and is consumed with expressions of fear, in particular that of death. Brown explains in her research that fear and blame are used unconsciously to maintain disconnection with others and are rooted in shame (2010). A recent correspondence with her mother added to this reoccurring theme in her life and relationships.

Jenna's mother:

I think this child of mine is just about defeating me. I do not handle her well. The latest drama...(and I am pretty much resigned that for the whole of the rest of my life there will be ongoing dramas with her) is that she went to see the school counselor last week and erroneously accused her uncle of physically and verbally abusing her! What she actually means by that is that he is short tempered with her at times. It is true that he has less rope with her than anyone else but it is also true that he and her aunt are the kindest, most supportive family I could wish for. I decided that I needed to talk to them about it...as I had no idea what the response of a secondary school in ____ would be...and have lots of experience with local authorities over reacting to vulnerable adult issues. Anyway, probably a big mistake as her uncle is devastated. The counselor has told Jenna...according to her that she should not be alone with her uncle. I have been in to see the head of year and they are behaving well and feel they have the measure of Jenna. Her uncle and aunt are away but have emailed Jenna. Their first response was to say that they wondered if they would be able to continue to see Jenna, but I think they have calmed down a bit since then. They want to see me next week to work out what to do. I have no idea what to do. I know they feel I am not tough enough with her. I do not know. She is an arch negotiator and would try the patience of anyone.

Yesterday she went on a day with the church youth club to a place where they climb through the trees. Her bedroom was in a terrible state despite my many requests for her to tidy it up. I decided to tidy it whilst she was away as I feel a sense that her seriously out of control bedroom is not helpful to her emotional state. Today, she could not find some clothes that she had recently bought, so her response was to throw all of her ironed clothes out of her wardrobe and drawers onto the floor, was screaming and shouting at me accusing me of loosing them. She then went into other rooms and turned out the contents of the drawers onto the floor. I need to help her feel safe, which she clearly does not feel. I found the clothes she thought she had lost in her wardrobe, and insisted that she put everything she had dismantled back. She eventually did but has lost all computer rights in the meantime. She is away for five days from tomorrow on a school trip so she is anxious. I can only see it as five days reprieve.

The day before Jenna made an accusation of her uncle's abuse; Jenna had spent the

weekend before with her aunt and uncle, relentlessly demanding that her aunt buy her a particular pair of shoes. By the end of the weekend, her uncle challenged her to stop badgering her aunt and tried to put an end to the conversation. The accusation at school the following day seemed to have been Jenna's response in anger. It is a typical pattern of a child without empathy to shift blame for their behaviour and accuse others.

6.5.1 Conclusion – neuroscience of the empathic social brain

The data reflected phenomena of the emergence of empathy that is based upon a safe connection and the modelling of compassion. As safety and connection develop, a situation and person specific expression of empathy emerged. This is founded upon a social brain connection with the safe person.³ There are two particular theories in the neuroscience of empathy: 1) Simulation theory which poses that empathy is possible because we see another person experiencing an emotion and we simulate or represent that same emotion in ourselves, so that we can know first hand what it feels like (Goldman and Shanton, 2008: 4,5). There is some preliminary evidence of so-called 'single, mirror neurons' in humans that fire during both the observation and experience of actions and emotions. And there are parts of the brain in the medial pre-frontal cortex, (responsible for higher level kinds of thought), that show overlap of activation for both self-focused and other focused thoughts and judgments.⁴ 2) The Theory of the Mind developed out of autism research showing that autistic individuals had difficulty explaining or representing a mental state of another (Baron-Cohen, 2001: 174-183).

³ In her seminal review, Brothers (1990) proposed that there was a circumscribed set of brain regions that were dedicated to social cognition. She called this set of regions the social brain and listed amygdala, orbital frontal cortex and temporal cortex as its major components.

⁴ Reporting in the April edition of the journal *Current Biology*, Dr. Itzhak Fried, a UCLA professor of neurosurgery and of psychiatry and biobehavioral sciences, Roy Mukamel, a postdoctoral fellow in Fried's lab, and their colleagues have for the first time made a direct recording of mirror neurons in the human brain. The researchers recorded both single cells and multiple-cell activity, not only in motor regions of the brain where mirror neurons were thought to exist but also in regions involved in vision and in memory. Neuroscientists believe this 'mirroring' is the mechanism by which we can 'read' the minds of others and empathize with them.

6.6 Summary

While evaluating the movement of the participants in a continuum from abandonment to connection, this chapter addressed, based upon the observed data, the process of small steps – risk taking – in response to the offering of safety and responsive availability. With exception of Jenna, each participant began discovering the value of vulnerability, experience and at times empathy, while beginning to communicate with courage.

The place of cultivating experiences, letting go of old patterns and new understanding were recognized and evaluated. Finally the experiences of early trust encouraged extended exploration, resulting in increased confidence relationally and expressions of empathy. This process is illustrated in Stage 2 of Figure 5 (Model of non-therapeutic intervention). This emergence of empathy points to a directional change. This change, described in Chapter 7, can be best understood by visualizing a spiral. While the abandoned, self focused individual will generally spiral down or into themselves leading to isolation, the spiralling observed in the data of most participants is one that moves outward, growing in trust, gaining in confidence and self esteem.

7 CHAPTER SEVEN – STAGE 3 – TRUST TO RELATIONAL CONNECTION

7.1 Introduction

This chapter follows the collected data of themes revealed in Stage 3. Trust emerges as a critical primary theme for moving toward connection. Initial attempts to trust were brought to light with confronting fear and shame and taking risks in response to a trustworthy caregiver who provided a safe environment (Chapter Five). Early trust, experienced and strengthened gave way to expanded exploration, courageous communication and a discovery of empathy (Chapter Six), experienced both in the position as a recipient and that of a provider.

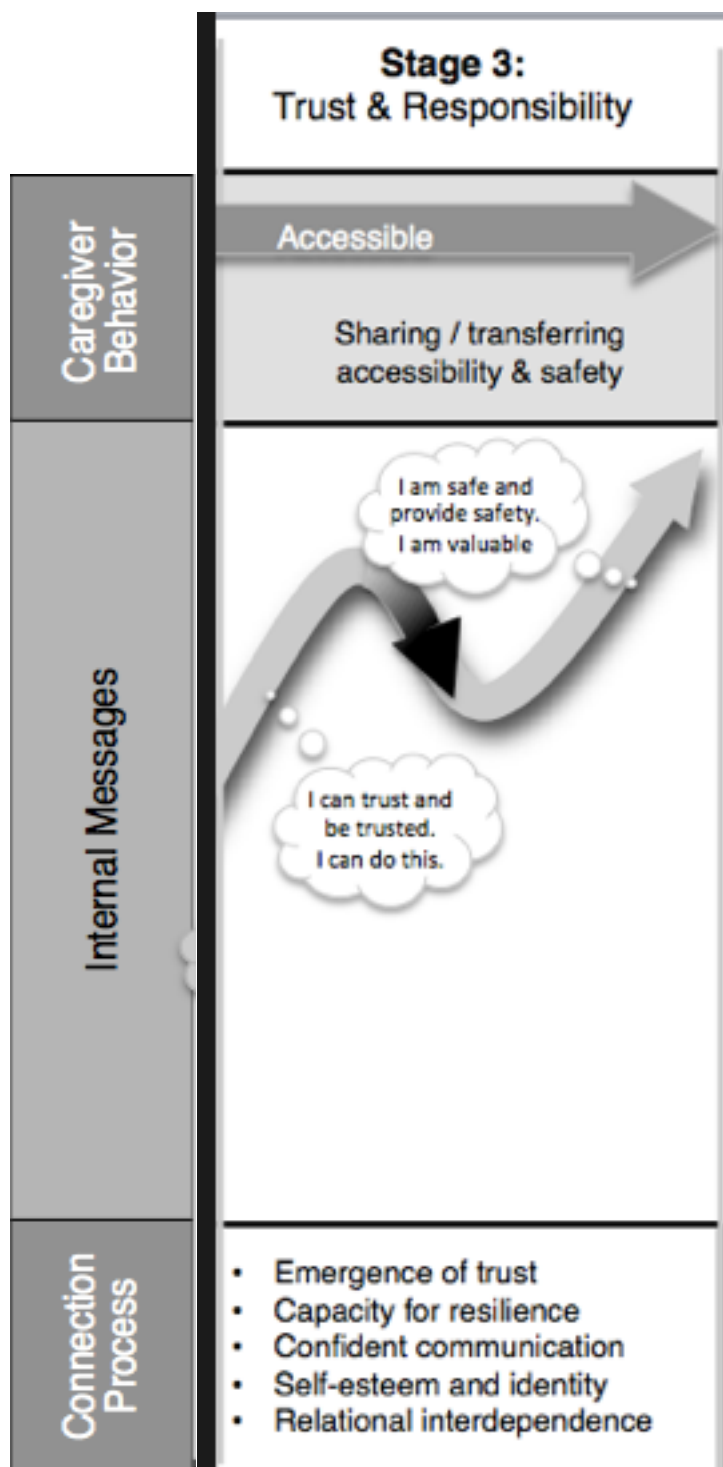
Built upon these observed, recorded and written experiences, this chapter demonstrates the affect of trust and safe relationships within the context of the attachment challenged person. As resilience is nurtured, the participant will learn to more naturally connect relationally. The outgrowth of this capacity will be seen to be confident communication that moves the individual forward in a process of development of self-esteem and identity. A capacity to function interdependently in relationships comes into view as participants grew in confidence of their connection with others. Building upon the data of Chapters Five and Six, the central research question and related enquiry (listed in 1.3), regarding a coherent model for intervention, is realized in the data of this chapter.

7.2 Affect of distrust and trust

One way to see the affect of trust is to observe the lack of it in a relationship. On reflection of early stages in observing the participants, the impact of both distrust and trust was graphically displayed in their behaviour within their family relationships. Millie's relationships, including that of her husband and colleagues exemplified this.

This process can be followed in Stage 3 of the model of intervention (see Figure 4 below).

Figure 4: Model of Intervention



Ethnographer:

Benon became ill toward the end of her degree programme yet she covered the severity of his illness. Although she expressed a concern for others safety in earlier years with regard to HIV-aids, she explained Benon's illness away by saying the food in America did not agree with him. She was determined to finish her degree. She pulled away from our friendship, when I gently questioned her regarding the virus and testing. She laughingly said she had been tested and was negative, expressing with great joy that she must have been healed (part of her withdrawal could have been based on the cultural shame she held because of HIV-Aids). Benon's condition became worse after returning to Uganda. In the end, his family came to take and look after him as Millie was consumed with her school and refused to assume his care. Millie became extremely closed and would not respond to my emails or letters. She continued to isolate herself from all who had once thought themselves to be close to her. Those that should and could have been safe people for her were the ones from whom she withdrew.

Ruth:

My teen years were chaotic, a failed gang rape at thirteen, a rape at sixteen, looking for love in all the wrong places. I became pregnant at eighteen and had an abortion that would bring me to the Lord. I married at twenty-four to someone with intimacy problems. We have been married thirty-eight years. I have four children, thirty-six to twenty-six that I am just now trying to bond and attach. It is not easy to do relationship for me. I have attachment issues; trust issues, abandonment issues and good and bad issues.

I look at young children that have a sense of self and use their voice and I am amazed. I realize so much was damaged so early and for so long that I have trouble feeling safe in my own skin. To come out of that skin and voice a want, a need, and or a hurt becomes Mount Everest to me. Like radar I pick up any cue that might make me feel less than and that validates what my internal system has always told me...that I do not belong and that I do not matter.

At this stage in her life, the capacity to trust, compromised by years of abuse and loss, built a wall against any conviction that she could extend trust toward those within her circle of relationships.

Ethnographer:

It was just a normal Saturday routine. Jenna, a ten year old at the time, did not want to ride with mom to take her sister Anna to Chinese lessons and violin lessons. She chose to stay at home. It was only a short trip and mom returned quickly. Jenna had promptly pulled all the curtains shut so no one could see inside. She made sure all the doors were locked and said she wanted to make certain that no one saw her or that none of her friends should come by, because they would steal something. For the same reason she will not have friends come for a sleep over. This has been and remains a common practice of Jenna's.

Jenna's mother:

Every day when she comes home she has the same routine. Wherever she takes her clothes off, there they stay. You can tell the direction of her movements by following the clothing path. She closes all the curtains, gets her robe on, places the kitty inside her robe and turns on the TV. There she remains even though she has been told to do her homework and practice her music. She is now 12 years of age and the pattern of isolation – I cannot trust anyone – remains.

Jenna:

What will happen to me if you die?

Jenna's mother:

Well I am not planning on dying but if in the unlikely circumstance I did die, auntie ____ and uncle ____ would take care of you. You would move into their house, they would decorate yours and Anna's bedrooms just the way you would like. You would still go to the same school. You would still go on holiday to ____ and to ballet and to Brownie Camp and do all the things you are doing.

Jenna:

What if they think taking me to school is too far?

Jenna's mother:

They know what would be best for you and that staying at the same school with the same friends would be good, so they would do it.

Jenna's mother:

As you would expect, she is struggling to make good lasting friendships. She attaches herself to different groups but continues to feel an outsider. This resulted in a meltdown last week as various girls told her she was a pain, both to her face and on the dreaded Facebook. Jenna really needs some help with how to make friends. Her anxiety drives her to be pushy and overbearing and her lack of empathy and awareness means that she does not read the signs. She just needs one mate that she could start to do things with after school. I am not sure how to help her, as she will not entertain listening to any advice from me. She spends most of her time complaining that I am too old to be her mother and ensuring she is not seen anywhere near me if her school chums are nearby. The teachers say that she is always with people at school and appears to have lots of friends. I am sure she is with different groups all day but Jenna attaches herself to them rather than they to her. She will not invite kids back to our house. Her distress at not having friends, according to Jenna is of course my fault as I moved her school. She has built up a picture in her mind that at her last school she had many close friends.

It is a dilemma. She has not joined after school clubs, which I have suggested to her as a way of making friends. She spends too long on Facebook. I try to limit her to an hour a day but it does not really work. She gets home mid afternoon and I am not in until early evening.

The mother sought assistance for evaluation and intervention at a well-known psychiatric clinic. No clear diagnosis was made and one of the suggestions proposed for Jenna in developing friendships was to join Facebook. Cognitive behaviour therapy was also suggested, however after evaluating Jenna's response to questions and discussion, it did not seem a viable means of intervention.

Ethnographer:

We discussed the possibility of neighbourhood relationships. I spoke to Jenna about this to see if she had made any connections during the summer months? We also initiated a discussion with the aunt and uncle

to see if there would be the possibility of spending time after school at their home. Without an initial feeling of safety, progress toward social connection is difficult to achieve. More recently, Jenna tried to sabotage the relationship with her aunt and uncle – however that has normalized after clarifying the circumstances of the situation.

Jenna's mother:

I think this child of mine is just about defeating me. I do not handle her well. The latest drama...(and I am pretty much resigned that for the whole of the rest of my life there will be ongoing dramas with her) is that she went to see the school counselor last week and accused her uncle of abusing her!

Ethnographer:

My response to the current situation and mothers discouragement was the following... Jenna is lacking in empathy – she can only focus on herself. I believe I would first begin with asking her to consider how her uncle must feel... for example, Jenna, what would it feel like if someone very close to you or a dear friend went to the police and said Jenna my niece who I love very much – has stolen, lied or hit me. The police might come and take you away. This is how your uncle feels. He corrects you because he cares about you and wants you to be a happy person.

The literature available for correction often recommends using behaviour modification. The greater issue with Jenna seems to be her concern for safety and security. This situation seems to have less connection with the correction of her uncle as it does with her need to be in control, which for her offers a sense of safety. I recall observing her at the park on my first visit. Even though it was decided we were going home, she wanted to go the opposite direction in the park. This was similar behaviour to her insistence to purchase a particular pair of shoes with her uncle. The park occasion ended with her using the rented "peddle car" to continually run into the back of her mothers legs. The intensity of her voice and actions increased and when she felt she was losing, she then began to challenge her younger sister in the same way by crashing into her bike. Structure, routine and the creation of dependence upon the mother could be the way to create a connection. She needs to be thought of as an infant, dependent on her caregiver for shelter, food, clothing and decisions. Touch seems crucial – she must be given hugs even when she stiffens and pulls away.

Point out to her that she loses her temper and you do not call the police or send her away. She does not seem to understand if it does not relate to something that is going to happen to her. Do role-play, exaggerate her behaviour and let her see how annoying it can be. Somehow, she has to see you as stronger, reliable and trustworthy. She tries to remain in control of the life of the family. She has to see the consequences and know what it feels like. Jenna can only think about herself. She does not understand the consequences that her actions have upon others. Therefore, she exaggerates everything. She is afraid of everything and has decided that always having whatever she wants, materially, will keep her safe and secure.

Knowing how another feels and thinks while refraining from judgment is a critical step in creating trust. Where judgment is actual or perceived, it impedes the capacity of trust to develop. The following is Molly's reflection, still lodged in her memory, of conversations as a child with her parents.

Molly and parents:

She remembers running to her closet and her adoptive father, weary of her shouting, "Do you just not get it?" "You are worth a whole lot IF you do what I am telling you to do!" She felt the same of her birth parents in the following reflection, "We did not want you when you were born and we do not want you now."

She considered herself worthy IF she complied with others expectations – a matter of survival...she could not trust them to love her if she did not perform. This was not the intended message, however it was the perceived message by Molly. They were not available if she was not doing the right thing. A final barrier to her capacity to trust was the perceived judgment on the part of her adoptive parents. Whatever was said or intended by their words, they had the affect of disabling movement of trust toward them as parents.

As evident in the data above, Mikulincer and Shaver assert that the unavailable attachment figure results in two types of pain: 1) distress for inability to gain closeness to the care person and 2) a helplessness when they are distressed by an inability to be comforted by ineffective co-regulation. The individuals view themselves as alone and vulnerable (Ibid.). While spending time with the primary caregivers of Jenna and Molly and reflecting on their daughter's life histories, it was evident both were unaware of the need to create trust. They saw trust as a consequence of the natural dependence expected between the child and primary care giver. As their children grew, creating dependence seemed somewhat unnatural and was not pursued. However from the oldest participant to the youngest, out of this expression of dependence, trust emerged and proved to be a necessary step toward emotional health, connection and wholeheartedness. Jenna's emotional state was more complicated because of the initial neglect of institutional care.

Over the last decade, while interviewing scores of adoptive parents and persons involved with abandoned children, I have consistently heard the statement, 'I wanted this child, I love them, but it just does not seem enough.' In 2003, I came across a study focused on building attachment and trust between foster children and their caregivers through interactive activities and discussions. 'Our assertion is that trust, not love, is the foundation of attachment, and for most of the children we worked with, their trust in the adults in their lives had been damaged many times over' (Lorkovich, T., 2003: 4).

Fuxia mother:

In our early post adoption years, Fuxia was being treated for the bone disorder at Shriners hospital in Honolulu. David and I would usually travel with her for infusions of a bone-strengthening drug. She also had a series of surgeries to straighten and strengthen her femur and tibia bones, which had grown malformed because of multiple fractures. The surgeries often created a situation of threat, a few of which put her life in peril. In June of 2001 both femur were surgically straightened. This meant that each bone had to be cut through in three locations so that the bones could be manipulated into a relatively straight position and then a rod would be inserted through the bones to both hold them in place and add strength to the bone as the pieces adhered. This process would eventually allow her to put weight on her bones and in turn strengthen them. The surgical procedure involved extreme pain. The stress resulting from pain and fear should have alerted her attachment behavioural system toward proximity and safety with her primary caregivers. Instead of receiving empathy and comfort, her reactions were of control, anger and rejection of assistance. At times she would not take any form of comfort and would attempt to control her environment by demands and giving directions. She took her survival into her own hands. Her non-verbal communication was, "I will take care of this, I am on my own. I am alone."

7.2.1 Conclusion

Cozolino posed the question, "can attachment schema change for the better" (Cozolino, 2006: 324)? In context of the participants of this study, the following question could be considered: 'does the observed growth of trust within expanded and safe relationships, provide a healing effect on that part of the brain (the social brain) that influences their behaviour with other people?' The answer appeared to be yes...and as it progressed, the data provided confirmation.

Despite all of the leverage, evolution has given to the preservation of fear; the answer appears to be yes! Although there is consistency in attachment style from childhood into adulthood, many people show changes that reflect ongoing neural plasticity in attachment circuitry (Hamilton, 2000). Early secure attachments do not immunize a child from later relationship difficulty, just as insecure attachments do not guarantee later psychopathology (Lewis et al., 1984). Healthy relationship, life challenges, loss and personal growth seem capable of reshaping the circuits of the social brain in both positive and negative ways (as cited by Cozolino, 2006: 325)

7.3 **Emergence of trust (Step 1)**

During the research, the capacity of the participants to confront adversity, and especially situations in which they would have been traumatized historically, was observed and analysed. In the process, the linkage of the participants contact with a safe person, and development and reinforcement of trust were indispensable in moving away from historical behaviour reflective of 'fight or flight' to overcoming fear and difficult situations.

The following episodes are representative of responses of participants toward a safe

person that led to the development of trust and resilience.

Fuxia's mother:

Fuxia you know sometimes when I hold you close, it feels like you stiffen and my response is to hold you closer until you are not stiff anymore – how does that feel to you?

Fuxia:

Really good...I like it when you hold me even if I fight or brush you off. When you do not let go – I feel safe again.

Fuxia's mother:

I had never heard Fuxia use the word safe before in connection with our relationship. I found her choice of the word representative of the changes taking place in her trust and connection.

Molly:

Well, I am a little more settled and ready to start working. I can reasonably get to the computer once a day. My mom and dad sent me a letter. They let me know how disappointed they are in me and how much I have let everyone down. They feel I have manipulated them and how I am a disappointment...when am I not! I checked the mail when I got back from work on my way home and walked into the apartment crying. I slept for a while but I woke-up pretty angry at how they have hurt me and I always feel like the scapegoat, not saying that my actions are of sound mind, but I am ready to work for the sake of my children and the sake of my own well-being. Let me know where I need to begin and let the healing begin. I love my children very much.

This represents a significant change for Molly from running away to running toward her problems with the choice to trust. This behaviour shows elements of trust, personal ownership of her actions and emerging resilience. Prior to this time she would not have been able to release the perceived message of the letter from her parents

Ruth:

Something happens inside when things go wrong. I lose a sense of trust that runs through every relationship, including my Heavenly Father. The ground becomes slippery and I have lost my balance. It feels so much like the lost child; the wounded teen and I withdraw and shut down. I also realize that I'm not as shut down as I have been in the past. I know you are there and that I can call _____. So that sense of being totally alone is not there. You are my safe place. I trust you with my life. When the crisis hits, I feel safe enough to reach out to you. I find myself modelling after you, like I am imprinting your behaviour, words and thoughts. I find myself calming on the inside when I see you, hear you, think about you and pray for you.

7.3.1 Conclusion

Either in word or actions, the linkage of safety with an available and responsive caregiver corresponded to an adjustment over time in attitude, body language and behaviour. This adjustment was characterized increasingly by hope and confidence that certain people were

potentially approachable and particular situations, formerly hopeless, were possibly resolvable.

Attachment theory proposes that interactions with available and supportive attachment figures impart a sense of safety, assuage distress and arouse positive emotions (relief, satisfaction and gratitude). Secure people can remain relatively unperturbed under stress and experience longer periods of positive affectivity, which in turn contribute to sustained emotional well being and mental health (Bonnano, 2004 as cited by Mikulincer and Shaver, 2007:39).

7.4 A Capacity for resilience (Step 2)

As the data was analysed, an emerging capacity for resilience was identified with a number of the participants. I noticed they developed an ability over time, where growing trust was present, to withstand adversity, whether related to physiological, emotional or environmental stress. They seemed to have the ability to alter trauma or hardship into situations where they would eventually thrive.

Brown, in her research, speaks of ‘protective factors’ – “things we do, have, and practise that give us the bounce” (2010: 63). She details five of the most common factors of resilient people:

1. They are resourceful and have good problem-solving skills.
2. They are more likely to seek help.
3. They hold the belief that they can do something that will help them to manage their feelings and to cope.
4. They have social support available to them.
5. They are connected with others, such as family or friends (Luthar, Cicchetti and Becker, 2000:543-562 as cited by Brown, 2010:64).

Both theoretical and empirical research indicate, that the capacity to sustain positive feelings in the face of adversity facilitates coping, minimizes distress, and renders people less vulnerable to the effects of stress. (E.g., Bonanno, 2004; Fredrickson, 2001; Zautra, Smith, Affleck, and Tennen, 2001 as cited by Mikulincer and Shaver, 2007:461).

Fuxia’s mother:

In contrast to earlier commentary of Fuxia at school during a tornado warning in which she was frozen with fear and a sense of being alone, an account of her experience enduring a hurricane shows a marked

growth in resilience and trust.

...On August 27/28, a hurricane named Irene blew up the U.S. east coast from Florida to the northeast. My husband and I were in England and Fuxia was staying at home with my mother, who is 93 and not too strong, along with a close friend who is a university student. In the following skype phone conversation, while whispering and crouched into a small space in the basement (we could see here on the screen of her phone) Fuxia describes in her own words this hurricane experience.

Fuxia:

“Dad, I did not think the storm would be that serious. You know, I have had storm experience, you know with rain and wind – remember we were snowed in a couple years ago - loved it – no school for three days. Farah and I could hear the wind and rain getting stronger. You could hear the sound of the trees getting thrashed around the trees...leaves, paper, and branches everywhere in the air... It was late and we had all gone to bed. The noise woke Farah and me up around two in the morning. We turned on the news and they said the wind was blowing somewhere between eighty-five to one hundred miles per hour. There was a lot of noise along with lightning. A little later, we heard this HUGE RUSHING sound and then a heavy thud right outside our windows on the front side of the house, actually right up near my bedroom doors. We grabbed our sleeping bags and flashlight out of the mudroom and ran down here to the basement – remember? That is where you told me to go in a big storm. That’s all we know right now – grandma is still sleeping I think. We will call you back later when we know what is going on.

We asked her to keep us posted. A few hours later after little sleep and light was coming, she called back to give us an update.

Sorry dad it’s a mess. You want to see. Hang on and we we’ll take you outside. You will not believe it. You know that big tree out between Muna’s (neighbour) and our house, well its in pieces all over the front yard. The rush and the thud we heard last night...well that that was this tree. Muna said it was about 150 feet tall. Check this out (she is giving us a visual tour of the front yard using skype on her cell phone) that tree fell all the way across our front yard. And look, it landed right up next to the house – there isn’t an inch between the tree and the house. That thing could have gone right through our roof and bedrooms – sorry about the cherry and dogwood trees, they are gone along with the bushes, BUT I’m here! Farah is OK and would you believe Grandma slept through the storm. She actually said it was her best nights sleep in a long time. Amazing huh?

While some of the communication is reflective of the adventure and her age, it still remains in stark contrast to the earlier experience and traumatic response at school during a tornado warning. She demonstrates resilience and a capacity to respond to the stress of the situation.

Ruth:

Speaking of resilience, I do not know whether we mentioned to you that using my voice and adjusting the trip to Europe with David and Elaine was the first time that David and I have compromised in our forty-one years of marriage. David said it worked out great for him and it was great for me well. We all won. Do you not love progress?

There is strong evidence in Ruth’s behaviour of a growing capacity to ‘to seek help,’ use her ‘voice’ and ‘hold a belief that she can do something that will help her to manage her feelings and to cope’ (Brown, 2010). She has continued to demonstrate resilience, extending her relational and experiential boundaries. She volunteers at a local support

centre for children who have experienced loss of a parent or sibling. Additionally she has an extended group of friendships that she meets with regularly and has done several short-term trips internationally in service of the abandoned.

Ethnographer:

I was out of town and had missed Molly's phone call. She decided to write what she was feeling. Shortly after returning to her children, her husband divorced her. She found employment and developed a mutual custody agreement with her former husband for the children. She has been responsible, attentive with the children and is seeing restoration in their relationship. In the course of her work, she met a man who understood her background, unconditionally accepted her, put time and effort into understanding attachment issues, and nurtured an open relationship with Molly and her children. He as well provided a sense of structure. She began to reciprocate and over the last eighteen months, she has learned to extend relational trust, and communicate without withdrawal. The following message from her shows a capacity to own and express honest feelings without acting out, and face potentially adverse situations.

Molly:

Ok...so, this is what I kind of wanted to say the other day...just so you know where I am coming from...I feel like I need to tell someone and I have tried to explain it to Mark, but he does not fully get it or know what to do with the info.

I am starting to feel really alone again and I know that my hormones are off the wall, but it is a familiar feeling...I think I have become very close to Mark and it has been good for me to attach, but at the same time with restaurant opening in two weeks and the baby due in 3 weeks...I am well aware that my time with him is limited...and I am scared and hurt and wondering where does this put me? Feeling stuck and not important ...again.

He has made clear that he will look for another job if it means we stay together and it would make me happy. I am not asking him to look for another job; I am simply stating that he needs to keep in mind that you still have to have balance. People will buy beer and wine even if he is not there all the time...I know I shouldn't compare to my former husband, but it got where his work and school life took precedence over home life...and I am afraid, especially because there is a lot of time and effort put into this...that the same pattern starts all over...I am not wanting to run away and I am so over looking for more family (biology), but I also didn't sign up for more life of the same...I have worked really hard to be open and honest with my feelings and how I am doing personally and get some sort of feed back and keep communication lines open, but the focus is the next two weeks and the opening of this restaurant...the soft opening is on my birthday...you know how much I hate my birthday every year...even though I have worked threw a lot...it is still a constant reminder of "that day" and now this year to top it off this place (restaurant) that is going to take away someone that I have found to really love and care for is taking precedence...maybe this is an overreaction, but it just some of the things going on inside of my head and I felt the need to get them out...I am trying with all my might to be supportive and hold it together and yet, there is another part of me that does not want to care and just wants to lay down... Molly.

7.4.1 Conclusion (resilience and spirituality)

Beyond the core characteristics of persons who exhibit resilience (listed in 7.4) there seemed to be other tendencies toward common behaviour related to spirituality, with the participants – not necessarily shared practises or theological similarities. In re-examining the data, a spiritual element was exhibited. The following excerpts arising out of the data conveyed this element within their individual cases.

Fuxia's mother:

It was not long since we had returned from a trip to China with Fuxia. During this visit, a conversation ensued regarding her abandonment and origin, including her name and biological parents. She asked: 1) why was she left (abandoned)? 2) how could they do that? and 3) who gave me my name? After responses were given to the first two questions by her Chinese foster aunts, I responded to her question regarding her name with the following: "Fuxia, God says that He knows our names as they are written in the palm of his hand.² He knew them before we were born. She watched and touched David's hand. Do you remember what your name means in Chinese? It is the character of someone who is blessed and is as lovely as the beautiful colours of the sunrise in the morning and the dusk in the evening. No one but God our Father could have given you a name like that. The people at the orphanage did not even realize they were simply cooperating with Him who named you and wrote it on his hand so that He would never forget."

It seemed this knowledge that her name had meaning affirmed a sense of personal value and supported her evolving understanding that she was not alone. As her trust and resilience has developed over time, she has even come to the point that all lights must be off now when she sleeps. (refer to 7.3).

Ruth:

This is a story of my lifetime journey to connect. It is a story of damage due to loss, abandonment and neglect. It is about loss due to death of my mother, neglect by my father and perceived abandonment by God. It is my struggle to connect to an outside world, where I feel I neither fit in nor belong. It is about acting out of the damage and the struggle to matter. It is not about blame. It is about knowing that there is something wrong internally and trying to reach out to become whole. My story is in its sixth decade and I continue my journey. I have written little vignettes that describe where I am internally as I progress through my life. This is my perception as I see my life at each stage. Most important, this is a story of the absolute grace of God. No matter how long it takes, He holds on and never gives up on us. His love is new every morning.

Mishti:

My mother-in-law was the link that was holding me together. Especially the last few years, she was my moral support. With her now gone, I have felt stranded in the middle, not knowing how to deal with the personal conflicts. I felt an urgent need to seek guidance and intercessory prayer. I felt I could be honest with you at this lowest point of my life. Individually I have shared about our struggles with a few of you who were close family friends and know that your love for my husband and me will not change. I know I can count on your prayers, your guidance and support to help us.

Molly:

I am so sorry about your brother...and you're right about not taking life for granted...that's what has really been on my mind and that anything could happen at any time to my little ones and I would regret that more than not being here for Bill. I think I have gathered more strength than I know. I told my husband I would be home the weekend of the 9th of May.... My step-sister and I were going to throw my biological father a little party for his 50th next week...I am tired and I do not want to miss out on anything else of

² Isaiah 49:16 – Behold I have inscribed you on the palm of my hand; verse 26 of the chapter ends with the words – “all flesh will know that I, the Lord am your Saviour and your Redeemer, the Mighty one of Jacob.” I took liberty based upon our families belief system of a benevolent and just God to bring the assurance of care. Expressions of her abandonment were reflected in always requiring a light on at night. If the light were inadvertently turned off she would wake and begin screaming.

my children's lives. Again I am so sorry for your loss...I pray God will you give hope and encouragement when no one else is there and it's empty and alone.

Brown refers to varied expressions of spirituality, which for some are simplistic and while not necessarily religious or theological reflections, are in summary, indicative of a 'belief in connection, a power greater than self, and interconnections grounded in love and compassion and emerge as a component of resilience' (2010:64).

These examples of resilience as an outgrowth of attachment security may assist in understanding what Carl Jung perceived as a marker of 'psychological growth and maturity in adulthood: the development of a religious, spiritual, or philosophical approach to life. This often involves developing a faith that life goes beyond the biological realm and that one is part of a larger spiritual entity or enterprise ('God') that provides meaning to existence, transcends biological limitations, and expands the boundaries and capacities of the isolated self' (Jung, C., 1958 as cited by Mikulincer and Shaver, 2007:244).

Mikulincer and Shaver ask the question, 'How might attachment security contribute to a religious or spiritual perspective?'

Attachment theorists (e.g., Granqvist, 2005; Kirkpatrick, 2005) have noted that the relationship between a believer and his or her "God" often meets the three defining criteria of an attachment relationship – seeking and maintaining proximity (e.g., the Protestant hymn, "Nearer My God to Thee"), achieving a safe haven in times of distress ("Yea, though I walk through the valley of the shadow of death, I will fear no evil, for thou art with me; Psalm 23:4), and using a "stronger and wiser" other as a secure base (e.g., "On the day I called, you answered me and made me bold with strength in my soul"; Psalm 138:3). Believers assume that God is omnipresent, therefore always nearby, and that they can increase proximity and closeness through religious practices, such as praying, meditating, performing sacred rituals, and engaging in altruistic acts. It is also well known that people turn to God in times of stress and distress; countless prayers amount to asking for assistance, comfort, reassurance and relief. Thus, it seems likely that people project their working models of human attachment figures onto God (a tenet that Kirkpatrick calls the "correspondence" hypothesis).

7.5 Confident communication (Step 3)

One of the themes emerging out of the data during this period was a measure of confidence in the participant's ability to communicate in variable and or challenging situations.

Fuxia's mother:

Fuxia was invited by a friend at school to go with a group of four girls out of her class to the Mall to go shopping. All the parents were supportive and she was comfortable with the idea, actually quite excited about the opportunity to be out with a group of girls in her class. Upon her return from the day out she was somewhat subdued and said just that they had a good time but that she was tired. Three days later after school we sat down and the following story came out with tears over coffee.

Fuxia:

"Mom, at school today I had a run in with the girl who invited me to go the mall on Saturday with the group. She was talking out in the hall outside our classroom, and about being at the mall on the weekend. I was just inside the door of the classroom but out of sight. I could hear her saying what a pain it was to have me there with them, that I slowed them down because I had to use the elevator instead of the escalator because of my chair, blah blah blah. It was painful to hear but decided to just speak up, and said from inside the classroom so they could hear me, "I can hear you...I am in here." Well she was shocked and I guess embarrassed and took off running down the hall and avoided me the rest of the day. I am so upset with her, really mad – she is just a hypocrite.

Fuxia's mother:

After the tears stopped, I asked her what she thought she could do to keep from the situation festering inside of her. After talking through a few options, she thought that it would be best to pursue the girl and explain to her that she understood, that it is a pain for her as well and wished it could be different. As it turned out, she did have the conversation with the girl and to her surprise the following weekend the girl invited Fuxia out again to go shopping and this time just the two of them along with the girl's mother.

What made confidence stand out in this situation was that the group of girls who had invited her were actually just acquaintances that could be described as a clique. She was excited as it represented acceptance by peers. The strength of her initial response and the willingness to debrief a shameful situation, brought to light an internal confidence unrelated or dependent upon safe people around her.

Ruth:

Welcome home and Happy Easter. I wanted to write a few days ago to let you know how well I did internally when you left this time. What a change from earlier trips, both coming and going. I just felt okay, I was enough. I did not have to run after you internally this time. There was no tearing of the velcro of my heart. I was secure in myself. I am really beginning to get it, that I am the only one that is changing in all this. David is still the same; the kids are pretty much the same. It is just me. I am adding enough support to my system to keep me going and in spite of what is going on around me most of the time, I do pretty well. Amazing process, this thing called growth. Not there yet, not where I was either. Thanks again for your friendship and your love.

Molly:

You are right...my ex-husband's girlfriend has now suggested the kids need to be in therapy...which I do not disagree with at all...what an awful feeling though that I am the cause of the therapy...my dad was the cause of my problems and I remember how much I could not stand him. Is that how they feel about me? I guess I cannot blame them...I do not want to be the cause...I do not want to be hated... (He) keeps telling me that the kids are going to have massive issues or I guess she will with me...Can it really be repaired or are they scared for life?

Ethnographer (Epilogue):

The children now spend the majority of their time with their mother. They are doing well in school and now enjoy her focused attention. The first year they regularly questioned her when any concern regarding her behaviour emerged with, 'are you going to leave again?' Now it is seldom mentioned.

7.5.1 Conclusion

The confident communication observed within the data showed that each of the participants had taken ownership of their life choices, their behaviour and its implications, while expressing empathy for those impacted by their actions. They communicated honestly and with intention to change. These characteristics together spoke of internal confidence that continues to be heard within their dialogue and behaviour.

7.6 Development of self – esteem / identity (Step 4)

7.6.1 The Probability of belonging

Early engagement with Fuxia, expressed in her questions as a seven year old, raised my awareness of an innate concern for belonging, self-esteem and identity. The data, drawn from early involvement with the participants, describes this phenomenon more succinctly:

Fuxia:

How could they leave me? Where did I come from? Who gave me my name?

Molly:

My dad did so much damage to me as a small child...I am still fearful to this day. I do not want to do the wrong thing or hey... they will send me away again or tell me I am not the child they thought they were going to get or that I have caused too much pain in their lives they wish they had not adopted me, instead of being f_____ parents and loving me. I am worth it and I have not found one person who looks at me and goes, I just love you...except you...you are wonderful and beautiful.

Ruth:

There is a lie that you tell yourself as a child, when your mother dies. At least I did. I told myself that it did not matter that I would be fine, that I could get along without her. It is almost a denying of her existence and value in order to cope with the pain of the overwhelming loss that you face as a child looking into your future. The fact that my father was an alcoholic and could not be relied on made it even more painful. Unfortunately, by denying my DNA, I also denied myself. If my mother did not matter, then neither did I. I also believed God did not care about me or He would not have taken my mother from me.

I do not think I ever consciously walked through these thoughts, especially as a child. I just knew that "It didn't matter" that my Mom was gone, I was a big girl and I was okay. I really did know that was a lie, even at the time, but it was my way of coping. This would become the filter I would look at life through.

Jenna:

I do not want to climb. I could die. I do not think I am going to get married. Not many Chinese people get married to the English. I think Chinese boys are ugly.

Jenna communicates little of her feelings. She refuses to allow her mother to come to school with her. She does not want to be seen with her. She insists being dropped off a distance from the school. The teacher mentioned that Jenna had told the class an elaborate fantasy explaining she was part Italian in order to deal with her aversion to being Chinese. She has created a persona around being someone different than she is. Therefore, she does not want anyone to see that her mother is not Chinese or Italian and that she is obviously adopted.

Each of these examples provides an expression of this primal and consistent yearning to belong.³ From the simplest, even subconscious reaching of Lok Chi, to touch his foster mother's arm, after hanging limply for weeks in his sling, a demonstration of the inborn need to connect is modeled and the necessary persistent behaviour of an available caregiver. (See also Addendum C regarding the observation of an abandoned Ethiopian baby and the attachment effort made by her caregiver) This is reminiscent of the short life of Mei (2.11) and her reaching to connect with a committed caregiver. This pattern shows that survival behaviour is evident in a demonstration of doing what is necessary to sustain life. When it is encouraged by attunement with the caregiver: 1) connection is created, 2) the brain is awakened to the potential of a new neuro-pathway, and 3) this process creates the probability for belonging. With these relational connections in place and growing, self-esteem has the possibility of development and over time and broader vulnerable and

³ Existing evidence supports the hypothesis that the need to belong is a powerful, fundamental, and extremely pervasive motivation (Baumeister, et al. 1995:497-529).

authentic connections, the participant can move toward identity.

We now know that our interactions with others, especially early in life and in intimate relationships, not only affect the ways in which our brains function but also shape their very structure. The three messenger systems at both the neuronal and human levels converge to change structures and connectivity of neural systems. From both animal and human research, we have learned that positive social interactions result in increased metabolic activity, mRNA synthesis, and neural growth; in other words, relationships can create an internal biological environment supportive of neural plasticity (Cozolino, 2006:299).

Fuxia's mother:

I know you do not particularly like it when I hold you? And yet you enjoy the hugs we give each other. When I hold you it is simply an extension of a hug. She responded with a surprising comment.

Fuxia:

Oh no, I like it even when I try to free myself from your arms. Why do you like it? She looked at me very intently and said softly, I feel secure and safe.

7.6.2 Self-esteem / identity within close relationships

Developing healthy self esteem requires experiences with a mother figure including:

1. Soothing touch
2. Soft and secure holding
3. Warmth that comforts
4. Homeostatic balance for sleep, hunger and stimulation, etc.
5. Experiences of emotional transition from distress to states of calm
6. Maintained, consistent and positive emotional state (Cozolino, 2006:114).

These positive or negative experiences serve to shape our 'neuro-infrastructure' and affect us over lifespan (Ibid: 115). The emergence of these relationships provides a basis for the development of the self and resilience (Ibid.). Cooley speaks to these close interactions with the metaphor, 'to some extent who we are is a reflection of those to whom we are close – our self is a looking glass self' (1902: 152). Relationships can shape not only our idea of self – they also shape the positive or negative regard of self (Leary, 1999:197-221). Leary also makes a case for the assumption that a primary source of self-esteem relates closely to how others view us (see also Leary, Tambor, Terdal, and Downs, 1995). A vital

instrument that is used to influence the development of the self is ‘behavioural confirmation,’ referring to a process by which people act to confirm the expectations of others (Darley and Fazio, 1980; Harris and Rosenthal 1985; Merton, 1948).

These representations of the ‘looking glass self,’ assume a viable connection that allows for reflection that could influence self-esteem. Because the abandoned challenged person begins without these relationships, it is all the more important that a safe and trustworthy connection is available. The data shows this model of reflection has affect on the development, both of connection and self-esteem with the attachment challenged. It also assumes a caregiver’s consistent encouragement and constructive correction. This correction needs to communicate a clear message to the person regarding their behaviour that ‘this is good, but you can do even better.’ This response must be a truthful response to a specific accomplishment – not something contrived.

Fuxia’s mother:

Fuxia was five years old and we were living in a small apartment. It was important for her to feel a part of the family by both what she received as well as gave. We explained that each of her siblings had Saturday chores beside keeping their room in order and doing schoolwork. She wanted to be like them (and in turn part of the family). She often would do a chore partially and move on to something else. This was in part my fault for not being clear in direction and holding her responsible to complete the chore appropriately. To be honest it was often more effort that beneficial in outcome. This day I recognized the benefit in her response to a well-completed task. We had a small kitchen. Because Fuxia does not walk – but often scoots around the house – I encouraged her to put on her swimming suit and we prepared a bucket of soapy water and rags/cleaning cloths. I demonstrated how to wet the cloth, wring it out and either by sitting on it or moving it with her hands, to go from corner to corner, tile to tile, moving horizontally across the floor until she finished cleaning the floor. She had obviously decided this would be a quick chore and could move on to something else – the job was left partially done. In showing me her “finished product,” I consciously changed my ‘tactical response,’ from saying, “you haven’t finished – that is not good enough, to “you did a good job, but I know you can do an excellent job. Let me show you some of the areas that could be even better.” She didn’t react but began again. The second attempt was much better and my response was, “now that is even better, but I know it can be absolutely excellent.” Sure enough on the third try there wasn’t a spot left on the floor. She knew it and when she showed me, I exclaimed “THAT IS AN EXCELLENT JOB, I KNEW YOU COULD DO IT.” To this day, I remember the look on her face of satisfaction and sense of accomplishment. While this is only my subjective reflection of what was going on internally with her. It was as though she was saying, “I did this – I am good.” It required a lot more time and effort on my part but it was worth it. I wish I were always as consistent in encouragement and correction – I am learning also.

Fuxia’s mother:

Maintaining any semblance of order in Fuxia’s room has been a challenge – typical teenager. It looked like a hurricane had struck. In discussing what measure of order she and her parents could live with, and not cramp her style too much, we made certain agreements. (While at times she would fight against it,

external order has always seemed to benefit her internal order and sense of well being – her behaviour is visibly affected by how she maintains her room and personal belongings.) I was shocked at her response at our request for her to organize her room in preparation for the start of school. She spent the entire day going in detail through drawers, desk, under the bed, in closeted containers – got rid of items, gave things away to neighbours and Goodwill etc. It was like she was “un-cluttering her life.” She was quite proud of herself and delighted in her efforts. She could hear in our responses our pleasure and affirmation. We went over every detail with her as she gave us a ‘guided tour.’ Our praise was specific for what she had accomplished.

Fuxia’s mother:

Fuxia came home non-verbally discouraged last week. I waited until she brought up the situation. I discovered she had not done some necessary homework and thought the lack of communication related to the homework. I received an email from her mentor at school mentioning the homework. When I questioned her she burst into tears. I asked if she understood the work trying to find out the root. She responded, “I just didn’t want to do it.” I said that wasn’t a good enough response. She then became defensive and angry and the real story came out. The problems related to difficulties with peer relationships saying, “I think at times they just can’t get past the wheelchair – I go down the hall, speak to people but they are not responsive.” I empathized that I knew high school was not easy and encouraged her. What brought her around though was a skype conversation with her big brother, Aaron. He just said, “high school just sucks at times and people you think are friends don’t always act like it.” It sounded differently coming from a big brother who was not as far removed from high school as a mother. With this she came out of the emotional cellar and was able to reflect, with a little encouragement, on the good peer relationships and committed friendships she had in the neighbourhood.

Ruth’s mirror image as a child was that she was an imbecile and her mother had communicated that she only wanted boys. This deeply rooted internal reflection is to a degree still a back and forth situation. Through the eyes of the safe people in her life, her self-dialogue is changing commensurate with her behaviour.

Ruth:

I cannot let the day go by without saying thank you for all the mothering that you give so tirelessly to this little girl. Yesterday, I took my sister, Stephanie, to the Motherless Daughters luncheon. I think you would have been proud of me. One of our table questions was: How has the death of your mom affected your role as a wife and mother? I got up in front of every one and talked about my attachment issues with my husband and children, which I would even look for someone that would not attach because of my own issues. I spoke of my need for nurturing and when my expectation was not met, that the person that was all good became all bad. In other words in so many ways I was stuck in one down development, looking at a world of grown ups and in so many ways, I do not fit in. After I spoke, several of ladies came over to me and let me know that they felt the same way. I was the first one that was brave enough to tell the truth about what was going on inside them. One gal was afraid to have children another said she had no intimacy with her husband. Another just cried and said that I was telling her story. I just felt like I was not crazy.

7.7 Relational interdependence (Step 5)

Prior to my leaving for an international trip, Molly called to catch up. In the process her conversation demonstrated not only resilience but also a growing sense of self-esteem and

acceptance of her identity.

Molly:

Life is still somewhat complicated with our work schedules and management of the children. I have found though that in the midst of anxious thoughts, if I prayed in the morning, I found relief and was not as anxious. I wanted to let you know about my pregnancy...namely that I had a miscarriage. I really felt bad about losing the baby and have grieved but I am ok. I am not struggling with blaming myself. I know I am doing a good job as a mom. I am recuperating, working and tired but am feeling really good about myself and the family.

Mishti:

As for me, I am more at ease and at peace because of the change in my husband (thanks to you for helping me through and encouraging me to stay strong through the toughest journey of my life & my marriage where I thought there was no end to it, thank you my friend). As I mentioned earlier the orphanage keeps me busy, but I love being with the children and taking care of them. I am also actively involved with my school alumni since I am an executive member. After this term they all want me to be the president for the next term, but I have refused. Though I have a soft corner and a sentimental attachment for my school, my priority is the orphanage.

As self-esteem emerged among the participants, a capacity to function interdependently at a higher level became apparent. This was reflected in the ability with Ruth of using her voice in a context where historically she would have been compliant and withdrawn. Lok Chi and his father Gary, demonstrate interdependence at a depth that required neither speech nor sight. The trust and connection modelled in this episode is indicative of the relationship between Lok Chi and both parents. The interaction surfaces the reality of their efforts to have stepped inside Lok Chi's cultural world to establish connection.

Key events are extraordinarily useful for analysis. Not only do they help the field worker understand a social group, but also the field worker in turn can use them to explain the culture to others. The key event thus becomes a metaphor for the culture. Key events illustrate how participant observation, and analysis are inextricably bound together in field work (Fetterman, 1998:101).

The episodes below of Lok Chi and Ruth represent key events that draw together the varied pieces of internal connection. Until you get inside the lifeworld of the abandoned person – and they have extended trust and allowed that entrance – you cannot feel and understand what it is to have been alone, to now belong and be connected. With Fuxia she was forced to trust out of the occasion of the stress of survival. Key relational events define moments in her process toward connection in her choice to trust.

Lok Chi:

Seventeen-year old Jacob (formerly Lok Chi) cannot see these details, but he can feel the snow as it falls steadily, and is driven sideways by the constant wind. He turns his head slightly to the left to keep the flakes from his face and begins humming softly. Side by side, Jacob and Gary glide easily from left to right down the double-green slope. Jacob's carriage is upright, his left hand raised from the elbow and his gloved fingers braided, and as they near the left edge of the run, Gary says calmly, "Right hand turn, right hand turn." Holding Jacob by his upper arm, Gary guides him toward the middle, and as they straighten out, Jacob's left hand drops. He is relaxed and steady as they pick up speed down the middle of the slope, then coast to the right. Because the snow is packed and icy, they're moving fast, approaching twenty miles an hour down the steeper inclines. The run opens up and flattens out as they reach the bottom, where they make their way to the lift, and Jacob knows the routine. He sits when he feels the chair hit the back of his legs, and when they reach the top, Gary holds his arm, and counts to three as the chair nears the dismount. They stand, then glide down, and Jacob is impatient to begin again.

Ruth:

David stepped on my toes. I confronted him in love, he received it, heard me, asked for forgiveness and I gladly gave it and we were closer for the confrontation. Later I apologized for a passive aggressive remark that was flippant and wrong. At first he said he knew I was kidding. At lunch he said that when I made the comment it really hurt. The good thing is that I took ownership and came forward in both cases and used my voice when hurt and when I hurt. Then we had a discussion on how that felt. At first he said he felt hopeful, I said good and what do you feel about the us. He said closer and I asked why, he said because we were connecting.

7.7.1 Conclusion

Awareness of a deep desire for belonging was evident with each of the participants in the study and demonstrated in both appropriate and inappropriate behaviour, thoughts and feelings. Particularly with the older participants, taking courage to face the shame of not belonging was more of an intentional cognitive action, while with the children it was more of an automatic response to what was happening to them. They were all in process of belonging and with this, early steps toward development of self-esteem. The child could learn to receive from the mirrored reflection of their caregiver and broader relationships. For the adult, it involved a more conscious dismantling of the skewed internal image of themselves, in order to begin taking courageous steps to connect beyond their safe persons and in process move toward self-esteem.

Where the ethnographer was the safe person (caregiver) of the participant, a natural primary connection evolved. As trust and confidence developed, the capacity of the participant to move beyond this primary connection grew as well. For the child this

included friendships and trusted others. For the adult, their personal change had affect within the family context and beyond.

7.8 Summary

This chapter addressed the affect of both distrust and trust on the participant's movement toward resilience. The process evolved into confident communication and showed evidence of self-esteem and emerging identity from reflections the participants perceived of trusting others. Growth in relational interdependence became apparent as a result of the expanding framework of relationships.

Reflecting on the process observed in the data, arising out of this chapter combined with that of Chapters Five and Six, a 'coherent model of intervention in the lives of abandoned children and their families that non-therapeutic practice could use' (1.3) became apparent. The road signs, of an interconnected pathway, from survival to wholeheartedness, albeit heuristic and requiring an available and non-judgmental caregiver, were observable.

The final chapter addresses the research findings, and this progressive and structured model of intervention arising from the analysis of the data.

8 CHAPTER EIGHT – CONCLUSION

8.1 Summary of the research process

During the course of this study of attachment, I have examined the conditions and behaviour of children and adults who have known abandonment. My intention was to identify a process by which the abandoned person could realize relational connection. In review of predominant attachment literature certain gaps surfaced, highlighting a measurement roadblock hindering an understanding of a process of attachment. As in my own experience with our adopted daughter, pursuing this required my involvement beyond a distanced observation. The process necessitated a catalyst, an unconditionally engaged caregiver to initiate the development, whether that was a mother, extended family member or social worker. What emerged within the study was a unique methodological model. In order to give explanation to my findings, the framework of this model used to explore the research focus is summarized. The research questions that provoked this study are then reviewed to assess what has been discovered and applied.

Life histories of the participants were investigated in context and found to be necessary in understanding the complexity of their attachment challenged behaviour. Their journey from survival toward relational connection was examined by following the heuristic process as it materialized. The longitudinal ethnographic data highlighted the nuance of behaviour and unique similarity of schema, through which each participant lived and the context in which it developed. The insider position permitted entrance into the family environment of each participant and allowed me to function as a participant observer and non-therapeutic catalyst. This type of involvement would best be described as empathic, and in practise created a safe setting for the participant to begin addressing their attachment challenges.

As a means of analysing this process and bringing clarity to the findings, two

theoretical approaches were utilized. Attachment theory provided a conceptual framework for analysis of the attachment challenged person. This examination was not intended to measure secure or insecure behaviour, as with predominant attachment research. Each of the participants began with a challenged or disordered attachment, formed in their first years of life after abandonment. My purpose was to observe and participate, examining the process and potential emergence of relational connection within the participant's relational context. The central theme of attachment theory is based upon a responsive relationship of a caregiver to an infant's needs, establishing a sense of security in the child. Out of the behavioural attachment system for survival, a mutual connection develops and safety creates a secure base allowing for exploration and confidence to form in the person toward their world. Bowlby theorized the nature of this relationship continues throughout a person's life span (1969:194).

Toward this end it was essential to understand how the abandoned person viewed their world, one that was in flux. Symbolic interactionism provided a way of viewing their world and encouraged immersion into a dynamic process of change. Placing the responsive relationship development, held in attachment theory, parallel to the complex development of symbols found in the abandoned personality, allowed for interpretation and meaning in order to understand and evaluate behaviour.

Each individual participant began the study with an abandoned life history. Their histories became a reference point for a baseline interpretation. The narrative in which they/we were living was the process being charted.

Two distinct categories of emotional abandonment were identified in the course of the research: common and uncommon as explained in Chapter Four. They are distinct because of differing life experiences but common in their resultant behaviour. The behaviour with its symbols of communication in word and gesture, representation and response, held a unique similarity with each participant regardless of their ethnicity, or age.

The evolution of resilience to develop and maintain a trustworthy attachment became evident with all but one of the participants, Jenna. Attempts of extending trust occurred indiscriminately within Jenna's narrative. Improvement could be charted, still she had not moved beyond stage one and survival behaviour remained predominant. The level of control necessary to develop a coherent and secure environment, was complicated by a lack of preparation for the adoptive parent offered by social and adoption services, coupled with the demanding lifestyle of a working single parent and the introduction of a second child before trust was established between the mother and Jenna.

8.1.1 Questions from the field

Prior to the formal research, exposure to the poor and the growing population of abandoned children with similarities of behaviour, led to extended involvement in developing nations. While engaged with varying ages and ethnicities of those within this abandoned cultural context, specific questions, (Chapter One) arose that provoked further research with the related literature and a more focused field experience. These included:

1. How does the abandoned person view their world?
2. Considering what I viewed as abnormal behaviour found among children in varied countries in institutional care and other forms of neglect, could the behavioural patterns change with these children?
3. Are similar characteristics and behaviours evident at different ages? If so, is the process of intervention similar?

Each participant presented a similar view of their world often using identical or similar words and phrases of description demonstrating similar behaviours, for example:

Jenna – What will happen if you die? Who will take care of me? I am not safe. I am mean, I am horrid and mommy doesn't love me.

Ruth – I see myself as a survivor, I search for safety, I don't belong, and I am alone.

Molly – I am not worth anything, the hole in me gets bigger.

Fuxia – How could they leave me alone? (Several years later) I feel safe

When the fieldwork began, the ages of the participants ranged from three years to sixty. Every age group of life was represented from the young child, adolescent, young adult and mature adult. Each participated in the study for a minimum of three years, most for a maximum of seven to ten years, with the exception of Fuxia who has accompanied me in the study for the last thirteen years. While the study included a diversity of age and ethnicity, the behaviours were consistent. Fuxia, Jenna, and Jacob, the three who were in institutional care for at least the first year of life, expressed their fear often with rage. As these young children have grown into adolescence, with the exception of Jenna, they no longer exhibit uncontrollable rage. All of the children, with the exception of Jenna have responded with trust and connection. The behaviours of the young adult and mature adults followed both aggressive and compliant behaviour patterns, which progressively changed as trust developed.

8.2 Central and related research question

The early suspicions and continuing field involvement led to the formation of a central research question:

IN WHAT WAY AND TO WHAT EXTENT DOES A HOLISTIC APPROACH OF RESEARCHED BASED PARTICIPANT OBSERVATION INTO THE LIVED EXPERIENCE OF THE CULTURAL WORLD (S) OF (FORMERLY) ABANDONED CHILDREN AND THEIR FAMILIES PROVIDE IMPROVED UNDERSTANDING (S) FOR INTERVENTION?

The data derived from longitudinal case studies, key events and episodes were identified, analysed and compared. From this, certain broader stages and definable steps of connection were observed which provided understanding of a progressive process for intervention.

This discovery process was guided by several related questions that surfaced during the fieldwork. These included:

1) IN WHAT WAYS AND TO WHAT EXTENT WITHIN MAINSTREAM PROFESSIONAL PRACTICE/LITERATURE IS THE PHENOMENON OF ATTACHMENT PRESENTED, COMMUNICATED AND APPLIED IN THE SPECIFIC CULTURAL WORLD OF ABANDONED CHILDREN AND THEIR FAMILIES?

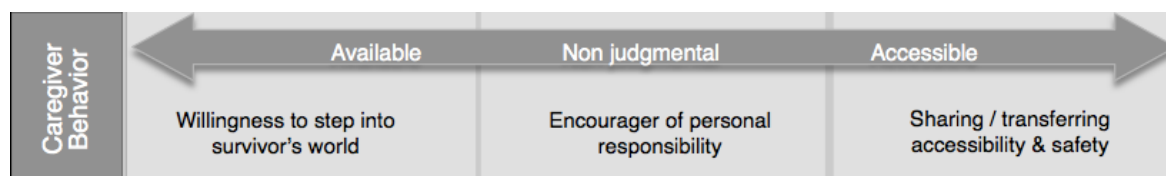
Attachment theory most clearly conceptualizes and supports the analysis of the ethnographic data gathered in this study. That being said, while the theory's assumptions support many of the themes arising out of the data, they did not comprehensively define them or provide the nuance of behaviour found in the process of connection. As is seen in Chapter Two of the study, while Bowlby's concern was for pathology and intervention, the research became largely dependent on variations of measurement, hindering field application. This study's field research, focused on the abandoned person in their context, revealed this measurement roadblock and a gap between the laboratory and the field. This gap became apparent within the life experience of the participants. Attachment theory had not been interpreted and made applicable, or accessible to the cultural world of the abandoned person and their families. Some believe the place where intervention is embodied is the clinic. The life history and case study demonstrated a particular space in the midst of developmental and pathological research, which this examination addressed. It was not meant to discount the criticality for clinical intervention and research, both pathological and developmental. This middle space between clinic and field was one specific to a particular contextual group – the formerly abandoned children and their families... a group involved in a process. This group could be understood as a distinct cultural context with specific social behaviour. In the clinical interpretations of psychological disorders it did not find an appropriate fit. The extreme behaviour and symptomatic diagnosis required in meeting the criteria for the diagnostic and statistical manual of mental disorders DSM-IV&V (See Appendix A) of reactive attachment disorder did not completely match. The particular participant group referred to did not meet the

criteria and when diagnosed by a clinical professional, multiple categories with varying treatments were often suggested (based on data from participant interview). Treatment on occasion was contraindicated.

2) DOES THE NOTION OF TRUST AND CONNECTION DEVELOPMENT PROVIDE A BASIS FOR ENHANCED ATTACHMENT THEORY AND PRACTICE?

The survival behaviour of the abandoned person, expressed in the messages of ‘I am alone, my world is not safe and I must be in control,’ reveals the inability to trust and the need to be in control.

Into this context the role of an available caregiver opened the possibility for the development of trust. This came in the form of a bridge, including a message and an approach. The message was that the participant was heard and valued. The significance of the message was that someone was available, non judgmental and accessible with the ability to respond. The role of the caregiver is visualized below (taken from Figure 5). The message to the participant is constant through all three Stages of the relational process, while the emphasis of their involvement is adjusted from stage to stage.



The data, drawn from all of the participant’s responses to their caregiver, regardless how quickly they progressed toward connection, demonstrated a consistent response to the characteristics expressed in an available caregiver. These included: a capacity to be available, with flexibility of time, a non-judgmental attitude, accessibility and the ability to remove conditions on the attachment challenged person – resulting in a willingness to identify and step into their world. Brown, in her research would describe this as ‘deeply rooted, able to bend and willing to earn the right to hear another person’s story’ (2010:1).

As the participant progressed toward connection, it was critical that the role of the caregiver remain consistently available, non judgmental and accessible. With increasing responsiveness of trust, the caregiver took on the role of an encourager of personal responsibility and nurtured the development with repetitive use of earlier experiences and successes. As the participant extended their network of trusted relationships, the caregiver, while remaining available and non judgmental, began sharing and transferring accessibility and safety to these developing trusted relationships.

3) WHAT MIGHT BE A COHERENT MODEL OF INTERVENTION IN THE LIVES OF ABANDONED CHILDREN AND FAMILIES THAT NON-THERAPEUTIC PRAXIS COULD USE AS A FOUNDATION FOR EFFECTIVELY SERVING THIS PRESENTLY UNDERSERVED POPULATION?

The research data revealed that a gap of applicable and accessible understanding of attachment theory and practise existed in the field. The family context of the attachment challenged person was without knowledge that would lead them toward effective intervention. The non-therapeutic environment, including institutional caregivers, adoptive agencies, social workers and friends were neither acquainted with an applicable understanding of attachment theory, or equipped to interpret it into the lives of affected individuals. While they were not sought out, it was this milieu of relationships surrounding this underserved population that surfaced during the fieldwork. Beyond the primary participants, these included governmental agencies, private adoption services, families in the process of adoption, social workers, anti human trafficking movements, and therapists.

The stated purpose of the research was about people, children and adults who suffer abandonment and the journey they undertake from survival toward relational connection. It was a longitudinal ethnographic and life history approach, allowing the researcher to examine the processual nature and construct of this dynamic as it developed. The following section introduces in graphic form this journey from abandonment to relational connection.

8.3 Process and model of intervention

The data consistently demonstrated that the person suffering from abandonment, revealed in their behaviour a need for and response to prerequisites for initiating their journey to relational connection. These included consistent structure and unconditional relationship. On the following page, the model of intervention, in Figure 5 (A Model of Intervention) is constructed as a matrix represented by: 1) Three vertical stages differentiated by (Structure and Safety), (Vulnerability, Empathy and Courage) and (Trust and Responsibility) and 2) Three horizontal categories including Caregiver Behaviour, Internal Messages (participant) and steps involved in the Connection Process.

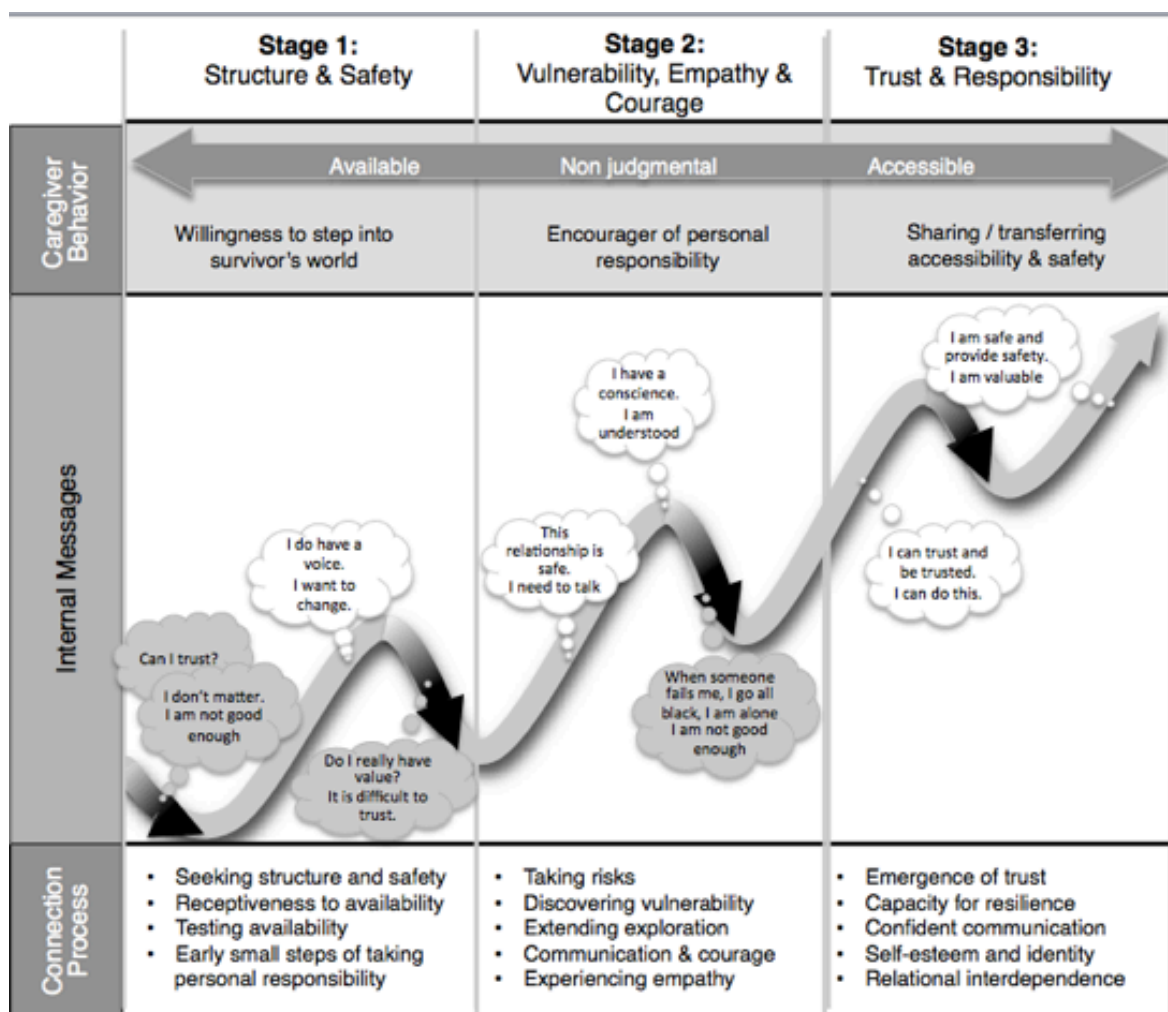
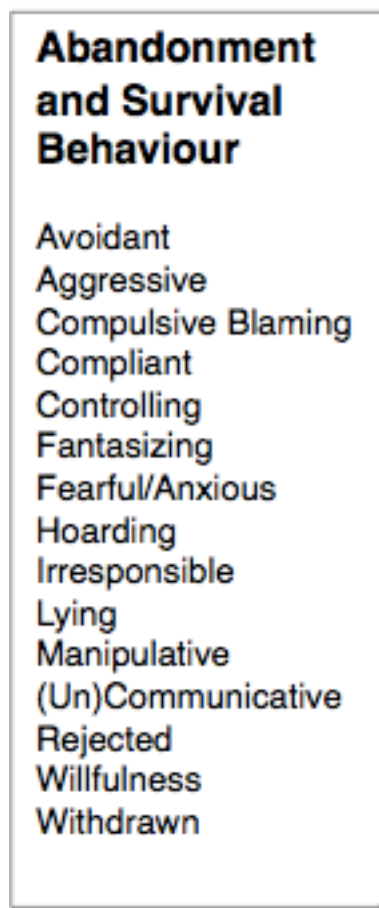


Figure 5: Model of Intervention

Figure 1b: Abandonment Behaviour



8.3.1 Abandonment behaviour

The process begins with the abandoned challenged person. The data revealed expressions of abandonment behaviour that were delineated as: avoidant, aggressive, compulsive blaming, compliant, controlling, fantasizing, fearful/anxious, hoarding, irresponsible, lying, manipulative, (un) communicative, rejected, wilful, withdrawn.

This person is consistently functioning from a fight or flight position of survival. The dialogue revealed internal messages expressed in their words and behaviour. Examples included: I cannot trust, I do not matter, I am alone, I have to be in control, and I am not good enough. As a survivor, these attitudes and behaviours produced either a manipulative use of relational connections or negatively affected the capacity of the

individual to connect within their social context.

8.3.2 Stage 1: Structure and safety

The research data showed, that foundational to initiating a process of relational connection, is the behaviour and function of the caregiver. Certain characteristics were evidenced to which the participant responded and the connection process was initiated, including: being available, non judgmental, accessible and willing to step into the survivor's world. Each of these characteristics is more than mental assent to a particular concept, and especially challenging in praxis. The willingness to step inside the survivor's world is more than theory. It is the realization of being able to view, through the lens of the abandoned person, their world and acknowledge their fear and anxiety...an intuitive leap of understanding, one quite often experienced in ordinary circumstances (See Addendum C). Where these characteristics were consistently modelled, an environment of safety emerged, within which early risk-taking steps could be taken by the participant toward the development of trust.

During this early stage, the participant often tested the availability of safety. On the part of the caregiver, there were at times equally imperfect reactions. Underlying the testing, a continual process of evaluation was taking place, marked by behaviours of withdrawal, aggression, and unconscious lying. With the exception of one of the participants, this heuristic process served to strengthen and stabilize the relationship, as early small steps of personal responsibility were taken.

In addition to observing these steps, internal messages were communicated in the dialogue and behaviour of the participants. There was both conscious and subconscious communication. Beyond the messages that the abandoned challenged person brought with them into the process of connection, additional core messages were heard including: 'can I trust, I do not matter, I am not good enough, do I really have value, it is too difficult to trust'. While the dialogue was replete with these messages, the negative verbiage was often

more descriptive, for example: I am garbage, I hate Chinese, we are ugly, and I am shit. Where there was a response to the sense of safety and encouragement, other messages surfaced including: I do have a voice, I want to change. These could be primarily attributed to the adult participants. With each of the participants, a heuristic process was indicated in emotional ups and downs, moments or days of progressive movement as well as regression when confronting life long messages questioning their value and reinforcing distrust of others.

8.3.3 Stage 2: Vulnerability, empathy and courage

Availability, accessibility and non-judgment remain throughout the model as prerequisites to maintaining an environment where trust and connection could grow. This meant more than being physically present. With the older participants, it was expressed in consistent communication and active listening, while being emotionally as well as cognitively aware. It was about the participant, their journey and need for an ordered, consistent environment and sense of safety. With younger participants, there was no substitute for being emotionally, physically and cognitively present. In early encounters, all other activities needed to be secondary. Distractions that drew attention away from a one on one connection were removed from the environment. Regardless of age, intuitively there was a need to return to what would have been a normal dependent connection to a mother figure.

In response to the participant's risk taking and positive movement toward the caregiver, it was imperative that these early steps of trust and personal responsibility be encouraged. The child and adolescent participants, while not always verbal, were responsive to this encouragement, if it was in direct relationship to specific actions. In these cases, the encouragement could not be unsubstantiated praise or simply projection of what the caregiver hoped to see. It had to be honest, clear and commensurate with the deeds of the child. Conversely, constructive criticism of the participant, both among adults and children, during Stages 1 and 2, was perceived as reinforcement of the negative

messages they internally carried.

Approaching vulnerability was observed with the participant's willingness to address painful episodes in their life stories. For each it required taking risks that could be perceived as leading to rejection but were absolutely necessary in moving closer to connection. For Ruth, abandonment had led to physical and sexual abuse. Occasions in which she communicated this part of her life history were opportunities to exercise courage in confronting the fear of abandonment again. In the process she would discover that vulnerability could expand the safe place in connection with others. For Fuxia, the occasion was during a walk in the park, while visiting her hometown in China. She was seven years old and this was her second trip back to China. Amidst the questioning stares of people drawn to this child in a wheelchair with a gwilo (foreign) mother, she asked the question, 'why would they leave me in a box, alone and without food?' She had become safe relationally, knew strength of will and did not lack courage in addressing her life history. While painful and with tears, this process of risking vulnerability led to open communication and questions associated with abandonment where the next step in discovery of personal value could emerge (See Epilogue: 2012 return to China).

During this stage, out of their own experience of being recipients of empathy and acknowledging this, most of the participants began to give empathic expressions toward others. Ruth's relationship with Fuxia exemplifies this developmental step. Because of Ruth's personal experience of abandonment, she has lived in Fuxia's world and could identify. Once she came to the point of risking vulnerability, she began to express, in words, emotions and actions, empathy toward Fuxia and others of like experience. This included volunteering in a program that works with children who had lost a parent or sibling.

One additional example involved Fuxia's early connection with Lok Chi. While on a trip to southeast China when Fuxia was seven years old; we had arranged to visit Lok Chi

and his parents. After dinner and playing together, Fuxia expressed concern in finding Lok Chi's prosthetic eye among his toys. Later in the evening after extended interaction, she confidently approached us declaring that she thought the two of them should marry. Upon asking why, she responded, 'Daddy, we would do so well. I could be his eyes and he could be my legs'. Concern, born out of identification produced early expressions of empathy.

Messages surfaced in the dialog, which referred to 'using my voice'. For Ruth the internal message hovered around a concern.

Will I be safe if I say what I am feeling, or will I be shut down emotionally? There is something about the early damage that tells me I am not worth protecting in the teen damage and everything gets blurred. We took another baby step this morning – David commented negatively over the coffee machine and then I replied that I was doing what he wanted. He then said he was sorry and I blew it and said something sarcastic like that is just way you are. About thirty minutes later, I went back, apologized to him for my remark, and thanked him for his apology. I am taking baby steps.

Until this time a response would have been impossible. A reply with the emotion of sarcasm, later to return and apologize was a step into reality and away from the pattern of hiding.

There was stability in Molly's voice and even a flicker of confidence. She shared of her work experience. She felt good about the fact she had shown up and was actually able to follow through with her responsibilities.

I spilled something on a person I was waiting on and recovered. The lady said, please don't think anything of it- I have four children. I asked Molly how she was feeling about herself and her answer was a quiet – positive.

8.3.4 Stage 3: Trust and responsibility

As risk taking became less fearful and anxiety lessened with consideration of being vulnerable, an increasing number of episodes were marked by safety and confidence in communication. Clarity began to come with the participants, not only related to themselves but how they viewed their world and including a capacity to identify the cause or occasion for pain in the past. Old patterns began to be replaced with new thinking. With repetition of experience, the historic stumbling blocks did not carry the same attraction. After six decades of rooted patterns of avoidance, withdrawal and fear of connection, Ruth

consistently began modelling resilience and a new way of thinking and relating to others based on her experience of development of trust with her caregiver. She wrote recently:

The majority of my story related to Mom does not trigger me anymore. It is just a memory. I can pull it up if I want to and without that feeling that I am stuck there. I find myself modelling after you, like I am imprinting your behaviour, words and thoughts. I find myself calming on the inside when I see you, hear you, think about you and pray for you. I am also aware of and have disempowered old patterns, enabling me to walk around them instead of falling into the old trap. I feel I have more of the dots together as to which damage pushes on the other and starts the cascade.

Relational connections moved beyond Ruth's safe person/caregiver to friendships and participation in ladies groups, developing open communication and connection with her grown children and grandchild. This capacity to transfer to others has now extended to broader relationships. While composing this conclusion to the study, I received the following message from Ruth. It exemplifies the courage, self-confidence and growing awareness of her identity. She writes,

I just walked in the door from a two-day retreat with CoDA, partnered as a sponsor with a newbie that came from so much abuse like me. It was wonderful to see her let go, give herself grace, and step out of that guilt and oppression.¹

The capacity to trust and exercise resilience became apparent with most of the participants. A natural outgrowth of resilience was confident communication. After reengaging with her estranged husband and problematic relational /work environment, Mishti's recent communication reflected these steps of development.

Apart from the financial crisis that the family is facing on a day to day basis and the crucial and critical debt situation, I am pleased to inform you that one of your prayers has not gone in vain as there has been an improvement on the relational side with James. He is coming around and is being quite caring and loving towards me. My children too have come to realize and are aware of a lot of things, so they are being more sympathetic, compassionate, understanding and supportive towards me. Carol, I always remember you telling me 'you don't have to justify' and that the time will come when my family will one day see the truth and realize.

Molly has worked her way through much trauma, negative thinking patterns and become internally stronger, exhibiting resilience and a capacity to face present episodes that look similar to the past. Her language reflects growing self-confidence and self-esteem.

I am not wanting to run away and I am so over, looking for more family (biological), but I also did not

¹ CoDA (Co-Dependents Anonymous) is a support group in the tradition of Alcoholics Anonymous. It relies on the Twelve Step model as a guide for participants.

sign up for more life of the same. I have worked really hard to be open and honest with my feelings and how I am doing personally and get some sort of feed back and keep communication lines open, but the focus is the next two weeks and the opening of this restaurant...the soft opening is on my birthday...you know how much I hate my bday every year...even though I have worked threw a lot...it is still a constant reminder of 'that day' and now this year to top it off this place (restaurant) that is going to take away someone that I have found to really love and care for is taking precedence...maybe this is an overreaction, but it just some of the things going on inside of my head and I felt the need to get them out...I am trying with all my might to be supportive and hold it together and yet, there is another part of me that does not want to care and just wants to lay down.

From being a child who was totally tactile deficient and could not initially tolerate connection in any form, Lok Chi /Jacob has made amazing strides toward connection with his adoptive mother, father and cultural family environment. He has demonstrated trust and resilience in the face of a new culture, mainstreamed schooling with seeing /speaking students, and even downhill skiing. The following is derived from an account by Lok Chi's parents upon a visit from his older brother, Andrew.

Andrew came home the night before last from Denver. Lok Chi is having a meal, he knows Andrew is here, and Lok Chi says, "Dih dah da." (Translated means, 'lets go skiing'). Andrew responds, "Not Telluride. Swimming pool." Andrew teases again and again – Do you want me to throw you in? Laughing and shaking vigorously, Jacob says no to each proposal. We just laugh with them as Andrew leans over to grab him by the shoulders and pretends to pull him from the familiar corner of the breakfast bar as if they will go straight out the back door, and then in the pool, which is covered for the winter. The barrage of no continues, and Andrew releases, the joke is over. The lightness, the joy, the love are palpable. "Hot tub?" someone suggests. Lok Chi replies "Yeah".

With the exception of Jenna, by Stage 3, each of the participants had begun developing trusting relationships within their family cultural context and beyond. Cooley speaks to these close interactions with the metaphor, "to some extent who we are is a reflection of those to whom we are close – our self is a 'looking glass self' (1902). Relationships can shape not only our idea of self – they also shape the positive or negative regard of self (Leary, 1999:197-221). Leary also makes a case for the assumption that a primary source of self-esteem relates closely to how others view us (Ibid. see also Leary, Tambor, Terdal, and Downs, 1995). A vital instrument that is used to influence the development of the self is 'behavioural confirmation,' referring to a "process by which people act to confirm the expectations of others (Darley and Fazio, 1980; Harris and Rosenthal, 1985; Merton, 1948).

This process of 'behavioural confirmation' and the development of self-esteem

were evident with Fuxia through a number of relationships including one with the mother of a trusted friend in the neighbourhood. While at least three decades in age separated the two, a friendship grew out of unconditional acceptance with this older / mature person that included open and honest communication, fun and laughter, correction, affirmation and friendship. The affect with Fuxia was an obvious rising to the expectation, growing self-confidence and sense of identity. Fuxia followed a pattern shown in the research of Scheuerer-English, 1989 as cited by Grossman, et al. 1999: 778). The pattern was secure ten year olds through adolescence, secure and demonstrating trust toward parents, but consulting 'trusted others' in sharing feelings. These actions demonstrate a confidence in reaching beyond historical boundaries toward others.

Recently Fuxia gave expression to who she was becoming in a poem she wrote for a school assignment. The work was to provide definition that followed the statement of, 'I am.'

I Am A Chinese Princess in Red

By Fuxia Taylor Boyd

I am a Chinese Princess in Red

For red is a colour of blessing in me

My name means blessing at sunrise and dusk

My beginning was hard but now I can trust

For I am a Chinese princess in Red

Though my physical condition is sometimes rough

I can always find an alternative way

To navigate throughout the day

For I am a Chinese Princess in Red

Giving up is just never it

I am never willing to say I quit

I am always ready to persevere

For I am a Chinese Princess in Red

My hair is dark coffee black

And my eyes slant a little bit back

I am friendable and loveable

And my joy is for all to feel

For I am a Chinese Princess in Red

My statue is small but the inside is tall

With imagination that never ends

For I am myself and myself I am

8.4 Contributions of the research

The research puts forward three contributions to the understanding of abandonment and its relationship to attachment in addressing the lived experience of formerly abandoned children and their families.

8.4.1 Extending understanding

The research extends the understanding of the phenomena of attachment by introducing a dynamic and holistic methodological approach to the process of attachment and relational connection through life history and longitudinal ethnographic examination. A deeper analysis in using the theory of symbolic interaction was discovered in addressing the category of 'insufficient attention to the participant's world'. In the process, how the

abandoned person, outside the context of their family of origin or their present or adoptive family actually sees and experiences their lifeworld, was discovered.

8.4.2 Defining a coherent model of intervention

As is defined in the text and visuals of this chapter, in analysing patterns of thought, dialogue, behaviour and key events of the participant studies, a coherent model of intervention was identified. The model is effective in addressing the context of the abandoned person, be it institutional care, family, school or friendships. It integrates the theory of attachment into the model, allowing the researcher to ascertain which constructs of the theory were being applied through different age groups, from infancy through lifespan. The concepts within the model are relevant and applicable notwithstanding the age or ethnicity of the participant.

8.4.3 A Continuum from abandonment to relational connection

The identification of the model demonstrated a continuum from abandonment to relational connection. This sequence included responses of the participant to availability and empathy, progressing from survival through vulnerability and trust, to authenticity, a growing sense of self-esteem and relational connection.

8.5 Points of application

The research provides a range of possibilities for obvious and potential application. Two distinct micro and macro groups are identified in the text including people and structures. The micro context relates to the abandoned challenged person, both common and uncommon and their family cultural context. The macro relates to societal structures, including the equipping of adoptive parents/family, social workers and agencies within governments as well as within the non-governmental sector and the training of caregivers.

8.5.1 The Micro context: people

The abandoned challenged person; both common and uncommon is the most directly

impacted by the application of the research. With clarification and processing, the ‘model of intervention’ provides the individual with understanding of what has affected their condition, how they are affecting or being affected by their environment and a potential means of moving from abandonment to relational connection. Dependent upon the availability of an unconditional caregiver / safe person and the abandoned person’s receptivity and growing acceptance of personal responsibility, specific steps can be discovered to extend understanding within the family context and broader relationships. To the extent that these principles are walked out with the attachment challenged person, others within the related family culture have the possibility of addressing their own capacity for relational connection and negative relational patterns within the family.

Beyond the individual, the initial societal structure within which the research would be useful is the family. While the Hague Convention provides a framework of protections and appropriate requirements for the potential adopted child and adoptive family, it does not assure the equipping of the adoptive parents with understanding and tools to address the implications the abandoned child and their family will address.² The research provides minimally pre-emptive understanding of what to behaviourally expect of their child and a framework of understanding that would allow them to not only love, but to engage as secure and unconditional caregivers in the extended journey of their child’s emotional growth and development.

8.5.2 The Macro context: governmental and non-governmental social services

In addressing the needs of the abandoned challenged person by governmental and non-governmental agencies; the research offers a practical framework for the equipping of caregivers and best practices in providing care for the abandoned. Trained social workers

² A section of the Hague Convention regarding adoption suggests the following preparation, 2005 adjustment:

Parent Education	10 Hours of parent education	Parent education only if mandated by U.S. State of residence or voluntarily provided by agency
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and volunteers in both contexts could gain understanding and skill sets in order to effectively follow through on their vision and service.

8.5.3 Nations in reform: China, Ethiopia and Ukraine

There are an increasing number of governmental structures that are pursuing transformation of childcare services on a national scale. Whether influenced by political experiments or destructive and embedded cultural beliefs, governments including those of the PRC, Ethiopia and the Ukraine are searching for and have made recent commitments to a process of reform to address failed models of care. For example, in the PRC, decisions have recently been taken to engage non-governmental services in partnership with provincial governments to create pilot models of child-care for the abandoned, addressing the value of the child, whether male, female or disabled. The intention is that the pilot models could, with parallel caregiver training programs, be replicated over time in remaining provinces. This opportunity alone has the potential of affecting the well being of hundreds of thousands of young girls and boys. It is within this particular cultural context and specific environment that this research was initiated and in recent weeks has been evaluated as a model of training for the caregiver. In Ethiopia, the social welfare secretary has withdrawn for the most part the possibility of foreign adoption and in the last year encouraged the development by Project Mercy of village-based communities for the abandoned.³ These are projected to include homes of four to six children per care giving person. In this particular case, portions of this research and model of intervention have already been utilized to develop a profile for potential caregivers and their equipping. Non-governmental organizations are encouraging small group homes for those aging out of the orphan institution in the Ukraine. The reality of adoption statistics in the Ukraine is 108,000 abandoned children living in state institutions and approximately 6,000-12,000

³ The adoption of Ethiopian children remains supported in the law of the nation, however the Director of social welfare is discouraging international adoption by complicating the process (interview with Marta Gabre -Tsadick, former Senator and present co-founder of Project Mercy – March 10, 2012).

being placed in the system each year with less than one-half of one percent being adopted (2010, International Orphan Resource Centre, Inc., Cary, North Carolina). This particular organization is working with the government system to encourage transition apartments for the adult orphans who have aged out of orphan care at fifteen to seventeen years of age. Under the oversight of a trained caregiver, children are able to begin addressing self-destructive behaviour and move toward relational connection and responsible adulthood.

In each of these examples, the research has the possibility of being adapted to: training of the caregiver, non therapeutic intervention with the attachment challenged person, curriculum development for training of social workers, and development of a means to evaluate the progress toward relational connection and effectiveness of training models.

The biographical life history narrative was found to be a more accurate and less cumbersome evaluation of potential primary caregivers in developing nations, than was the AAI evaluation (see Addendum C). Rosenthal's method of biographical life history interview of curative storytelling, encouraged me to pursue life history with the participants and follow this dynamic process, aware of the curative nature of the process, (2003: 915-933). Fritz Scheutze introduced the method of biographical narrative interview in the 1970's (1976:159-260; 1983: 283-294). Rosenthal developed further questioning methods and established a sociological biographic research with a therapeutic dimension (2002: 204-227).

8.6 Potential future research

Applications of the model provided by the research have been cited, however other areas and research also warrant consideration. A recent article in the *New York Times*, written by David Brooks (citing the research of Mischel, W. 2011: 83-105; Duckworth, A., 2011 and Baumeister, R. and Tierney, J., 2011) on self-control, noted a conclusion that a cycle

formed of individual disruption bread disruption in the family and community context. Within the research are numerous studies on attachment theory, showing that children who cannot form secure attachments face an increased chance of disruption, due to the fact they find it more difficult to build stable relationships. Included in the research is the work of Annette Lareau, who's updated book in 2011 reaffirms that 'different social classes have radically different child-rearing techniques, producing different outcomes'. The disruption breading disruption dynamic was associated with the attachment challenged person in particular communities. While my research focused on the abandoned, common and uncommon, one could anticipate the same methodology to be appropriate in investigating the disruption in communities by examining particular participants in their family context. R. Metcalf's study summarizes the concern for extending the impact and understanding of attachment into the fabric of society with the following quote:

The easiest conclusion to reach about the findings of this research is that we generally do not want to discuss the things that we do not want to know. John Bowlby's work surfaced issues and questions that run deep into the fabric of our social structures, and even our sense of humanity. If it turns out that we pay less attention to the care of our young than even other animals, what does that indicate about us? If we are ever to get serious about creating the societies we want, rather than just fixing the problems we create, we will probably have to reconsider John Bowlby and attachment theory (2010: 20).

Siegel distils the individual impact attachment and relational connection forms in a life.

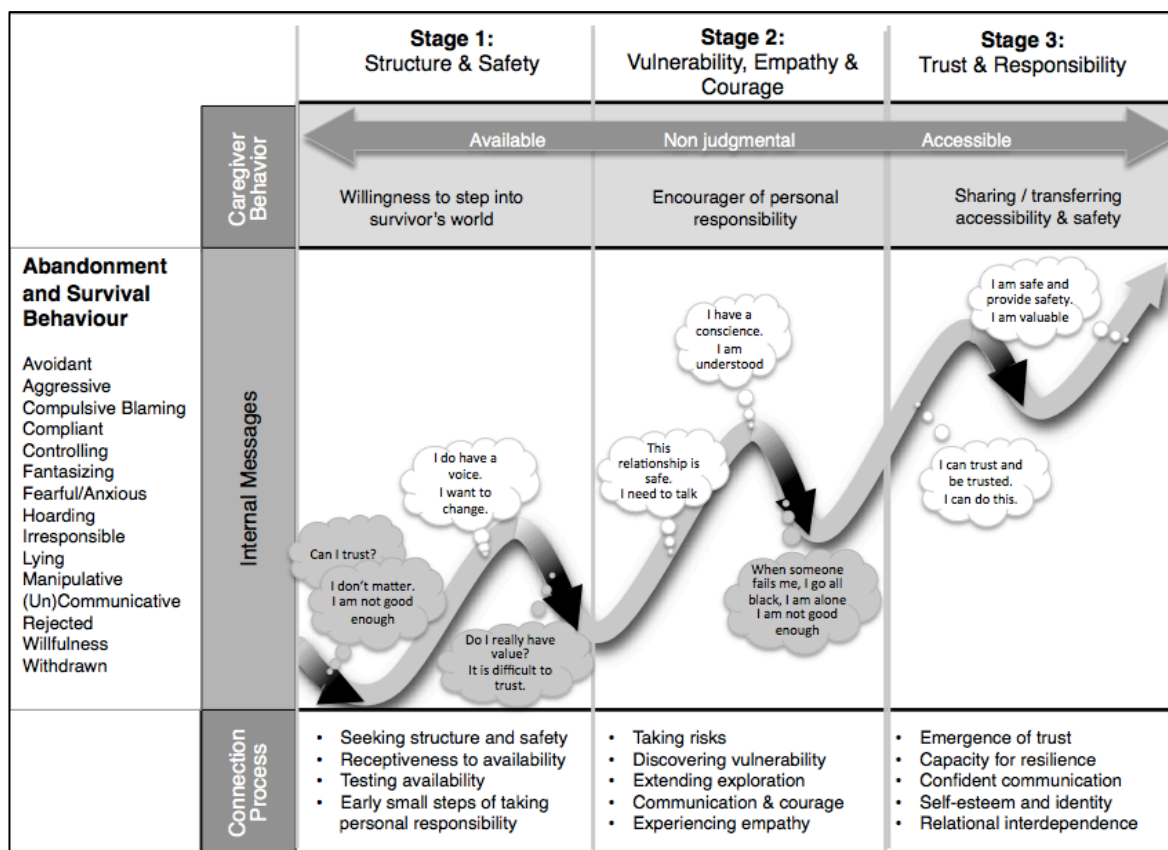
Attachment, in turn, is the context in which all development—cognitive, social, emotional, physical and neurological—becomes possible. In essence, our attachment to a nurturing caregiver sets in motion all facets of our human development. (1998)

8.7 Summary

This study examined, through observation and participation, the process of attachment as it developed from survival to relational connection in the lives of abandoned challenged persons. This exploratory work provided a view of the process from an insider approach, requiring my involvement as a researcher and participant, beyond that of distanced observation. These roles became one and the same and produced a unique methodological model, built upon attachment theory and symbolic interactionism. It brought into focus the

particular dynamics faced by the attachment challenged person and means of stepping into and viewing their world through their lens. This resulted in improved understanding and language of the process (stages and steps) from abandonment to connection. Finally, it offered a model for intervention, applicable in the context of abandoned children (persons), their families, with potential application into agencies and institutional models of care.

Figure 6: From Abandonment to Trust and Connection



**Table 1 – Strange situation (SS) measurement attachment patterns
Ainsworth (1978) and Main & Solomon (1990)**

Attachment Pattern	Child	Caregiver
Secure	Uses caregiver as a secure base for exploration. Protests caregiver's departure and seeks proximity and is comforted on return, returning to exploration. May be comforted by the stranger but shows clear preference for the caregiver.	Responds appropriately, promptly and consistently to needs
Avoidant	Little affective sharing in play. Little or no distress on departure, little or no visible response to return, ignoring or turning away with no effort to maintain contact if picked up. Treats the stranger similarly to the caregiver.	Little or no response to distressed child. Discourages crying and encourages independence.
Ambivalent/Resistant	Unable to use caregiver as a secure base, seeking proximity before separation occurs. Distressed on separation with ambivalence, anger, reluctance to warm to caregiver and return to play on return. Preoccupied with caregiver's availability, seeking contact but resisting angrily when it is achieved. Not easily calmed by stranger.	Inconsistent between appropriate and neglectful responses.
Disorganized	Repeated behaviour on return such as freezing or rocking. Lack of coherent attachment strategy shown by contradictory, disoriented behaviours such as approaching but with the back turned.	Frightened or frightening behaviour, intrusiveness, withdrawal, negativity, role confusion, affective communication errors and maltreatment.

APPENDIX 1 – THE CURRENT PROPOSED REVISIONS FOR THE DSM-IV AND DSM-V

The proposed revision for Reactive Attachment Disorder includes the division of the two DSM-IV types into two disorders: Reactive Attachment Disorder of Infancy and Early Childhood and Disinhibited Social Engagement Disorder.

Proposed DSM-V Criteria for Reactive Attachment Disorder of Infancy or Early Childhood

- A. A pattern of markedly disturbed and developmentally inappropriate attachment behaviours, evident before 5 years of age, in which the child rarely or minimally turns preferentially to a discriminated attachment figure for comfort, support, protection and nurturance. The disorder appears as a consistent pattern of inhibited, emotionally withdrawn behaviour in which the child rarely or minimally directs attachment behaviours towards any adult caregivers, as manifest by both of the following:
 - 1. Rarely or minimally seeks comfort when distressed.
 - 2. Rarely or minimally responds to comfort offered when distressed.
- B. A persistent social and emotional disturbance characterized by at least 2 of the following:
 - 1. Relative lack of social and emotional responsiveness to others.
 - 2. Limited positive affect.
 - 3. Episodes of unexplained irritability, sadness, or fearfulness, which are evident during non-threatening interactions with adult caregivers.
- C. Does not meet the criteria for Autistic Spectrum Disorder.
- D. Pathogenic care as evidenced by at least one of the following:
 - 1. Persistent disregard of the child's basic emotional needs for comfort, stimulation, and affection (i.e., neglect).
 - 2. Persistent disregard of the child's basic physical needs.
 - 3. Repeated changes of primary caregiver that prevent formation of stable attachments (e.g., frequent changes in foster care).
 - 4. Rearing in unusual settings such as institutions with high child/caregiver ratios that limit opportunities to form selective attachments.
- E. There is a presumption that the care in Criterion C is responsible for the disturbed behaviour in Criterion A (e.g., the disturbances in Criterion A began following the pathogenic care in Criterion C).

F. The child has a developmental age of at least 9 months.

Proposed DSM-V Criteria for Disinhibited Social Engagement Disorder

A. A pattern of behaviour in which the child actively approaches and interacts with unfamiliar adults by exhibiting at least 2 of the following:

1. Reduced or absent reticence to approach and interact with unfamiliar adults.
2. Overly familiar behaviour (verbal or physical violation of culturally sanctioned social boundaries).
3. Diminished or absent checking back with adult caregiver after venturing away, even in unfamiliar settings.
4. Willingness to go off with an unfamiliar adult with minimal or no hesitation.

B. The behaviour in A. is not limited to impulsivity as in ADHD but includes socially disinhibited behaviour.

C. Pathogenic care as evidenced by at least one of the following:

1. Persistent failure to meet the child's basic emotional needs for comfort, stimulation, and affection (i.e., neglect).
2. Persistent failure to provide for the child's physical and psychological safety.
3. Persistent harsh punishment or other types of grossly inept parenting.
4. Repeated changes of primary caregiver that limit opportunities to form stable attachments (e.g., frequent changes in foster care).
5. Rearing in unusual settings that limit opportunities to form selective attachments (e.g., institutions with high child to caregiver ratios).

D. There is a presumption that the care in Criterion C is responsible for the disturbed behaviour in Criterion A (e.g., the disturbances in Criterion A began following the pathogenic care in Criterion C).

E. The child has a developmental age of at least 9 months.

APPENDIX 2 – Adoption Policy in the UK

In the Knowledge of Looked After Children compiled by Alan Rushton, 2003 published by the Social Care Institute of Excellence

This is a policy created for the category of ‘looked after children’ however it allows one a view of the permanency concerns. The need for further research applicable to the concerns rose in the scoping review regarding individual assessment of the children being placed and appropriate intervention.

All observers of the field of adoption in the UK are aware of the recent political initiative to promote the greater use of adoption as a solution to the care of children who cannot live with their birth families. This drive for ‘permanence’ has been welcomed in many quarters, and can be considered relatively non-contentious in relation to children who have lingered uncertainly, and for far too long, in the care system. Every effort must clearly be made to expedite the secure placement of these children. However, this strong preference for permanence via adoption has also excited debate on the grounds that not all children need the same solution. They may be ‘children who wait’, but they may not be waiting specifically for adoption. Many older children, for example, may not be best placed in adoptive families and their views need to be heard in the decision-making process.

Concern has also been expressed that advancing adoption as the preferred placement choice is driven not only by child welfare imperatives but also by the need to reduce state expenditure on the ‘in care’ population. Favouring adoption, it is argued, may also turn alternatives such as long- term foster care and residential care into a second-class option, although good quality placements of this kind may correctly be the first choice for some children. Furthermore, the concentration on adoption may encourage a fragmentary approach to the child welfare field rather than embracing an integrated view of the available placement choices so that the best plan is made for each individual child.

More intensive and well-targeted family support and parenting interventions may help children to remain with birth families and a number of studies are examining new approaches to making placement choices and expediting care plans. These include Concurrent Planning¹ and Family Group Conferences². These initiatives may result in some children being returned home and others being placed with relatives, thus avoiding unnecessary delay and the need for a non-relative adoptive placement.

In examining adoption policy, recent developments in comparing European and international attitudes and activities are proving instructive³. Clear differences exist in the use of adoption as a placement choice. The UK and the US lead the world in non-relative adoption. In the UK, 3,100 children were adopted from care as at 31 March 2001 compared with 2,700 in 1999/20006. In the US, 51,000 were so placed, far more than in any other country⁴. The recent seminars funded by the Nuffield Foundation have revealed major differences of opinion and policy towards adoption between countries⁵. Some countries take a radical stance on not severing ties with birth parents and not terminating parental rights with birth families when a child is in need or at risk (for example, Sweden does not permit adoption of children from care without parental consent) and favour the policy of family preservation, or placement with relatives but without adoption.

Unfortunately such value positions are mostly held without reference to independent outcome data from the countries concerned. It is therefore impossible to say whether the children prosper as a result of these childcare policies, whether the extensive

¹ Monck, E., Reynolds, J. and Wigfall, V. (2003: forthcoming) *Concurrent planning for permanence: Putting the child first*, London: BAAF.

² Lupton, C. and Martin, S. (1997) *Family outcomes: Following through on Family Group Conferences*, Portsmouth: Social Services Research and Information Unit, University of Portsmouth. Marsh, P. and Crow, G. (1998) *Family Group Conferences in child welfare*, Oxford: Blackwell Science.

³ Selwyn, J. and Sturgess, W. (2001) *International overview of adoption: Policy and practice*, Bristol: School for Policy Studies, University of Bristol.

⁴ Department of Health (2001) *Adoption*, LAC (2001) 33, London: DoH.

⁵ AFCARS (Adoption and Foster Care Analysis and Reporting System) (2002) *Children adopted from public foster care*, Washington, DC: US Department of Health and Human Services.

use of foster care or kinship care is an adequate solution or what use is made of residential care and with what consequences. Countries may well come to different conclusions about the preferred policy depending on their traditional approach and their cultural and religious heritage. However, the debate about placement policy will advance more when the child welfare research capacity of all countries allows for better comparisons of outcome from carefully conducted follow-up studies.

In the UK, where intensive and sustained birth family support has proved hard to provide, a serious risk exists that, in the name of family preservation, children can be returned to homes where they are not safe and their well being is not secured. Multiple admissions to care, and returns home and moves within care, often take place sometimes followed, after indecision and delay, by adoption in middle childhood¹. By this stage difficulties are likely to have accumulated in all developmental domains². In the case of ‘children who wait’ in the care system and children exposed to serious adversity at home, compelling arguments exist for considering, early on, a plan for adoption, with or without severing connections with the birth family, depending first on the needs of the child.

In England and Wales, the government has set an ambitious target of increasing the number of children in care placed for adoption by 40% and has supported this aim with additional funding (via the Quality 4 Adoption policy in the UK and in international context

Protects programme in England³ and similar initiatives in Wales). The new Adoption and Children Act was published in November 2002 and included in its aims is the intention to reduce delay, to strengthen adoption support and to align adoption law with

¹ Warman, A. and Roberts, C. (2002) *Adoption and looked after children: International comparisons*, Oxford: University of Oxford.

² Farmer, E. and Parker, R. (1991) *Trials and tribulations: Returning children from local authority care to their families*, London: The Stationery Office.

³ Quinton, D., Rushton, A., Dance, C. and Mayes, D. (1998) *Joining new families: A study of adoption and fostering in middle childhood*, Chichester: John Wiley & Sons.

the 1989 Children Act. The ‘Adoption and Permanence Project’ (www.doh.gov.uk/adoption) has a number of elements: giving assistance and encouragement to local authorities to improve their performance (Adoption Task Force); establishing the National Adoption Register (to facilitate more rapid placement and better matching); setting up the National Adoption Standards for England (giving a clearer statement of what can be expected from adoption services¹); envisioning an adoption support framework and using the Beacon Council Scheme to disseminate good practice in adoption.

¹ Department of Health (1998) *The Quality Protects programme: Transforming children services*, LAC (98) 28, London: DoH.

APPENDIX 3 – An Interview with the NGO director in Southeast Asia

Reflections from observations and work within the government institution for twelve years from 1986 – 1999.

The Institution is situated in an outer location of Bangkok, Thailand. It became the gathering place for abandoned children from infancy to young teens. There was a loose division of age – babies, children, young teens and the profoundly disabled for example hydrocephalic (who had not had initial shunt surgery). Children who were difficult to control within a large group were also separated. The children who were HIV positive were unknown because no testing was being performed. The government was not acknowledging Aids or conducting Aids education. The open-ended interview was given by the director of a faith-based Non governmental agency working in the country for over twenty years.

1. Would you describe the children at the Orphanage...for example the ages and any particular information about them?

We visited the institution before any major intervention had begun – this institution for abandoned children had been off limits to any one or agency like ourselves – we were eventually able to convince the authorities to allow us in to give support. The conditions were extremely difficult.

2. Can you describe the conditions?

There were so many children and so few staff. There were serious needs, which were overwhelming to the government workers and they were doing the best they could. The government did not want us to see this facility for a good reason.

The children were lethargic- wanting their needs met whether food or touch or bathing. When we first visited there was approximately one staff to twenty or thirty children. We never observed any ‘one on one’ care. There were just so many children in need and so

few staff. Our first attempts were to increase the number of staff. We were able to do this by fifteen and somewhat reduce the staff/child ratio.

3. What intervention was allowed?

We wanted to set up a different model to the institutional model like a small home model with a few staff and up to ten or twelve children. The Government was not interested as monies/aid were starting to come in for larger institutional care not small home care. An example- when we first went there the child population was only 500 children in the institution. After twelve years when we left there was upwards of 4,000. We argued the philosophical model to no avail.

4. What about adoption and foster care?

None of the physically /mentally disabled were placed into foster care or adoptive homes. Foster care or adoption was a new concept during those years. There were some children that were adopted through a large international agency however there were issues of cost. How much monies this would cost kept being an issue with the government. We do know of some adoptions as early as a year old and a few children who were somewhat older.

ADDENDUM A – May 1997, Peoples Republic China, PRC

The couple is probably in their middle 40's from England and their newly adopted child is about seven years old. Often it is difficult to estimate the child's age. They can be underdeveloped from their care. I later discovered she has been with them three days. By now, they should be processing out and on to the British Embassy. I am familiar with most of the children from Wee Care so I assumed she is from the local Government Orphanage.

This assumption proved to be correct. I attempted to close my mind to the memories of observations made in her home a year ago it was a painful experience. The older children were staged for my first visit. No amount of coaching and staging could remove the empty look in their eyes. There is an absence – I suppose you would say – absence of spirit or an obvious hurting heart. I never know quite how to explain it I just know when I see it. It is an odd combination of longing, emptiness and despair all mixed together. However there is a hardness, which says just try to love me, a manipulative attitude that pushes ever so slightly to the surface and then becomes outwardly softened by exaggerated longing eyes that call to whoever will listen. You often hear them call you mother in a slightly strange cadence trying to draw you into their plight. They are usually the children who are in institutional care too long or living on the streets. You get the feeling they would do anything to survive. It is as if they are alone in a room full of children. They were not necessarily quiet but neither did they seem to be connecting with one another.

I remember one little girl in particular that day. She had light blond hair and dancing pale eyes. She is Chinese without the rich pigment of Chinese skin and because of this, she did not belong even in the orphanage an obvious outcast amongst her own. She possessed a see if I care attitude.

Most of the children were girls or little boys who had some disability. These were obviously the survivors. As I made my way into rooms, where I had no invitation toward

the back of the baby care, I found the little ones who would most likely not live to join the children in the classroom or travel with a western parent to another country. They were dying, they were too weak to live and the care was inadequate to feed them individually. If they were unable to drink from the bottle wedged beside them in their cot, holding two or three babies intended only for one, they would be taken from the main baby care room to the separation room. This is the room I wandered into without my host discovering. There was no crying in this room, the smell was sickening, only quiet labored breathing could be heard. Removing the covers exposed a small infant who had died. I was angry when I accidentally saw this room and was unable to hold my anger inside. I had stumbled on to something I was not meant to see and something I could not forget. I left to return another day when I was more in control of my feelings. This scenario was not made by mean, uncaring individuals who direct the institution or those who labor under impossible conditions. Law and culture in conflicting positions had created it. Too, few untrained overworked staff and an abundance of girl babies being abandoned because culture demands if only one child to a family is allowed it must be a male. This had been the home, orphanage, from which the child now belonging to the family we were sitting next to had come from.

The couple spoke no Chinese and she spoke no English. As David and I were attempting to relax over our meal and suppress our own concerns for the future (the adoption of Fuxia) the little girl began taking food from her parents' plates. I could not help but notice the anxiousness in her facial expression and her defiant movements. There is no response to the pleas from her parents to stop. She looked compelled to take and stuff. No amount of correction deterred her from collecting as much as possible. Without even looking at her parents, it was a quick take and stuff method, great timing and execution. After she had taken what she wanted from her parents' plate, she crossed the aisle and began taking from ours. If I had not been so engrossed in the observation and

concerned about the days that we might be facing, I could have found the humor in what was happening. Her poor parents certainly found no humor and sat seemingly helpless and without control. She found her way to the surrounding tables and each time she either stuffed the food in her mouth or took it back to her plate in her hand. Her parents were apologetic and shrugged their shoulders with a look of bewilderment. Their combined communication was – ‘we don’t know what to do, we can’t seem to control her behaviour’. At this point, I said empathetically – ‘I understand’. They retorted with a tone of desperation – ‘I am glad someone does.’ The couple left and their daughter eventually followed reluctantly leaving her gathering of food behind except for what she was able to quickly consume and hold in her little hands and unfortunately stuff in her pockets. Before they left, we were able to exchange a few brief sentences. There was very short dialog in an extremely strained atmosphere.

I began placing her potential past and present experience together and reasoned the why of this little girl’s behavior. I never saw them again. I have often wondered where they are and what has happened to the hungry little hoarder and the horrified hopeful parents.

ADDENDUM B – May 2005, Bogotá, Colombia

I had been invited to Bogotá to consult with a consortium of Non governmental organizations. The clinical psychologist responsible for the department giving government oversight to the various NGOs' and FBOs' met with us.¹¹ I had been the previous year to Belo Horizonte, Brazil and although my experience with street children was limited, my growing understanding of attachment theory was clearly a new consideration in both countries. Because my experience was limited in working with street children, I asked if I could visit the different organizations, observe and ask questions. I was exposed to the ways in which they were dealing with the multi-dimensional problem and my admiration of their commitment to such an overwhelming tragedy grew with each encounter.

A synopsis of my field notes from the time spent with Angelo who works with an FBO in Bogotá. It is almost unnecessary to refer to the pictures I had taken. There remains in my mind a picture as clear today as it was on the day of my first visit. The setting was an area of town that had been provided for street children 'families' or groupings. The government offered the inexpensive shelter in order to remove them from the city centre. The mothers I met worked as prostitutes and would return to the city centre for business purposes leaving the children in the low cost shelter. The cost for each group was a dollar a night. Angelo had instructed me to be cautious, not take anything of value with, wear no jewellery and remain close to him. He and his wife and newly adopted infant, who had been left at his home shortly after they had moved into the neighbourhood, lived by choice in this challenging and often dangerous area of town. They chose to do so in identification with the people and provide relationship for those trying to survive.

Angelo informed me – where street children live there is glue sniffing from Asia to Latin America. Glue sniffing is a practice eventually disabling but one used for a 'high' to ease the pain of the various life experience of abandonment, neglect and abuse. After

¹ NGO – Non Governmental Agency and FBO – Faith Based Agency

leaving Esther, Angelo's wife and their little Sonia, we walked a short block and began making our way through gatherings of young and old men sharing their drugs and their stories in unfinished and partially burned out buildings or enjoying coffee in the sidewalk café's.

Angelo greeted them and instructed me to move quickly and not to make eye contact, as they were not appreciative of anyone they didn't know. Angelo's relationship provided my entry. We climbed carefully through the partially constructed building, averting eyes and attention. We came to a room one of the few with a door on it and knocked. Most areas where the men gathered had no doors. The building resembled a concrete unfinished car park garage. I was not prepared for what I saw. In a 12 feet by 10 foot room were eight children the youngest was 19 months and the oldest 8 years old. There was no running water, no bathroom, only a kerosene burner with a blaze of a foot tall in the corner of the room burning from a camping type kerosene stove. The children responded as most street children do first trying to find if you have anything of value with you that might provide money or food. When I had nothing more to offer them to eat they moved away, withdrawing to their own corners. I began trying to capture their attention with various movements – holding both of their hands, placing my face on the same level as theirs. Their little heads would move from side to side trying to avert any direct eye contact. They had the same empty eyes as I had observed with other abandoned children as far away as Asia. The 19 month old was climbing toward the open window. No one seemed concerned for the danger. On one side of the room there were make shift wooden shelf beds from floor to ceiling. The children would climb up and sit in various spaces apart from each other, connecting only to fight, yell or grab whatever the other child was holding. The youngest would not come near to me or respond at all to my voice or hand. She was lost, alone in her own world. There was no recognizable relationship from any of them to each other. The behaviour did not vary during the observations. This was a new

group for Angelo. He was attempting to connect through the mother and encourage the children to participate in activities he and Esther provided in their home.

We gathered each morning to consult together and observed in the afternoons and evenings. As I listed symptoms and behaviours I recognized in challenged attachment they knew them only too well they had not placed a collective name to them. The concept of attachment was new even for the government psychologist. I could tell she was threatened by my presence and I wanted to connect with her. I asked her opinions and tried to engage her. When we took our first break I expected to get an ear full but instead she hugged me in warm Latin style and stated you are my mentor. I was overwhelmed at her humility and I responded openly by stating my true inadequacy in working with children of the street but I was certain attachment theory offer further understanding.

ADDENDUM C – September 2011, Yetebon, Ethiopia

I was asked to come to Ethiopia to consult in a development involving a group of small homes, each with a 'mother figure' available for groups of four to five abandoned children to a home. I had spent much time gathering information and trying to determine an appropriate demographic for the potential moms in this culture. A qualified translator interpreted for me in the interviews and information gathering. She acted as a research assistant, and was familiar with the material and her culture. Had it been necessary, I would have been confident for her to conduct the interviews on her own.

After further investigation, I found that couples or couples with a child did not always work well as caregivers in this situation. Widows or women whose husbands had left them, and were young enough to physically manage the children, seemed to be the best group to interview.

Finding an appropriate interview method was a trial and error process. I looked to the Adult Attachment Interview as a guide but it was not a good cultural fit. This was a rural community and many of those interviewed were desperate for the opportunity. The interview needed be done orally in consideration of this cultural preference. It was important for them to feel comfortable with me and not feel as if they were doing an employment interview. They were assured of different opportunities for service and contribution within the work. The reason given for this time together was to understand their interests, skills, gifts and ability to connect and create trust with the potential children under their care. We also needed to consider the capacity to be involved long term with the children.

I suggested we get to know each other by telling our life stories. I met with the women individually over a cup of tea, and began by sharing my own life story. I asked them to feel free to ask questions of me. A few were reluctant to question me at the beginning, but as this reticence passed, our conversations expanded. They allowed me to

ask the questions necessary to build a more complete understanding of their personal attachment history. I also used the parenting styles assessment developed by John Gottman. I had to make adjustments for culture and the numerous amount of questions asked. I reconstructed the test in order to do it orally while still allowing for a correct assessment.

One of the participants was already caring for three children with ages ranging from two to four years. I had observed this little developing family often and was not surprised that when Sarah (the primary caregiver of this family) and I spent time together, she scored the highest on the evaluation. Her life story was one, filled with poverty and political upheaval. She shared of parents who could be trusted and were caring in spite of the complications of life. Sarah had never been married and had chosen to work with this organization because of their shared values. She seemed content and comfortable and felt fulfilled as a mother figure to these younger children. She desired to have children but had never felt the right man had come into her life she said in a relaxed way with a smile on her face.

Little Anna, who was in her care, was born to a very young mother who was sent away when the family discovered she was pregnant. A connection was made with this organization. They took the young mother, cared for her through the period of her pregnancy, allowing her, and baby Anna to remain after the birth. She was to continue her study and mother her child within the community setting. The young mother carried her infant everywhere tied to her body, as was the custom. The child was breast-fed which was common. After several months, the mother disappeared and it was assumed she took the baby with her, as they seemed inseparable.

A strange cry was heard outside the school complex affiliated with the organization. It was not continual and was muted. Finally, after a couple of days the staff were alerted and they began to listen for the sound of which the children spoke. After

searching, little Anna was found in a thorn grove and rescued. She was brought back to the organization's complex. There was concern for her weakened condition. Sarah was asked to care for this little one. Little Anna was traumatized but not physically harmed other than weak from hunger and cut from thorns. Sarah carried Anna everywhere as had her birth mother. Anna screamed day and night. They feared she would lose her voice the screaming was so intense. She only stopped when falling asleep from exhaustion. Sarah persevered and never left her, keeping her near to her twenty-four hours a day. The screaming turned to cries and the cries eventually became sad whimpers. This process took place over several weeks. The following months of care of Anna remained strained. She did not offer eye contact, nor would she respond to any of the familiar staff in the community. She eventually began to respond to Sarah but feared any other person. By the time I had left, she was engaging with eye contact and responding to known members of the community, while watching carefully to see if her 'mother' Sarah was near. She also began to engage with the other two children in the family unit. The structure and committed and constant care restored trust and encouraged connection.

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Interviews

Note: Digital voice and video recordings of Fuxia, Jonathan, LokChi and Jenna are in my possession.

The following record of face-to-face interviews and observations with participants and families does not reflect regular communication and interview by email and skype calls. A record of these are as well are in my possession. The interviews were always combined with observation. Those that note observation/interview reflect the age or inability of the child to communicate through speech.

Fuxia (1998 – 2011) Scores of informal (field notes) and formal interviews received in living together as mother and researcher from her adoption in 1998 to the present.

Jonathan (2007) observation/interview in May 4-9, 2007, GuangXi

Jonathan (2007) interviews by phone and email with mother were weekly
from June through December 2007

Jonathan (2008) observation/interview in January 14-17, 2008, Virginia

Lok Chi (1998) observation / interview in May 6-14, 1998. Hong Kong

Lok Chi (2000) observation/interview in June 20 -27, 2000 in Colorado

Lok Chi (2002) observation/interview in June 10-17, 2002 Hong Kong

Lok Chi (2004) observation/interview in November 12-15 2007, Hong Kong

Lok Chi (2007) observation/interview in July 15, 2007 in Colorado

Lok Chi (2011) observation/interview in August 10, 2011 via skype in Colorado

Jenna (2009) interview in September 19-21 2009 UK

Jenna (2009) interview in February 26-29 2009 UK

Jenna (2010) interview in August 13, 2010 UK

Jenna (2011) interview in September 6, 2011 in Oxford.

Ruth (2006) interview in January 12, 2006 West Coast, USA..

Ruth (2006) interview in March 10-12, May 14-16, June 6-8,
August 15-17, 2006 West Coast, USA

Ruth (2007) interview in February 23-25, 2007 West Coast, USA

Ruth (2007) interview in July 27-29, 2007 West Coast, USA

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Ruth (2008) interview in October 24-26, 2008 West Coast, USA

Ruth (2009) interview in October 4 – 17, 2009 Africa and France.

Ruth (2009) interview in December 4-5, 2009 West Coast, USA

Ruth (2010) interview in March 5-7, 2010 West Coast, USA

Ruth (2010) interview in September 20-27, 2010 Great Britain

Ruth (2011) interview in February 24-26, 2011 West Coast, USA

Ruth (2011) interview in June 17-19, 2011 West Coast, USA

Ruth (2011) interview in October 8-17, 2011 Africa

Mishti (2009) interview in May 5, 2009 East Coast, USA

Mishti (2009) interview in June, 2009 (twice weekly) East Coast, USA

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Molly (2010) interview in November 12, 2010 East Coast, USA

Molly (2011) interview in January 13, 2011 East Coast, USA
Molly (2011) interview in April 12, 2011 in East Coast, USA

Millie (1995) interview in May 3-18, 1995 in Jinja, Uganda.

Millie (1997) interview in September 10-15, 1997 in Tampa, Florida.

Millie (1998-1999) interview informal and spontaneous during the year in Kona, Hawaii.

Judy (2011) interview with mother of Russian adopted children in January 27, 2011 in Virginia.

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