

## Discussion: View of the Foster Child

L. Eileen Keller, Ph.D.

“The eyes of strangers  
Are cold as snowdrops [...].”

Philip Larkin, from his poem, *Strangers*

AS I WAS WALKING AND THINKING OF DISCUSSING THESE THREE papers, I realized I had lost track of what I wanted to say. Instead, I found myself thinking of the papers having been presented together last spring (2007) with a different discussant, other than myself, at a conference in Toronto. I wondered who that discussant was and what she said about the papers. Would I be able to do as good a job? Would the authors like my discussion? Would they like me? I thought about the three authors and imagined finding out who their discussant had been. I could even request a copy to give me guidance on how to fit in. Then I realized that the anxiety driving these fantasies, the anxiety of coming as a newcomer into a group, paralleled the foster child's anxiety about entering a foster family, that is, Will I fit in? Will I be liked? Will these be my real parents? Will I be good enough? In a small way, I was given an opportunity to experience the anxiety of the child being delivered to the foster family, a child who has to live through the anxiety of entering her assigned foster family.

As I read these papers, I began to feel as if I was witnessing a construction, a construction of a symbolic home, that reflects in a deep way what we who work with foster children believe is needed, “a home within.” In Klein's

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L. Eileen Keller, Ph.D., is a psychologist/psychoanalyst, faculty member of San Francisco Center for Psychoanalysis, consultant for A Home Within, and in private practice in Oakland, CA.

language, children need a good object securely installed in the internal world. For Klein, that good object becomes securely integrated into the internal world through repeated good experiences with the "real" (in external reality) parents (Klein, 1963). In our clinical work we hope both to connect to the child's prior good experiences with others and to add to those good experiences through our steady, predictable contact. I do believe even small good experiences can, over time, help a child become receptive to and able to make use of any good that may be offered from the outside.

First, Dr. Gin asks us: What kind of home does the therapist need? What is the foundation? What walls are needed? What is the furniture of the mind that is required for this difficult work?

Dr. Fernando adds to these questions: How do we equip the therapist who must leave the home to bring to the child in her foster family what the home has to offer? What tools do we send with the therapist? How do we debrief the therapist returning? What are the provisions, internal especially, the therapist needs to do this work "on the road?"

Dr. Ehrensaft asks us to remember the child who, in addition to the sometimes overwhelming challenge of becoming a "foster child," must also cope with the ordinary intense anxieties every child must master.

I run an early childhood mental health program for the San Francisco Center for Psychoanalysis (formerly the San Francisco Psychoanalytic Institute), which provides mental health consultation to preschool programs throughout San Francisco. We have built into that program a layered model of containment: the consultant on the road, out in a school, trying to find a space within which to practice, has a group, a consultation group, which functions as a container in a complex way as each consultant is provided a psychological window into the other group members' sites. This concentric process both contains and opens up the space for thinking that is at risk for being shut down in the face of overwhelming projections, often of uselessness that in turn stems from hopelessness. Such projective experiences will sound familiar to the therapist of foster children, who must cope with the anxiety of entering the home of others, without the ordinary trappings of authority that we take for granted in our offices. As does the foster child, so must we win a place in the home.

Dr. Fernando details for us the psychic challenges to the therapist who dares to go on the road: the need to open ourselves to the experience of the foster child; the anxiety of a cold call into a family that already has its own rules, structures, and ways of relating. What does it mean to go into a home that is so different from our organized and bounded offices? I think we realize how much we depend on our presumed authority as therapists sitting in

our office chairs that can evaporate when we leave our offices behind to meet a child in the home of the foster family.

Dr. Gin asks us to consider the challenge to hold open a space for thought. Bion tells us that the collapse of space is a defense against emotional pain (1962). How do we open ourselves to the intense grief and the correspondingly intense wish for restoration of a lost ideal family? Two instances come to mind: a woman who imagined that, having given a good home as a single mother to two children, she would have something that would be seen as good by a foster child. A five-year-old girl was placed with her and the foster mom found herself confronted with the child's intense hostility and rejection. Foster Mom found herself experiencing a great deal of anger at the biological mother who would frequently fail visits, leaving foster mom with the fallout of an angry, disappointed child who rejected her good help. Unable to metabolize, understandably, the child's view of her as a child snatcher, cruelly keeping the child from her real mother, in order to preserve denial of her biological mother's real failures, foster mom requested removal of the child to another placement.

I think as therapists of foster children we are profoundly affected by the unconscious as well as conscious desires of the foster child to lay claim to his or her "real" family. These feelings can take the form of our disappointment, regrets, and sometimes highly critical feelings toward the foster family. I offer the possibility that we want the foster family to love the child as their own because that would help everyone, including us, avoid the terrible grief associated with the child's loss of 'the place where they have to let you in,' one's 'real' family.

Our job as therapist to the foster child, as a therapist "on the road," is to accept and contain the projections of uselessness and inadequacy that are an inevitable fallout of the child's wish to be a 'real' child in his or her own 'real' family. While I think the risk of splitting in child treatment is ubiquitous, the stakes are heightened and the vulnerability to seeing the foster parents as inadequate are greater in work with the foster child and her foster family because of this reverberating projection.

I think of a determined ten-year-old who was in a fost-adopt situation joining a daughter of the family who was her own age. The foster parents had imagined that having a child of her own age as her foster sister would be wonderful for their fost-adopt child. I met the family at the time Ariana was placed in emergency care after notifying the family that because a toy of hers had been broken in play with Melanie, the biological daughter, she would break Melanie's toy in just retaliation. Looking back, I see this as one of many attempts on this child's part to feel she had her own "real" family, attempts to

force those caring for her to prove their complete loyalty to her which could withstand any destructiveness on her part. As you can guess, these attempts failed. I maintain that the failures were inevitable because she was trying to make an omnipotent construction, "I am not a foster child, I am a 'real' child."

Our job is to hold both an awareness of the injustice to the child of a tragic loss, including the failures of familial care leading to foster placement (Alvarez, 1992), as well as the reality that the child must learn how to accept a substitute to survive.

I think when I can keep my wits about me (and the internalization of the good object in the form of trusted colleagues, supervisors, or a containing agency are crucial to keeping my wits), I can manage to reflect on the real grief and pain without losing sight of the real help that I and others offer the child.

I want to return to Dr. Fernando's evocation of the intense projections to which therapists are subject and perhaps more vulnerable outside the protective home of our offices. I want to talk about a reverberating projection of worthlessness and despair profoundly debilitating to foster parents and to therapists involved with foster families. The unbearable pain of feelings of worthlessness that are borne by foster children are projected into foster families and then evacuated back into the children, for example, through a sudden removal. The therapist is a handy container for these feelings and often will be denigrated unconsciously by the foster parents as well as the child. We call this the "used Kleenex projection" in the SFCP early childhood project: the feeling of someone blowing their nose on you and then throwing you to the floor. I think this is related to the wish for the family of origin, the good enough mother of early childhood who tolerates what in Winnicott's (1949) famous words are the reasons mothers hate their children, specifically the use of the mother for evacuation of unbearable contents of the mind and body. The therapist, like the mother, offers an environmental provision of metabolization of violent forms of contempt and denigration that we think of as much like accepting the used Kleenex into our hand and properly disposing of it. To return to Dr. Gin's paper about the crucial role of adequate containment, the therapist has to be able to take in that projection and metabolize it, without retaliation or withdrawal. I believe the internal family of the therapist, regularly restored by the external reality of consultation, is necessary to metabolize this projection rather than either collapsing into it or evacuating it back into the patient or foster family or the agency/consultant.

One year, during one of the several periods when a patient did not speak to me (excruciatingly long clinical hours), I had brought a gift to tide her over

during a break. She responded by crawling under the piece of furniture furthest away from me. I felt overwhelmed by sadness and despair. I recalled a supervisor of mine who had helped me learn to make up stories for children and with that good help in my mind, was able to talk aloud about my feeling that these small things I bring to her hurt her because they remind her of what I cannot and do not give that she desperately wants: a real family who she belonged to. I felt I was sending a signal out into space, but then I noticed that with imperceptible movements, she was creeping across the office until she was curled at my feet, literally under my chair. We have to remember it is an unusual kind of work we do, to open ourselves up to the extreme forms of psychic pain that a foster child is subject to, and in so remembering provide ourselves with the tools we need to accept and metabolize that pain.

Dr. Ehrensaft asks us to remember that a foster child is not a different species. Real starvation does not supplant the anxieties of development that all humans must face and integrate. She takes us inside the house I feel these papers are building, that we as therapists to foster children are trying to build, and tells us that we must make room for the child's ordinary mind, affected by his or her terrible circumstances but still struggling with ordinary profound anxieties of being human. She reminds us that all of us have depended on good experiences in the external real world to help us master the terrible anxieties of the primitive inner real world.

I think of two little girls, the same age, one in a wealthy, permissive family and the other, the fifth or sixth child of a drug addicted mother whose children had all been removed from her. The second girl was one of the lucky children from that family who came into a good foster home and then to an extended family adoption relatively young, with a history of neglect but not horrific abuse as her older sisters had suffered. The affluent girl, Madeline, was sitting in a corner of my office as far from me as she could get while her mother and I spoke. Madeline was as cruel as she could be toward her mother, and her mother was terribly wounded by her daughter's anger and rejection. Her mother began telling me all the reasons she was proud of Madeline, what a wonderful girl she was, and how talented she was. Madeline responded by shouting at her mother. I said to her mother, pitching my voice under Madeline's shout, that I thought it was confusing to Madeline that mommy is speaking so nicely about her when she is being so mean. Madeline looked at me sharply and subsided, with some relief of anxiety. The foster girl, Renae, was also struggling with intense feelings of rage and aggression which she expressed violently toward her foster mother (I, too, was not exempt). Her foster mother had a difficult time understanding that Renae could not stop herself from trying to hurt Foster Mother and

that Renae would get more frightened during these destructive attacks because at the same time that she was literally attacking her foster mother, she knew that she could not survive without her.

These children are both struggling to master anxiety evoked by their own destructiveness toward the good object. For both, what is needed is a sturdy real container and the therapeutic task is to provide containment while also working to foster containment in the child and her mother or foster mother.

A foster home is not the same as a real home, though our wishes might make it so. Yet what our panel today has taught us is that what we do counts.

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5435 College Avenue, #201  
Oakland, CA 94618  
kellerphd@gmail.com