

Adlerian Methods with Foster Children – Encouraging the Deeply Discouraged

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Alfred Adler lavished work, care, and thought on the development of children. He was also deeply committed to improving the situations of those whose psychological problems were exacerbated by poor social conditions. Therefore, it seems fitting to describe the application of his theories and techniques to the victims of social and psychological factors that lead to results severe enough to cause family breakup: today's foster children.

Early Blows to Self-Esteem

Adler suggests four potential sources of discouragement of children. They are organ inferiority, rejection, economic deprivation and pampering. (Adler, 1963 p. xv). In my role as a psychotherapist for children in a foster care agency, I observed that foster children are frequently the victims of the first three sources of discouragement; and, on occasion, though infrequently, pampering by the foster parents complicates the picture.

Every foster child must deal with rejection by the natural parents. The reality with which the child must cope is that the biological parents did not continue to care for him or her. Since adults appear to every child to be larger, stronger, and more intelligent, the only conclusion the child can reach is "My parents rejected me because I was no good." Frequently, in addition to emotional rejection, the child has suffered neglect or abuse or may have organic defects due to the natural mother's poor nutrition, inadequate prenatal care, or addiction to drugs or alcohol. Therefore the burden of physical damage is often added to the injury inflicted to the child's self-esteem by parental rejection.

Impermanence—Another Discouraging Blow

The self-esteem of younger children is best enhanced by giving them the chance to have a permanent feeling of belonging, either by rehabilitating the natural parents or, when that is clearly impossible, through adoption.

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Older children need that same feeling of permanence, but for them, it is much harder to achieve. They may have long-standing ties with natural parents who cannot care for them and foster parents who have raised them from early childhood or even infancy, but who are unable or unwilling to adopt them. In states which do not have subsidized adoption laws, as New York does, financial pressures may be a factor. In states which do not have such laws, other problems may prevent adoption. Foster parents, especially "old timers" who are unused to the current emphasis on permanence, may hesitate to give up the support of the agency. They may particularly fear coping alone with children who have serious physical, mental, or emotional problems. In such cases the child's sense of inadequacy may be exacerbated by additional feelings of rejection.

If the child wants to be adopted by foster parents to whom she or he is deeply attached, but adoption is unlikely, the therapist must help the child to understand the reasons as realistically as possible. If the foster parents love the child, but have their own insecurities, this can be explained. Or the foster parents or therapist may be able to explain that the child is loved and wanted, but that the foster parents feel the need of the agency's help with his or her special needs. Where there is real rejection, especially if there is unfavorable comparison with the foster parents' own child, the problem becomes more difficult. Then the therapist must give the child support to help her or him summon up the courage to deal with the painful reality and build her or his own life. This is a hard task and often unsuccessful.

Foster parents and foster children are often keenly aware that final responsibility for the youngsters' care rests with the agency. So, fear of the child's removal and the ever present escape hatch make it very difficult for the foster parents to form an emotional bond strong enough to give the children the sense of belonging they so urgently need. This lack only inflames the mistrust caused by earlier hurts. The weak commitment on both sides makes it hard for them to co-operatively withstand the problems that arise, especially during the storms of adolescence. The children's negative feelings about themselves may be reinforced in the neighborhood and school. Thus, the norm for foster children is an inferiority complex resulting from multiple rejections.

Illusory Attempts at Security

Although each youngster is different, there are certain biased apperceptions to which foster children are especially prone. The first, alluded to previously, is that the separation from their biological parents is a result of their badness. Sometimes that feeling leads them to attempt to renew contact with parents who are out of the picture, or to try to reunite with parents with whom they have had contact, even if such actions are detrimental. In these

ways foster children try to prove that they are not really rejected. At times, the natural parents may even co-operate because an older child appears to need less care and may even be seen by a weak parent as a source of support. Other foster children may seek to find out what fault in themselves caused the initial rejection or may attempt to vindicate themselves in their own eyes by "helping" the parent with a problem such as drug addiction.

The therapist must point out the error in their self-image of badness and inferiority, explain the problems of the parents realistically and make clear that the difficulties resulted from the parents' experiences, quite separate from the child's. It is often helpful to show that the child has had positive influences and supports that the parents did not have. This kind of explanation may reassure the youngster that he or she will not end up just like the parents.

Foster children may develop perfectionistic fantasies of the absolute love they crave. They see any criticism by the foster parent as rejection and further proof of their unworthiness. Counseling can help them to stop claiming special vulnerability, and accept criticism more gracefully by encouraging them to view it, not as a result of their foster status but as a natural part of co-operative family life.

Adler points out that as youngsters enter adolescence, the demand on them increases to solve the problems of love, work and friendship (Ansbacher, 1964 p. 439-441). Foster children frequently use their foster status as a means of seeking illusory rather than real, socially useful solutions to these problems, or as an excuse for not solving them at all.

They may unrealistically expect the agency to continue to support them rather than train for useful vocations. Girls often become pregnant near the time of their scheduled discharge from the agency's care, in order to prolong their dependency. Rather than work co-operatively with the foster parents, toward reaching agreements regarding the degree of dependence versus independence, they may expect the agency to intervene or they may blame any denial of privilege on their foster status. They may fantasize or verbalize as a pressure tactic, that life would surely be better if they were with their natural parents. Thus, they may ignore the reality that their parents may be inadequate and their foster parents may have provided the only stable, loving home they have known. They may run away from foster parents they feel close to before they can experience a feared rejection.

The therapist must help the foster children to view their situations more realistically and develop more constructive compensations. The youngsters need to learn that, no matter what their past history, they will not receive special privileges but that love, acceptance and success require effort on their parts.

Diagnostic Tools – Birth Order and Dreikurs' Four Goals

Assessing the effect birth order will have on the degree of inferiority feelings is complicated because each foster child has two families, feelings of rejection may be exacerbated if siblings are living with natural parents. Birth order may change in a way that is positive or negative. One youngster who was an oldest may be upset by becoming a second, while the oldest in the first child's new home may feel dethroned by a new competitor. A girl, dominated and overprotected by her older brother, gained new feelings of competence by helping and teaching new, younger foster sisters. Foster children can have a special reaction (which a consulting psychiatrist at one foster care agency called the "twinning effect"), in which they become more dependent on each other than on the foster parents. It is usually detrimental to separate such children but helpful to encourage them to be mutually helpful in constructive ways rather than cling to each other.

Dreikurs' formulation of the four goals of attention getting, control, revenge and demonstrating complete inadequacy (1964 p. 57-67) is extremely helpful in diagnosis and treatment of foster children. The following case examples illustrate how Adlerian concepts are used to assess the degree of discouragement and goals of the foster child and to plan appropriate interventions.

Julie

Julie, a seriously disturbed fifteen year old, had fared well through the trauma of leaving one foster home and entering a shelter for pregnant girls. But, a Caesarian birth that terrified her and brought closer her placement in a new foster home caused her great emotional distress. So she created havoc in the hospital by concocting a story that the supposed father of her child was after her with a gun. The writer told Julie directly that she thought the story was not true but that she had an idea why she had told it. She asked Julie if it could be that she missed her old foster home and the attention of the nuns at the shelter and feared she'd get no recognition in her new foster home. Julie agreed and moved fairly comfortably into an excellent foster home, when she was reassured that she would get her measure of recognition without such alarming antics. Later she was also able to surrender her son for adoption. On another occasion, when she began fighting with the foster parents' daughter who was closest to her in age, stressing co-operation helped. Julie's disturbance inhibited her learning, thus requiring her to be placed in a special class. Her foster sister, Nancy, was an excellent student. Julie's improved self-confidence increased her competitive feelings toward Nancy. Nancy felt displaced by Julie, who required much of her mother's attention and was close to her in age. The writer told Julie that while Nancy was a better student and might become a teacher or nurse, she, Julie was learning dry cleaning and baking in her vocational training class, services Nancy would need. The

foster mother was extremely helpful by remaining objective, understanding her own daughter's motivations for provoking Julie, and reassuring Nancy of her place in the family. Julie was therefore able to remain in that home despite serious emotional problems.

Anna

Anna's mother was alcoholic and psychotic. Her older brother and sister had been placed in foster care early in infancy. But, except for a brief period of time when Anna's two younger sisters were placed, the three remained with their mother until Anna was twelve. During the mother's nonfunctioning periods, which often ended in mental hospitalization, she usually abandoned the children despite Anna's pleas to remain. At those time, it fell to Anna to care for her two younger sisters for whom she played the role of oldest. Her older brother had reacted to the deprivation with violent rages. Anna, probably frightened by these, took passive revenge on mother with depressions and failure to learn for which no neurological cause could be found. The psychologist called it "massive suppression of input." She simply did not want to produce for mother. She had enough self-esteem not to opt to be helpless and, therefore, improved her reading level from non-reader to second grade level when she was placed in a special class. The therapist recognized her interest and talent in art by praising her drawings, taking her to museums and art shows and, at Anna's request discussing vocational possibilities for utilizing her abilities. All these measures helped build her confidence. Her foster parents contributed to the encouragement process by providing a firm, stable but loving structure based on their mature personalities and their deep and genuine religious feelings. Thus Anna gained the courage to use her abilities and to deal with her rage toward her mother and her self-blame for the abandonment.

Anna displaced her rage and fear of disappointment onto the therapist by alternately refusing to see her and then giving in. At one point, ostensibly accidentally, Anna broke a small glass ornament of the therapist's. She was then helped to verbalize her anger and disappointment, which she did quite poetically. "She left us to starve like animals in the woods." Anna was helped to understand that children need care and have a right to be angry when they don't get it. The therapist also explained that most abandoned children think their plight resulted from their own faults. Anna was told that it was simply not true that, "She left us because we bugged her a lot," but that her mother drank out of sadness about her own problems, e.g. not having a man to help her.

Having begun to deal with her rage, self blame and inferiority feelings, Anna's enthusiasm for life helped her make good use of the encouragement from her foster parents, teacher and therapist. Anna had the courage to compensate for her inferiority feelings that stemmed from her abandonment and learning difficulties. The tasks of adolescence may require more therapeutic work, but the groundwork has been laid. Anna was able to tell the

therapist, "I thought the world was a sad place but now I know it can be sad and beautiful."

Bonnie

Bonnie, age sixteen, had been born drug addicted. She therefore had frequent vomiting spells throughout infancy and early childhood. Later, the brain damage caused by her mother's drug use during pregnancy resulted in behavior and learning problems in school. The agency failed, for some time, to share with the foster mother the cause of Bonnie's problems. In addition, the foster mother's husband was a merchant seaman and, therefore frequently absent from home, so she was left alone with her fears about Bonnie's health and the difficulty of getting out of the house due to it. Later, the upwardly mobile, achievement oriented foster mother had to deal with her frustrations about Bonnie's poor school performance. When this writer began working with the family, she became aware that this was a case in which the foster mother needed encouragement. The foster mother had a reputation for poor co-operation with the agency. This problem was ameliorated when the writer gained her trust by recognizing her anger at the agency's past failure to share information and by giving her credit for what she had done for Bonnie, without her husband's help. Bonnie was in a special school, which the foster mother saw as a stigma. An explanation helped her become more co-operative with the school. She was told that, from infancy, Bonnie had been discouraged, thus creating a snowballing effect. This school, by contrast, started with what Bonnie could do and built on it, thus gradually decreasing the size of the snowball of discouragement and making it possible for Bonnie to accomplish more. Thus, the easily understood concepts of encouragement and discouragement, as well as the method of gaining co-operation by giving recognition, helped Bonnie's foster mother become a little more accepting of Bonnie's difficulties.

Susan

Susan, age thirteen, had had several experiences in rejecting and sometimes abusive foster homes, where her brother, one year older, was preferred. In addition, he dominated and overprotected her to enhance his own self esteem. The twinning effect mentioned earlier in this paper provided a motivation to be securely involved with her but the domination and protectiveness were the only ways he could do so without threatening his position as male and oldest. All these factors gave Susan a low opinion of her self-worth. Fears of trusting their new foster parents impelled the youngsters to run to the home of the inadequate natural mother and close emotional ties to siblings living at home provided another motivation.

Susan was helped to see that by wetting the bed she was trying to make the foster mother angry and possibly push the foster mother away before she could reject Susan. The runaway episode was also explained as an attempt to

reject before being rejected. These insights and encouragement by the therapist to develop her own abilities enhanced Susan's self-esteem. The co-operation of the unusually sensitive foster parents, who drove to the agency from a distant area of Suffolk county twice during the runaway episode, helped gain the confidence of both children. Susan began standing up to her older brother, even in an activity in his own arena, by joining a basketball team. Furthermore, she told him she wanted to remain in the foster home, when they were to voice their desires in family court, as part of a review of their case.

It should be noted that, in this case, the close ties with the siblings at home helped the situation. It added to the children's feelings of security and to their realistic perception of their mother's inadequacies, about which they all agreed. Thus, the environmental factors of the siblings and the sensitive foster parents and an Adlerian interpretation of the goals of Susan's behavior, helped her gain more confidence and deal with her situation more realistically.

Adlerian approaches helped these youngsters who required foster care because of abuse, neglect or abandonment by natural parents. The methods were helpful because they explained the children's behavior and feelings in ways they could understand and which let them know the therapist understood how they viewed their situation. In the case of Bonnie, an Adlerian explanation also helped clarify her needs to the foster mother and helped her accept them. It is this writer's feeling that the Adlerian concept of trying to determine the goal of a behavior automatically requires the therapist to understand the client's point of view, thus gaining co-operation. It also encourages clarity, directness and is easily understood. The method of encouragement is surely suitable for foster children and others whose circumstances have made them vulnerable to deep discouragement. It is the hope of this writer that these thoughts and examples will encourage other therapists to use Adlerian methods, as Adler did, to help all segments of humanity including those whom many others forget about or feel unable to help.

References

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