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The Natural Family  
And Residential Care

*A Study of the Psychosocial Impact Of Statutory Child  
Removals On The Natural Parents*

A Dissertation In Partial fulfilment for The degree Of Masters  
In Clinical Social Work (Msoc.Sci.Swk)

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their support*

Sydney Samakosky  
30 August 1994

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The participants in this research project were informed regarding the projects intent and purpose and participated with the full knowledge that their contributions would provide the basis for a research dissertation on the 'Parents of Removed Children'. By highlighting their experiences and general exclusion from active participation as parents during and after the statutory removal, it is hoped that a greater awareness of their needs will arise improving the efficacy of the interventions provided for this group of parents and their children.

The participants were aware that their responses to the interview schedules would be used descriptively in the research presentation, and that every effort would be made to protect their identities and maintain their anonymity.

Each of the interviewees signed a consent form permitting this writer to reproduce in any form the data they provided, for research purposes as well as for general publication. It is with great respect and a new understanding that I wish to thank the participants for their contributions and for their 'teaching' me to become 'user-friendly'.

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Sydney Samakosky  
August 1994

## ABSTRACT

This study examines the experiences of 12 parents at a Children's Home, whose children were removed from their custody in terms of the Child Care Act, Act 74/83, and placed into residential care. The statutory removal of children from the custody of their parents is defined as a traumatic event with an active shaming component.

It is hypothesised that such trauma results in high levels of stress and that the respondents will meet the criteria for a diagnosis of Post Traumatic Stress syndrome or a Traumatic Stress reaction. An associated hypothesis is that such a trauma leads to a severe blow to the Self of the Parent, resulting either in fragmentation, enfeeblement, or self-depletion. Characteristic affects will be strong feelings of shame and humiliation related to the placement. This blow to the sense of Self will be associated with a rage response to that self injury which does not necessarily result in the total breakdown of the cohesion of the Self.

A second hypothesis is that the psychosocial need pattern of the parents will reflect a high level of concern with self esteem and social belonging, safety and security and self actualisation. The experiences of these parents and their responses to the research hypotheses can best be understood and made sense of within a conceptual framework that facilitates an understanding of the Self, and how it responds to the impact of a trauma that is characterised by an active shaming component.

The study design is descriptive utilising both structured questionnaires, group and individual interviews.

The data was collected through the administration, to a non-probability sample of 12 parents at a Children's Home, of two standardised (modified) measurement instruments, the Impact of Event Scale and the Need Structure Scale. This was followed by a

group interview of 6 parents selected on the basis of their participation in a Parents Group at this Children's Home, using interview schedules constructed by the writer, and concluded by an individual interview of one parent selected randomly, using the same interview schedules.

The data from the questionnaires and the in-depth interviews was analysed using both quantitative and qualitative methods. The interview data was analysed through a content analysis of themes and the results of the scales were linked to the content analyses. The hypotheses were supported and the results indicated that the statutory removal of a child from the custody of the natural parent is experienced by the parent as a traumatic and highly stressful event with a strong shaming component that is likened to a 'blow to the Self'.

The impact on the Self can be conceptualised as an intrapsychic phenomenon in terms of Self depletion. This injury to the Self is associated with issues of loss, separation, loss of meaning and hope and powerful affects of rage underpinned by humiliation and shame. The need structure pattern of the Self indicated strong concerns with self esteem, emotional safety and security, social belonging and self actualisation. The symptoms expressed by the Self can be located for practical labelling purposes (nosology), within the Diagnostic and Statistical Manual of Mental Disorders IIIR (DSMIIIR) category of a Posttraumatic stress reaction or syndrome.

# I. INTRODUCTION

## SCOPE AND ORIENTATION

The field of Residential Child Care as expressed through the concept of Children's Homes or Residential Care, is an aspect of the broader field of Child and Family service. This arena is fraught with problems, issues, dilemmas and conflicts of duty that transform the professional issues into intensely personal ones that demand a professional-personal ethical standpoint.

The placement of children into substitute care is a powerful process and deeply emotive for the Self. The removal of children from the custody of their natural parents/families is a catalyst for an intense intrapsychic and psychosocial dynamic for both the parents and the child that evokes multiple issues that must be addressed by the professionals involved. The focus of this research paper will be on the parents, who are in this writer's opinion, a neglected component of the removal process.

For many parents, the removal of their child is experienced as a violation of the sanctity of the Self and the family, as an intrusion bringing with it shame and humiliation, shining the spotlight of social work intervention directly onto their darkest and deepest activities and life as a family.

In the words of one parent, whose comments were obtained in social work practice: *'I feel sodomised, that is the brutality of this experience...my children can never trust that I will be able to protect them against such intrusions..no matter what it is that we are supposed to have done, we love our children..this damage is irreversible..'*

In addition to the inherent emotions and psychic impressions generated by the act of removal itself, the experience of this writer is that frequently the parents are misplaced and isolated

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in the process of the removal and that this is carried forward into their non-participation in the residential programs devised for their children. The natural parents become isolated, excluded and understandably disillusioned and non-cooperative. It is this writer's opinion that this occurs with most parents.

There is also a very real possibility that removal of the child was unnecessary, but an option by default due to limited and limiting social structures. This together with a lack of support systems and high case loads for social workers/child care workers, makes the process a difficult, intense and powerful dilemma for all involved.

Statutory child care is a field that is inherently fraught with ethical considerations and dilemmas. The value base of the decisions brought into action, and the arbitrary, diffuse and unclear definitions that abound, leave the child care practitioner bewildered and the parents often enraged and disillusioned.

Against this background, involving the parents in the process is already problematic, and keeping them involved tantamount to a mission of enormous proportions. Many social workers intentionally or unintentionally (due to enormous case loads) avoid involving the parents, neglect the parents, and reject them as uncooperative, resistant and unreasonable.

Yet the social worker is ethically and morally bound to make an attempt to involve the Natural Parents in the process of removal and placement into residential care. This is even more so if the social worker is located within the residential context itself.

There are many reasons for a child's removal and placement into a Children's Home, and the causative factors are multiple and vary from case to case. It has been the experience of this writer that in almost all the cases he has worked on, the

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parents have relinquished control and responsibility with difficulty and much resistance.

Regardless of how poor their parenting has been judged by the professionals, the parents have been able to provide something for their children. The finding of this something may often be a problem, but it is not grounds for excluding the parents from the process or from ongoing involvement at some level.

The exclusion of the natural parents from ongoing involvement and the lack of parental participation may well have to do with a number of factors, some of which have been mentioned, but perhaps the most pertinent factors being:

1. The model of child care practiced, which is in turn informed by certain principles and values.
2. The experiences of the parents of the Removal-Admission-Placement, and the impact that this has on the Self of the parent.
3. The social work interventions which fail to take into account the nature of the impact of the experience for parents and
4. The lack of awareness of parent need structure and need fulfillment while their child/ren are in residential care.

These factors, specifically the latter three points, will provide a central focus within this study and will be discussed more fully in terms of:

- \* The Self and related concepts within a Self psychology framework.
- \* Posttraumatic Stress and stress reactions/syndromes.
- \* Need Structure patterns

The above will be related to the research data obtained from the respondents (see research methodology).

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A child care practice that perceives the parents as important components of the child's management and treatment will be, for the purpose of this study, referred to as the Group Care-Family Centred Model. The value base of this model promotes a dual focus on child and parents, leading to a greater appreciation of experiences and needs of the parents. On the other hand a Family model of child care practice, very often is incongruent with this set of beliefs, which leads intentionally or unintentionally, to a practice that encourages the child care practitioners to 'be as parents' to the children placed in their care.

Inevitably the practitioners perceive themselves as having to provide parenting as substitutes for the natural parents who are seen as incompetent failures, with limiting abilities and negligible strengths. In such a scenario there is no place, no space and no hope for the natural parents to reclaim their rights and their roles as caregivers. They are excluded from co-parenting and from participating within the residential programs of the Home.

The implications for the children of such parents and for the parents themselves, is potentially destructive and harmful. At best the child may be placed into a form of foster care, at worst he/she may be sentenced to an indeterminate stay in the Children's Home, languishing in limbo and lost in a system designed to provide care, management and rehabilitation. In both instances the possibility of reconstruction and family reunification is diminished.

This practice is incorrect within the parameters of the concept of permanency planning, which simply stated, implies that all children placed into substitute care must, within a stipulated period of time, either be returned to their natural parents (the first choice) or placed into permanent substitute care.

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At some stage the child will have to be released from institutional care.

It is a frequent lament of social workers and child care practitioners that parents are uncooperative, resistant and aggressive, and abdicate responsibility for their children. This writer believes that this dynamic is inherently set to occur due in part, to the process of removal and placement into residential care that is characterised by the stigmatising of the parents expressed through their exclusion as participating members of the child care team.

The social policies regulating the relationship between children and their parents and specifically the Child Care Act, Act 74, 1983, exacerbates the stigmatising of parents, through the process of 'naming and blaming' and thus perpetuates, unintentionally, the non-participation of the natural parents in residential programs in Children's Homes. The legislation adds further confusion by separating the functions of child care and family care, through the implementation of an artificial dichotomy that sees the community based social worker 'working' the parents and the Home focusing on the child.

It is the opinion of this writer that few Homes incorporate the natural parents adequately and constructively into the residential programs provided for their children. Notwithstanding the cases in which this is impossible, not enough effort is made to discover ways and means of involving the parents in a spirit of cooperation in the process of co-parenting.

VanderVen (1990:7) states: *It is easy to demonstrate that unproductive (or absent) interpersonal interaction between families of children in care and the staff of the Home, institution, or agency has highly negative effects on the success of treatment efforts.*

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In part, this phenomenon may be due to a lack of understanding on the side of social workers and child care workers, about the experiences of parents who have their children removed from their custody through the legislation provided by the Child Care Act of 1983.

The Children's Home, at which this writer is employed, perceives its Parent Program as the foundation for the successful reconstruction of child and parents. In the previous 18 months, as of January 1993, a concerted effort has been made to make the context and the programs, as well as staff, more user friendly for parents. In this way the Home sought out the means to involve parents actively in their children's lives, from schooling, through to recreation, celebration of religious festivals and child management.

If increased parent visitations, increased home visits, increased frequency of child related communications between parents and staff, and improved overall functioning of the children, can be used as a yardstick to measure success, then the Home is able to accept that the parent program has had a positive impact on both child and parents.

This study will thus set out to discover and evaluate the subjective experiences of a selected group of parents at the Home, regarding the placement of their child/dren as well as their participation in the parent program at the Home. Participation is defined as active involvement (attendance) in the parent group, school meetings, case conferences, recreation and extra mural activities with their children and in family or individual counselling sessions.

The premise of this study is that a Group Care-Family Centred Model of child care practice will facilitate a pro-parent attitude amongst practitioners in residential care. This will

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encourage a dual interventive focus on child and parent, increasing professional awareness of parent experiences of statutory removals, which will in turn inform practice management of parent reactions to the removal and placement.

A focus on designing parent programs that will address the need structure patterns of parents will lead to greater parental participation in residential programs. This study is pertinent and relevant to the needs of children and their natural parents who are impacted upon by the Child Care Act 74/83, and who find themselves forced into a relationship with a Children's Home.

## II. THE PROBLEM AND ITS SETTING

### BROAD PURPOSE OF STUDY

This study describes and analyses the experiences of a group of 12 parents at a specific Children's Home, whose children were placed into Residential Care from January 1992 to July 1993, with the aim of gaining a greater understanding of how parents experience the placement of their children at the Home. The study will attempt to clarify criteria to facilitate the establishment of a parent program that can successfully meet the needs of the parents and thus incorporate parents into active participation in the management of their child/ren, while at the Home.

### SPECIFIC PURPOSE OF STUDY

*The purpose of this study was to describe and analyse the experiences of 12 parents whose children have been removed and placed into a specific Children's Home, to discover the distinctive characteristics of their experiences of the removal-admission-placement and to locate this within a conceptual framework that may contribute towards more effective social work intervention and the development of an effective parent program at this Children's Home.*

Of interest was the impact of the statutory removal on the integrity of the Self and the need structure pattern of parents in relation to the experience of the removal and placement.

ASSUMPTIONS OF STUDY

This study began with the following basic premises that may have generated a bias:

1. The process of admission to Residential Care is highly traumatic for the parents and their children, evoking issues of loss, humiliation and shame. The impact on the Self (see definitions) is considered to be traumatic and significantly stressful with relevance for parental participation and later involvement in the care of their child.
  
2. There may be a lack of understanding as to the experiences of parents in relation to the removal-admission-placement which may be due to a lack of an appropriate framework within which to locate such experiences, thus undermining effective therapeutic/reconstruction work.
  
3. Against this background, involving the parents actively can be extremely difficult for the social worker. The parents fantasies, fears, projections and humiliation often result in a distortion of their perceptions of social and interpersonal reality. In this context, it may well be that the social worker, carrying the projections and the stress of removal, also distorts professional and social reality.
  
4. The social worker may experience immense distress being the object of powerful projections and may find that there is an unintentional, or even intentional avoidance of actively involving the parents in residential programs.
  
5. Many Children's Homes provide scant attention to the concept of parental involvement and the active incorporation of the parents into the residential program, possibly due to the practice model which is that of the Family. In this scenario, the child care practitioners often substitute for the parents,

resulting in the exclusion of the parents from active involvement and participation.

6. The lack of involvement of the natural parents in residential programs is to the detriment of the child/ren. Failure to understand more effectively and succinctly the experiences of parents and to Incorporate Natural Parents into Residential Programs may result in a diminished potential for effective child-family reconstruction and reunification.

7. Through identifying, tracking and evaluating the subjective experiences of a group of parents whose children have been placed in a Children's Home, it will be possible to build a picture of their experiences (a conceptual framework for viewing such experiences) that will be useful in providing a guideline for social work intervention and for developing a more conscious awareness of the needs of these parents. This in turn will promote the development of a parent program to meet their needs more effectively, thereby potentially encouraging increased involvement in the Residential Program by these parents.

#### OUTCOME OBJECTIVE

The outcome objective was to answer the question of "How best to design a Parent Program to lessen the Impact of the placement-separation and to meet the Needs of the parents, thereby potentially increasing the frequency of Parental Involvement in the Residential Programs ?"

#### SUBPROBLEMS

In order to achieve this research objective, the following subproblems were conceptualised:

1. The first subproblem was to determine what the parents think about their experiences of having a child placed into

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residential care at a specific Children's Home, and the nature of the impact of the placement for the parents (Impact of the Event).

2. The second subproblem was to determine: a) what needs these specific parents want met by a Parents Program (Evaluating the Need Structure and Level) and b) what these parents think about their experiences of participating in a residential parents program at this Children's Home.

3. The third subproblem was to determine the reasons, if any, given by parents for participating/not participating in the service offered at the Home and thus gaining a greater insight into the need structure and problems of the parents.

4. The fourth subproblem was to determine how the parents think about their experiences of the removal-admission-placement currently while participating in a residential parents program at this Home.

5. The fifth subproblem was to determine what changes to the management of the parents and the parent program could be introduced at this Home so as to improve the overall benefit for the parents.

The results of each subproblem were analysed and interpreted to provide insights into the psychosocial responses of these specific parents towards having a child statutorily removed and placed into Residential care, thus providing potential guidelines for directing social work interventions to address and ameliorate these responses as well for the design and construction of a Parents Program that could simultaneously address the needs of the parents while encouraging greater participation and involvement in the Home's residential programs.

## HYPOTHESES

1A. The first hypothesis was that the parents experiences will be characterised by high levels of stress and that the respondents will meet the criteria for a diagnosis of Post Traumatic Stress syndrome or a Traumatic Stress reaction.

1B. The trauma of removal leads to a severe blow to the self of the parent resulting either in Self fragmentation, enfeeblement, or depletion which will be associated with a rage response to that injury and characterised by strong feelings of shame and humiliation related to the placement.

2. The second hypothesis was that the need structure pattern of the parents will reflect a high level of concern with needs for self esteem and social belonging, safety and security and self actualisation.

3. The third hypothesis was that the parents will rate the parent program as meeting their needs as reflected in the need structure pattern.

4. The fourth hypothesis was that how the parents think of their experiences while participating in the parent program will be characterised by positive ideas and feelings about the home and the staff, in contrast to their thinking at the point of admission of their child/children.

## RESEARCH QUESTIONS

1. What are the subjective experiences of parents whose children are placed into substitute care, under the provision of the Child Care Act, 74/83. of the placement at the point of admission and shortly thereafter?

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2A. What is the need structure pattern of the parents of children who have been placed into residential care under the Child Care Act, Act 74/83?

2B. Wherein, from the subjective perspective of the parents who are actively participating and involved in a residential parent program does the benefit of incorporation and participation in a parent program lie, if there is one?

3. What are the reasons, if any, given by parents for participating/not participating in the service offered at the Home?

4. How do the parents think about their experiences of the removal-admission-placement currently while participating in a residential parents program at this Home?

5. What changes to the management of the parents and the parent program could be introduced at this Home so as to improve the overall benefit for the parents?

### THE DELIMITATIONS

The results of this study are pertinent, but limited in value to this specific Children's Home only, as generalisation of the results were curtailed by the limitations of the sample size. Extrapolation of the data out of this study context should thus be appropriately cautious.

The study did not attempt to predict the outcomes of parent participation in Parent Programs for parents or their children.

The study did not attempt to demonstrate a relationship of any kind between parent participation/non-participation and reconstruction or reunification of child and family.

The study did not attempt to explain differences in parent experiences of their child's placement or of their participation or non-participation in the parent program.

The study was limited to a group of 12 male and female adults whose children have been placed in a specific Children's Home, under the Child Care Act, Act 74, 1983, from January 1992 to July 1993. The study included participants who are divorced, single parents, married, separated, and unmarried but living together.

The study assessed the subjective experience of the impact of the child/ren's removal-admission and placement in a residential context, on the natural parents, by using the Impact of Event Scale(IES) as well as an interview schedule in a group and one-to-one context.

The study assessed the subjective experiences of the parents in relation to the fulfillment of their needs through participation in a parent program, using "The Need Structure Questionnaire" as well as an interview schedule in a group and one-to-one context.

The study developed a descriptive framework for understanding how the placement impacts on the parents as well as insights into what needs a parent program should meet on the understanding that this could promote the active participation of parents in such programs and will ultimately be of benefit to the children in care.

#### THE DEFINITIONS OF TERMS

Parent: A person defined by the Child Care Act, Act 74, 1983, section 14 (4)(b)i-ix: who is unable or unfit to have the custody of the child.

Children's Home: A place defined by the Child Care Act, Act 74, 1983, as any residence or home maintained for the reception, protection, care and bringing up of more than six children apart from their parents, but does not include any school of industries or reform school.

Group Care: A house or cottage like unit with a living-room, dining-room, kitchen, bedrooms and toilet accommodation, that provides a daily living environment for children removed from the custody of their parents in terms of the Child Care Act, 74/83, intended to simulate intimate peer group life as opposed to family life. This concept is based on the assumptions of the Group Care-Family Centred Model as opposed to the Family Model.

Parent Program: A set of services designed to educate, train and involve parents in the residential program with the aim of returning the child to the family within a desirable period of time. A parent program as used here refers to the following components:

\*Parent education: a service helping parents become familiar with basic concepts of child growth and development; helping them clarify their own role and that of their children; increasing parental understanding of the complexities of everyday situations to enable them to make better management decisions; understanding the child's needs at various stages of growth; examination of what the parents expect of themselves as parents; focusing on feelings within the parent-child relationship; and helping parents experience their children as reacting and feeling individuals.

\*Parent training: a service designed to train parents to better manage the practical manifestations of their child's behaviour and that of their own.

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Emphasis is on skill development of behaviour management techniques so that parent-child interactions improve and are less problematic. This form of training may be didactic.

\*Parent group: a service designed to bring together parents in a forum that is facilitated by a social worker/child care practitioner to enable aspects of education and training to be introduced, within a group context. It may also serve as a forum for parent empowerment, parent access to staff on a regular basis, and problem solving of issues related to the Self, the Child, the Staff, the Child Care system.

\*Family therapy/counselling: a service that provides a forum for the natural/biological family members (parents, siblings, grandparents, etc.) to come together in the presence of a child care practitioner, for purposes of change and restructuring, through the introduction of education, training and therapy.

\*Visitations/access: a program component that structures parental/family contact with their child on a regular and predictable and consistent basis, so that parent-child relationships are maintained and even improved.

\*Recreation: the provision of recreational activities at the Home, in which parents and children can interact through the medium of sport, videos, hiking, outings etc.

\*Religion: the involvement of parents in religious festivals and activities at the Home, such as celebrations of the Sabbath, New Year, Passover.

The above definition of Parent Program is based both on literature reviewed as well as the services offered at the specific Children's Home that provided the context for this study (VanderVen, 1990, Whittaker and Trieschman, 1972).

\*The Self: may be defined as that psychological structure which makes its presence evident by providing one with a healthy sense of self esteem, self and well-being. *It seems that the essence of the Self is elusive, very much as the essence of an electron is elusive....the Self can be shown to have a history, a past, a present and a future. Structure means stability over time* (Wolf, 1988:27)

\*Posttraumatic/Traumatic Stress Syndrome: refers to the biopsychosocial response to a severe emotional trauma with characteristic symptoms ranging from reexperiencing the trauma, numbing of responsiveness to, or involvement with the external world and a variety of other autonomic, dysphoric or cognitive symptoms.

\*Need Structure Patterns: defined here as the human need for psychological and emotional safety and security; social belonging in the form of recognition, confirmation, affirmation, and acceptance; self esteem in terms of admiration and respect; and self actualisation in the form of an inner locus of control that allows the Self to rise to assertive and adversarial opportunities without the loss of self sustaining vigour, energy and cohesiveness within a responsive/supportive social environment.

\*Traumatic Event: is defined here as the statutory removal of a child from the custody of the parent. The event is defined as traumatic due to the multiple ramifications for the parent in terms of biopsychosocial repercussions, most specifically in relation to the Self. Most significantly the stigma and the active shaming component of the event (removal) is highlighted. The event is considered here to be sufficiently outside the range of human experience usually considered to be normal.

## THE NEED FOR THE STUDY

The reasons for this study were located in the professional and personal arena of this writer. The fact that parents as such are not the focus of study in statutory child care or in many scientific or professional fields is indicative of a state of affairs which makes the study both necessary and difficult. As a practitioner in the field of statutory child care, a branch of the field of child and family service, it has been this writer's experience that too little attention is given to seeking out ways of understanding the experiences of parents in relation to statutory removals and thus **Incorporating Natural Families into Residential Programs.**

In such instances the prognosis for the child/ren expresses itself as extremely poor. The parents remain uninvolved and uncooperative, and experience the process as disempowering and undermining of their natural and social roles. Stripped of their status as parents, as well as their rights, they inhabit a desolate and lonely space, where they are surrounded by ambiguity and role confusion. In this context they are unable to parent, actively participate in decision making or take responsibility for their child/ren.

Therefore this study has primarily attempted to contribute towards the knowledge base on the management and Incorporation of Natural Parents into Residential Programs, such that this dilemma filled arena can be somewhat clarified. A secondary but significant aim was to contribute towards the improved delivery of service to the children and their parents at this specific Children's Home.

## ETHICAL DIMENSIONS

No research should take place without a clear statement of the underlying motivation. Nor should it take place outside of an

ethical framework. If it arises out of an ethically motivated foundation, so much the better. A discussion of ethical issues may clarify the motivation and objectives of this study.

All conceptual frameworks are imbued with an ethical substance or core. All ideas, if scrutinised carefully, are value laden. Societal values are the context within which social work/child care practice takes place. The roles undertaken by the social worker/child care worker are inherently imbued with values. In the field of Family and Child service every role and function of the worker is heavily value laden. Values are not inherently dangerous or destructive. But their very presence means that there is space for subversion and undermining of the the client system with values being insidiously and pervasively imposed on the client (Bergin, 1980).

In the field of statutory child care values are an inherent aspect of helping and the roles taken on by workers are imbued with the values of the culture and social system they work within. There are also personal value sets belonging to the worker. Ultimately these values play a role in the helping process. It is without question that the worker in general is an agent of the community or culture, works on behalf of the social system that he/she represents.

It is very probable that like the helping process, the research process can at times become abusive, humiliating and subversive, leading to unethical practice. This unethical practice may not even be intentional. The very fact that objective, value free helping and research is a myth (meaning that there is always a degree of subjectivity present), means that unethical practice can arise (Bergin, 1980). It arises when the worker has a limited self awareness, or lacks the insights and skills to deal adequately with value dilemmas that arise all the time in the helping process.

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Most often the worker is an ordinary human being with the strengths and weaknesses that go with this condition.

Many workers do not realise that helping by its very nature is open to unethical practice and value dilemmas, and that the best of intentions can and often do, result in ethical dilemmas. There is no professional in this field who is immune to these dilemmas or the traps and pitfalls. It goes with the territory and adds to the work related stress.

Helping and research, as expressions of social work/child care practice, are imbued with values and the worker as an agent of change is also an agent of the socio-cultural system, a moral agent and guardian of the community that sanctions his/her work, whether it be a Christian, Islamic, Xhosa or Jewish dominated community system.

The helping relationship (or who I am when I do what I do) is the context for intervention and change. It is the context in which we undertake our roles as change agents (whether it be as teacher, facilitator or researcher). Our work as social work/child care practitioners or researchers, always involves relating, whether it is to an individual, a family, group or community. We relate and do so through language, and hopefully in the context of a dialogue (although it would seem that most often helping is a monologue carried out by the worker).

In this process of helping we intentionally or unintentionally reproduce the values and beliefs and ideologies that are present within the agency, community and cultural-ethnic context, within which we do our work. The values of the Suprasystem, social welfare policy and the profession of social work/child care, are also introduced as well as the personal and idiosyncratic values and beliefs of the worker related to life, death, helping, mental illness, poverty, child removals, neglectful parents, abusive mothers and juvenile delinquents and so on ad infinitum.

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It stands to reason then, that social work has the potential to give rise to immense dilemmas and problems that touch upon ethics and values and standards of practice and that call upon the worker in many instances to make decisions that attempt to resolve Conflicts of Professional Duty (Bergin, 1980).

It is practically a given that the worker will introduce his/her values into the helping process. This can lead to the humiliation and subversion of the client system, (harsh words to describe a process that may often be unintentional), the agency and the community, especially if the values present at all levels are not acknowledged and dialogued (Bergin, 1980).

In the field of statutory child care (defined in terms of the Child Care Act, 74/83) there is a basic dilemma, captured in the words of a parent of a 'removed child':

*When my children came here it was like I died. It was murder...I could not understand how they could do this to me...my kids were removed, taken away...I was left out...isolated...there was no place for me...It felt like I did not count...all these professionals and no space for us, the parents...It was like, like there was this attitude or thing...that kind of saw me, us the parents as bad...you know, we failed, were terrible parents..just..well it was like, I think bad, an attitude that said I did not matter..I could not parent so I could not be a part of all this..my children's lives...*

These words capture the personal dilemma of parents of the children who come into substitute care, as well as the values imbedded within the professional actions taken. Basic assumptions embedded within the values contained in the social policy regulating Children's rights and in the Child Care Act itself, contribute to this dilemma. The values and meanings that social workers and child care workers bring into the context

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impacts on the way they see the parents and how they will work with the parents. It stands to reason that if the attitude is one of-:

*...they have failed, they are responsible for the children's removal...if they had been better parents then...they wont cooperate with the treatment programme, they wont work within the parameters of the working agreement...they want to do their own thing...so how can they parent..be a part.*

-then the possibilities of working with the parents/families is hopelessly reduced and minimal.

As professionals we are obligated to address or redress these issues. At some level, it may be that this study will promote a better understanding of what the parents experience in the process of removal, separation, and reconstruction. If this study can even slightly improve the attitudes of social work/child care practitioners towards parents, then it has served a valued purpose. If this study can clarify and make conscious, as a secondary aim, the imbedded values within our approach and our work with such parents, then it adds to the value of this study.

This writer has a professional and personal interest in contributing to the field of Child and Family service. As a social worker in a Children's Home, this writer's professional focus is statutory residential child care. In this sense the writer cannot divorce himself from being personally moved as well as professionally mobilised.

For this writer, his approach to his child care practice and his style of practice, are informed by two premises, the first being that a Children's Home is there to provide safety and care within a context that remediates the psychosocial traumatising that has occurred within the natural family, with the aim of

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reuniting child and parents; the second is that all children have a fundamental right to live with their families in the community and that all parents have strengths that can be utilised to the benefit of their children.

### THE VALUE BASE GUIDING THE STUDY

*Le-takken olam be-malchut Shaddai, to perfect the world through the Kingship of the Almighty*  
(Goldberg and Rayner; 1989:304)

The concept of the Almighty has imbued within the ideas of ethical, moral and principled actions. It is through such behaviour that we may direct our energies towards generating a harmonious world. In such a context world means or includes, the social order. Society organised on the basis of Ethical Behaviour is a means by which individuals can discharge their obligations towards and benefit one another by providing mutual protection, goods and services, as well as opportunities for self-fulfillment and combined achievement through cooperative activity (Goldberg and Rayner, 1989).

*'If I am not for myself who will be for me? But if I am only for myself, what am I?'* (Hillel, Avot 1:14).

To be for others captures the spirit of our ethical obligations towards any other simply as human beings. At the same time we avoid separating ourselves from the community (Hillel, Avot 2:4).

The smallest community and the prototype of every other is the family. Within the realm of Ethical-Spiritualism, society or community, is a Family of Families (Goldberg and Rayner; 1989:304). According to Goldberg and Rayner, the problem of social ethics is simply how to transpose the mutual caring of family-life at its best into the larger contexts of community.

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city, state and ultimately, humanity as a whole. This problem must be extended to the realm of the Residential Treatment Center for children in need of substitute care: Children away from home.

The function of the family is many fold, yet the family has retained its central position in child rearing and education; as a place of safety and caring for children. To this end the family provides a vital and significant socialisation process involving the induction of the child into the social order. Many Religious doctrines obligate children to learn from their parents: *'Ask your father and he will tell; your elders and they will talk with you'* (Devarim 32:7).

When a child is removed from the care of his/her natural family in terms of the Child Care Act 74/83, due to circumstances within the family system, the parents often cease to be actively involved with their children. They are no longer able to fulfill their responsibility of being a parent; they no longer celebrate the Shabbath and the Festivals together, go on family excursions and visits, have quite conversations and walks together.

Such parents cannot fulfill their obligations to 'teach and educate' their children and the very concept of family is threatened. Current approaches to residential practice may, however unwittingly, exclude family members from active involvement in the care process. How then can parents follow the injunction *'And you shall tell your 'children'. And you shall diligently teach your children.'*

(Shemot 13:8; Devarim 6:7)

III. THE REVIEW OF THE RELATED  
LITERATURE

RESIDENTIAL CHILD CARE

Children in care are separated for long periods of time from their parents, and from other family members, friends and community. These are vulnerable children because of the events leading up to their placement in care and because of the nature of residential care itself.

Children in care are in every sense of the word vulnerable children. This vulnerability can be extended to their parents and by implication to the family systems from which they come. The backgrounds and history of these children is one in which family life and life with the natural parents has gone awry. Any child who can be kept in his/her own family without suffering too severely from the home situation or making the family suffer so much that the other members become disturbed, should stay at home, with the natural parents (Whittaker and Trieschman, 1972:vi).

If the community develops day care centers for children whose parents work, provides more extensive parent education and training opportunities, establishes greater support networks for single mothers, divorced parents and reconstituted families (step-families) and provides excellent schools with special classes for disturbed children, enough child guidance clinics, opens opportunity for therapeutic day care centers, develops adequate resources for families in crisis, then more children would be able to remain at home.

However, even under the best of circumstances there will be children and families that need time out from each other, children who need to be separated due to untenable factors within the natural family, who must be granted relief from the

pressures of relationships that harm them over and over again; families who simply cannot tolerate the aggressive outbursts of their child, the impulsive behaviour or the expressions of the child's special needs. Children's Homes are not boarding schools or substitute families.

They are a special kind of group living that for every hour of the day provides help, support, understanding, and hopefully - when possible and necessary- insight and moving out of the inner darkness and hate. They must not be places to which the child is being removed or put away. They must be safe places where the tortured mind or soul can scream out its pain to be heard and then helped ( Whittaker and Trieschman, 1972:vi).

There are many reasons for the separation of child and family:

- \*Economic instability
- \*Poverty
- \*Divorce
- \*Psychiatric illness in parents
- \*Sexual abuse
- \*Neglect
- \*Emotional and psychological problems of the child
- \*Neurophysiological problems of the child
- \*Inadequate parenting
- \*community violence and disturbance

Family breakdown accounts for many of the admissions to a Children's Home. The breakdown of a family can be caused by an external or internal crisis or a combination of both. An internal family crisis may take the form of unstable family relationships, divorce, remarriage, family violence and disharmony, alcoholism and drug abuse, parental death, parental illness or psychiatric disability.

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External family crisis may include poverty, low income and poor housing which threaten the family's health and existence. Retrenchment, unemployment, community instability, violence, loss of community resources (day care, child guidance clinics, family support systems, parent networks) and family isolation and anomie.

Internal and/or external crisis can express itself through the establishment of a child rearing context that is inadequate. An unhealthy and potentially destructive family context may arise that could result in the child's removal/separation and placement in a Children's Home.

Against this background there is a category of children who, due to the internal/external factors impacting on the family, are statutorily removed from the custody of the natural parents/family. This compulsory separation is applied to situations in which the child/ren are found to be neglected, abused or at risk. They are admitted into care as a result of proceedings in the Children's Court, which finds the parents unfit/unable to take care of their child/ren.

This in itself presents problems and issues, specifically for the parents who experience themselves as stigmatised and inadequate. One parent, a mother who actively participated in the process leading up to admission, experienced the following at the court hearing:

*I suddenly found myself an unfit parent...yes I knew that to admit my child I had to go through the courts..I could even accept losing custody...I can accept that I cant help him, or manage him...but to be publicly declared unfit..the humiliation, shame...I think this is hurtful..suddenly my status is changed..*

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This anomaly of the Child Care Act deserves an entire chapter, or more. This is not the place for a critique. It suffices to say that the dynamics set up are powerful, potentially destructive, and disempowering for the parents.

The more children placed at risk, the more the number of admissions to Children's Homes will increase. Children's Homes can often add to the vulnerability of the children placed there. Over the years the Children's Home has been considered the last resort in child care having the unavoidable ill-effects of institutionalisation, stigmatisation and isolation of the children. The vicious cycle was created in that residential care was considered the last resort after all else had failed. In this sense residential settings become the placements for severely disturbed children of families considered unworkable, with little potential for change.

Residential care has also been seen as a custodial or substitute family context, with no role to play in reconstruction or family rehabilitation, and with little chance of the child/ren being returned to 'normal family life.' (Ainsworth and Hanson, 1985).

This attitude and approach is changing. More recently Children's Homes are seen as being in the challenging position of dealing successfully in the relatively short-term with a group of children who together with their families present problems and the potential for change. There is a need to continue to strive for this practice model so that intervention and change is directed at the child and the family, in order to make the child's return to the family home successful (Egelund, 1993).

Residential care can offer to be a most effective placement in a treatment program aimed at effective, short-term group care, with the aim of restoring family life so that the child can return home, with ongoing assessment and supervision of home placements. Children's Homes have begun to assess the value of

developing programs such as education programs for parents, and of involving parents more actively in participating in the Home's residential programs.

This development is to be seen in Denmark, England, The United States, Australia, Canada and elsewhere. A growing emphasis on family treatment in Residential Care is emerging. With a basic understanding that many parents need the same opportunity to develop productive, growth producing attachments as their children do, the Family Treatment model is gaining momentum (VanderVen, 1990; Wilson, 1992).

Maintaining links with the family and family reconstruction work has become an important aspect of residential care. All too often insufficient attention is paid to this important process. Residential care, if viewed as part of a broader treatment process, must account for the natural parents/family and the community.

The placing of a child into residential care should therefore be seen as a necessary and effective way to treat the child and the family, so as to restore family functioning so that the child returns to the natural parents (Samakosky, 1994:3). Therefore residential care should be short term, and should provide the space and place for the active involvement of the natural parents; the incorporation of the natural parents into the process (Ainsworth and Hansen, 1985).

**EXCLUDING NATURAL FAMILIES FROM CHILD-CARE  
(Or the Motive for Inclusion)**

In general terms the exclusion of natural family members from the care of their children is a dangerous and unhealthy practice. Studies have shown that children isolated from their family of origin, placed in alternative care in a context which reduces the active participation of parents in child rearing and

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caring, reduces the possibility of child-family reunification with a poor prognosis for permanency of placement within the family system (McCotter and Oxnam, 1981).

Such practices place these children in limbo. They become lost within a residential setting and do not return to their rightful places within the community and family. In some circumstances it is not possible for children to be returned to their family of origins (Samakosky, 1994). However this in itself is not a criterion for excluding natural family members from active involvement with their children (Ainsworth and Hansen, 1985).

Outcomes of these practices (excluding the natural parents) result in significant problems in terms of the child's replacement into the family, adjustment of the child to school and community, recidivism (i.e. need to return to residential care) and difficulties in adult adjustment. The research evidence indicates that programs that involve families throughout their child's placement, achieve greater treatment success than those that do not (Seidl, 1974).

The care received by children growing up in their own families is directly impacted upon by the nature of the support and care available to their care-givers; the parents, grandparents and extended family. Children have their parents at their command, families to protect the parents and society to support the structure of families and traditions to give a cultural continuity to systems of tending and training (Maier 1978:89-90).

What happens when society fails the family system? When there is no support and structure for child rearing? When parents/families are isolated and alone? This is when often the child is removed and placed in substitute care. As one parent stated:

*If there had been help out-there...some support..then maybe this would not have happened...yes sure it is my fault too...I could have done things differently...now my kids are here...(Samakosky, 1994:3)*

Frequently when a child is admitted into a residential programme, the agency and its workers exclude family members from continued involvement with their own child. The basic value laden assumption is that the family and the parents must have failed, are poor parents, because their child has to be admitted into substitute care (Samakosky, 1994:4).

These attitudes persist in an atmosphere in which child care staff and parents have limited contact. Highly divisive and distrustful attitudes develop and persist. When there is no contact point or insufficient contact between the Home and parents, these feelings fester and do not get resolved. Such a situation compromises the treatment process.

There is sufficient evidence in the literature (Mandelbaum, 1972; VanderVen, 1990; Wilson 1992; Egelund, 1993; Kelly, 1993 ), that already indicates that the process of removal and placement of a child into residential care is extremely traumatic for the parents. Among some of the feelings found are: parental guilt, failure, stigma, withdrawal, inadequacy, loss, blame, anger, aggression, hostility, and shame. When these feelings are not dealt with, the prognosis of working with the parents in the interest of the child are poor (VanderVen, 1990).

One of the complicating dilemmas faced by children's homes is that around the role the child care worker takes in the process of admission, orientation, placement and ongoing residential treatment, through to disengagement.

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Often there is ambiguity in relation to the understanding of the home vis-a-vis substitute group care versus substitute family care. Frequently there is confusion over the provision of care and the model upon which to base the type of care given. Children's Homes that attempt to provide substitute family care base their care on the Family model, often leading to the exclusion and alienation of the natural family.

By failing to actively involve families, any inadequacies in the family, both real and felt, are exaggerated. Involvement of the families in the daily life of the Home, conversely, can help families maximise their strengths and develop new ones (VanderVen, 1990).

It is not surprising that until an agency sorts out its philosophy and approach and finds ways to really actively include parents, that parents feel excluded and show a limited willingness to be involved in family sessions, or to maintain contact with their own child. The family model, or the values associated with this model (present in many varied forms in many children's homes) is 'anti' rather than 'pro', the natural family (Ainsworth and Hansen 1985).

### RESIDENTIAL MODELS OF CHILD CARE AND THE SOUTH AFRICAN CONTEXT

In the Family Model, the family is used to understand the structure and nature of the context and the Children's Homes often then follow this design which leads inevitably to the adoption of family like practices, norms and values, unwittingly reproducing a family environment that is doomed to fail on many levels, but most significantly in it's failure to make a space for the natural parents/family (Samakosky, 1994:4).

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There is a pervasive encouragement, within this model, to see the child care worker as a substitute parent, rather than as an adult performing nurturing, caring and therapeutic tasks designed to promote the healthy growth and adjustment of the child in care.

The natural family is excluded from participation in the programme because of the way in which the family model encourages the child care workers and practitioners to view themselves as substitute parents.

This then inevitably leads to the parents feeling shut out, excluded, isolated and negated as the child care worker now begins to act in place of the natural family members. This excludes the participation of the parents as co-partners in the caring process and leaves parents feeling:

*.... resentful..angry and even enraged..I mean it was like this feeling of F...k you all...I just did not care...Yeah, it was very lonely and hurtful..as a father I still wanted to be part but there was not a space..*

Within this context the focus is not on the natural family, the parents. This may contribute to the lack of understanding by social workers involved within this arena, of how the separation-placement impacts on the natural parents. By not understanding how the removal-admission-placement impacts on the Self of the parents and their Need Structure, there is a failure to intervene in a way that is conducive towards involving parents within the residential context, and speeding up the process of reuniting child and family in the community.

Historically, this model viewed parents in a linear way as the cause of their children's problems, from which it was thus necessary to remove the child. This removal was often radical: the family experienced a 'child-ectomy'. Little visiting took place and what did was rigidly scheduled and carefully monitored. Any parent treatment/involvement was done at a distance (VanderVen, 1990). Currently this model of practice provides little, if any, interaction between family members and the residential context. It does not encourage parents to get involved actively with their children or the staff at the Home.

The impact of this practice of general exclusion of the family from active participation in the child's life and in residential programs has led to mutually distrustful feelings and adversary relationships between the natural parents and the Children's Homes. It has also led to a lack of change in the family system, failure in providing the children in care with an ongoing opportunity for connectedness with their families of origin, and in general, poor outcomes for parents and their children (VanderVen, 1990, Kelly, 1993).

The Group Care-Family Centred Model stems from an understanding that the conceptualisation of the residential context as a substitute family is inherently problematic. A group care conceptualisation allows for the understanding of the role of the peer system within the lives of the children in residential care. More importantly, it permits for an understanding of child care practitioners as adult role models who provide active caring and fulfill parental tasks without acting as substitute parents.

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The child care worker serves as a primary caretaker with parenting functions without *creating in the mind of the child the fantasy that the child care worker may someday become the real parent to the child* (VanderVen, 1990:9).

This model does not preclude the opportunity for child care workers to provide the children with attachment figures. The model provides the notion of joint participation of child care staff and parents in child care. The opportunity for co-parenting and active parental participation is encouraged. Active involvement of parents in all stages of caregiving and treatment is encouraged by this emerging model (VanderVen, 1990).

The Home develops and provides programs that address:

- \* parent education in child development and child management, particularly around activities and routines of daily living
- \* utilisation of communication and relationship building skills
- \* building skills and social competence through activities
- \* meeting the needs of parents and remediating the negative impacts of the removal-admission-placement

(VanderVen, 1990, Kelly, 1992).

Unless the natural parents are made to feel part of the process of removal and admission/placement, and are given a space within the Home and regarded as partners in the treatment procedures, they will not be able to cooperate nor participate within the residential programs (Erasmus, 1991:6).

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Mandelbaum (1972:387) describes the feelings of parents when their children are removed as: *a feeling of isolation and loneliness, inadequacy and anger. A sense of having their parental rights severed, no authority and control, and are excluded from decision making, are disempowered.*

Van Den Heever (1975) indicates that: *It is a fact that parents whose children have been removed from their care experience a lack of vision of the future which causes an emotional collapse (see conceptual framework-Responses of the Self). Numerous fresh problems can manifest themselves because of this retrogression resulting in serious hindering of assistance...in spite of the fact that parents may have neglected their children, they find it difficult to account to society, neighbors, schools etc. as to why their children have been removed. Parents feel they cannot compete with the authority of the court and substitute caregivers and react by withdrawing, escaping, isolating themselves from society and expressing aggression.*

A model of child care that persists in excluding the parents from participation, that does not recognise the intrinsic role of the parents in their children's lives after removal, fails in its obligation to serve the interests of the child and family, and thus the community. Studies have shown that the more involved the parents are in the child's placement, the more positive the growth was on the part of both the parents and the child (Simmons, Gumpert and Rothman, 1973:224-232).

In the South African context the debate regarding the appropriate model appears to have shifted towards one that regards the family as central to the reconstruction of the child and family system. In this way the Children's Home is beginning to be regarded as critical in the reconstruction program. The shift towards group care and community orientated models which de-emphasise the concepts of the Family model is emerging, albeit not without significant practical problems.

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There is evidence that residential child care in South Africa has recognised the need for a family centred approach, rather than a family model practice ( Van Den Heever, 1975; Hatchuel, 1986; Harper, 1986; Erasmus, 1991; Samakosky, 1994).

The current problems in practice relate primarily to the socio-political changes taking place, as well as to the very real financial restraints and practical problems that exist in the attempt to include parents in residential care programs. In the South African context, many children's homes are overcrowded, understaffed or located in places that are far from the natural homes of the children in care. The parents do not have easy access, the staff ratios do not permit working with the families, and high caseloads of social workers often negate the option of working with families.

Child care practitioners are often not perceived as capable of working with families when the opportunity does arise, or there is an attitude that exists that labels the parents as unworkable and not worthy of intervention. On the whole, more emphasis is currently given to the role that parents play in residential programs ( Erasmus, 1991). However, it would appear that there is still a lack of understanding of what parents of removed children experience as well as a lack of appreciation of the needs of these parents, following the removal.

The greatest challenge facing residential child care currently, is the need to adjust and adapt to the realities of the current South African context, which includes an overwhelming need to address substantial primary problems, rather than specialist needs (Jackson, 1994).

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With the potential for the emergence of over 500 000 children orphaned by Acquired Immune Deficiency Syndrome (AIDS) in the next six years, the increased number of homeless children (estimated in the thousands) and the overwhelming impoverishment of many communities (Jackson, 1994), the relevancy of the debate, Group/Family Centered Models versus Family practice models, takes on an element of importance.

The reality of the local context dictates that innovative and creative ways be found to address social problems. Funding currently must be directed towards the Governments policy of Reconstruction and Development. This necessitates a rethinking of priorities at all levels.

It will not be possible for funds to be provided to meet all the needs of all the people. Specialist needs must, ethically and morally, be relegated to a secondary position behind the massive need to address primary problems of water, electricity, housing, jobs and health care.

It is this writer's opinion that a model of child care practice that encourages parent participation in residential programs is only a short distance away from a model of practice that begins to understand residential care as community based, that begins to perceive the fundamental need of keeping children in their communities, in the family, or at the least returning them to their families sooner, rather than later.

It is a basic fact that residential care is expensive and in our context, a drain on resources that are needed elsewhere. To this extent, a family centered model empowers parents as people, and

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possibly moves in the direction of seeking to prevent the breakup of the family unit, and works towards the reuniting of disrupted families.

This family orientation is at the heart of this model behind which lies the belief that the family unit is the best environment to enable the next generation to thrive. Certainly in the South African context, the children are the future.

It is not this writer's intention to debate the issues here. There is clearly a need for reevaluating models of child care practice, and for selecting models that encourage parental participation. Despite the overwhelming social problems that need to be addressed on a primary care level, there are currently many children in Children's Homes who are not returning to the family home because very little or no attempt is made to work with and involve parents in residential programs.

Not all Children's Homes are moving in the direction of community orientated services, or moving into the community, and are not doing enough to encourage child care practitioners to get involved with families, both within the residential context and the local neighborhood.

### THEORETICAL FRAMEWORK

This section explores the concepts relevant to an understanding of the central factors that the research will

focus on: Self. Trauma. Stress Reactions and Need Structure. This discussion will not entail a detailed exploration of the extensive and often complex theory of Self psychology. It is this writer's intention to extrapolate and interpret the information relevant within the parameters of this study only.

#### THE SELF

Kohut (1977:18) refers to the Self as a *center of productive initiative—the exhilarating experience that I am producing the work, that I have produced it*. He goes on to add that the self is a *specific structure in the mental apparatus, the center of the individuals psychological universe*. Wolf (1988) defines the Self as that psychological structure which makes its presence evident by providing one with a healthy sense of self esteem and well-being.

In adding to this definition, Wolf (1988:27) observes that: *It seems that the essence of the Self is elusive, very much as the essence of an electron is elusive....the Self can be shown to have a history.....a past, a present and a future...Structure means stability over time.*

It is in this way the center of subjective experience, the pillar of personal identity. Kohut (1984:99) defines the Self further as *the center of initiative, a recipient of impressions, having cohesion in space and continuity in time.*

Wolf (1988) indicates that characteristics of the 'healthy' Self are:

- \* a sense of continuity overtime.
- \* an intrapsychic sense of inner coherence.
- \* vigour/energy for self development and expression for a

sense of purposiveness and meaning.

The development of the Self must of course be viewed historically. The Self does not simply emerge as whole, complete or integrated, or as fragmented, depleted and damaged, from a vacuum. From infancy, the contact, first with the mother, and later with the father, plays a pivotal role in the development of the Self structure as a psychological entity (Goldberg and Stepansky, 1984).

Kohut (1977), Tolpin (1978) and Wolf (1988) describe the emergence of the Self in relation to the other, the primary selfobject which is the mother. The nature of this interaction and the capacity for the mother, as a selfobject, to meet the needs of the infant for mirroring, idealising and twinship or connectedness (merger) is vital for the development of the Self.

Faulty selfobject relations at this early phase in the development of the Self can result in primary deficits and structural damage which may undermine the capacity of the self for structural cohesion, integration and optimal psychological health. Proper self object experiences favor the structural cohesion and energetic vigour of the Self; faulty or traumatic self object experiences contribute towards the fragmentation, depletion and emptiness of the Self.

*Every human being requires age appropriate self object experiences from infancy to the end of life* (Wolf, 1988:11). Simply put, every person needs certain optimal experiences in relation to emotionally significant others in the environment (Self objects). These can be defined as positive, nurturing, caring, consistent, predictable, self affirming, and satisfying, or in Kohutian terms (1971, 1977, 1984, 1986), appropriately and positively Self

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mirroring, idealising and encouraging of twinship or connectedness/belonging.

It is not this writer's intention to discuss and explore the development of the Self. Suffice it to say that the opportunity for development of self cohesion arises early, usually with the mother. It results from adequately responsive empathic mirroring of what has been referred to in the literature of Self psychology, as the infants exhibitionistic grandiose self (Kohut, 1977, Wolf, 1988, Morrison, 1989).

From the beginning of psychological life to the end of life, the presence of inner psychological safety and security, self esteem, a sense of social belonging and the capacity to self actualise are all expressions of a healthy Self. When the Self is exposed to traumatic events, the Self can respond in a variety of ways ( Kohut, 1977, 1984; Ulman, 1987; Wolf, 1988; Morrison, 1989).

There are two broad characteristic responses referred to in the literature. First, there are certain individuals for whom there may be experiences of fragmentation and inner emptiness. Fragmentation may be defined as a sense of impending disintegration or loss of cohesion. Kohut (1977:104) refers to 'disintegration anxiety' signaling an impending threat to cohesiveness of the sense of Self.

Included within states of disintegration anxiety are fears of self fragmentation, serious enfeeblement or uncontrollable rage. This type of response could signal the onset of a reactive psychosis, or in a relatively more intact Self, with a different configuration, there may be a narcissistic rage reaction (Kohut, 1977:138).

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Self fragmentation is only one response on a continuum of possible responses. The Self can respond differentially and with a wide variety of affects and behaviour. In the second instance, reference can be made to depletion or enfeeblement anxiety, a 'sense of Self-depletion, an empty depression', which could be accompanied by helplessness, deep sadness, high anxiety levels, despair, lethargy, mixed with expressions of rage, anger and shame' (Morrison, 1989).

The manner in which the self responds to a trauma is influenced in part by the existing condition of the Self (Asbury, 1990:adapted). The following three broad Self structures can be described:

1) A primitive self structure, with primary defects and little structuralisation which is likely to 'fragment' or disintegrate, characterised by 'reality breaks', a psychotic reaction. Fragmentation with impending disintegration fears, is a more primitive state reflecting the threat of psychosis, either the complete breakup of the self or serious enfeeblement.

2) A less primitive self, but one that is still vulnerable and defective, and prone to fragmentation, is likely to express itself in uncontrollable rage reactions. In this scenario the self is relatively more intact, with greater levels of structuralisation and a different configuration.

3) A more cohesive and developmentally differentiated self state characterised by a greater capacity for structuralisation and self object idealisation could respond with depletion anxiety, a reaction characterised by a sense of self depletion (Morrison, 1989:74).

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This writer suggests that the less severe responses (in comparison to fragmentation or narcissistic reactions), may be characterised by varying degrees of self depletion. This sense or fear of self depletion may contain elements and characteristics (surface symptomatology) that fit the DSM III-R criteria for a Posttraumatic Stress Syndrome.

Morrison (1989) suggests that the more intact and cohesive the Self is, the less severe are the likely responses to a Self trauma. A less severe reaction may be characterised by a sense of Self-depletion, lethargy, high levels of anxiety and stress. (Kohut, 1977:105, Morrison, 1989:adapted). Even an optimally healthy and intact Self, can under certain conditions of extreme stress and trauma (death of loved one, divorce, rape), experience a sense of self fragmentation.

However, a more likely response for a person with no primary Self defect or deficit may be a fear of impending loss of Self-vitality and psychological depletion, without the fragmentation associated with more severe reactions or psychotic conditions (Morrison, 1989:adapted).

It is this writer's contention, that most of the parents of children who are placed into residential care are already persons more predisposed to be 'suffering from primary Self-deficits' (Morrison, 1989:adapted), with varying and lesser degrees of self structuralisation and cohesiveness.

On the basis of his observations, this writer would postulate that these parents responses may be characterised in one of three ways:

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1) By decompensation characterised by a disintegration of the Self, a fragmentation into a psychotic condition. This writer has observed this reaction only three times. Following the removal of the child, the parent has expressed intense depression, morbidness, a deep emptiness and fragmentation of the Self.

The presence of a vulnerable or defective Self, a Self with a nuclear or primary defect, is evident in these cases and the traumatic experience is actually 'experienced as threatening Self-cohesion', resulting in disintegration. In the extreme, this leads to a 'dread of the loss of self, the fragmentation and estrangement of body and mind in space' (Kohut, 1977) with a resultant hospitalisation.

In his therapeutic work with such parents, following the 'loss' of their children, it has been the experience of this writer that these parents have demonstrated reactions and behaviours that are indicative of a subjective experience of Self as disintegrating and losing cohesiveness.

The premorbid levels of cohesiveness and structuralisation in this scenario are likely to be limited and fragile, with an inability to withstand a significant trauma that ruptures the configuration of the Self (Morrison, 1989:adapted). In this situation, defensive rage/anger are not activated and directed externally, even though they may be present.

2) By what is best described as a severe narcissistic blow, expressed through intense rage and potential suicidal/homicidal impulses of an uncontrollable nature. The narcissistic hurt they experience is best understood from within Kohut's writings (1971,1977), in which he describes narcissism as a 'grandiose sense of self' that

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overwhelms the self, that is larger than the self. In this sense it can be described as a pathologically immature relationship to the object relations world, to others in the social environment, in which the Self is overinvested with psychic energy (Kohut, 1977). Kohut (1986) suggests that there is an overestimation of Self ability with a grandiose self configuration.

Such a Self configuration (a compensatory structuralisation), due to primary damage sustained in early infant selfobject relations, may respond to a severe trauma that has an active shaming component, with intense rage, directed either internally, or externally. Such a Self is structurally vulnerable with problematic levels of cohesiveness, and a proneness to fragmentation.

3) In contrast to the above two descriptive responses to the trauma of statutory child removal, cases with other parents have indicated reactions that have been qualitatively different, with responses that have indicated the presence of a subjective experience of themselves as 'defective, failed, inferior and depleted, filled with disappointment and rage, and upon closer examination, deep sadness behind which lies a fundamental underpinning of shame. The overall characteristic of this response in general, is best described as Self depletion. (Morrison, 1989:181:adapted).

Morrison (1989) suggests that the distinction between fragmentation and depletion cannot be rigidly maintained since, fragmentation and depletion concerns usually coexist in states of disintegration anxiety. Although depletion anxiety and disintegration anxiety can be spoken of distinctly, the former referring to depressive type reactions and the latter to the break up of the self, they overlap and interact.

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In other words the distinctions made in terms of self responses to trauma are for the most artificial for purposes of theorising and discussion. For many of the parents with whom this writer has worked, their responses, in the form of a self depletion reaction, would on the surface, appear to be related to their experiences of the 'loss of their children'.

A deeper examination however, has often indicated that these parents have a premorbid (preremoval) Self that is already damaged with primary deficits that have played a role in their labelling as 'unfit parents'.

However, there are those parents who indicate greater levels of self cohesion and self structuralisation, indicative of primary damage that is not severe enough to predispose the Self to 'narcissistic rage reactions' or 'fragmentary psychotic reactions' that incapacitate the Self. In contrast, these parents present with greater cohesion and Self structure despite evidence of primary disruptions in Selfobject relations, and in this way are probably less prone to severe reactions of the Self to trauma, but are nonetheless vulnerable.

These distinctions are critical for the understanding of the responses of the parents to the defined trauma in this study. It is suggested that this very 'Self vulnerability' predisposes all the parents in this study to experience the 'removal and placement' as a powerful trauma that elicits specific and powerful responses that are possibly best understood and addressed from within a Self psychology perspective.

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In the majority of cases in which this writer has engaged, the responses indicate the presence of rage reactions and deep seated humiliation and shame that is often defended against by a depressive response and a sense of self depletion. These parents appear depleted, as if they have lost their vitality, their sense of meaning, and are filled with disappointment and rage, and upon closer examination, deep sadness behind which lies a fundamental underpinning of humiliation and shame.

They do not externalise their rage as does the 'narcissist', nor do they fragment into 'empty nothingness'. Rather, their responses are indicative of a higher level of structuralisation and a qualitatively different self configuration that leads to an experience of Self depletion.

It is suggested then, that the removal-separation and placement of the children of these parents into residential care can result in a number of different responses ranging from extreme fragmentation and serious enfeeblement, and the break up of the Self, to uncontrollable narcissistic rage, or in a less severe reaction involving Self-depletion, 'a blow to the sense of Self, which does not necessarily result in the total breakdown of the cohesion of the Self' (Morrison, 1989:74:adapted).

It is this latter response that is the focus of this study, and this writer is of the opinion that the respondents in this study will best be described as fitting this category. Elements of rage, anger, depletion, humiliation and shame will be present.

## KEY CONCEPTS OF SELF PSYCHOLOGY

The key concepts of Self psychology are important for an understanding of how deficits in empathic relationships and social interactions preceding and, more importantly, following the statutory removal of the child from the custody of the natural parent, can result in a lack of self esteem, a loss of psychoemotional safety and security, alienation from a sense of social belonging, and an inhibition of the potential to actualise aspects of the Self. This writer will de-emphasise the role of Freudian Drive Theory and derivative psychodynamic explanations in this understanding.

Heinz Kohut (1971, 1977) sees the historical development of the Self in terms of internal psychic structures that result from supportive relationships with empathic others (Baker, and Baker 1987). Supportive and empathic relationships are central for the development of a positive self-state characterised by a sense of wholeness, cohesiveness, internal stability, and vitality (Goldmeier and Fandetti 1991).

With this in mind, the key concepts of Self psychology are discussed below.

### EMPATHY

In social work this concept is often used and indeed is central to practice and treatment, particularly in a clinical context. It is used to explain how well the social worker perceives the internal frame of reference of the client.

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Kohut (1977, 1984) stresses the critical importance of empathy in relationships, both between parents/adults and children and between adults and adults. Empathy is strongly related by Kohut to personality formation and to treatment.

Repeated empathic feedback from significant others within the matrix of social relationships is fundamental to satisfy the need for admiration. Admiration, in turn, is necessary for the development of self esteem. The power of the empathic mode to promote engagement, facilitate the working through process, and enable even a seriously disturbed patient to restore the coherent functioning of the self through self reflection and motivation for change, has been frequently demonstrated (Chernus, 1988:343).

### SELF OBJECT TRANSFERENCE

Transference is defined as the unconscious element in all relationships. Within a Self psychology framework transference includes what is described as self-object transference needs. These transference needs are projected onto significant others in the environment (self-objects) who respond to the three identified transferences of the Self (Asbury, 1990).

This process begins in childhood, but extends throughout life. Self objects serve as extensions of the Self, contributing to the formation of a Self-structure (Bellow, 1992:adapted). The three transference needs for which Self-objects are sought in childhood and adulthood correspond to the way the Self is organised/structured. The implication is that optimal self object transferences are required to maintain a Self that is relatively cohesive, integrated and intact (Wolf, 1988, Morrison, 1989).

The transference needs (Baker and Baker, 1987:adapted)

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include mirroring needs or the desire for someone who reflects empathy and approval; the need to idealise others and to look up to them as models; and the need for alter-ego, partnering or twinship, representing the desire for active involvement, sharing activities and likeness with another. Kohutian thinking (1977, 1984, 1986) emphasises the subjective aspects of relationships, focusing on what is described as the struggle in all relationships for self-development, autonomy, or connectedness.

### NEEDS OF THE SELF

#### (The Self and Self Object Roles)

The three basic transference needs of the Self (Mirroring, Idealising and Twinship) are related to the developmental structuralisation of the Self (Kohut, 1984). In the establishment of the structure of the Self, during infancy and early development, these transference experiences between the infant and the primary object are essential for Self construction and cohesion. However, these needs of the Self remain as life long: *every human being requires age appropriate self object experiences from infancy to the end of life* (Wolf, 1988:11).

These needs are fulfilled through others who take on the role of a self object. This is related to the concept of the Self object transference which fulfills certain needs for an individual which the individual cannot provide for him/herself (Kohut, 1971). Mirroring needs of the Self for approving and empathic self objects are linked to the basic developmental requirements for love, acceptance and affirmation which is met by others who provide confirmation and approval, and thus an essential basis for emotional safety and security and self esteem. Through recognition, affirmation and praise, self esteem is built. (Kohut, 1977, Baker and Baker, 1987:adapted)

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Idealising needs of the Self for admiration and respect and to connect with self objects that represent or possess ideal qualities that the subject lacks can be related to the developmental needs for merging, uniting or belonging: merging through closeness with others through calming, non-possessive relationships. There is a strong self need for merging with a strong, wise, good selfobject which can express itself in admiration for the self object. Through this connecting and merging with the self object a basis for interpersonal and social belonging is constructed and maintained (Kohut, 1977, Baker and Baker, 1987:adapted).

The need for Twinship or closeness can be linked to the developmental need for experiencing an essential likeness with another or others. The need to have commonalties with a Self object which can express itself as adopting similar modes of dress, linguistic expression and opinions can be met through relationships and fulfills the needs for emotional safety, social belonging and self esteem.

The need for belonging and self esteem is expressed through this seeking out of commonalties with others in order to achieve this sense of connectedness, being a part of a self sustaining relational context (Kohut, 1977, Baker and Baker, 1987:adapted). At the same time the need for self actualisation through the development of abilities, talents, skills, competency and confidence and to practice these attributes, is met. The need for safety and security, social belonging, self esteem and self actualisation are thus essentially met though the expression of the developmentally related transference needs (Kohut, 1977, Baker and Baker, 1987, Wolf, 1988:adapted).

SELF TRAUMA AND STRESS SYNDROMES

The focus in this study is on the response of the Self, as a central psychological structure, to an environmental trauma that has an active component of shaming. The response of the Self to the statutory removal of a child from the custody of the natural parent is associated with posttraumatic stress disorder; a biopsychosocial response to a severe emotional traumata with characteristic symptoms including affects of anger/rage, vulnerability/depression, humiliation/shame. This statutory removal of a child from the custody of the parent is defined as active shaming.

The dynamics evoked in the removal-separation-placement are woven together by social stigma, helplessness, humiliation and shame.

This patchwork of psychosocial reality for these parents is traumatic, and as a trauma, impacts on the Self, with potential results for rage/anger and underlying humiliation and shame.

The central question relates to the issues of Self depletion, Self esteem, Self security and safety, Social belonging and Self actualisation. A severe 'blow to the Self' is seen as associated with loss of meaning and hope and potential fragmentation in extreme cases, or severe to mild depletion of the Self in less extreme cases.

ANGER RAGE AND SHAME

A Trauma with a shaming component and its impact on the Self can result in a wide variety of affects and feelings. Of note here are anger and rage responses, depression and shame, as a result of a perceived 'blow to the integrity of the Self'. Morrison (1989) suggests a strong relationship

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between expressions of rage and an underlying affect of shame/humiliation which reflects a sense of failure and inadequacy so intolerable that it leads to a flailing out, an attempt to rid the Self of the despised subjective experience.

Morrison goes on to suggest that shame has a powerful role to play in generating rage. Shame can arise out of many sources (grandiosity, unresponsiveness of the selfobject, or failure of the ideal self) resulting in an affect so intolerable that it must be expunged through concealment, disavowal, or projection (Morrison, 1989:102).

It is important to note the relationship of shame and humiliation. Humiliation can be defined as the social component of shame, representing the intense, social manifestation of shame that requires the presence of an active or observing humiliator. Whereas shame refers to the intrapsychic response to the Self's own awareness of its inadequacy, inferiority or defect in relation to selfobject failure, humiliation reflects the intense social manifestation of shame (Morrison, 1989:118).

Humiliation can be seen as the direct expression of shame within the interpersonal context. One commonly used means of expunging shame is through a massive expression of anger and rage aimed at the offending object (either the unresponsive selfobject who fails to mirror or to accept idealisation, the rejecting object of attachment, or the uncooperating environment). In this way the feelings of helplessness and passivity that itself generate shame, are defended against through the rage and anger responses. The anger/rage reflect an attempt to rid the self of the experience of searing shame (Morrison, 1989:103).

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Shame then, may lead to rage in response to a felt unmet need from the Self object environment—that is, an awareness of the self's passivity and helplessness to bring about environmental responsiveness and attunement to its own needs and wishes (Morrison, 1989:102). This writer is of the opinion that this dynamic is at the core of the experiences of the parents in this study as they are confronted by the statutory removal of their children.

Of interest is the suggestion by Morrison (1989) that shame can only be experienced when there is a certain degree of self cohesion and structuralisation. Behind the narcissistic rage reaction described earlier, is a powerful experience of shame that threatens to overshadow and overcome the Self. Due to the peculiar configuration of the Self in such a person, the response in dealing with the shame, is the uncontrollable rage directed inward or outward.

For a person prone to a reaction characterised by self depletion, the experience of active shaming (being declared an unfit parent and having your child forcibly removed) can lead to feelings of inadequacy, inferiority and unlovability. Feelings of shame, in this sense, arise out of a psychosocial context, with considerable intrapsychic ramifications. Shame in this context is a reflection of feelings about the whole self in failure, as inferior in competition or in comparison with others, as inadequate and defective.

As such, shame relates to low self-esteem, psychological and emotional insecurity (or vulnerability) a lack of a sense of belonging (thus being outcast for not being good enough) and a sense of not being able to actualise the Self. Deep helplessness and vulnerability are thus very present (and linked to reactive depression).

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Within all persons there is a prearranged readiness for shame reactions, a shame vulnerability that is psychologically encoded from infancy in the development of the Self (Kohut, 1971). Shame vulnerability and shame anxiety are a sensitivity to, and a readiness for, shame. In this sense, Morrison (1989:14) suggests that shame is related to narcissism (the narcissism present within every person as well as the pathological narcissism associated with uncontrollable rage) and is the 'underside' of this grandiosity, haughtiness, the low self-esteem, self-doubt and fragility of self-cohesion that defines a narcissistic hurt.

In carrying this idea further, this writer suggests that reactions of rage, anger and associated trauma responses to the removal of a child from a parent, is a reflection of a narcissistic blow to the Self, an injury that deflates the normal and healthy sense of narcissism, leading to a deep shaming and an undermining of the Self that threatens Self integrity and possibly even self cohesion, but that usually expresses itself as a sense of self depletion.

A distinction must be made between healthy and normal narcissism that is present within all persons and defined as positively valuing of the survival right of the Self, and the pathological narcissism that is a reflection of an historically damaged sense of Self. In the first instance, there is a less formidable ideal self and a greater narcissistic resilience of healthier character functions. Healthy narcissism is related to the grandiosity, hubris and hope that propels one towards goals and ideals, that provides an inner sense of self worth, power and enduring self-confidence. This is the healthy narcissism that is part of the Self structure (Morrison, 1989:184; Chernus, 1988:350).

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In this sense even a relatively healthy Self exposed to a traumatic event that includes components of active shaming, could respond in a manner that expresses a deep Self injury, a blow to the Self characterised by rage reactions, (that do not result in suicidal/homicidal acting out), shame, a depleted sense of Self, and a loss of vitality.

In the second instance, a Self already damaged, a Self with a tenuous integrity/cohesion, the responses to a traumatic and shaming experience could manifest in a more intense and pathological response with more classical characteristics of narcissistic rage (suicidal or homicidal reactions included). In this scenario the Self may even become fragmented with a loss of reality orientation and a psychotic condition may emerge (Morrison, 1989).

### DEPRESSION

Given that shame is probably a central ingredient of low self esteem, it has a direct relationship to depressive states, that in most instances reflect helplessness, shattered self-esteem and self-depletion. The intrapsychic meaning of this type of depressive reaction is that the self is unworthy or inferior (Morrison, 1989:113).

Morrison indicates that many of the characteristics associated with depression are the very same qualities and feelings that generate shame and low self-esteem. His view is that shame is an important ingredient and a frequently necessary stimulus, to depression. Embedded within depression are deep feelings of shame, resulting in a sense of self depletion, as discussed earlier. The presence of depressive qualities does not exclude the presence of rage and anger.

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Indeed, rage and anger turned inwards would account for a depressive reaction, as would the presence of shame. The rage and anger may fluctuate in the direction of their expression, outwards or inwards, giving rise to alternating bouts of projected anger, rage and depression (Morrison, 1989:adapted).

Thus it can be postulated that a trauma with an active shaming component, such as the statutory removal of a child from the custody of the parents, can be a severe blow to the Self resulting in responses characterised by:

- \* loss of meaning
- \* separation anxiety
- \* traumatic stress reactions (Posttraumatic stress)
- \* loss of a sense of inner safety and security
- \* loss of Self-esteem
- \* social isolation and alienation
- \* loss of the capacity to express innate potential
- \* rage, anger and self-loathing
- \* shame and humiliation
- \* self depletion and depression

and in more severe cases:

- \* Self fragmentation
- \* disintegration
- \* transient psychosis

or

- \* homicidal or suicidal acting out

all as a result of damage to the Self. It must be kept in mind that the premorbid condition of the Self is vital in effecting the nature and severity of the damage inflicted upon the Self in the process of removal-admission and placement, and thus the response of the Self.

NEED STRUCTURE PATTERNS

As human beings we have a strong need for psychological and emotional safety and security in the form of a familiar, predictable and consistent environment; social belonging in the form of recognition, confirmation, affirmation, and acceptance; self esteem in terms of admiration and respect; and self actualisation in the form of an inner locus of control that allows the Self to rise to assertive and adversarial opportunities and to achieve changes without the loss of self sustaining vigour, energy and cohesiveness (Maslow, 1967, Kohut, 1971, 1977, Baker, 1987, Wolf, 1988).

What happens to parents who 'lose' their rights of custody over their children? Given the postulated nature of the trauma and its impact on the Self of such parents an exploration of the needs essential for Self cohesion and vitality is central to an understanding of the impact on the Self.

Basic to all humans are certain fundamental needs that are central to the development of a positive and healthy Self and Self-concept. This Self-concept or mental portrait of oneself plays a pivotal role in the way in which one judges and interprets one's behaviour and experiences. The Self and the Self-concept evolve in response to experiences.

Fundamental to this view is the belief that human beings contain within themselves, from birth, an instinctive drive towards creativity and goodness (Maslow, 1967; Burger and Smukler, 1994). People are 'driven' to realise their inner potential. The Self evolves over time in the striving to fulfill this innate potentiality. For the Self to grow and actualise potential certain basic needs must be met. The earlier discussion of the transference needs indicated, in Kohutian terms, three basic needs.

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These three transference needs can be linked, for the purpose of this study, to Maslow's (1967:402:adapted) postulated fundamental needs that must be met if a person is to progress emotionally and psychologically. Of note here are the fulfillment of the psychosocial needs for emotional security and safety, social belonging, self esteem and self actualisation.

**Safety and security** needs refer to the need for a stable, structured and predictable environment. The psychoemotional need for consistency, for a sense of inner and outer safety, is vital for the Self to evolve and to grow in a healthy way. Ongoing or transient experiences of danger and insecurity can undermine the functioning of the Self.

**Social belonging or belongingness** refers to the need to affiliate with others, to be accepted and to belong within a matrix of social and interpersonal relationships. Attached to this is the need for love and affection. The presence of these conditions contribute toward the growth of the Self. The loss of these conditions can result in damage to the Self.

**Esteem** needs impel the individual to seek approval and respect from others, to be competent and to achieve recognition. Esteem is vital in the process of developing Self-respect and a healthy sense of the Self. Recognition, respect and approval from the social and interpersonal environment is essential for healthy Self-esteem.

**Self-Actualisation** is the ultimate goal of the individual who seeks innately to actualise potential, capacities, and talents. It captures the striving towards Self-fulfillment, Self-integration, and synthesis/synergy.

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Without the opportunity for the expression of this aspect of the Self, the Self fails to manifest its potential, stagnates, deteriorates (Maslow, 1967).

The lack or loss of these factors can be severely detrimental to the ongoing cohesiveness and vitality/vigour of the Self and Self-experience. For the Self to evolve and grow and to maintain its integrity and integration, there must be a warm, accepting environment in which these needs listed above can be met. In terms of Maslow's theory (1967), lower level needs must be fulfilled in order for higher level needs to be met. In a context in which these needs are not met or in which the opportunity for meeting these needs, via the transference needs referred to by Kohut (1977), is transiently or permanently lost, the Self is placed at risk for depletion and/or fragmentation.

This writer postulates that it is these very needs that are undermined when parents are declared 'unfit' and their children are placed into residential care. In many cases some or all of these need structures may have been lacking prior to the removal. Certainly, following the removal of the child, there is frequently a failure to recognise the intense need structure pattern that evolves.

This failure then, has dire consequences for the integrity of the Self of the parents given that these need structures are central for a healthy and relatively integrated Self. In a Self psychology framework, this idea can be framed in terms of the 'rupture of self affirming, mirroring selfobject relationships' that do not facilitate optimal exposure for fulfilling mirroring, idealising and twinship needs of the Self (Chernus, 1988) .

Within a self-psychological framework mental health can be said to result from the achievement of self-esteem and

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cohesiveness which comes from a stable balance between goals and ambitions on the one hand and ideals on the other. In this sense self-fulfillment is vital and is enhanced by appropriately empathic responses from self objects (Chernus, 1988:350).

### CONCEPTUAL LINKS

The importance of this concept of Self within this study, lies within Kohut's definition of Self as *the center of the individual's psychological universe*, thereby promoting the concept of Self to a supraordinate status within the psychological apparatus (Kohut, 1977:311).

Of note is the response of the Self, as a central psychological structure, to environmental trauma with a shaming component and associated traumatic stress reactions. The central question relates to the issue of self depletion, self esteem, safety and security, social belonging and self actualisation.

A severe 'blow to the Self' is seen as associated with loss of meaning and hope and depletion of the Self, with a specific need structure pattern emerging.

The separation of child and parents during an admission and placement in a residential setting is defined in the literature as a "loss, bereavement" (Whittaker and Trieschman, 1972:383). With this as a basis, this writer suggests that the effect of removal of a child from the custody of the natural parents, and placement into residential care, is best understood within the framework of Self psychology and posttraumatic stress or stress response syndrome, associated with issues of loss, separation, loss of meaning and hope and powerful affects of rage underpinned by humiliation and shame.

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The need structure pattern of the Self will indicate strong concerns with self esteem, emotional safety and security, social belonging and self actualisation. The symptoms expressed by the Self can be located for practical labelling purposes (nosology), within the Diagnostic and Statistical Manual of Mental Disorders IIIR (DSMIIIR) category of a Posttraumatic stress reaction or syndrome.

This will provide a framework for better understanding the responses of the parents in this research sample to the loss of their children, thereby potentially enhancing the approach taken to managing and treating these parents by the professionals involved. This in itself may contribute to the increased involvement of the Natural Parents in residential programs.

## IV. RESEARCH METHODOLOGY

### THE DESIGN

The study design is descriptive utilising both structured questionnaires, group and individual interviews. A descriptive study provides a more in-depth exploration of the problem, encouraging a richness of data that potentially adds insights to the complexity of the social reality, or problem, that this study investigated.

### DATA COLLECTION

This study was designed to answer the main research objective which was to discover and to evaluate the experiences -Stress Level and Need Structure- (dependent variables) of 12 parents in relation to the placement of their child/ren (independent variable) and their involvement in a parent program (moderating variable) at a Children's Home in Cape Town.

The outcome objective was to develop criteria that contributed towards the establishment of a more effective parent program or treatment strategy at the Children's Home, that would address the posttraumatic stress reactions of the parents resulting from the impact of the placement. The parent program would fulfill the needs for emotional safety and security, social acceptance and belonging, self esteem and status, and self actualisation and growth. In this way the research problem identified as the Lack of Involvement of the Natural Family generally within the context of Children's Homes, was addressed.

The data was collected through the administration, to a sample of 12 parents, of two standardised (modified) measurement instruments, followed by a group interview of 6

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parents selected on the basis of their participation in a Parents Group at the Home, using schedules constructed by the writer. This was concluded by an individual interview of one parent selected randomly from the 6 parents who participated in the group interview.

Given the complex and sensitive nature of the subject, the the method of using closed, structured questionnaire scales and open-ended interview schedulesnaires was appropriate. Information was secured that is relatively standardised, which increased validity and reliability (the scales), while the group interviews with respondents facilitated more in-depth data. This was been enhanced by the individual interview. The flexibility of this method generally, allowed for probes and exploration of the respondents experiences (Robson, 1983).

A better percentage of responses is generally secured from personal interviews than from self-administered questionnaires. Draw backs to the methodology of data collection in this study may have taken the following form:

1. A group interview may have encouraged extensive bias and an emotional overlay that could have seriously slanted responses. Certain dominant group members may have controlled the process reducing the representativeness of the data obtained.
2. By first implementing the questionnaires and then interviewing the respondents as a group, respondents may have been primed for responding to the interview schedules in a way that was biased.
3. The scale questionnaires were modified to fit the research protocol, which may have reduced validity and/or reliability of the data collected.

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4. The open-ended interview schedules may have encouraged responses that were loose and unreliable, since each interview situation had different components, and interaction between respondent and interviewer can effect results. The interviews were also time consuming and demanded a high level of interview skill.

### SAMPLE PROFILE

The sample consisted of twelve participants, seven of whom were female and 5 male. The average age was 40, the minimum age 29. Six respondents were divorced-single parents, two were remarried, and four were married. The average length of contact with the Children's Home at the point of the survey was 17.5 months.

### THE TEST SCALES AND MEASUREMENTS

The study questions were divided into 5 sections, each section designed to answer specific areas of concern.

#### SECTION 1A:

This section was designed to answer the following research question:

What are the subjective experiences of parents, whose children are placed into substitute care under the provision of the Child Care Act 74/83, of the placement at the point of admission and shortly thereafter?

A test scale (Appendix A) called the Impact of Events Scale (IES) was utilised in order to gather data as one means for answering the question:

The scale used was adapted by this writer from the scale authored by Mardi J. Horowitz (1979:209-218). Modifications

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have been made only to the introduction. The items are identical. The purpose of this scale is to measure the stress associated with traumatic events and to assess the experience of posttraumatic stress syndrome for any specific life event and its context, such as the death of a loved one or a traumatic separation/loss. Within the parameters of this study, the scale was utilised to measure the subjective stress of the respondent at the time of the admission of his/her child/ren to the Children's Home.

The respondent was asked to recall the experience. In other words it was a retrospective measurement, and therefore the responses must be interpreted accordingly. The data that this scale provided was used in conjunction with the group and individual interview data to obtain more in-depth, descriptive insights into the parents' experience of their child's admission and placement.

The IES scale served to provide some additional validity to the descriptive data obtained in the interviews, and vice versa. Reliability of the IES scale shows very good internal consistency with coefficients ranging from .79 to .92, with an average of .86 for the intrusive subscale.

There are two sub-scales. The first is the intrusiveness sub-scale designed to measure the degree of intrusiveness that respondents experience following the trauma. The second is the avoidance sub-scale designed to measure the degree to which respondents avoid ideas, feelings or places associated with the trauma. The higher the overall scale scores, the higher the degree of stress associated with the traumatic event.

The items are rated according to how frequently the intrusive or avoidance reaction occurred. Responses are scored from 1 to 4 with higher scores reflecting more

## THE NATURAL FAMILY AND RESIDENTIAL CARE

stressful impact. Scores for the intrusive sub-scale range from 7 to 28 and are the sum of the ratings on the following items: 1,4,5,6,10,11,14. Scores range from 8 to 32 for the avoidance sub-scale, computed by adding the ratings on the following items: 2,3,7,8,9,12,13,15.

The total maximum score for the two subscales combined is 60, while the minimum score is 15. The higher the score the greater the experience of the impact of the event, and the more likely that posttraumatic stress symptoms will be present. The subscales indicate the IES is sensitive to change.

### SECTION 1B

In order to explore more in depth the scale responses to the above research question, open-ended interview schedules were designed by the writer (Appendix C). The questions were designed to elicit descriptive, subjective data from the respondents.

This section explored how the respondents experienced the placement of their child/children at the Home. It was made up of 2 main questions:

How did you feel when your child was placed at the Home?  
Did you feel that your role as a parent was changed when your child was placed at the Home? If yes, in what way?

This section was designed to gain in-depth, descriptive insights into the experiences of the parents in relation to the removal-admission-placement of their child/ren so that social work interventions focus more accurately on the intrapsychic and psychosocial ramifications. By using these two questions as a base, the writer was able to explore the emotional responses of the participants.

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### SECTION 2A:

This section was designed to answer the following research question:

What is the need structure pattern of the parents of children who have been placed into residential care under the Child Care Act, Act 74/83?

The second question was to determine the need structure of the parents. Responses to this scale ( and the open-ended interview schedules) provided insights into the criteria to be considered in designing a parent program.

The Need Structure Scale (NSS) was adapted by this writer to measure four of the five major needs according to Maslow's Hierarchy of Needs, and was assumed to reflect the need fulfillment that parents look for in a parent program:

1. Safety and Security need level (psychoemotional safety)
2. Social and belonging need level (belongingness and love)
3. Esteem need (social approval, self-respect)
4. Self actualisation need (realising inner potential)

This scale (Appendix B) has been adapted from "The Need Structure Questionnaire", found in Hudson, 1982.

Modifications were made to the introduction, and all of the items applicable to "Basic (physiological) needs were omitted as inapplicable. The rest of the items on the scale were utilised with minor changes to the wording to fit the context. The sub scales were maintained, but an additional item was added to each sub scale, resulting in five items, and not four per sub scale. This was done in order to maintain the effectiveness of the scoring methodology.

Each of the four NEEDS are measured on a sub-scale. Each sub-scale reflects the need level of the respondent. The

## THE NATURAL FAMILY AND RESIDENTIAL CARE

higher the score on a sub-scale, the greater the need at that level. The scale reveals data about the four types of NEED, and informs about the need pattern structure. In this way criteria could be developed to facilitate program design.

The items on this scale are rated according to how applicable the respondent finds each statement. The responses provide the scores for each of the four sub scales indicating the level of need and the type of need sought. The maximum scores for each sub scale are 39, while the minimum scores are 9. The maximum scale score of all four sub scales combined is: 156, while the minimum is: 36.

Responses are scored from 1 to 7 with higher scores reflecting greater need. Scores for the Safety and Security sub-scale are the sum of the ratings on the following items: 1,2,6,10,15. Scores on the Social Belonging sub-scale are computed by adding the ratings on the following items: 3,7,11,17,19. The Self Esteem sub-scale is scored by adding the following items: 4,8,13,14,16, while the Self Actualisation sub-scale is the sum of the ratings on items:5,9,12,18,20.

The data that this scale provided was used in conjunction with the group and individual interview schedules to obtain more in-depth, descriptive data of the respondents Need Structure and the degree to which the program fulfilled their needs at different levels.

The scale served to provide some additional validity to the descriptive data obtained in the interview. Reliability of the scale, in it's unmodified form, shows very good internal consistency. Validity has been supported.

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### SECTION 2B:

The interview schedules were designed to elicit descriptive, subjective data from the respondents. The questions were open ended and related to the Need Structure Questionnaire.

This section attempted to answer the following main question as a supplement to the test scale implemented:

**Wherein, from the subjective perspective of the parents who are actively participating and involved in a residential parent program, does the benefit of incorporation and participation in a parent program lie, if there is one?**

This section was designed to explore what the parents thought about their experiences of participating actively in a residential parents program. The questions (Appendix C) were designed to evaluate the psychosocial needs of the respondents following the removal-admission, and to facilitate an understanding of the need pattern that emerged in section 2A. It also provided an evaluation of the Parent Program run at this Home.

### SECTION 3:

The third question was to determine the reasons, if any, given by parents for participating/not participating in the service offered at the Home.

The question was designed to confirm the need pattern that the respondents wanted met (Appendix C).

### SECTION 4:

The fourth question (Appendix C) was to determine how the parents subjectively describe their experiences of the

## THE NATURAL FAMILY AND RESIDENTIAL CARE

placement and the Home currently, while participating in the residential parents program.

The underlying premise of this question was that the parents would undergo a change in psychosocial experience that would alter their perceptions of the placement and the Home if they were participating in a program that met their needs. An association between participation in the parent program and a change in perception was assumed, but was not researched in this study.

### SECTION 5:

The fifth question was to determine how and in what way the parents think the current program could be changed or improved.

This question (Appendix C) was designed to provide practical ideas for program design from a client system perspective. The data obtained is also a measure of the unmet needs of this group of parents in the study.

v. THE RESULTS OF THE STUDY

THE TEST SCALES

SECTION 1A

What were the subjective experiences of parents towards the placement at the point of admission and shortly thereafter?

IMPACT OF EVENTS SCALE (IES)

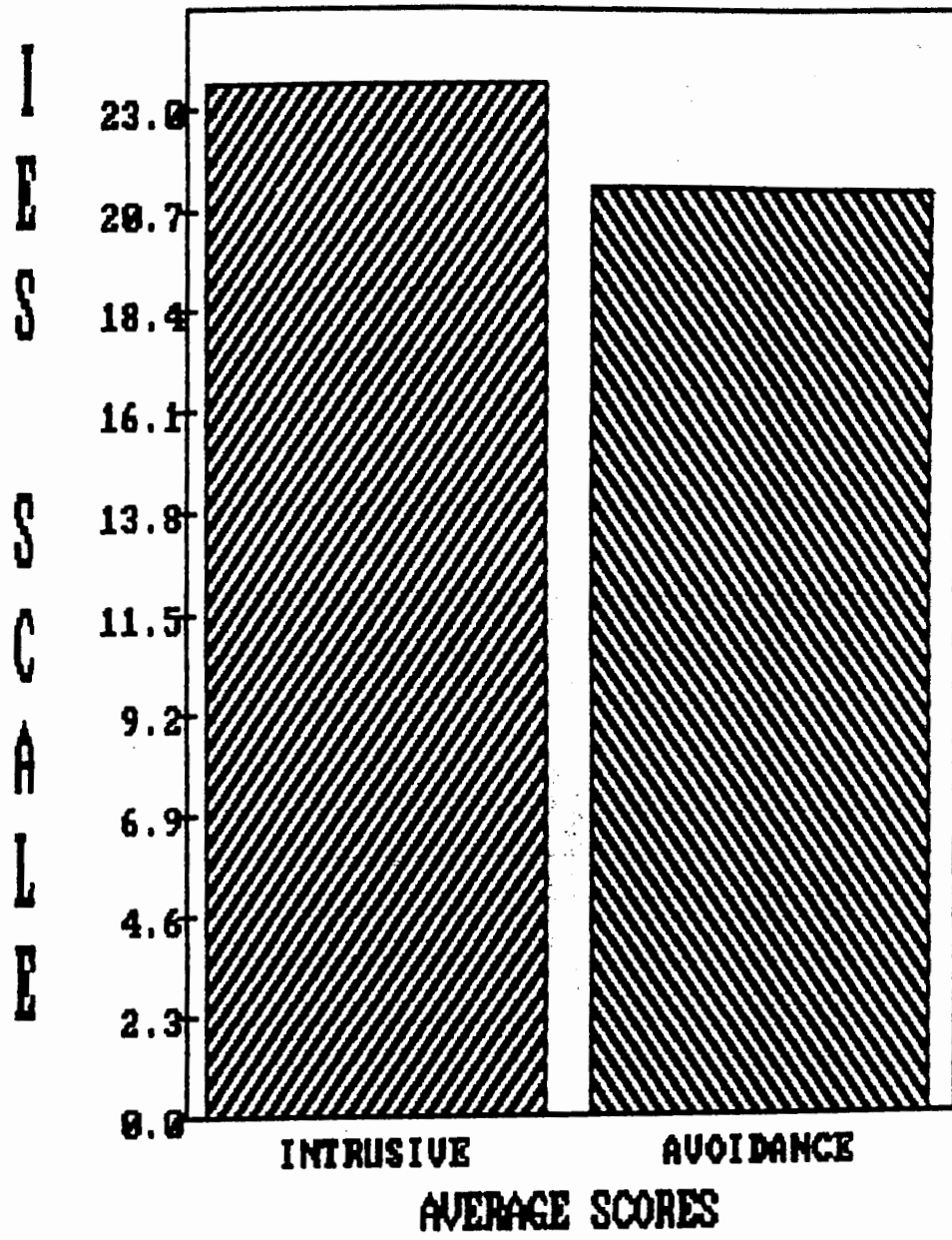
The following is a breakdown of FULL SCALE FINDINGS in terms of Frequency of response per item. There were 12 respondents.

TABLE: 1

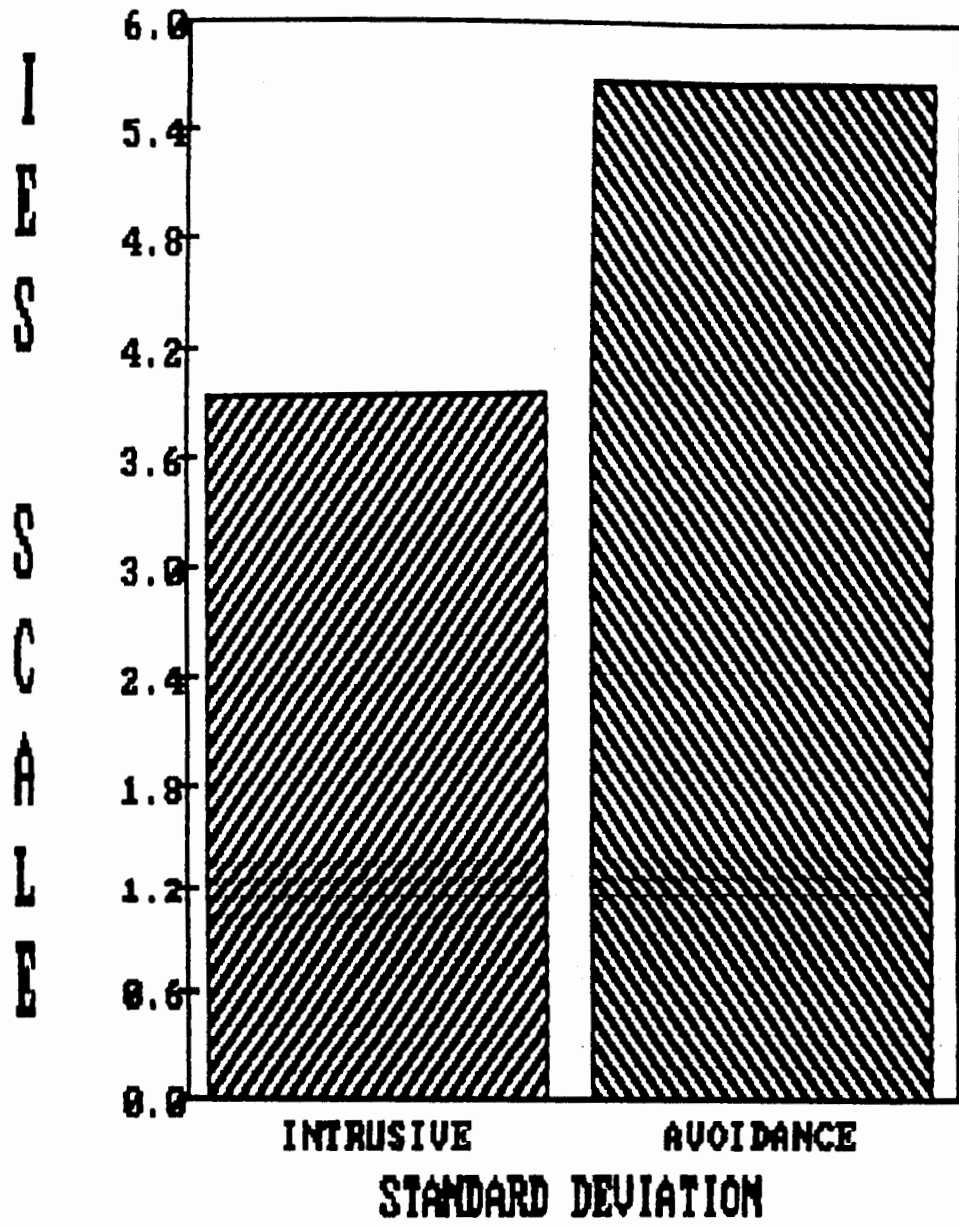
ITEM	RESPONSE % AND SAMPLE NUMBER							
	OFTEN		SOMETIMES		RARELY		NOT	
<b>Intrusive subscale:</b>								
1. Kept thinking about it.	66	(8)	25	(3)	0	(0)	8	(1)
4. Trouble sleeping.	50	(6)	25	(3)	8	(1)	16	(2)
5. Waves of strong feelings.	66	(8)	25	(3)	0	(0)	8	(1)
6. I had dreams about it.	25	(3)	25	(3)	16	(2)	33	(4)
10. Pictures came into mind.	66	(8)	33	(4)	0	(0)	0	(0)
11. Things kept reminding me.	66	(8)	33	(4)	0	(0)	33	(4)
14. Reminded of feelings.	66	(8)	33	(4)	0	(0)	0	(0)
<b>Avoidance subscale:</b>								
2. Avoided getting upset.	50	(6)	41	(5)	0	(0)	8	(1)
3. Remove it from memory.	25	(3)	25	(3)	16	(2)	33	(4)
7. Avoided reminders.	41	(5)	16	(2)	8	(1)	33	(4)
8. Felt as if wasn't real.	16	(2)	16	(2)	0	(0)	66	(8)
9. Avoided talking about it.	25	(3)	50	(6)	0	(0)	25	(3)
12. Feelings not dealt with.	50	(6)	33	(4)	8	(1)	8	(1)
13. Did not think about it.	25	(3)	50	(6)	16	(2)	8	(1)
15. Feelings were numb.	25	(3)	16	(2)	16	(2)	41	(5)

In analysing the results of the scores for this study sample, the scale mean for the two sub-scales combined was 44.75 points out of a total of 60 points, or 74.58% . The standard deviation was 8.71 and the variance 76. A score of 30 is considered high, indicative of a high impact.

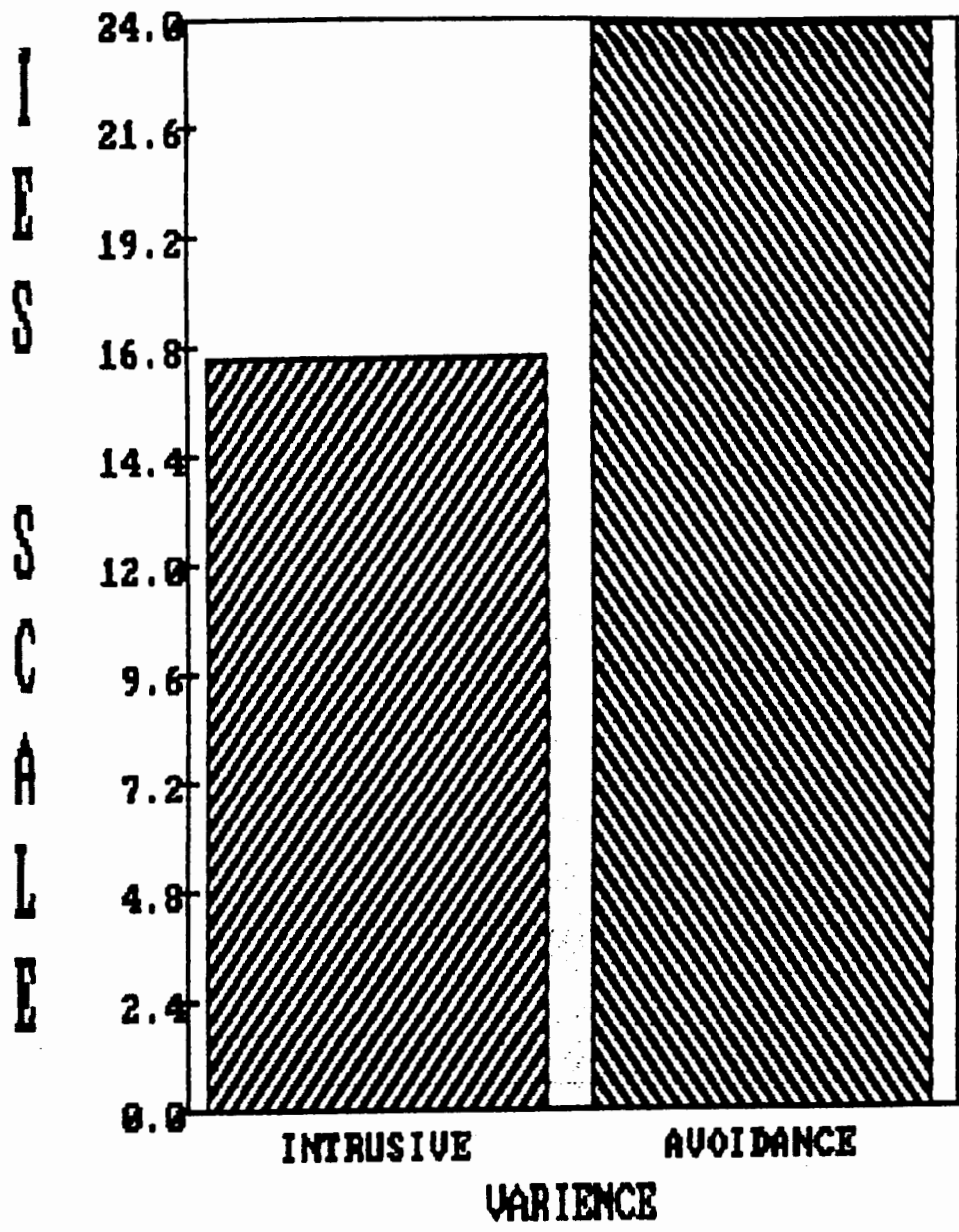
**GRAPH 1**



GRAPH 2



GRAPH 3



THE NATURAL FAMILY AND RESIDENTIAL CARE

On the Intrusiveness subscale, the mean score was 23.5 points out of 28 points or 83.9% . The standard deviation was 3.92 and the variance 15, while on the Avoidance subscale the mean score was 21.1 out of 32 points or 65.9% and the standard deviation was 5.66 with a variance of 32.

In analysing the responses of the sample of 12 parents, the following is of significance for this study in terms of sub-problem 1A and provides some insight into how the parents experienced the placement of their children at the Home: A careful analysis suggests that the majority of the respondents meet the criteria for a Post Traumatic Stress Syndrome. Major findings include:

TABLE: 2

EXPERIENCE	RESPONSE % AND SAMPLE NO.	
	AGREEMENT	
Often thought about the placement.	91	(11 )
Often avoided getting upset.	91	(11 )
Often/sometimes had trouble sleeping.	75	( 9 )
Often had waves of strong feelings.	91	(11 )
Experienced the event as very real.	66	( 8 )
Often/sometimes did not discuss event.	75	( 9 )
Pictures of it popped into mind often.	91	(11 )
Often reminded about the event.	91	(11 )
Often/sometimes had strong feelings.	91	(11 )
Often/sometimes avoided thoughts.	75	( 9 )
Often reminded about feelings.	100	(12 )

SECTION 2A:

This section was designed to answer the following research question:

What is the need structure pattern of the parents whose children have been placed into substitute care.

The FULL SCALE FINDINGS are presented below. The items are abbreviated. See Appendix (B) for full item scale.

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TABLE: 3

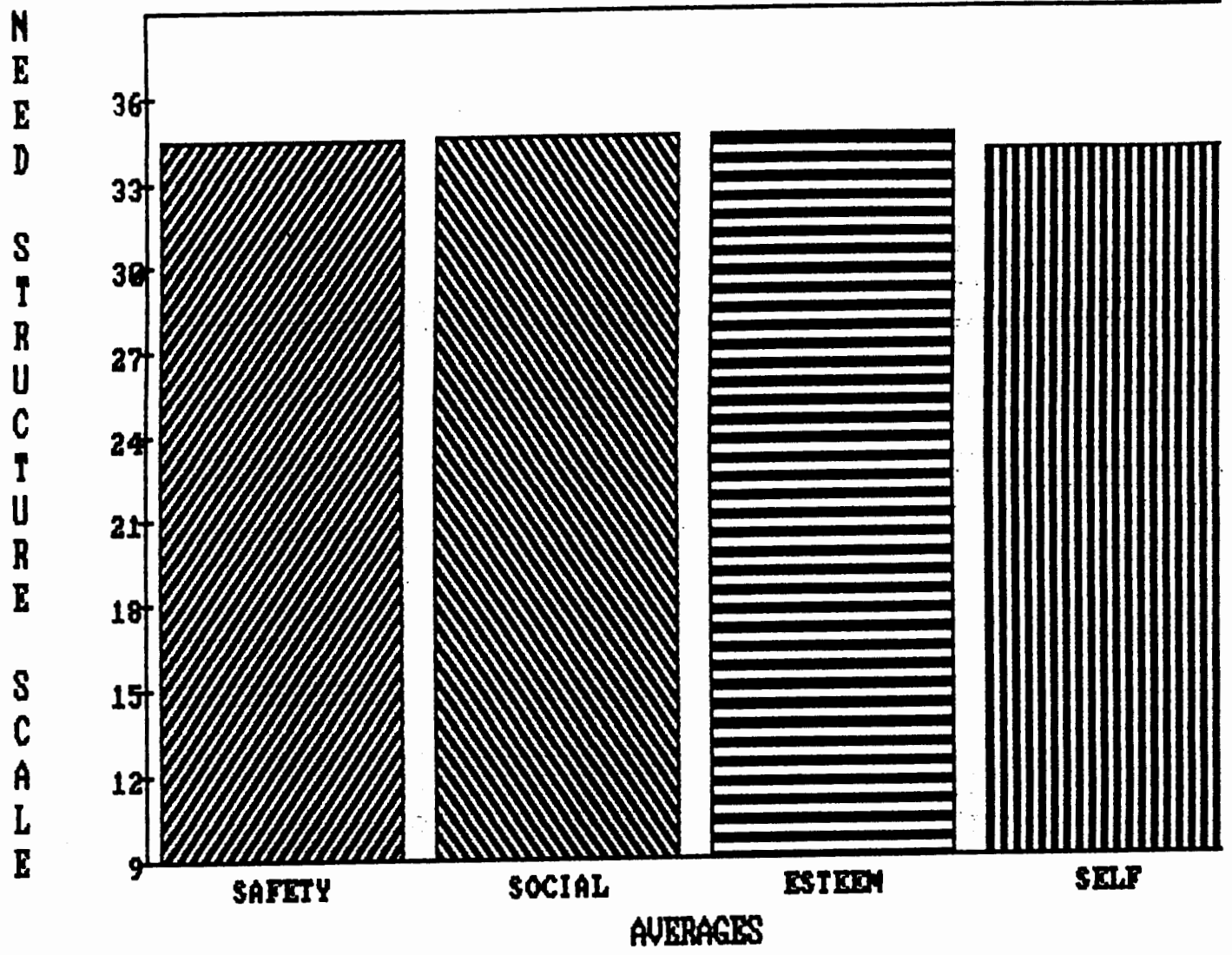
TA-Totally Applicable; A=Applicable; SA=Somewhat Applicable; U=Unsure; I=Inapplicable:

IN EVALUATING THE PARENT PROGRAM I THINK THAT IT SHOULD:

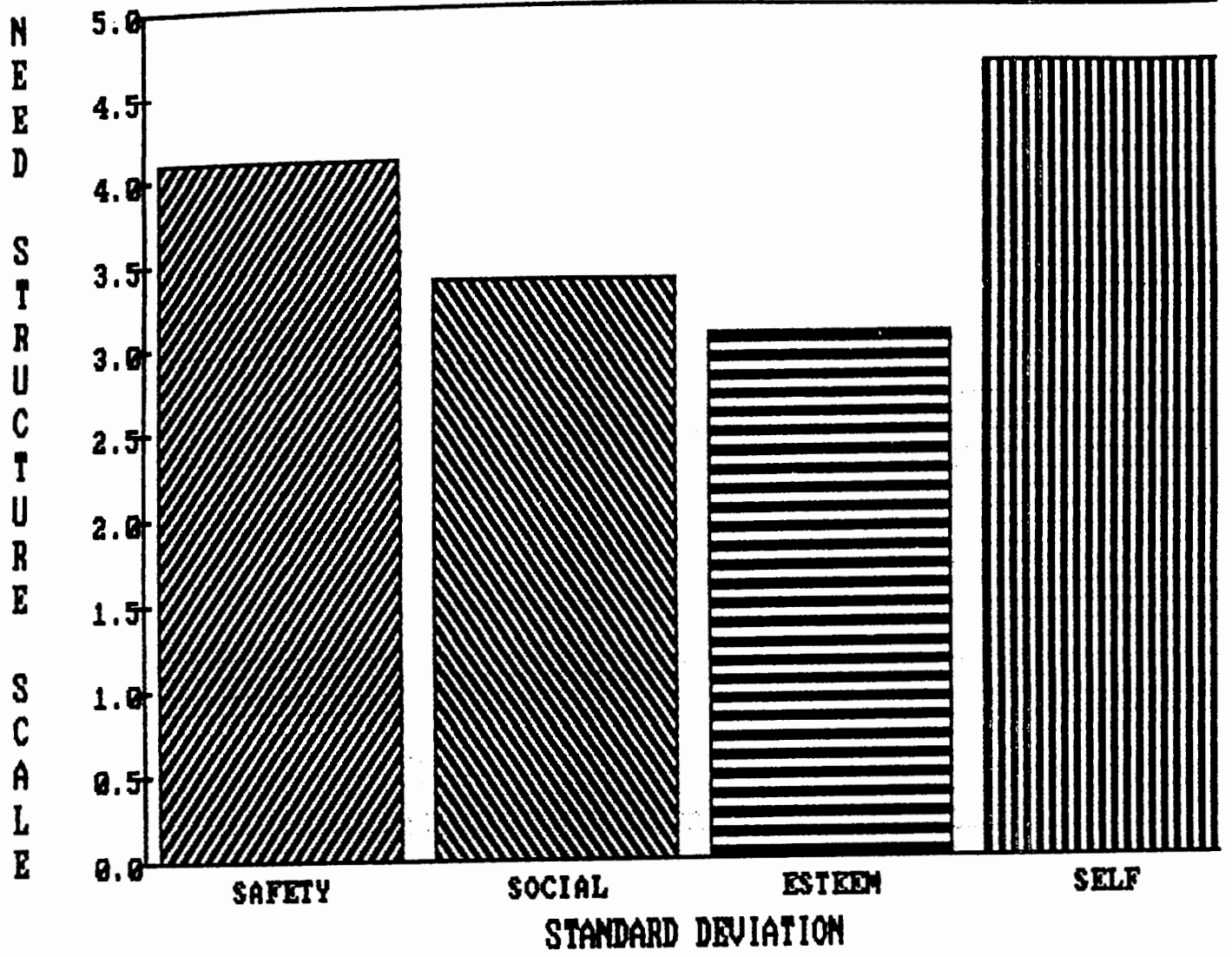
ITEM	RESPONSE % AND SAMPLE NUMBER									
	TA		A		SA		U		I	
	%	NO.	%	NO.	%	NO.	%	NO.	%	NO.
1.Meet indiv/fam. needs.	41	(5)	33	(4)	25	(3)	0	(0)	0	(0)
2.Evaluate performance.	58	(7)	33	(4)	0	(0)	8	(1)	0	(0)
3.Help avoid conflict.	16	(2)	25	(3)	41	(5)	8	(1)	8	(1)
4.Instill pride/respect.	25	(3)	33	(4)	33	(4)	8	(1)	0	(0)
5.Explore new ideas.	41	(5)	33	(4)	16	(2)	8	(1)	0	(0)
6.Provide benefits for me.	50	(6)	33	(4)	0	(0)	16	(2)	0	(0)
7.Foster comoderie.	50	(6)	25	(3)	8	(1)	16	(2)	0	(0)
8.Show competence.	41	(5)	41	(5)	8	(1)	8	(1)	0	(0)
9.Challenge/Be meaningful.	33	(4)	41	(5)	8	(1)	8	(1)	0	(0)
10.Help me parent.	58	(7)	8	(1)	25	(3)	0	(0)	8	(1)
11.Unite and empower.	66	(8)	33	(4)	0	(0)	0	(0)	0	(0)
12.Allow me to grow.	41	(5)	33	(4)	16	(2)	8	(1)	0	(0)
13.Help return of child.	58	(7)	16	(2)	16	(2)	8	(1)	0	(0)
14.Help to develop self.	58	(7)	33	(4)	8	(1)	0	(0)	0	(0)
15.Give emotional security.	16	(2)	58	(7)	8	(1)	8	(1)	0	(0)
16.Give recognition.	33	(4)	33	(4)	16	(2)	16	(2)	0	(0)
17.Prevent isolation.	58	(7)	33	(4)	0	(0)	8	(1)	0	(0)
18.Promote change.	41	(5)	41	(5)	0	(0)	16	(2)	0	(0)
19.Provide fellowship.	58	(7)	16	(2)	8	(1)	8	(1)	0	(0)
20.Provide participation.	41	(5)	33	(4)	16	(2)	8	(1)	0	(0)

In this study the scale mean for the four sub-scales combined was 137 (88%) points out of a total of 156 points. The standard deviation was 13.5 and the variance 184. A score of 135.6 (86.92%) is considered high, indicative of a high need level in total. On the Safety and Security subscale, the mean score was 34.4 (88.20%) points out of 39 points. The standard deviation was 4.09 and the variance 16, while on the Social Belonging subscale the mean score was 34.5 (88.46%) out of 39 points, and the standard deviation was 3.40 with a variance of 11. On the Self Esteem sub-scale, the mean score was 34.5 (88.46%) out of 39 points, and the standard deviation

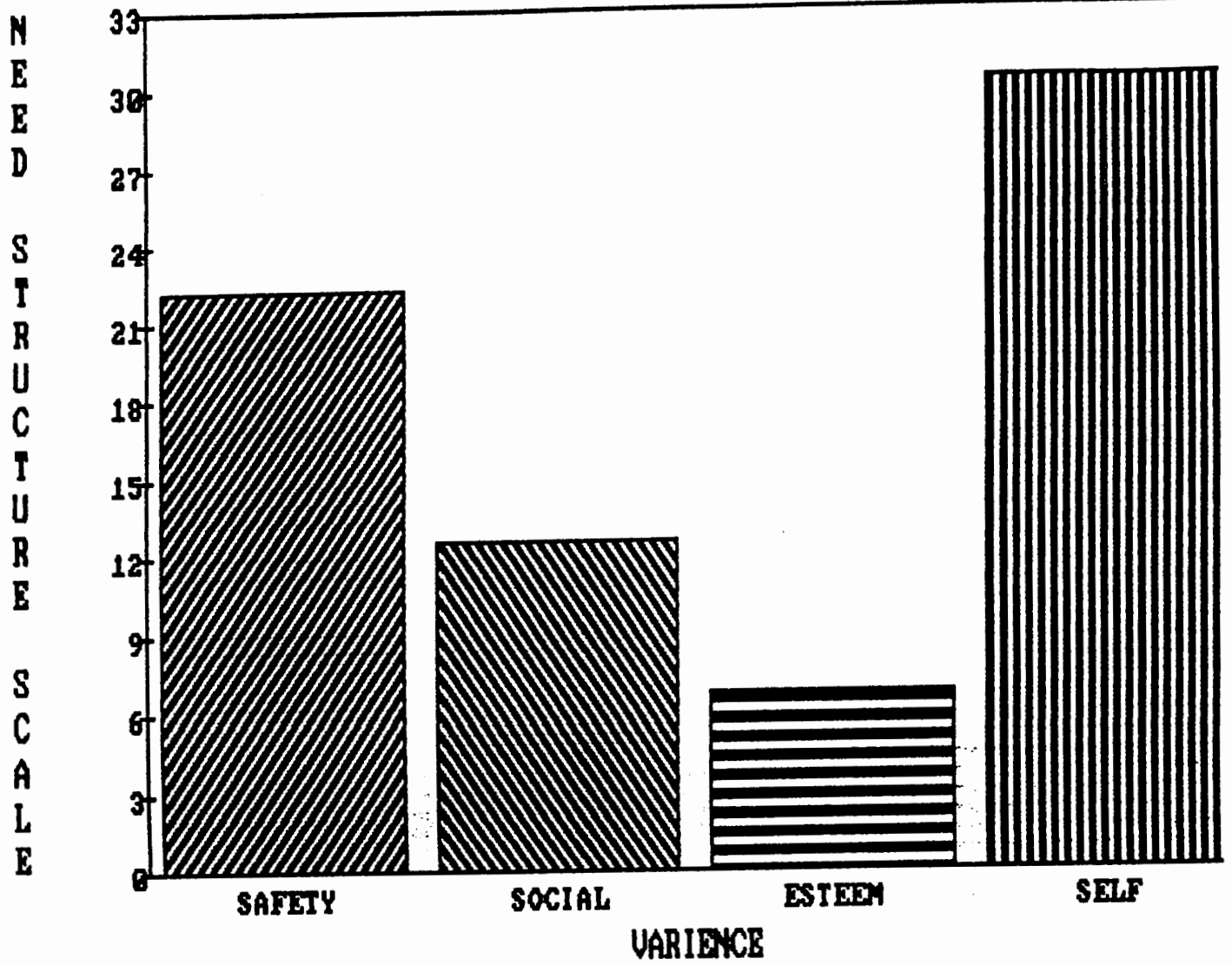
GRAPH 4



GRAPH 5



GRAPH 6



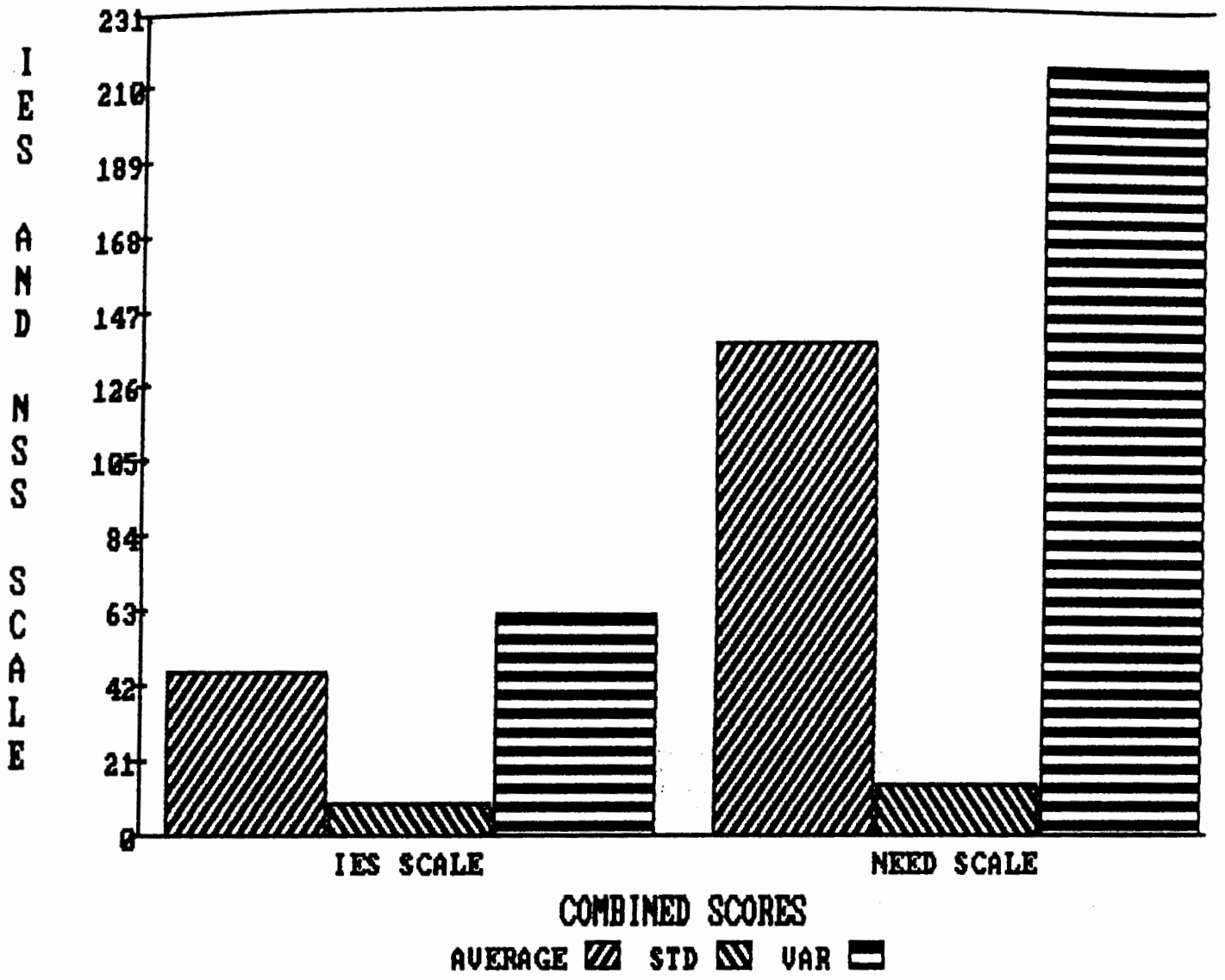
## THE NATURAL FAMILY AND RESIDENTIAL CARE

was 3.06 with a variance of 9.4. On the Self Actualisation sub-scale the mean score was 34 (87.17%) out of 39 points, and the standard deviation was 4.65 with a variance of 21. The 12 respondents seemed to agree with items asked:

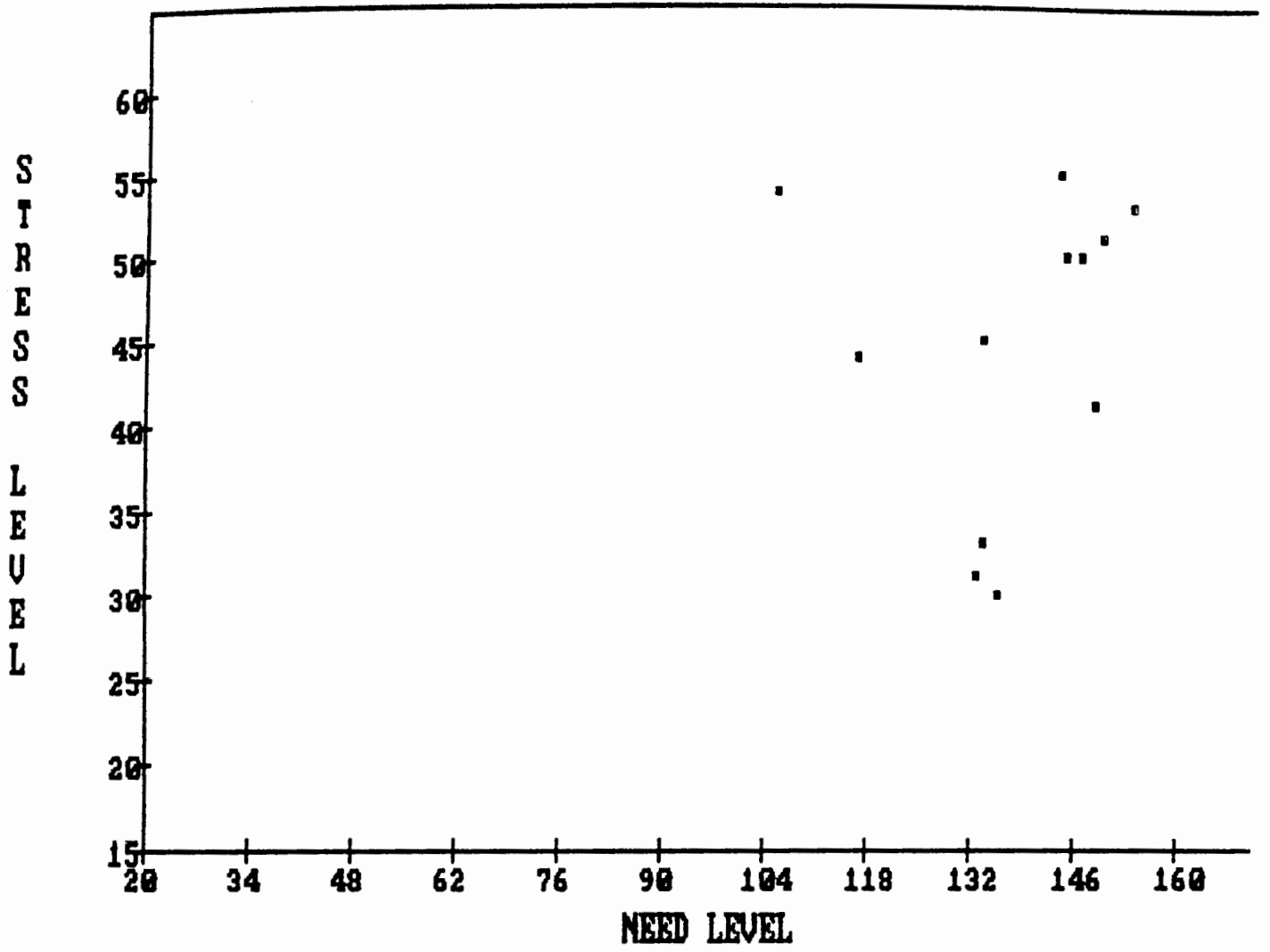
TABLE: 4

ITEMS	RESPONSE % AND SAMPLE
<b>SAFETY AND SECURITY NEEDS</b>	
The Parent Program should provide for:	AGREE
Individual and family needs.	75 (9)
Evaluation of performance.	83 (10)
Good personal benefits. (care, understanding)	83 (10)
Basic parenting skills.	66 (8)
Emotional security and well being.	75 (9)
<b>SOCIAL BELONGING</b>	
The Parent Program should provide:	
A good sense of comeraderie.	75 (9)
Against isolation/disempowerment.	100 (12)
Against becoming isolated.	91 (11)
Conditions for good fellowship.	75 (9)
<b>SELF ESTEEM</b>	
The parent Program should:	
Instill pride and win respect.	58 (7)
Offer chance to demonstrate competence.	83 (10)
Allow for rapid return of child/ren.	75 (9)
Provide time for self development.	91 (11)
Provide tangible recognition.	66 (8)
<b>SELF ACTUALISATION</b>	
The Parent Program should:	
Allow freedom to explore ideas.	75 (9)
Provide a challenge.	75 (9)
Promote self growth.	75 (9)
Enable me to see personal progress.	83 (10)
Be a context for involvement/participation.	75 (9)

GRAPH 7



GRAPH 8



## THE NATURAL FAMILY AND RESIDENTIAL CARE

Of note is a possible link or relationship between the dependent variables of stress and need. The data of the two scales (IES and NSS) were plotted in graphical form to develop a scattergram.

It is of interest to note that there appears to be a low positive correlation between the two variables, suggestive of a possible relationship between stress level (impact of the statutory removal on the Self) and the need pattern level that emerged.

### THE INTERVIEWS

The questions here were designed to elicit descriptive, subjective data from the respondents. The questions were open ended. A group interview of 6 parents took place. The 6 group respondents were selected from the original sample of 12 and formed a non-probability sample based on availability. One interviewee was selected randomly from the 6 for an in-depth individual interview.

The group and individual interviews were video taped. A Content Analysis of themes was carried out by the researcher. For this study Content Analysis is broadly defined as a range of activities involved with 'objectively and systematically' analysing a communication, in this case, a group and one on one communication.

## THE NATURAL FAMILY AND RESIDENTIAL CARE

There is no simple recipe for conducting a content analysis. Each case presents unique problems and solutions. However there are certain prerequisites for an adequate content analysis:

1. theory
2. specific questions
3. categories which arise from the above

In this study the analysis is based on 'meaning or theme' and an attempt has been made to methodically make sense of qualitative data in as objective a manner as possible. Electronically Recorded data, notes taken, and memory recall of interview process, were used to track the themes. A Theme is defined here as an idea or topic expanded in a discourse or discussion; a unifying idea, image or motif repeated or developed throughout a discussion (The Collins English Dictionary, 1986).

Any feeling/emotion or idea, expressed and fitting the above definition was noted. Similar themes or ideas were grouped together into categories. In this way themes/meanings were extracted from the data. This process was carried out for each category of research question, and labelled as Emergent Themes. The results of the group and individual interviews are combined.

### EMERGENT THEMES FORMULATION

#### SECTION 1B

The first question was to determine what the parents think about their experiences of having a child placed into residential care at a specific Children's Home, and the nature of the impact of the placement for the parents.

## THE NATURAL FAMILY AND RESIDENTIAL CARE

TABLE: 5 THEMATIC CATEGORIES

- |  |   |
|--|---|
| 1. ANGER<br>RAGE<br>LOSS                             | * The placement generated anger and rage<br>* Hated the system.<br>* Angry at the judicial system.<br>Angry at the Home for<br>accepting my children. Angry at the<br>agency (community based agency).<br>* There was a general sense of Loss |
| 2. DISEMPOWERMENT<br>HOPELESSNESS<br>LOSS OF CONTROL | * The placement resulted in feelings of<br>hopelessness and loss of control.<br>* A sense of being excluded and<br>disempowered.  |
| 3. ALIENATING<br>DEHUMANISING<br>UNFIT               | * There was a feeling of alienation<br>* Felt less than human.<br>* Unfit parent. Not worthy of having the<br>responsibility of a parent.   |
| 4. SHAME<br>FAILURE<br>LOSS OF STATUS                | * Ashamed. Embarrassment. Self hate.<br>* The placement led to feelings of shame<br>* Loss and loss of Parental Status<br>* There was a sense of failure  |

### EMERGENT THEMES FORMULATION

#### SECTION 2B

The second question was to determine wherein, from the subjective perspective of the parents who are actively participating and involved in a residential parent program, lies the benefit of incorporation and participation in a parent program, if there is one?

## THE NATURAL FAMILY AND RESIDENTIAL CHILD CARE

TABLE: 6 THEMATIC CATEGORIES

- |  |   |
|--|---|
| 1. BELONGING<br>INVOLVED<br>PARTICIPATING                  | * Provides involvement and participation<br>* Feel more a part of things<br>* Less isolated<br>* Participating and involved<br>* Sense of belonging to a family<br>* Provides support |
| 2. SELF CONFIDENCE<br>SELF ESTEEM<br>COMPETENCE<br>RESPECT | * Stronger and competent. Have a voice<br>* Being accepted not rejected<br>* Feeling good about Self<br>* Able to resolve problems<br>* Getting help and support                      |
| 3. BEING HEARD<br>EMPOWERS                                 | * Gives a sense of being heard<br>* Gives access to information<br>* Empowers<br>* A sense of being able to change things   |
| 4. ACTUALISATION   | * Sense of Self growth<br>* Better sense of Self<br>* Able to grow<br>* Achieve my goals  |

### EMERGENT THEMES FORMULATION

#### SECTION 3:

The third question was to determine the reasons, if any, given by parents for participating/not participating in the service offered at the Home and thus gaining a greater insight into the need structure and problems of the parents.

## THE NATURAL FAMILY AND RESIDENTIAL CARE

TABLE: 7 THEMATIC CATEGORIES

- |                           |   |
|---------------------------|---|
| 1. BELONGING              | <ul style="list-style-type: none"><li>* To be a part of child's life</li><li>* To get children back</li><li>* To have a sense of belonging</li><li>* To feel less strange and alien.</li><li>* Speak to others in similar situation.</li></ul>                |
| 2. GUIDANCE               | <ul style="list-style-type: none"><li>* To get advice and guidance from professionals</li><li>* To learn from others</li><li>* Problem solve</li><li>* Direction for growth</li><li>* To get children back.</li></ul>   |
| 3. SUPPORT                | <ul style="list-style-type: none"><li>* Not alone. Support of one parent for another.</li><li>* Providing mutual support.</li><li>* The opportunity to talk. To speak with others.</li><li>* Find out how others coped.</li><li>* To feel supported</li></ul> |
| 4. SELF RESPECT<br>ESTEEM | <ul style="list-style-type: none"><li>* Provides self respect</li><li>* To be seen as competent</li><li>* To feel good about Self</li><li>* To feel respected</li></ul>   |

### EMERGENT THEMES FORMULATION

#### SECTION 4:

The fourth question was to determine how the parents think about their experiences of the removal-admission-placement currently while participating in a residential parents program at this Home.

## THE NATURAL FAMILY AND RESIDENTIAL CARE

TABLE: 8 THEMATIC CATEGORIES

- |  |   |
|--|---|
| 1. POSITIVE<br>IMPROVED<br>CHANGED<br>GRATEFUL<br>RELIEVED | * Feelings are more positive<br>* An improved attitude<br>* Like a changed person<br>* A light at the end of the tunnel.<br>* Feeling of working more alongside the Home.<br>* Grateful to the system.<br>* Relieved of pressure. |
| 2. USEFUL<br>ACTIVE  | * Feel more useful<br>* Can work with the system.<br>* More involved<br>* Actively doing something<br>* A sense of success.   |
| 3. STRONGER<br>UNITED<br>LESS ISOLATED                     | * Feeling stronger and supported<br>* Able to accept what happened<br>* No longer angry and isolated<br>* Realisation that the system is not a closed door.   |
| 4. ACCEPTANCE<br>BELONGING<br>COOPERATION                  | * Sense of belonging<br>* Working together<br>* Being accepted  |

### EMERGENT THEMES FORMULATION

#### SECTION 5:

The fifth question was to determine what changes to the management of the parents and the parent program could be introduced at this Home so as to improve the overall benefit for the parents.

## THE NATURAL FAMILY AND RESIDENTIAL CARE

TABLE: 9 THEMATIC CATEGORIES

- |   |  |
|---|--|
| 1. COMMUNICATION<br>FEEDBACK<br>DISCUSSION        | <ul style="list-style-type: none"><li>* Improve communication between parents and staff</li><li>* More frequent feedback on child's progress</li><li>* Parent should know the child's care worker.</li><li>* Parent and care worker must get along.</li><li>* Positive feedback.</li></ul>                 |
| 2. INVOLVEMENT<br>DECISION MAKING<br>CONSULTATION | <ul style="list-style-type: none"><li>* More involved in child's schooling</li><li>* More involved in child's daily routine</li><li>* Greater involvement in the Home's activities</li><li>* More involved in decision making regarding child's management</li><li>* Greater consultation needed</li></ul> |
| 3. CONTACT  | <ul style="list-style-type: none"><li>* More contact between parents</li><li>* Continual feedback on your children, progress etc.</li></ul>  |
| 4. EMPOWERMENT                                    | <ul style="list-style-type: none"><li>* Parents should be empowered more</li><li>* Parents need positive assertions.</li></ul>   |

### VALIDITY AND RELIABILITY OF RESULTS

The sample used in this study does not meet the criteria for externalising or generalising the results. External validity is not achieved. The internal sampling method may have more validity as the sample chosen constitutes approximately 50% of the current total population of parents at this Home. However, the sample was chosen on the basis of parents whose children had been admitted during a

## THE NATURAL FAMILY AND RESIDENTIAL CARE

specified period of time (batch sampling in reverse?) Convenience sampling (non-probability) was used and makes no pretense of being representative of a population. The writer used the sample units as they were presented. No attempt was made to control bias.

The selection of the group and individual interviewees also involved non-probability sampling. The interviewees were selected by convenience from the original sample of 12. The interviews were conducted in both a group and individual context, and thus the role of interpersonal dynamics and processes have impacted on the methodology of the content analysis. In the group, dominant members were more verbal and able to express their ideas more frequently and vociferously. The group processes impeded the ability of the researcher to conduct the interview in the manner intended. The following unintended consequences arose in the Group context:

1. Not all the scheduled questions could be asked. However the broad categories were addressed, but more specific sub questions were missed.
2. The interview was less structured than intended.
3. The method of data analysis was altered somewhat, in that the intention had been to conduct a content analysis that would result in the formulation of emergent categories that could be weighted and then placed in logical order in terms of the frequency weighting.

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The test scales have internal validity but external validity is limited due to the nature of the sampling methodology. The validity of the results from the Impact of Event scale is possibly compromised by the fact that respondents were asked to recall their feelings and emotions, on average 12 months after the impact.

Historical and maturational factors came into play. Further implications are that the scale may not have measured the actual impact of the event for the parents, but rather their subjective recall of how they experienced the event, influenced by current and historical factors.

The Need structure scale required respondents to express more current experiences and was less vulnerable to distortions of retrospective evaluation, while the interview schedules were prone to error as well, in that possible factors affecting internal validity were:

Historical factors, or forces that occurred overtime distorting the data; maturational factors such as psychological changes in the person that have occurred overtime; experimental effect, in that a response may be a reflection of socially desirable responses that do not reflect true feelings or opinions.

Instrumentation problems may have been present in that questions may not have been presented in a standardised way or the questions may have lacked face validity and failed to measure the concepts targeted. Experimental mortality, specifically applicable to the group survey, may have influenced the results in that not all participants responded to questions thus affecting representativeness of the group sample.

## VI. DISCUSSION OF RESULTS

### EXTRAPOLATION AND INTEGRATION

This study was essentially about control and empowerment. The very act of participating in a research project for the respondents was affirming, and yet paradoxically highlighted underlying feelings of disempowerment. This dynamic was a dominant theme in the interviews. Throughout the group and individual interviews this particular configuration of respondents brought specific and context "peculiar" themes and issues into the process: Loss and Stigma, Trust, Control issues, Anger, Humiliation and shame.

Some central underlying themes that were carried throughout the group and individual interview process emerged:

- \* Disempowerment/Loss of Control
- \* Rage/Anger
- \* Humiliation/Shame

The findings in relation to question one (A), the impact of the statutory removal on the parents, indicated that the sample of respondents experienced the placement as very stressful (Average=44.7 for total scale). On the intrusiveness subscale there was less dispersion/spread of scores (Standard deviation=3.92) than on the avoidance subscale (Standard deviation=5.66) which suggests that the respondents were more congruent in their responses to the intrusiveness subscale with a greater degree of agreement.

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The results indicate that the hypothesis that the respondents would experience the removal and placement of their child/children at the Home, as significantly traumatic and stressful, is valid. The data indicates that the sample responded with typical stress reactions including experiencing the event as emotionally and psychologically intrusive: 91% or 11 of the respondents, often/sometimes had strong feelings about the placement; and would utilise avoidance mechanisms to deal with the trauma: 91% or 11 respondents often avoided getting upset.

The sample in this study presented with symptoms that met the diagnostic criteria according to the DSM IIIR, for a diagnosis of Posttraumatic stress:

A. Existence of a recognisable stressor that would evoke significant symptoms of distress in almost anyone.

- In this case the forced removal-seperation of child/ren and parents through statutory means is defined as a stressor/traumatic event with an active shaming component which would cause symptoms of distress in almost anyone.

B. Reexperiencing of the trauma as evidenced by:

1) Recurrent and intrusive recollections of the trauma/event:

- 91% of the sample thought about the placement of their child at the Home when they did not mean to.

2) Recurrent dreams of the event or sleep disturbance:

- 50% had dreams about the placement of their child often or at least some of the time.

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- 75% had trouble sleeping.

3) Sudden acting or feeling as if the traumatic event were reoccurring, because of an association with an environmental or ideational stimulus:

- 100% of the sample got upset when thinking about or were reminded of the placement.

- 75% of the sample often tried to remove the experience of the placement from memory by not thinking about it.

- 91% were often reminded about the event.

- 100% often found that any reminder brought back feelings about the placement.

C. Numbing of responsiveness to or reduced involvement with the external world, beginning sometime after the trauma as shown by:

1) Constricted affect:

- 91% avoided getting upset about the event (restricting of affect)

D. At least two symptoms that were not present before the trauma:

1) Sleep disturbance

- 75% of the sample often or sometimes had trouble falling asleep or staying asleep, because of pictures or thoughts that came into mind regarding the placement.

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2) Avoidance of activities that arouse recollection of the traumatic event

- 75% of the sample often stayed away from reminders of the event and avoided talking about it.

The findings of the IES appear to confirm that on average the respondents experienced a traumatic stress reaction and scored significantly high (X=44.7).

The descriptive interview data of section one (B) explored the dimensions of the trauma and stress reaction and added depth to the above findings.

### ANGER AND LOSS

The most frequent comments in the group and individual interviews referred to anger, rage and loss. Reference was made to the sense of isolation and disempowerment. Comments made by respondents included:

*I think it was anger...sense of anger...Not just anger, but almost rage. It was like a nightmare...I felt hopeless, out of control. Depressed and really angry..*

The following comment captures the intensity of the response:

*I hated the system. I was angry at the judicial system, angry at the Home for accepting my children. I was angry at the removing agency. I was carrying all the blame. I was angry at my family for not helping me....I felt anger...It was sore, for a long long time. That feeling of anger was so powerful....I took that anger out on myself...I wanted to hurt myself....I was no longer a parent with regards to*

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*decision making. it was removed. the power of being able to see them when I wanted to see them....(the children)*

Comments reflected the sense of helplessness experienced in the face of the removal, the loss of control engendered, and a sense of alienation from others. Conceptualising anger as a defence against intolerable underlying feelings, Morrison (1989) indicates that the anger serves the purpose of projecting the intolerable feelings outwards, ridding the Self of affects that are too powerful to tolerate and contain. Affects of helplessness, disempowerment and exclusion are defended against.

### DISEMPOWERMENT AND EXCLUSION

The removal of the child from the parent left the respondents feeling helpless and hopeless. Deep seated feelings of loss, impotence and uselessness seemed to dominate. There was a subjective loss of physical energy, sexual desire, and social potency, powerful indicators of disempowerment:

*I felt impotent...my sexual desire was gone...my desire for the pleasures in life...I no longer felt competent to do my job. I asked myself how I could possibly advise others..make sales...*

A further theme that emerged was that of non-involvement. Respondents felt that they were no longer centrally involved in the life of their children. There was a sense that the Home and staff took on all the responsibility and made all the decisions without consulting the parents. This added to the sense of helplessness and disempowerment.

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There was a sense of exclusion and invisibility:

*.....like I didn't really exist...a shadow, invisible...*

This experience of invisibility and insubstantiality has significant ramifications for the Self. It was experienced as insulting and degrading and interpreted as simply an extension of the basic assumptions made about the respondents as 'useless', 'failures', 'incompetents', 'unfit', 'not to be trusted. The affects that lie hidden behind these experiences are worthy of considerable exploration (see discussion on shame).

The Home was also seen as being allied with the Child Protection Agency and as an extension of the Children's Court:

*...parents have been declared unfit...it is stated in court that the parents are unfit...it is a term that we all object to...the children's home is an extension of the court....I want to be involved with my child I do not want to be excluded...the old system has run along merrily, the parents have been excluded they have not been consulted...*

This sense of exclusion, degradation and disempowerment was a powerful theme:

*...but like an insult. Absolute disregard..insulting and rude. I was never really consulted.... kind of like this invisible person. I was told what to do, how to do it and when. Decisions were made about my child...my children, and I was not told, not asked, not consulted. Sometimes I was*

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*not informed until long after the fact. To try to get information, to try to be involved...there was no space, no neutral people..who could I turn (sic.)...everyone seemed to work against me...*

### ALIENATION AND THE FAILED SELF

Closely associated with the affects of helplessness and disempowerment, was a sense of alienation and distancing from the children, coupled with guilt and of having failed as a parent. The themes indicated that there was a sense of losing control and responsibility over the children. It was experienced as a loss of parenthood, a sudden severing of responsibility. There was also this feeling of damage to the Self, a deep alienation of Self:

*I Felt less than human. Extremely stressful. From a relationship point of view it was very stressful. There was no physical or sexual desire. Loss of desire to carry on. It's useless. Just take a back pack and just leave. These were the thoughts and emotions. That feeling of anger was so powerful...it dominated, controlled everyone's being...I took that anger out on myself...*

This sense of alienation when the Self is exposed to abnormally traumatic events, can be understood in a number of ways. For certain individuals there may be experiences either of fragmentation, disintegration and loss of cohesion, or of inner emptiness and self depletion. Kohut's (1977) reference to 'disintegration anxiety' signaling an impending threat to cohesiveness of the sense of Self, and to 'depletion anxiety', signaling a sense of self depletion, is useful in understanding the subjective experience of alienation and Self injury (:104):

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*It killed me..this, like I fell apart. this deep empty feeling inside. I needed to ask who am I...this like feeling of...shattering..into pieces...I...could I ever put it together again, my life and everything...*

Keeping in mind that the distinction between fragmentation/disintegration and depletion is at best a tenuous one (Morrison, 1989), a sense of Self-fragmentation can refer also to a 'sense of Self-depletion, an empty depression', subjectively experienced as a 'shattering into pieces. The manner of expression is dictated by the existing condition of the Self, and the nature of the stresser, as well as other factors, ranging from the organic to the social and cultural (Morrison, 1989).

A Self that is already more differentiated and developmentally more cohesive with a greater capacity for structuralisation and Self-object idealisation is less likely to fragment in the form of a shattering, into psychosis. A more likely response is a sense of depletion, helplessness, depression, high anxiety levels, despair, lethargy, mixed with expressions of rage, anger and shame. Such reactions can be experienced by almost anyone under conditions of high levels of stress induced by a powerful self trauma (Morrison, 1989):

*.....empty inside...I think this feeling of being helpless I wanted to hurt myself. I did not know if there was a light at the end of the tunnel. At times there was this feeling of anger...a fire burning...mostly a deep kind of emptiness...I thought I would fall into it....*

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In his work with parents of 'removed children' this writer has observed that the responses by parents to the removal of their child has indicated the presence of deep seated humiliation and shame that is often defended against by rage reactions and/or a depressive response. Very often these responses could be confused with the premorbid state. The parent could then be labelled violent, aggressive, or depressive, and disinterested, apathetic and incompetent.

On closer examination the response to the removal has resulted in these parents appearing depleted, as if they have lost their vitality, their sense of meaning, and are filled with disappointment and rage, and upon closer examination, deep sadness behind which lies a fundamental underpinning of humiliation and shame.

They do not externalise their rage to the same extent as does the 'narcissist', nor do they fragment into 'empty nothingness'. Rather, their responses, as indicated in this study, are in the form of a traumatic stress reaction with depressive qualities or overtones:

*I lost everything....stripped bare...There was no reason to go on...nothing to really work for....I think I felt really empty at times....it was deeper than just being sad...it was like a ripping apart and no way to put it back together, no end in sight...a heavy feeling....*

Depression, according to Morrison (1989:128) has often been seen as a primary emotion, an experience and symptom that needs no further reduction. However, depression may also function as a defense. In this case depression (reference is made here to reactive depression, and not a clinical or major/endogenous depression) conceals intolerable feelings

of failure, inferiority and helplessness (affects expressed both in the group and individual interview context). It may thus hide the more loathsome experiences of self-defect that generate underlying shame (Morrison, 1989). It is only in exploring the symptoms of traumatic stress reactions at deeper subjective levels, that the underlying and central affect of shame is exposed.

### SELF SHAME

Morrison (1989:196) indicates that the 'language of shame' is not always direct or clear. Shame presents in various ways, often very subtly. A person may speak of feeling 'foolish, ridiculous, pathetic, insignificant, invisible or worthless'. It is thus important to become familiar with this language of shame in order to recognise and probe for underlying shame feelings and experiences.

In exploring the anger and alienation reactions further, it appeared as if behind these feelings lay a strong sense of failure, humiliation and shame:

*...humiliated before everyone..this feeling of being placed into a position of embarrassment...I would say to others my child is at boarding school. How could I say my child was taken away from me...it was really embarrassing...I still feel this sometimes.....I was made to feel such a failure....I couldn't look anyone in the face....*

The process of having a child placed at the Home induced a sense of shame. Shame as a powerful affect has traditionally received limited attention within the psychological literature (Morrison, 1989). Currently, this emotional response or psychic state is receiving more prominence.

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Readings around this theme, past and recent ( Piers and Singer, 1953; Lynd, 1958; Schneider, 1977; Morrison, 1983 and 1989; Miller, 1985 ) all reflect the powerful influence that shame has on the sense of Self and behaviour. For the respondents in this sample shame was closely linked to feelings of humiliation, self disgust, and guilt:

*I felt very guilty, ashamed... I was being made to feel this... very guilty, it was all my fault. There was a lot of anger. Anger from the children to us... Anger to the social workers for taking them away... anger for myself... I hated myself sometimes..*

The anger shadowed the sense of losing control, being disempowered, and humiliated. In this sense the anger, like the depressive characteristics, served a defensive purpose and were not necessarily mutually exclusive (Morrison, 1989):

*The terminology to me, ...removal means by physical force, we are taking away your children.....like we were pieces of dirt, that we were not really and truly human beings...sitting there being told that you are an unfit parent...that I was not worthy of having the responsibility of a parent...they stripped me of everything...they stripped me completely bare. I was stripped literally bare to the bone....I was empty...embarrassment, hatred...for others and for myself....I would say ashamed....*

This experience of the removal as traumatic with an active shaming or humiliating component emerged very clearly in the interviews as a powerful force impacting on the sense of the Self:

*I am useless, I am rubbish, I am not worthy of being*

*around. I am the cause of the whole thing. I have done nothing but destroy them (the children).*

This links to Morrison's contention (1989) that the language of shame is not always direct and clear. As discussed earlier, traumatic stress with a shaming component and its impact on the Self can result in a wide variety of affects and feelings. Of interest here are the anger and rage responses, depression and shame, as a result of a perceived 'blow to the integrity of the Self'.

Morrison (1989) is convinced of the strong relationship between expressions of rage and an underlying affect of shame and humiliation. The shame reflects a sense of failure and inadequacy so intolerable that it leads to a 'flailing out, an attempt to rid the Self of the despised subjective experience'. Morrison's (1989) implication that shame has a powerful role to play in generating anger and rage appears relevant to this study:

*I was enraged..I felt such hatred, directed at the social workers, the Home...in the end I hated myself..I felt self destructive..such humiliation and shame....I think it came from this, the rage..or hate...from this sense..kind of sensing that I, or we failed...it is..was a deep feeling, like from somewhere inside me...*

It is possible that shame may be expressed by externalisation or projected defenses against the experience - anger and rage, contempt or envy - or by depression, the turning of anger/rage inwards. Shame itself may be hidden, while at the same time it functions as a central concern and experience that must be identified and explored frequently before effective interventions can take place (Morrison, 1989:197).

THE UNFIT SELF

An experience of active shaming (being declared an unfit parent and having your child forcibly removed) can lead to feelings of inadequacy, inferiority and unlovability. Feelings of shame, in this sense, arise out of a psychosocial context, with considerable intrapsychic ramifications.

Shame in this context is a reflection of feelings about the whole self in failure, as inferior in competition or in comparison with others, as inadequate and defective (Morrison, 1989):

*...that I was not worthy of having the responsibility of a parent...they stripped me of everything... Everyone I looked at who had kids I hated....what made them different...I was obviously not good enough....*

As such, shame relates to low self-esteem, psychological and emotional insecurity (or vulnerability) a lack of a sense of belonging (thus being outcast for not being good enough) and a sense of not being able to actualise the Self. Deep helplessness and vulnerability are thus very present. This framing of shame within the context of object relatedness or social relations/interpersonal relationships, highlights the connectedness of the inner Self to the object world.

It introduces the inevitable need and quest for selfobject attunement and empathy- aspects of the selfobject functions discussed earlier- to foster a subjective sense of well being (Morrison, 1989:84:adapted).

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Shame experiences, specifically in the context of statutory removals, probably occur when selfobject relatedness is ruptured or unavailable (the social system, social context and relationships within, no longer mirror positive or affirming 'Good Enough' Self experiences) forcing the person to face the shortcomings of a flawed Self to meet its own perfectionistic expectations and ideals (Morrison, 1989:84:adapted).

Rupture in selfobject relatedness can lead to impaired functioning, uncomfortable and intense affects of a negative character, tension, disequilibrium and a loss of self-cohesion (Morrison, 1989). It is this writer's contention that the parents in this study exposed to a statutory removal experience an abrupt loss of positive self mirroring, and a disruption in positive and self fulfilling selfobject relations.

The removal of the child often results in the breakdown of numerous social relationships and the cessation of positive modes of social feedback. Indeed, the nature of the social feedback following a statutory removal is most frequently negative, punitive, judgemental and blaming.

More specifically, the parents in such a context are 'invaded' by intrusive, often punitive, social agents who deliver a value judgement regarding the total Self of the parent. From the parents perspective there is a convergence of professionals who question their parental abilities, their worth as human beings, and effectively 'name and blame' the parents. In such a context there is very little positive and affirming Selfobject mirroring:

*...when your children come to the Home parents are disempowered...every system that child is going to come*

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*into contact with will report back to the institution rather than to the parents....parents have been declared unfit...it is stated in court that the parents are unfit...it is a term that we all object to...the children's home is an extension of the court...*

There is thus probably a great need amongst such parents to renew or reestablish positive and self fulfilling selfobject relationships as quickly as possible to restore inner equilibrium:

*....present our feelings and emotions and if other Homes can hear us and see us...getting together with other Homes and have a parents institutional body and get together and be powerful, be strong...this is a beginning....I believe that us being able to be open and talk....could draw other parents into a network...they are not going to feel so disempowered...they are going to be informed...I am starting to feel better.....parents can smile...they can laugh together... they have a strength amongst them....*

### LOSS OF PARENTAL STATUS

The labelling of parents as unfit results in a change of socio-legal status. The role of the parent is undermined and brought to an abrupt end. There was a sense of exclusion:

*"I was no longer a parent. I was excluded and prevented from participation in my child's life. I was an unfit parent..humiliated and ashamed...very angry and always expecting rejection from the professionals. my own family.. The professionals..they take away your child..then they*

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*tell you to stand at the door...your just a number..and they tell you that now 'your child is in our care'...this hurts...you can't get inside...you must stand outside and watch...*

This loss of status appears to give rise to a sense of alienation and intense failure. A blow to the sense of self, to personhood; a sense of being unsupported and excluded:

*I am a failure...I have let my kids down. my family...how can my children ever forgive me...how can I ever undo this..my kids can never trust me again, I can't protect them...*

This was an emotive issue for the respondents. They experienced a change in their social status. They sensed strongly a loss of their roles and functions as parents. The theme of exclusion came through very strongly. There was a sense of being replaced by the child care workers; of being displaced as parents; of losing their roles and rights in relation to their children.

There was a lot of anger about the terminology of the Child Care Act, regarding section 14(4)(b). This controversial section effectively 'Names and Blames' parents as unfit, inadequate or unable to parent:

*..I was not a father...I was so angry at the professionals...called an unfit parent..I was not worthy anymore to be a parent...I felt useless....I felt like I lost everything....they (the professionals) could not even trust me to see my children unsupervised. What was I? An animal...dirt...certainly not a parent in the eyes of (the professionals and the Children's Court)...*

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The hypothesis that the experiences of the parents will be characterised by a posttraumatic stress reaction with strong underlying feelings of shame and humiliation related to the placement, is supported.

The findings that emerged in response to question two (A and B), regarding the needs of these specific parents and their experiences of participating in a residential parents program, indicate that the respondents pattern of need could be described in terms of Self Esteem, Social Belonging, Safety and Security and Self Actualisation. The mean scores for all four subscales did not vary significantly from each other ( $X=34.32$ ), and therefore did not reveal much information, other than that all four needs were rated highly in terms of the scale.

The summary statistic of the mean was insufficient for analysing the results. Thus what was needed was a statistic that would give an indication of the variability or spread in the data (Robson, 1990). An examination of standard deviations suggested that there was greater congruency in response pattern for the Self esteem subscale than on the other subscales.

In other words there was less spread in response to the Self Esteem subscale (standard deviation=3.06). There was greater agreement amongst respondents that Self esteem is a significant need. There is support for the hypothesis that the Placement induces a high need level for self esteem.

The four needs listed here should not be seen as separate and mutually exclusive, but as linked and interrelated. Each need is likely to be interdependent. A sense of social belonging is not likely to evolve if there is a poor sense of self esteem. A context that is emotionally and psychologically insecure and unsafe cannot engender or

encourage self actualisation.

### SAFETY AND SECURITY

Nine (75%) respondents indicated that the Parent Program should satisfy their individual and family needs, while ten (83%) respondents indicated that the program should allow their performance to be judged directly in terms of how well they meet the objectives to have their child/ren returned to them. Seven (58%) respondents thought that the Parent Program should provide the basic skills they need to be of help to their child/ren, while nine (75%) respondents indicated that the Parents Program should afford them a sense of emotional security and well being:

*...more involvement...so that I get to feel I have some power and control over my life.....together we can be strong and powerful..more secure...there is a sense of safety in this...alone just a little cog, but together a strong voice... being able to express our emotions is important...*

**Safety and security** needs refer to the need for a stable, structured and predictable environment. The results suggest that the psychoemotional need for consistency, for a sense of inner and outer safety, is a component for the restoration of Self integrity and integration, for self growth in a healthy way.

Ongoing or transient experiences of danger and insecurity can undermine the functioning of the Self:

*I felt as though at first I was left stranded... From a relationship point of view it was very stressful..when you exclude the parents they are going to fear. be very*

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*fearful. It's a one sided thing. The program...it became more user-friendly...At first I mostly felt left out and alone..probably partly my fault..I was afraid..scared...I never knew what was going to happen....*

### SELF ESTEEM AND SOCIAL BELONGING

Seven (58%) respondents indicated that the Parents Program should instill pride in them as well as winning the respect of others, while ten (83%) indicated that the program should provide opportunities to demonstrate competence as a person and a parent. Nine (75%) respondents thought that the Program should allow for fairly rapid return of their child/ren based on their achievements. Eleven (91%) respondents felt that the Parent Program should provide them with sufficient time to develop themselves into a position so that their child/ren can come home.

Eight (66%) respondents indicated that the Program could provide some form of tangible recognition and rewards for the progress they make. The parent program should be empowering and uniting. It should give a common voice to the parents. Respondents also indicated that the Parents Program should contribute towards allowing them to avoid disagreements and conflicts with the staff at the Home. Although this was not the most important aspect, nine (75%) respondents felt that the Parents program must foster a good sense of camaraderie between parents and parents and parents and staff. Twelve (100%) respondents thought that the Parents Program should provide against becoming isolated and disempowered, while eleven (91%) thought that the Program could help them avoid becoming isolated.

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The program as a whole should provide involvement for the parents and to give a sense of participation, inclusion and co-operation. In terms of self esteem issues it should serve to improve the parents sense of well being and acceptance on more equal terms with the Home. It should serve to introduce a more equitable relationship:

*..only here, through this (program) could I get a sense of being of some worth..it was like being valued enough to be a part of things...it's not all great. I mean things could be better, but at least I feel I am in from the cold...I don't stand on the doorstep anymore...I think also the staff know me more as a person..I get contact, visibility, I am seen and I can prove my worth, my self..*

*I can parent, be seen to be more than just an observer, a number...we are concerned parents trying to reconstruct our children's lives..now, being informed is like being empowered..*

As discussed earlier, Kohut (1977) postulates three basic needs of the Self (Mirroring, Idealising and Twinship) which can be related to the developmental needs of the Self. These needs are fulfilled through others who take on the role of a self object, within the Self object transference which meets certain needs for an individual which the individual cannot provide for him/herself (Kohut, 1971).

**Mirroring** needs of the Self for approving and empathic self objects are linked to the basic developmental requirements for love, acceptance and affirmation which is met by others who provide confirmation and approval, and thus an essential basis for **self esteem**. Through recognition, affirmation and praise, self esteem is built:

*... they (parents) dont look down on me... they are there*

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*for me I am there for them...it is okay to be me...who I am....now I feel accepted by staff....it feels good...there is a better sense of understanding. like a feeling of...being understood so it's not so alone...kind of acknowledgement that I can be a good parent...*

**Idealising** needs of the Self for admiration and respect and to connect with self objects that represent or possess ideal qualities that the subject lacks can be related to the developmental needs for merging, uniting or belonging; merging through closeness with others through calming, non-possessive relationships. In the study context it appears as if the professionals, social work/childcare practitioners, have an important role to play in meeting these needs and facilitating the need that these parents have for merging with a strong, wise, good selfobject, and which can express itself in admiration for the self object.

Through this connecting and merging with the self object a basis for interpersonal and social belonging is constructed, which is an integral component of helping and healing (Kohut, 1971; 1977;1984:adapted):

*..I am able to relate quite openly to staff. .. in this way earning respect...they are in charge and....professionals and know what they are doing...in this way they teach a lot...so I can learn..you have to be able to have a mentor..to guide you...kind of look up to, like knowing this person is able to help you...I would say being a mentor...you feel connected...*

*I think you get to know (staff) and respect them...you get to feel close at times...feel like I am able to be involved as much I want or as little as I want....can connect with some staff...you feel stronger...*

The need for self esteem and belonging can also be expressed through a seeking out of commonalties with others in order to achieve a sense of connectedness, being a part of a self sustaining relational context, especially following a trauma that leaves a sense of alienation and self damage. In this respect, other parents, who have experienced a similar trauma become significant selfobjects.

At the same time the need for self esteem through the development of abilities, talents, skills, competency and confidence and to practice these skills in a relational context, is also met:

*...given me a sense of family, people who went through the same thing they don't reject me, you share a lot...this is important...we have all been through this thing... similar experiences is important...puts us together...you kind of see yourself too...you can relate on various levels with these people (parents), and unknowingly they can unlock a door, resolve the problem. The (parent) program has actually brought me closer to the system, I changed, grew..got a sense of who I am, sense of confidence, they empowered me, made me feel good, useful...*

The need to have commonalties ('seeing yourself') with a Self object which can express itself as adopting similar modes of dress, linguistic expression and opinions can be met through relationships and fulfills the needs for self esteem and belonging. Twinship or closeness can be linked to the developmental need for experiencing an essential likeness with another or others (Wolf, 1988:adapted), in order to achieve this sense of connectedness, being a part of a self sustaining relational context.

Recognition of having abilities and skills and demonstrating this for staff, and their children, appeared to be an important factor:

*...mostly being informed..just knowing and being able to participate...this is empowering...I felt good, really good...a kind of feeling like of being part....also exploring myself and growing by being able to prove to myself and others that I can change and be a parent to my children. be fit and competent...*

In this sense **self esteem** and **social belonging** or **belongingness** are linked and refer to the need to affiliate with others, to be accepted and to belong within a matrix of social and interpersonal relationships. Attached to this is the need for love and affection. The presence of these conditions (Kohut, 1977; Wolf, 1988; Morrison, 1989) contribute toward the growth of the Self. The loss of these conditions can result in damage to the Self.

**Esteem** needs impel the individual to seek approval and respect from others, to be competent and to achieve recognition. Esteem is vital in the process of developing Self-confidence, Self-respect and a healthy sense of the Self. Recognition, respect and approval from the social and interpersonal environment is vital for a healthy Self:

*...Not alone, support of one parent for another. Providing mutual support. Just talk, ask questions. Give mutual respect to each other. Gave the opportunity to talk, to speak with others...to feel less strange and alien...can speak to others in similar situation...find out how others coped.*

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There was a strong sense that the Parent Program provide a good context for participation and active involvement which can help parents achieve their goals. There was a need for the Parent Program to enable respondents to feel more a part of things. to provide an opportunity for getting problems sorted out and reducing feelings of isolation and experiences of being cut off. The respondents felt that through the Program they should know what was happening with their children and get to participate in their child's life:

*....helpful in trying to understand my child better and solve problems...parenting is not always easy...needing advice and help....feeling closer to my kids, like being involved....*

Involvement was an important need in the sense that it could provide an opportunity to demonstrate change, growth and progress:

*...am able to prove that basically the mishaps have been replaced by positive...I can confront (staff) and I don't have to be afraid, show that I can provide a continuous and consistent home environment..it (parent program) actually builds up your strength, makes you a stronger person.....very constructive, very positive.*

This need to express and demonstrate change, and to prove competency, can be related to the need for **Self actualisation**. The expression of potentials, capacities, skills and talents, and the ongoing striving for self integration, unity or synergy, can be conceptualised as a striving for continual growth, an expression of an innate need to self potentiate (Maslow, 1967:402).

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An inner locus of control that allows the Self to rise to assertive and adversarial opportunities without the loss of self sustaining vigour, energy and cohesiveness may be vital for integrating the Self after a trauma (Morrison, 1989:adapted).

A responsive/supportive social environment may be an important factor in promoting the development of this inner locus of control and thus in self actualisation.

An exploration of the needs essential for reestablishing Self cohesion and vitality is central to an understanding of the management of a traumatic impact on the Self. The need of the parents for a sense of involvement and active participation in the lives of their children is linked to their sense of Self, their esteem and their need for acceptance and social belonging.

A sense of having a voice and the subjective sense of being able to change things is a central theme that emerged. The opportunity to make changes and achieve personal growth is thus important. Without the opportunity for the expression of this aspect of the Self, the Self fails to manifest its potential, stagnates, deteriorates (Kohut, 1971:adapted).

The hypothesis that the need structure pattern of the parents will reflect a high level of concern with needs for self esteem and social belonging, safety and security and self actualisation is supported.

The data obtained from the third study question related to the reasons given by parents for participating in the service offered at the Home and indicated that they participated in part to be able to maintain contact with their children and to be a part of their child's life.

It was indicated that continuing to play a role as a parent was an important consideration in participating in the Program.

### BELONGING

It emerged that there was a sense of being part of something, feeling involved and belonging:

*....the only real way to get to be involved...*

The emergent themes suggested that respondents were able to see the value of the program in psychosocial terms: being a part of and belonging, feeling empowered and strong, feeling good:

*Right from the outset the parents should be involved. It should not mean that the parents should be precluded from the process. The parents need to be told what is on going with the children. The parents need to be asked how they are feeling. I made great strides from the point I started the [program]. Being able to relate to the staff, being able to approach staff. Being able to talk through problems, attend therapy....*

*...I want to be involved with my child I do not want to be excluded...the old system has run along merrily, the parents have been excluded they have not been consulted...those are the visiting times, you are a number your child is in our care.....parents can smile...they can laugh together... they have a strength amongst them....*

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The program provided a forum to express emotions, concerns and ideas. In this way the program addressed the need for social belonging. However, it would seem that it is the matrix of social relations and the quality of these relationships that was important in terms of what was provided for the Self.

### POSITIVE SELF OBJECT INTERACTIONS

The Program provided an opportunity for the exchange of information and for communication to flow and for positive selfobject experiences:

*...it has...given me respect and self respect..feeling like a human being...the support in therapy...the chance to change and grow...the parent program, like the parent group, therapy, family meetings, involved with my children ongoing.....being able to participate has helped a lot in feeling more part of things....I feel supported...part of what is happening, included...I think being able to approach staff and get things done which also helps me...feeling stronger and supported..I think this has been the parent program...*

The above comment would seem to confirm the idea that, simply put, every person requires certain optimal experiences in relation to significant others in the environment (Self objects). These can be defined as positive, nurturing, caring, consistent, predictable, self affirming, and satisfying, or in kohut's terms (1971), appropriately and positively Self mirroring, idealising and encouraging of twinship or connectedness/belonging.

The nature of the transferences within the relational context of the program was important in terms of the impact it had on the Self. In addition to the process, the content of the program and the opportunities provided to get advice and guidance from professionals and to learn from others as well as to problem solve and obtain direction for growth, were seen as important aspects in having the child/ren returned to parental custody. Support and guidance was an important consideration combined with a need to know what is going on with the children.

### EMPOWERMENT

Support of one parent for another and the opportunity to talk, to speak with other parents and find out how they coped seemed to be linked to the subjective sense of empowerment. The Parent Program offered the chance to feel empowered and a sense of belonging was engendered. This would seem to have implications for Self Esteem and Self Respect, for a healthy sense of Self. Respondents indicated that participation in the program provided a sense of self respect, to be seen as competent to feel good about Self and to feel respected.

The Program gave a sense of unity and strength to a disempowered group. The theme of having been excluded from participation and involvement with their children shortly after admission emerged strongly. It also appeared as if the respondents felt that through the program there had been a change in attitude from the staff and management:

*I never was asked my opinion. I was not involved in decisions about my child's schooling, behaviour or anything like this...A lot has changed..I think that the Program*

*kind of gets you involved....a lot has to do with staff attitude..from the top down...*

There was an indication that staff attitudes played an important role in how parents experienced themselves. Attitudes define the nature and quality of selfobject transference:

*I used to sit and hit my head on the table at parent meetings...I was so angry...mostly because the attitude was one of humiliation....I would say attitude...friendlier and more space to be a part.. the staff have changed...things are different now..*

This was an important observation by the respondents. in that a concerted effort was made to alter stereotyped perceptions and attitudes towards parents. This was undertaken in early 1993. The focus was shifted onto the role of the parents at the Home and developing parent involvement in residential programs at an increased level. However, it is also important to note that because the very process of admission was so traumatic, the perceptions of the parents may well have been distorted shortly after admissions, and that only through participation in the program was this altered. This may account for a sense that there was a change in staff attitude once parents participated in the program.

A change in staff attitudes is seen as important in altering parents experiences of selfobject relations:

*...mostly attitude, like .ah, ideas that get parents involved... more user-friendly..I think this is what we all felt...this thing made it different..at first I was afraid*

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In exploring this theme further there was an issue of coercion into participating and this added to the sense of disempowerment. Parental participation was then characterised by resistance, increased anger and powerful resentment. Some respondents indicated that if they had been 'invited to attend and participate' it is possible that their attitudes from the start may have been different. One respondent indicated that if:

*...I had been invited to participate I would have felt more encouraged to be a part...if it had been suggested that I should participate I may have felt less angry...*

The results of the responses to this question would appear to indicate parents participated in the parent program because it met the need for Self esteem, Social Belonging, Emotional Safety and Security, and Self Actualisation.

Question four indicated that there was a change in how the respondents experienced themselves, their child's placement at the Home and the Children's Home and staff.

### POSITIVE CHANGE

Respondents indicated that feelings were more positive, that there was an improved attitude, a feeling of working more alongside the Home:

*..more to do with a change in attitude of some staff...probably the parent group especially..just feeling useful...*

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There was also a sense that the initial feelings of 'rage', 'anger', 'self loathing', and 'disempowerment' had lifted and was no longer experienced as intensely:

*...before I became involved in meetings and counselling I felt isolated and unsupported by the Home..involvement is giving me respect..feeling like a human being...the support ...the chance to change and grow and being able to participate has helped a lot in feeling more part of things...not so much out there...*

This provided a sense of support and being involved. The involvement in the program led to a greater sense of 'being useful' and even competent. Respondents indicated that they felt more useful, could work with the system, were more involved and actively doing something. This seemed to provide a sense of success.

### STRENGTH FROM UNITY

There was a sense of feeling stronger and supported, and thus more able to accept what happened. Respondents did not feel so angry and isolated and were able to realise that the system was not a closed door.

In the process of involvement and participation the interpersonal and interactive aspects were of significance in the healing process. An understanding of this may be supported by the concept transference, defined here as the unconscious element in all relationships (Strean, 1978).

Within a Self psychology framework, transference includes what Kohut (1971:1977) describes as self-object transferences. As discussed earlier, these transferences are projected onto significant others in the environment (self-objects). If the three identified transference needs of the Self (See conceptual framework) are responded to, the Self experiences sustaining and energetic vigour and a facilitation of integrity and cohesion (Morrison, 1989:adapted).

Self objects, in this context certain professional staff at the Home and other supportive and affirming parents, serve as extensions of the Self, contributing to the reformation of a Self-structure. The implication is that restorative self object transferences are required to reconstruct and maintain a Self that is relatively cohesive, integrated and intact:

*"...so I feel supported...part of what is happening, included...being able to approach staff and get things done...feeling stronger and supported..I think this has been the parent program...feel closer to other parents and not so alone out there.*

As discussed earlier, the transference need includes the desire for someone who reflects empathy and approval; the need to idealise this other and to look up to them as models; and the need for twinship, representing the desire for active involvement, sharing activities and likeness with another. It would seem that for respondents these needs were met by the parent program, both through contact with other parents and with 'empathic staff'.

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Kohut (1977) emphasises the subjective aspects of relationships, focusing on what he sees as the struggle in all relationships for self-development, autonomy, and connectedness. Within a therapeutic context these subjective aspects are vital within a formula that seeks to remediate Self trauma:

*I feel very different as I see how much it (parent program) has helped me to change....I feel more at ease...stronger now...more a part of things.....therapy, counselling and support...the chance for self exploration...speaking to staff and seeing they are human and caring...approachable..*

Overall, the themes reflected a strong distinction between how parents felt prior to their participation in the Program, and how they felt at the point of admission and shortly thereafter:

*My feelings have changed 360 degrees...I see how I have been helped and helped myself..it was for the best... It is like a heavy burden is gone, you know like not having to be alone in this...*

*I was embarrassed and ashamed..I did not know what to tell people where my children were...I avoided the issue and could not really handle my feelings...very strong anger towards (staff) and also the stigma...really hurt...(now) I feel supported, cared about...much stronger...*

Five (41%) of the respondents, although indicating a change in attitude, also agreed with the sentiment expressed by one respondent:

*...I am not happy with the way things always run here...I get angry because staff don't listen...things don't always*

*get done....communication breaks down...staff don't always respect privacy....*

### EMPATHIC ACCEPTANCE

In responding to the question: 'If there has been a change in your attitude, what do you think has caused this change?', responses indicated that for many of the respondents a change in staff attitudes was an important factor:

*...some staff are more approachable so I feel more comfortable..some things are the same..*

*...feel staff are more approachable...this makes it easier to communicate..*

Kohut (1977) saw the restoration of the damaged Self in terms of the reorganisation of internal psychic structures that result from supportive relationships with empathic others (Baker and Baker, 1987). A sense of belonging and working together appears to provide for an experience of being accepted.

This is probably closely related to **supportive and empathic relationships** which are central for the development of a positive self-state characterised by a sense of wholeness, cohesiveness, internal stability, and vitality (Goldmeier and Fandetti 1991):

*....found that staff can really help...unlock doors and problem solve...staff are available...like listening and supporting....being there to help and really (understanding)*

In social work the concept of empathy is still very much used and indeed is central to practice and treatment, specifically in a clinical context. It is used to explain how well the social worker perceives the internal frame of reference of the client.

Kohut (1977) stresses the critical importance of empathy in relationships, both between parents/adults and children and between adults and adults. Empathy is strongly related by Kohut to personality formation and to treatment.

Repeated empathic feedback from significant others within the matrix of social relationships is fundamental to satisfy the need for admiration. Admiration, in turn, is necessary for the development of self esteem (Morrison, 1989).

The third hypothesis, that the parents will think of their experiences while participating in the parent program more positively, in contrast to their thinking at the point of admission of their child/children, was supported.

The results of the final study question, to determine what changes to the management of the parents and the parent program could be introduced at this Home, highlighted the role of communication.

#### COMMUNICATION FEEDBACK

Respondents indicated that clear and direct communication was an important component of the Program:

*...communication could improve...between parents and staff and staff and staff...it is not always clear..communication breakdowns sometimes...I think this could be better.....*

*more frequent feedback...informing parents more often about [a child's progress]...*

This theme reoccurred frequently in the interviews:

*...that was for me an indication that I was not part of the system. You need continual feedback on your children, progress... Important to be able to give and get feedback. Feedback on what my kids are doing on a social basis. school and sport...*

The need to know is clearly an important factor in helping these parents to have a sense of continued involvement, and participation. It could also be that this type of involvement encourages a sense of co-parenting and allows the parents a sense of continuity with their past roles and functions.

Involvement in the educational life of the children was highlighted as an important need:

*...school reports never arrive..I don't get a copy...I'm not involved enough here.....school events, like sport...I think I would like to be more involved here...Parent should be more involved with schooling of the child, like getting school reports. When my child came in to the Home I stopped getting reports from the school.*

Improving communication between parents and staff and more frequent feedback on child's progress were frequently mentioned. Positive feedback was indicated as vital for a sense of involvement and participation.

## INVOLVEMENT AND CONSULTATION

Respondents indicated that they wanted to be more involved in the child's schooling, daily routine, the Home's activities, and decision making regarding the child's management. It was indicated that greater consultation was needed. Exclusion from the daily life of the children was an area that respondents thought could be addressed:

*...more involved in daily routines...more involved in reconstructing our children's lives...monthly feedback...more telephonic feedback.*

When asked how they would like to be more involved some of the comments made were:

*.. attending school meetings... mostly to know how my child is progressing, and being more involved as a parent, discipline, responsibility.....I think being involved and getting more regular feedback... to get consulted and to know what is going on with my child more frequently..  
...to be informed more often.*

## CONTACT

Continual feedback on the children's progress was indicated as well as more contact between parents and parents. An important idea that emerged was that of parent mutual support for each other. There was a strong need for connecting with other parents and in that way meeting a need for empowerment and belonging through a unity of parents who share a similar experience:

*...parents should be able to get together...like a parents day.....empowering parents more...kind of like a parents*

*forum... to promote [parents] rights.....helping us to get to know each other. other parents...some of the other parents are like ships in the night...*

An interesting aspect of involvement emerged and was suggested by some of the parents:

*...attending suppers on [religious festivals] Sabbath...having the parents get together on important occasions.....helping us all to get involved more..*

### SUMMARY AND SYNTHESIS

Of interest here was the response of the Self, as a central psychological structure, to environmental trauma with a shaming component and associated traumatic stress reactions. The central questions related to the issues of self trauma, self esteem, safety and security, social belonging and self actualisation.

The statutory removal of a child from the custody of the natural parent is described by the respondents as a traumatic event with a strong shaming component that is likened to a 'blow to the Self' and was associated with loss of meaning and hope, and with a specific need structure pattern emerging that appears to play an important role in reconstituting and repairing the damaged self.

On the basis of the results, the impact on the Self can be conceptualised intrapsychically in terms of Self depletion. This injury to the Self was associated by the respondents with issues of loss, separation, loss of meaning and hope and powerful affects of rage underpinned by humiliation and shame.

The need structure pattern of the respondents indicated strong concerns with self esteem. emotional safety and security. social belonging and self actualisation. The symptoms expressed by the Self can be located for practical labelling purposes (nosology). within the Diagnostic and Statistical Manual of Mental Disorders IIIR (DSMIIIR) category of a Posttraumatic stress reaction or syndrome.

Shame was a central and important affect explored in this study. Describing the shame experienced by the majority of the respondents in this research context as 'a secondary reaction of the self' (Morrison, 1989:78:adapted) makes a distinction between a primary reaction of an undifferentiated self (a self with a primary structural deficit and severe psychopathology) and a secondary reaction of a relatively firmly established self to the experiences of life, a response that could be expressed by most anyone to a significant trauma that threatens the sense of self.

Given that the self aspires to be cohesive, independent, vigorous and embodying of certain (social) values and ideals, the statutory removal of the child from a parent could well be seen as threatening these aspirations. Thus the shame experienced by the respondents in this study to the statutory removal of their children may be a response to the failure to attain the ideal of parenthood and serves as a possible major precipitant of shame with the concomitant threat of abandonment or rejection by the significant other and the loss of selfobject transferences (Morrison, 1989:79).

This loss of positive and affirming selfobject relations following the statutory removal appears to have played an important role in the damage sustained. This writer is not assuming that prior to the removal the respondents had only experienced self sustaining interpersonal relationships. On the contrary, it may well be that the gradual erosion of such relationships, combined with the prodromal factors leading to the removal, contributed to the statutory removal.

However, on the basis of the results in this study, the respondents did experience a subjective loss of self sustaining interpersonal relations following the removal. This writer suggests that the selfobject relations lost were significant relationships with spouses, extended family, 'internal idealised parental imagos', and an idealised 'patchwork of social expectations' that constitutes the self's idealising needs.

Morrison (1989) suggests that shame experiences require a certain degree of self cohesion. In such a scenario shame is the hallmark of the defeated self in a state of depletion, the self that has fallen short of its goals.

It would be fair to say that the respondents in this research study perceive themselves as 'having fallen short of their goals' having failed as parents in the real and 'idealised sense'. The sense of depression, depletion, hopelessness and helplessness sets in when the fear of being inferior, or defective seems to come true, as in the case of the the respondents in this study (Morrison, 1989:81).

In such a situation the need for self affirming experiences is tantamount. The respondents in this study indicated a strong need for seeking out positive, affirming and empathic experiences in order to better deal with the 'severe blow to the self' as a result of the statutory removal of their children. Finding a space to belong in which Self needs would be mirrored and in which esteem needs could be met was important for these respondents.

The importance of this concept of Self within this study, lies within Kohut's definition of Self as 'the center of the individual's psychological universe', thereby promoting the concept of Self to a supraordinate status within the psychological apparatus (Kohut, 1977:311).

#### PRACTICAL RECOMMENDATIONS FOR A PARENT PROGRAM

A parent program that meets the needs of the parents should provide the following components:

##### EMOTIONAL SAFETY AND SECURITY NEEDS

These needs can be met through the provision of services that meet both the Individual and family needs for an environment/context that is stable, consistent, predictable, and familiar. It is therefore critical that the family is orientated to the Home, gets to know and understand what is expected, what the rules and regulations are and gets to meet the staff.

It is critical that the parents have a sense of receiving personal benefits, in the form of care, understanding, acceptance, and in a way that facilitates a sense of safety and security and therefore mutual trust.

Emotional security and well being is an important component for any parent if they are to have a sense of safety and trust within which to address their vulnerability, pain and fear.

### **SOCIAL BELONGING**

A sense of belonging is essential for a stable sense of self, a context in which there is the opportunity to feel part of a matrix of relationships that are meaningful, helpful and supportive. A healthy sense of Self is to some degree dependent on this need being met.

Parents that are vulnerable need to be able to feel safe and secure. They are able to do so in a context that facilitates belonging, a good sense of camaraderie and guards against isolation and disempowerment. Parents groups are therefore critical components of an effective parent program. The opportunity for parents to come together provides good conditions for fellowship, which is central to establishing a sense of belonging.

### **SELF ESTEEM**

Self affirmation and respect are important components of self pride, confidence and a healthy sense of esteem. A context that instills pride and provides opportunities to win respect, offers a chance to demonstrate competence and provides tangible recognition of Self, is critical for developing Self esteem.

To this end a parents program should offer opportunities for parents to practice parenting skills, participate in parenting and remain involved in their children's lives. Parents should have the opportunity for affirming and empathic relationships.

This can be provided through therapeutic encounters in individual and family counselling sessions, group counselling, and through day to day contact with staff. The program should allow time for self development, and should provide tangible recognition of parental attempts to change, grow and succeed.

### SELF ACTUALISATION

Parents must be given the chance to actualise innate potential, capacities, and talents. A parents program should facilitate the striving towards Self-fulfillment, Self-integration, and synthesis/synergy. Without the opportunity for the expression of this aspect of the Self, the Self fails to manifest its potential, stagnates, deteriorates.

A program that allows freedom to explore ideas without reproach and censure, provides a challenge and promotes self growth, through educational and training components, enables parents to experience self growth and personal progress. If this takes place in a context of involvement/participation, parents are able to feel empowered and supported. There is therefore a motivation to change and grow.

In general a parents program must provide opportunities for parents to practice parenting and to express competencies in a way that is observed by staff, so that self esteem and self actualisation needs are met.

This could be done during visits at which time parents could get involved in bathing, washing, dressing or reading stories to their children.

Parents must have opportunities to feel involved and participating. Regular contact with staff should be encouraged and parents should have regular contact with the Home and it's activities. It is essential that parents feel consulted and informed, so that there is less disempowerment and alienation.

Parents should attend case conferences, when indicated, receive regular feedback on their child's progress, attend school meetings with staff members, be involved in developing management strategies when called for, and should be informed about a child's health, behaviour and conduct.

Parents should have an opportunity to coparent. When and if this is possible, and indicated, a parent could be called in to consult on behavioral and/or disciplinary issues. Parents should attend functions and festivities at the Home, if and when finances and resources allow for this. Visitations, access and regular contact between child and parent should be encouraged and facilitated, when and if possible. A comprehensive parent program that offers the above will meet the needs of the parents and will address the trauma of the removal thus remediating the powerful affects and experiences that arise.

#### **THE IMPLICATIONS FOR CHILDREN IN CARE AND THEIR PARENTS**

Residential Child Care work must always be family care work! This is the message that the participants in this study have given. The experiences of the parents in this study have shown clearly that there is every reason to provide support, care and help to the parents.

The nature of the impact clearly leaves the parents depleted and hurt. The injury sustained needs healing, soothing and management. The children's Home is in a position to provide this care.

Programs for parents at Children's Homes should be designed to provide structures that meet the psychosocial needs of the parents. The program, and the staff that provide the service, should approach the parents in a manner that promotes productive interactions in an atmosphere of caring, recognition, respect, and support. These are vulnerable parents and vulnerable children. If there is no care for the parents, if there is no parent involvement, there can be no family reconstruction.

When the social work/child care practitioner succeeds in identifying sufficiently with the suffering of the parents and can catch a glimpse of the extent of their terror, he/she is better able to provide staff and others with a framework for understanding (Mandelbaum, 1972).

There is a strong need to address, through individual and family counselling, the impact of the separation-admission-placement. Social work interventions must be designed to ameliorate the responses to the trauma and to meet the psychosocial needs of the parents.

It is essential to establish structures, such as parent support groups, individual and family counselling, to provide a context for meeting the Self Needs of the parents. By conceptualising the experiences of the parents in terms of a 'blow to the Self', guidelines are clearly provided for social work interventions that can address this trauma:

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1. The provision of empathic, self-mirroring relational opportunities for parents with staff.
2. The establishment of a self-affirming, self-esteem building context that allows parents the opportunity to feel useful and valued.
3. The recognition of the inherent, value laden perspectives that are brought to bear on the parents, and that direct social/child care work practice are value laden.

### FUTURE RESEARCH

Additional research could attempt to predict the outcomes of parent participation in Parent Programs, seeking out correlations between participation and reconstruction success. Such a study could either reinforce or discount the notion that residential care should always be family work.

Using a larger and more representative sample, this study could be replicated in order to evaluate the validity of the current findings. The purpose would be the potential development of a psychosocial model, drawing strongly from the Self Psychological theoretical base, that would serve as a framework for understanding and managing the parents/families of children in residential care.

That a Self psychology model can be integrated into clinical social work practice, is demonstrated in this study. The value of a such a model lies in the possibility of improved and more effective and valid interventions that address the underlying Self issues of the parents.

A study of the relationship between models of residential child care and the outcomes of child-parent reconstruction, could be undertaken. Such a study could serve to correlate models with outcomes, thus providing a stronger case for specific models as opposed to others.

### CONCLUSION

This study has been about children in residential care and their parents. Although the focus has been on the parents, the study is essentially also about the children, by implication. The arguments put forward here, the ideas presented, are essentially about the interrelatedness of parent and child. Without the co-operation of the parents, without their active participation, it is unlikely that the children will receive the benefits due them.

Parents of children in residential care seldom have any say in the service they or their children receive. There is no effective forum through which their views can be obtained, and their rights are vague. Parents' rights tend to be suspended, as evidenced in this study, or taken away, because of professional views on the best interests of the child, rather than of the parent and child. There is very little balancing of perspective, and the parents, as indicated in this study, are alienated.

Parents of children in residential care should be given specific rights, and structures should be established for close working relationships.

If the basic goal is to return the child to the community, and preferably to the natural family, then relations between parents and residential homes must be cordial and

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productive, for which procedures must be established. That parents have a role to take on is clear. That they should, if possible, be partners in care, is a prerequisite for child-parent reunification.

The fact that parents are traumatised by statutory removals cannot be devalued, overlooked, or neglected, because parents are perceived by professionals as 'bad, failures, incompetent and useless'. Parents of children in residential care have the right to 'caring, nurturant, and affirming helpful relationships with trained professionals.

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### APPENDIX A

#### SECTION 1A:

#### IMPACT OF EVENTS SCALE (IES)

Below is a list of comments made by people about stressful life events and the context surrounding them. Read each item and decide how frequently each item was true for you at the time of your child/rens admission and shortly thereafter (6 weeks after actual admission). If the item did not occur during that time, choose the "not at all" option. Indicate on the line at the left of each comment the number that best describes that item. Please complete each item.

- 1 - Not at all
- 2 - Rarely
- 3 - Sometimes
- 4 - Often

- .....1. I thought about it when I didn't mean to.
- .....2. I avoided letting myself get upset when I thought about it or was reminded of it.
- .....3. I tried to remove it from memory.
- .....4. I had trouble falling asleep or staying asleep, because of pictures or thoughts that came into my mind.
- .....5. I had waves of strong feelings about it.
- .....6. I had dreams about it.
- .....7. I stayed away from reminders of it.
- .....8. I felt as if it had'nt happened or was'nt real.
- .....9. I tried not to talk about it.
- .....10. Pictures about it popped into my mind.
- .....11. Other things kept making me think about it.
- .....12. I was aware that I still had a lot of feelings about it, but I dd'nt deal with them.
- .....13. I tried not to think about it.
- .....14. Any reminder brought back feelings about it.
- .....15. My feelings about it were kind of numb.

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### APPENDIX B

#### SECTION 2A:

#### THE NEED STRUCTURE QUESTIONNAIRE

#### DIRECTIONS

Below are twenty statements relating to your participation in the parent program. Ascertain the degree to which each statement is applicable to your situation and rate your judgement next to each item. Use the following scale to assist you in your rating.

- 1- Totally inapplicable
- 2- Inapplicable
- 3- Somewhat inapplicable
- 4- Unsure
- 5- Somewhat applicable
- 6- Applicable
- 7- Totally applicable

#### IN EVALUATING THE PARENT PROGRAM I THINK THAT IT SHOULD:

1. Satisfy my individual and family needs. ....
2. Allow my performance to be judged directly in terms of how well I meet the objectives to have my child/ren returned to me. ....
3. Allow me to avoid disagreements and conflicts with the staff at the Home. ....
4. Instill pride in me as well as winning the respect of others. ....
5. Allow me the freedom to explore new ideas and do more creative tasks....
6. Provide good benefits for me (care, understanding, concern).....
7. Foster a good sense of comeraderie between parents and parents and parents and staff. ....
8. Give me opportunities to demonstrate competence as a person and a parent. ....
9. Provide me with a challenge because of the stimulating and meaningful nature of the program.....
10. Provide the basic things I need to be of help to my child/ren. ....
11. Provide against becoming isolated and disempowered.....
12. Allow me freedom and opportunity to grow as much as I can. ....
13. Allow for fairly rapid return of my child/ren. ....
14. Provide me with sufficient time to develop myself into a position so that my child/ren can come home. ....

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15. Afford me a sense of emotional security and well being....
16. Provide tangible recognition and rewards for the progress I make. ....
17. Help me avoid becoming isolated. ....
18. Enable me to see the results of my progress.....
19. Provide the conditions for good fellowship and harmonious relationships. ....
20. Provide a good context for participation and active involvement which helps me achieve my goals.....

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APPENDIX C

INTERVIEW SCHEDULES

SECTION 1B:

How did you feel when your child was placed at the Home?

What would you describe as the dominant feeling?

How would you describe, in your own words, what it was like to have your child placed at Home?

What were the thoughts that went through your mind?

Did you feel that your role as a parent was undermined when your child/ren were/was placed at the Home? If yes, in what way?

How did this make you feel?

In what way was your role as a parent changed when your child/ren was/were placed at Home?

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### INTERVIEW SCHEDULE

#### SECTION 2B:

Do you think that the parent program is useful?

In what way is the program useful to you?

What would you list as the most important benefits for you of the parent program?

How do you feel about the parent program?

How would you describe the way you think about the parent program?

How involved did you feel in decision making regarding your child when he\she was first placed at the Home?

What do you think are the problems that arise when parents are not involved as parents and do not feel that they can actively participate in the Home's programs for their child/ren? What do you think are the problems when parents are excluded from participating in decision making regarding their child/ren?

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INTERVIEW SCHEDULE

SECTION 3:

What are the reasons for your participating in the parent program?

Why did you decide to participate?

Did you feel forced into participating in the program?

Did you make the decision to take part alone, or with someone else?

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INTERVIEW SCHEDULE

SECTION 4:

Do you think that you currently feel differently about your child's placement in the Home compared to when your child was first placed here?

If so, how do you feel about the Home now?

If there has been a change in your attitude, what do you think has caused this change?

When did this change come about?

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INTERVIEW SCHEDULE

SECTION 5:

What changes, if any, would you like to see in the parent program?

What would you add or take away from the parent program?

In what ways do you think you could be more involved in the activities of the Home?

How do you think you could be more involved with your child/ren while they are at the Home?

Do you feel that you are consulted adequately about decisions regarding your child?

Do you have easy access to staff and the Program Director at the Home? If yes, what makes the access easy? If no, what is making access difficult?

Do you think that staff involve you enough as a parent in your child's program?

Do you think the Home's parent program is adequate for parents to feel actively involved in parenting and in decision making regarding their children?

Do you feel that you are able to influence decisions regarding your child/ren that are made by the Home?

Do you feel that you were actively involved in the placement of your child/ren? How could your involvement have been different?

Do you think that continued parent involvement with their child/ren after placement is important? In what ways?