Professional families – the development of the relationship between a professional mother and the child in the context of the mother's status

Katarína Šmajdová Búšová

Abstract: A professional family is an organizational form of institutional care which is used mainly in residential children's homes. By considering the psychological development of the child and by providing a supportive environment, the professional family provides systematic, purposeful and professional care and education for the child. It attempts to respect age differences and developmental disorders in the child. The professional family provides this care and education continually for a specific period of time. The process of forming a relationship between the parents and the children being cared for is very problematic. There is a significant lack of clarity and many problems exist in this field and to make it worse the status of the professional parents, mainly the professional mother are not clearly defined. We attempted to define this status through qualitative research using the theory of object relations by Donald Wood Winnicott.

Key words: residential care, professional family, status of professional mother, theory of D. W. Winnicott, ethnography

Introduction

The topic of professional families is very broad and there are a great number of different opinions amongst experts about how important it is and about the duties of the professional family. In general, there are two groups. One group believes in the absolute acceptance of professional care and overestimates its importance (Matej et al., 2000; Pukancová, 2006). The second group clearly highlights the shortage of professional families, which they believe, in certain cases, can have dangerous consequences for the development of the child in comparison to care within a residential home (Sobot-

ková, 2009a,b; Škoviera, 2009a,b). This is supported also by the fact that in terms of the research conducted in Slovakia, statistical overviews about children cared for in professional families appear to dominate. The published research deals mainly with organizational shortages in professional care but does not look at it in terms of development (Filadelfiová, 2008; Lukuvka, 2011). Research has of course, been conducted abroad as well (e.g. Working Group on Children at Risk and Care, 2004). This has produced some interesting results, but as Kovařík and Bubleová (2002) point out Slovak professional care is in many ways specific and differs from that found abroad. In Slovakia the professional family is defined as a home environment provided by an employee of a residential home where a number of children are cared for in a flat or a house. This care can be provided by a married couple or only one parent. The number of children who are placed with a professional family is calculated on this basis¹. The legal status of the child stays the same and he remains in institutional care. Thus there is no need to obtain a court ruling on the placement of the child. Those providing professional care are required to complete an accredited training course. A professional family is entrusted with the care of a range of children, particularly those aged three and under. The aim of the professional family is not to create a long-lasting relationship with the child but to facilitate the child's return to the biological family or to foster care or adoption (Búšová, 2008). In other countries, the options that are considered to be closest to the Slovak one are viewed as traumatic for the child by the Council of Europe.²

There are various aspects to the topic of professional care. In our research, conducted between 2006 and 2011 in cooperation with Miloš Kučera of the Department of Psychology at the Pedagogical Faculty of Charles University in Prague, we focused on *the relationship between the professional parent and the child and its development*. Sobotková (2009a) points out that the fundamental problem is that this form of care involves being reared within a family and yet at the same time it is an institutional form of care. She believes that the findings of psychological research have not been taken into consideration. When comparing the family and institutional care she considers the psychological characteristics of the family from the perspective of satisfying the psychological needs of the child. Sobotková argues that these

¹ One professional parent is employed full-time to look after two children in institutional care.

² This is the case with two kinds of professional care – replacement families and patronage families. Both types are kinds of host families which provide temporary care for a child. The aim is to provide the child with experience of family life or to provide him/her temporary patronage while the biological family works through its problems (Working Group on Children at Risk and in Care 2004).

needs can be largely fulfilled only within a family which provides a long-term perspective, a shared future and satisfies the need for security. The Slovak model of the professional family “does not display all the hallmarks of a family upbringing and thus represents a very complicated and perhaps incomprehensible situation for the child” (Sobotková, 2009a, p. 61).

We believe that this is a multidimensional problem. It is connected to the fact that there is no clear definition of the status of the professional parent. The status of the professional mothers has an important role to play where children in care up to the age of three are concerned. The instructions for professional parents and particularly for the professional mother are rather legal and bureaucratic in nature. Our research therefore focused on *an analysis of the status or position of a professional mother in relation to the children in her care*. We posited the question: *what is the status of a professional mother in relation to the child in her care and what impact does this status have on the professional mother and on the child?* We consider “status” to mean the position a professional mother has in relation to the child in her care. We related this to the wishes and needs of the child and the wishes of the professional mother and her understanding of her duties in respect of this position within the natural environment of the professional family.

Methodology of the Research

In examining the issue we took into consideration the nature of our research problems. We decided to explore the potential of qualitative research, specifically ethnography, which gave us a more detailed insight into the professional family (Kučera, 1995; 1998). To collect the research material we used semi-structured interviews³ and participant observation within the natural environment of the professional families⁴.

We observed all three professional families and we had contact with them

³ These were conducted with professional parents who were asked about the behaviour of the children on joining the professional families (pre-adaptation period), during adaptation to the new environment (adaptation period) and after their adaptation to the professional family (post-adaptation period). They were 6 in total. All interviews were audio recorded and transcribed verbatim.

⁴ We participated in various situations in almost all aspects of the daily routine in the professional families – we observed the looked after children waking up and getting up, at breakfast, lunch and dinner, during visits of relatives and friends, when the biological children came home from school, during games, outdoors and indoors and during the bedtime routine. We focused on the interaction between the professional mothers and children in care. We actively participated in some of the activities and passively observed others. We conducted a total of 12 participant observations and 8 of them were audio recorded and transcribed (almost verbatim).

on 17 occasions (all-day visits) as part of the research. In addition, we maintained contact via e-mail and telephone. All the families belonged to the same residential home and had brought up their own children⁵. In each of the families the mother was the professional parent and in one family there was also a professional father. The professional parents had varying levels of education (at least secondary school education and at most postgraduate university education). Their primary motivation when starting this job was to help children and give them a home. Christian faith was another strong factor. The professional parents were aware that we were conducting the research and keeping records for this purpose. They were informed in advance about how we would deal with the data obtained. The parents set all the conditions (day, time, place).

Within an ethnographic interpretation we focused on the theory of object relations by Donald W. Winnicott (1998; 1971; 1965; 1960). This particular author was chosen since he dealt in depth with the duties of the mother in forming a relationship with the child. He described the important elements of maternal care, which he believed are an important influence on the ensuing development of the child. In addition, we wanted to find out at which stage of psychological development the children being cared for were and what kind of demands they placed on their professional parents, especially the professional mother. In the course of the research we found out when it is and when it is not suitable to place a child with a professional family⁶. We considered at what stage it is necessary to end a child's stay with a professional family as soon as possible and move the child to a more permanent form of substitute care or adoption. We illustrate our findings with the cases of nine children aged between eight months and three years. Since the project was quite extensive, this article presents the findings in brief.

The Status of Professional Mothers

Throughout the research project, attention was focused on the status of professional mothers. On the basis of our findings, status was divided into three possible categories along a scale running between two opposite poles – the professionalism as against the personal involvement of the professional

⁵ In the first family, the biological children were of a younger school age, in the second the children were adults (they lived away from the family home) and in the third the children were of a middle and older school age.

⁶ We based this on the fact that it may be possible every time but that there is always the possibility that something else might happen in relation to the phase the child is in. For example, when it is not suitable, it is better to keep the child in a residential home for the ensuing month and then place the child in final adoption.

mother. This scale expressed the ability of the professional mother to make use of two approaches in child rearing (Cibulec, 1984):

- emotional (this was expressed in terms of personal involvement); including the mother's ability to create an emotionally safe environment for the child and provide stability for the formation of relations;
- rational (this was expressed in terms of professionalism); including the ability of the professional mother to act expertly, objectively and effectively in rearing the child, as a professional carer.

The first category refers to the balance the professional mother maintained between her professionalism and personal involvement. This involved a certain ideal and was of the nature that "this is the way it should be" in relation to the currently defined form of professional parenthood. The professional mother, in her role as child rearer, was able to explain her temporary influence on the child and at the same time use the emotional and rational approaches appropriately.

The second category relates to the professional mother becoming personally involved to an excessive degree (forming a deep emotional tie with the child). It referred to the mother's loss of professional attitude as a residential home employee and to her acquiring an attitude commensurate to that of a future substitute parent who would keep the child in her care. In terms of the current definitions of professional parenthood, this is a negative element. The result is that the mother later wants to alter the form of substitute care (e.g. fostering)⁷.

The third category refers to the excessive professionalism of the professional mother. This was a completely professional attitude with minimal personal involvement (she was a truly professional carer). In terms of current definitions of professional parenthood it need not be a negative element but from the viewpoint of the psychological development of the children it is unquestionably negative.

The status of the individual professional mothers depended on the particular child they cared for⁸. If the *status was balanced* then everything was all right in relation to the professional mother but later started to be problematic for the children. All the professional mothers acquired this status during their first visits to the children at the residential home and it was also part of their motive for becoming a professional parent. Several factors sup-

⁷ On the other hand if we are to see professional parenthood as "a hidden means" of fostering, it would be an ideal situation for a child who would get her own "mother".

⁸ This means that if the professional mother looked after two children she might have a balanced attitude to one child and an excessively professional attitude to the other or she might be too personally involved.

port this finding and they are confirmed by statements made by the professional mothers. They are:

- the mother seeing herself as a professional and understanding the final goal of her job:

“We got her with the knowledge that we would have her for a while because an international adoption was being arranged for her... All this warmth was always based on the fact that wow, super you are at our home and it will be super for you somewhere else and it will happen very soon.”

- short-term care of the child (ideally it appeared to be best if the child stayed with a professional family for a year, this could be limited by an adaptation period):

“Well, if you have to maintain some kind of distance between the professional parent and the child if you have to keep things in perspective, then I think the parent is able to keep themselves in check, since once the child is here, and I get to know them, take note of their needs, and we fit in with one another, do it together for a month or two without any problems, then, as they say it’s best to quit while you are ahead.”

- acceptance of the child by the other members of the professional family:

“Well, and so our biological children... they couldn’t get used to her at all. They thought she was so unpleasant or how can I put it?... But as I was open to her, to her needs... But I have to say the longer it went on for (the bad relationship between her biological children and the looked after child), I can say that they affected me, because they were unhappy with the situation, I also gradually became a little bit colder.”

- how the child accepts the professional mother (when the child rejected her, the mother accepted it in a rational way, she was reconciled to it, she was able to accept it);
- uncertainty over what it means to place a particular child in professional care:

“During the first few weeks I often wondered whether there was any point in placing her with my family just before she left to join the next family. I asked myself this very question, which is often discussed in the media, why, why?... But gradually this ques-

tion receded into the background and I realized it was irrelevant when I began to see the benefits appearing”

- the psychological stress levels of a professional mother looking after a child in care and how she perceives crises:

“There I learnt that really it is only through will power that you can force your mind to be good and to understand that it is the child who needs help and that you are normal, that you are the adult who is there to help the child get through it. Because sometimes it seemed to be the other way round.”

- breaking down deep-rooted conceptions about how a child should behave at a particular age:

“I cooled a little, or I would say that it started, oh the really difficult period psychologically began when you have to spend all your time with the child, who at the age of three has long legs and arms, beautifully developed, and yet it is as if it were an 8-month-old baby.”

- how the professional mother copes when the child leaves the family.

Where *the professional mother became excessively involved*, a double-edged situation arose:

- a) she either understood it as a “hidden means” of achieving a more permanent form of substitute care, which meant that she in fact looked after the child as if it had been fostered (this was a conscious behaviour); she took “justice into her own hands”, because otherwise she could not see the point of professional parenthood for herself:

“If I could fight for these children I would because I can see they are happy and satisfied here and if they were as happy as they are here I would be reconciled to the fact. But if I knew they were going somewhere worse and that everything that had been done for them was pointless, then that would hurt.”

- b) or she considered professional parenthood to be a job and did not expect this to happen (it was subconscious); as a consequence she “betrayed” her profession:

“This awareness, this external awareness, you could say that I was on guard professionally, so I did not bond with her con-

sciously, but subconsciously, this hidden human side of me did bond with her”

On discovering this we asked ourselves what might cause this kind of change in the status of a professional mother. When analysing the problem we noticed the following factors:

- the initial moment of contact between the professional mother and the child at the children’s home, linked to an intensely positive emotional experience:

“So and one moment that was really remarkable was when I saw her and I say to the nurse you can put her in my arms, so I held her to me and never before had I experienced such a feeling in my life, such an awareness of the situation, that this was the first time in my life and I realized that by holding her to me, she had become close to me yes, then it was alright.” (A professional mother who became too involved)

“I had the feeling he would prefer not to breathe... He was scared in some way. He didn’t even look at me... not a word, nothing, nothing. When I took him in my arms he remained motionless in the position he was in. Silent... Because he rejected me there at the residential home. He made it clear then that I was... At least that’s how I saw it because he didn’t make a sound, he didn’t move, he didn’t want to communicate with me at all, in any way, nothing, no eye contact.” (A professional mother who remained balanced)

- an action on the part of the child, designed to shift the status of the mother from professional to personal (meaning that the child asked her to promise that she would be his mother forever – the promise of permanent love); on the part of the child it was a strategy, for example, laying claim to the professional mother, assuring her that the child loves her, seeking and checking the love of the professional mother, and checking, exerting his own will, reflecting his own ideas about his relationship with the professional mother through symbolic play and so forth.⁹ This factor was also in evidence during our observations:

Michal said to his professional mother, “Mum...” The profes-

⁹ These strategies began to appear towards the end of the adaptation or at the beginning of the child’s post-adaptation period within the professional family and they tended to increase.

sional mother looked at him and replied: “Yes?” Michal looked at her and asked, “Do you love me?” The professional mother answered, “Of course I do. I love you very much.” The professional mother kissed him on the cheek several times.

The professional mother went out into the hall. Marián followed her. The professional mother came back into the kitchen holding the dustpan and brush. She knelt down and started sweeping. Marián went up to her from behind and put his arms round her waist. He was smiling. The professional mother turned to him and said, “Woof!” Marián started laughing. She turned round again and went on sweeping. Marián walked round her once and hugged her again. He repeated this about three times.

The professional mother was doing up Lucia’s slipper. When Barborka saw this, she turned to the professional mother, went up to her and started crying. She stretched her arms towards her. The professional mother told her, “Don’t be jealous, don’t be jealous. You yourself left, don’t be jealous.” Barborka went on crying and sat on the professional mother’s knee. The professional mother was laughing. Barborka was crying. The professional mother told her, “Come on, let’s get up.” Barborka continued to sit and cry. The professional mother smiled and said, “So until Lucia leaves, will you be with me?” Barborka continued to cry. The professional mother told Lucia: “Lucka, wait a moment, please” – she put Barborka and Lucka on the ground and stood up. Barborka started to shout more and grabbed her legs. The professional mother said to her: “So everything is all right now.”

- professional mothers who disagree with and are prejudiced against the biological parents to whom the child is to return;
- the failure of a professional mother’s defensive mechanisms, as confirmed by the following statement (the time period could be reduced by the child’s adaptation period with the professional family):

“Once a year of her stay with us was up, I realized how close to my heart she had become and that if she was placed in substitute care or offered substitute care after a year, I realized that I would fight for her.”

In practice there were notable disadvantages when a professional mother *displayed excessive professionalism* and particularly in her relationship

with the child but also in relation to the professional mother (she herself was aware of it and that produced internal feelings of blame). This status was caused by:

- a negative beginning and negative acceptance of the child by the professional mother (in the sense of being professional through will power):

“I didn’t resolve this initial antipathy, I didn’t resolve it by giving him back. I tried to train myself to think that I am in this job and so I have to accept this child as well.”

- prejudice a professional mother has against a child and his/her ethnicity;
- aversion of a professional mother to inappropriate and negative behaviour in a child (this was linked to the onset of negative internal feelings in the professional mother);
- divergent perceptions of manifestations of expressions of love in the child and the professional mother (e.g. satisfying the biological needs of a child as an expression of love versus cuddling and requiring physical contact):

“It was also like, oh here’s a new auntie, it’s a change, yeah, a new auntie, that’s good. But somehow I have the feeling he didn’t care, that I was just another one.. If you give me my food on time, I’ll let you be and if you don’t I’ll let you know all about it and that was it... Now he knows, now he comes to me – Mum, I want to hug you or – Mum, I want you to hold me in your arms, it is different, the relationship has changed but I’m at that stage where he’s just here temporarily.”

- the continuation of internal conflicts in the professional mother, which manifested themselves as external conflicts with the looked after child:

“I’m going through a very difficult relationship with him, because he comes to the table... I give him a slice of bread, he eats his, and is capable of taking the others’ slices, if you aren’t quick, then tough, I am hungry. And he says, ‘I want more’, ‘I want more’... ‘That’s enough’. ‘I want more’, and ‘I want more’ and he whines and he throws himself on the ground and does other things like that or simply sits at the table and whimpers.”

- conscious or subconscious furthering of a problematic relationship between a professional mother and the child.

The problem with these different status categories is that they are very sensitive and the line between them (more precisely the professional mother switching from one category to another and back) is very fragile. We believe

that what is required is the intervention of experts (psychologists, social workers etc.) in a supervisory sense. We feel that this issue requires intensive cooperation with the professional mothers (parents) in such a way that they might be able to define her status, achieve greater balance, have an overview of the situation, be able to work on it in a constructive way and adopt certain solutions. The question is whether it is possible to determine and define this problem in such a precise way. Our opinion is that it is very difficult and that it would be necessary to study it in greater depth, mainly from a psychological point of view.

The Influence the Status of the Professional Mother has on the Relationship with the Looked after Children

The status categories were determined on the basis of how the professional mothers understood their duties and their wishes in that respect. However this is also intertwined with the wishes and needs of the looked after children. These two areas were closely interconnected. In this area we have focused on *the behaviour of the looked after children* and what they requested from their professional mothers. We based our interpretation on the *developmental child stages* at an early age as formulated by Winnicott (1960; 1971; 1998). The author outlines all four stages that relate to the psychological development of a child from birth up until the age of five:

1st stage: refers to very early development extending to the prenatal period and including the perinatal and postnatal development of a child as well;

2nd stage: refers to the primitive emotional development of a child when the basis of the relationship between the mother and child is formed¹⁰. Winnicott emphasizes the importance of breastfeeding as the means by which the mother gradually reveals the outside world to the child. He describes states such as omnipotence, for example, which expresses the internal magical world of the child. The child relates to the magical world through transitional objects (for example finger sucking, holding a blanket tight, using different creative gestures etc.) Here the author includes:

---

¹⁰ Winnicott uses the term “mother and infant living together”. According to him “the term ‘living with’ implies object relationships, and the emergence of the infant from the state of being merged with the mother, or his perception of object as external to the self” (Winnicott, 1960, p. 588).

- the *integration of the psyche within the body*; meaning the gradual coming together of the psyche and the body in a single unit ¹¹;
- the *integrated self*, more precisely the achievement of the status of “one”; meaning that the child gradually gains the ability to perceive him/herself and others as one unit;
- *contact with reality by means of an illusion*; this consists of initial sucking, omnipotence and the danger of splitting the internal world into a true and false self. This occurs when the mother fails to show external reality to the child. Externally it is expressed by various primitive actions such as, for example, a child swaying backwards and forwards. This can be observed in psychologically children in residential homes.

3rd stage: this refers to the period when a child adopts a depressive position, meaning that he tries to control his instincts. According to Winnicott feelings of blame originate in the child due to instinctive love, which is directed at the mother. Gradually, exciting and calming forms of relationships come together (controlling instincts), meaning that the child is gradually able to exert control over this instinctive attacking of the mother. Thus the mother has to hold the situation i.e. give the child time to cope with it. The mother has to be flexible and adapt to the child’s needs, thus giving the child the ability to experience caring interest. This way a supportive circle is created, which is strengthened through repetition and this forms the basis for the creation of interpersonal relations.

4th stage: this refers to the formation of interpersonal relations and related complexities (the formation of the id, ego, superego, child sexuality, defensive organisations, three-body relationships, the Oedipus complex etc).

According to Winnicott a child experiences all these stages all the time. The difference lies in the fact that some of them dominate during certain periods.

We compared the children in this study in this way. The main criterion was the age at which they came to stay with their professional families (we divided them into these categories: under one year old, one year old, and two years or older). The criteria used were:

- the family history of the children in care (what experiences had they had in institutional and family care);
- the characteristic behaviours of the children, categorised according to the

¹¹ A modern version of this is “mentalisation”, which we understand to mean the human ability to deal with internal states on the psychological level. This means a person can regulate, form and determine relationships, their boundaries and progression over time on an intersubjective level (Vavrdá, 2005).

period in which they occurred (pre-adaptation, adaptation and post-adaptation).

This primary categorisation was then linked to:

- the duties of the professional mothers in relation to individual children;
- the actions of the children which led to attempts by the professional mothers to change their status;
- other collateral factors (these factors were described as part of the status of professional mothers).

This article presents the findings and interpretations relating to the professional mothers and the children under their care involved in the research project. Our aim was not to make generalizations, but to highlight situations which do in fact occur within professional families.

The children under one year old mostly had only experienced institutional environments (i.e. they had been in residential homes since birth). In the pre-adaptation and partly also in the adaptation period, these children did not respond to the new environment of the professional families at all. They did not notice the adults (i.e. the professional parents) and they did not call out for them. The following could be observed in all the children:

- that their internal world was divided into a true and false self (this was manifest in the children rocking backwards and forwards, the fact that they existed within their own closed world, inappropriate sucking of fingers, a lower threshold of pain, regression etc.);
- clearly demanding sudden satisfaction of the oral instinct (feeding).

In terms of the developmental stages outlined by Winnicott, three out of four of the children were at a very early stage (i.e. the first stage) in the pre-adaptation period, yet their age indicated that they should be at the phase of completing the total person and have the ability to experience caring interest (i.e. the third stage). The fourth child who had been influenced by a family environment (for two months) had probably reached the second stage, i.e. contact with reality through illusion. The duties of the professional mothers were also derived from the stage the looked after children had reached. In principle their duties were the same – to create a state of “living together” with the child so that the child could start its primitive emotional development (i.e. the second stage), to give the child a chance to experience caring interest (i.e. the third stage) and later, at an appropriate age, to bring the child up to the three-body relationship (i.e. the fourth stage).

In relation to the status levels of the professional mothers, all the children performed actions and made attempts designed to change the mother’s relationship from a professional to a personal one. These attempts started appearing towards the end of the adaptation period and at the beginning of

the post-adaptation period. If the child had completed the adaptation period and had been subsequently entrusted into a more permanent form of substitute care (foster care or adoption), the balanced professional mother status was “enough” for the child. The actions that were designed to change the status would probably then be aimed directly at the substitute mother.

If a child had also stayed with a professional family in the post-adaptation period and had been unsuccessful in attempts to shift the professional mother status, then the following problems arose:

- a) the balanced status of the professional mother eventually changed into a personal status without her expecting it (and this was associated with the beginning of internal conflicts), the child had difficulty in moving fully from the state of “living with mother” to the three-body relationship¹².
- b) Where the professional mother exhibited excessive professionalism and she accepted the child only with strong determination, the child started to behave as if it were at a younger age in development terms i.e. the child regressed. This intensified considerably when the professional mother was on holiday and the child returned to the residential home for a while.

Where the mother was too personally involved (i.e. she promised the child that she would be his mother), these problems did not appear.

The children at the age of one who had had experience of being with a family and of being in an institutional environment accepted the professional mothers positively and over the course of time they became proprietorial or even jealous in relation to them. Omnipotence and using transitional objects were characteristic here. The fundamental difference between these children was that they had systematic professional care (one period of care was interrupted when the professional mother was on holiday).

In terms of psychological development, both the children came to professional families when they were at the third stage i.e. they had reached the total personal stage and the ability to experience caring interest. Consequently, the professional mother’s task was one of uniting. The professional mother should help the children deal with a lost or interrupted state of “living together”, providing them with experience of caring interest and linking this with the previous relationships in which they had reached the third stage.

As was the case with the previous group of looked after children, there was also evident activity of these children focusing on shifting the professional mother status (from professional to personal). It was very intense, purposely aimed at the professional mother and very specific (the child expressed love

¹² The reason could be that there was doubt about the stage because the professional mother had not entered into the relationship with the child as a certainty.

for the professional mother in various ways and expressed a desire for declarations of love from the professional mother). However, not one of the children was successful in this. The consequences were similar to those experienced by the children from the previous group. They began to doubt their basic love for and trust in the primary person.

The situation was worse if the child had experienced being returned to the residential home while the professional mother was on holiday. This resulted in:

- the appearance of a false self, the division of the child's internal world (e.g. the child would rock back and forth, inappropriately suck his/her fingers, retreat into his/her own world etc., which had not been the case before);
- a significant distrust of love, which later manifested itself as jealous "scenes" towards the professional mother.

In this case the state of the child worsened and he slipped back to the previous developmental stage (regression). In this situation the professional care provided for these children was inadequate and it was necessary to place the child directly in a more permanent form of substitute care or arrange an adoption.

The last group of children studied were placed in care at the age of two and older. All the children had experienced both family and institutional care, although the time at which this occurred differed. They expressed positive reactions when they came to stay with the professional families ("everything is OK and cool"; "Hurray, I am here"). In spite of this two of them displayed a visible distrust of women¹³. Their relationships with the professional mothers were problematic during their adaptation period and they were more predisposed towards the professional fathers. Similarly, in relation to expressions indicating a false self, they self-harmed (e.g. pinching, hand-biting, twisting the ear, head butting etc.) and refusing to go to the toilet (they had to wear nappies). At first they did not distinguish between familiar and unfamiliar people and they had evident problems sleeping and eating.

In terms of psychological development they were somewhere between the second and the third stage (i.e. they were resolving the primary issues, accomplishing total person and developing the ability to experience caring interest). The tasks of the professional mothers were therefore quite complicated, because at the time of the adaptation period the children slipped back in terms of development (regression), specifically to the "living together" developmental stage. Thus they had to give the children a chance to expe-

¹³ We presumed that this was related to a negative experience with women – mothers. Apart from this child, another child was moved between institutional and family environments several times and repeatedly.

rience caring interest and later when this primary need had been satisfied, the children were led into the next developmental stages.

As far as the stage at which children perform actions intended to change the status of the professional mothers is concerned, this appeared after a certain length of time (once the state of “living together” had been reached, it could be limited by an adaptation period). Two children reached this stage but the third child did not (he performed no actions). We think this was also due to the length of time the children stayed with the professional families (the third child was with the professional family for only 8 months, he was still at the initial stage of “living together” – and at that time he probably “did not need” the promise of eternal love). The child who attempted but did not manage to change the personal attitude of the professional mother had difficulties in shifting to three-body relationships. This problem was not evident in the child who achieved this change and he continued along the path of psychological development. Consequently, we came to the conclusion that as long as a child reaches the “living together” stage (i.e. he catches up on the missing stage of psychological development) it is appropriate to place the child in a permanent form of substitute care or adoption, so that the child can focus his energies on obtaining the promise of certainty and maternal love from the substitute mother instead. However, further research is required to establish the impact this change of primary person would have on the child and its psychological development.

Conclusion

As far as all our findings are concerned, we came to the conclusion that *a child placed in a professional family shifts (or tries to shift) the status of the professional mother to the level the child needs at that moment, depending on which stage of psychological development the child is at (i.e. a balance between professionalism and personal involvement or excessive personal involvement in the sense of guaranteeing that the professional parent will be the child’s mother). If the child is unsuccessful in this, then a distrust of basic love begins to emerge and the child’s psychological development stops (this means that the child will not be able to enter the next developmental stage without this full guarantee).*¹⁴ Attempts to obtain a promise that the professional parent will “be my mother” appear in children who have reached the state of “living together” with the professional mother and who need to shift

¹⁴ This means that for a certain length of time, it is enough for the child if the professional mother maintains a balanced. Once this period comes to an end, the child tries to shift the mother to the state of being his/her mother and giving him/her the guarantee of life certainty as Sobotková (2009a) states.

to a higher level in their psychological development (i.e. shifting to three-body relationships). This most often occurs in the post-adaptation period of a child's stay with a professional family.

In addition to this conclusion we obtained other findings as well:

- *looked after children who have never experienced or have had minimal experience of a family environment before being taken into institutional care cope better with professional parenting without the promise of certainty and love* (this is an “ideal” form of care for children up to the age of one year). *It was worse or harder for those children who had been in a family environment for some time before entering institutional care and who had reached the primary task developmental stage (the promise was necessary to create a link between the interrupted psychological development that occurred as a result of their having been removed from their family environment). The most suitable approach for these children is to place them as quickly as possible in a more permanent form of substitute care or adoption.*
- *a change in the status of the professional mother status to one that is excessively personal can happen either consciously or unconsciously on the part of the professional mother. If this occurs subconsciously and the aim of the mother is not to keep the child permanently in her care, then internal conflict may emerge within her, and this is associated with feelings of blame, failure and doubt over her own role. This may result in a conflictual relationship with that particular child.*
- *the level of professionalism as well as the intensity of the defence mechanisms of the professional mother are strongly influenced by the attitude of the professional father and the other members of the professional family.* These may either harden her attitude or return her to primary stage status of (i.e. balanced).
- *the professional mother's ability to maintain a balance between professionalism and personal involvement is limited in terms of time* (the adaptation period or reaching the “living together” stage) and is influenced by various external factors. The “ideal” is for the child to stay with a professional family for one year.

Our research shows that a significant problem was the *interruption of professional care when the professional parents were on holiday*. This clearly had a negative influence on the psychological development of the children in care, or it impacted on their development, returning them to an earlier stage.

In spite of these findings we believe that professional care within a family is important and that it is of practical use in the field of institutional care. Under certain circumstances it can provide looked after children with invaluable conditions and opportunities for future development. On the other

hand it can be damaging as a result of various unfortunate decisions in certain areas, which make the previous efforts of the professional parents less valuable, and they really are damaging (e.g. when the professional parents take a holiday). That is why we think it is very important that the conceptions, guarantees, conditions, attitudes and solutions to the problems that arise within this kind of care as well as the various recommendations and advice are continually linked to the actual consequences, which can be gleaned only through practical investigation. In relation to our research findings we would recommend that the problem of appropriately placing children in various forms of institutional care be dealt with more sensitively and that there should be greater consideration of the stages in the psychological development of a child, and this is primarily a task for experts working in residential homes. In line with foreign models of professional care we consider it necessary to provide systematic and purposeful supervision of the professional families; the content of which should also be determined by experts guiding the professional parents. We also believe that it would be beneficial to create several types of professional care, which would be able to respond more to practical needs.

References

- Bubleová, V. & Kovařík, M. (2002). *Mezinárodní srovnání přístupů a forem realizace pěstounské péče se zřetelem k využití profesionálních pěstounů při řešení situace ohroženého dítěte a reintegrace rodiny*. Retrieved August 24, 2009, from In the Interest of the Child <http://www.vzd.cz/mezinarodni-srovnani-pristupu-forem-realizace-pestounske-pece-se-zretelem-k-vyuziti-profesionalnich->
- Búšová, K. (2008). Profesionálne náhradné rodičovstvo – rodinné prostredie v oblasti ústavnej starostlivosti. *Vychovávateľ*, LVI (6), 12 – 16.
- Cibulec, J. 1984. *Manželské praktikum*. Praha, Czech Republic: Avicenum.
- Filadelfiová, J. (2008). *Zvyšovanie kvality poskytovania starostlivosti a výchovy deťom v detských domovoch – zameranie na profesionálne rodiny zamestnancov*. Retrieved January 12, 2009, from The Institute for Labour and Family Research http://www.sspr.gov.sk/texty/File/vyskum/2008/Filadelfiova/Zvysovanie_kvality.pdf
- Kučera, M. (1998). Metódy školskej etnografie. In Švec, Š. et al. *Metodológia vied o výchove. Kvantitatívno-scientické a kvalitatívno-humanitné prístupy*. Bratislava: IRIS, 230 – 237.
- Kučera, M. (1995). Predmet a metódy školskej etnografie. *Pedagogická revue*, 47 (9 – 10), 46 – 56.
- Lukuvka, L. (2011). Profesionálni rodičia považujú pri práci za najťažšiu problematiku „pripútania a odpútania“. Retrieved January 10, 2012, from The Bridges to the Family <http://www.mostykrodine.sk/mosty3.pdf>

- Matej, V. et al. (2000). *Profesionálny rodič alebo guľatá kocka – sprievodca profesionálnou náhradnou výchovou v rodine*. Bratislava, Slovakia: Návrat.
- Pukancová, D. (2006). Hľadá sa profesionálna rodina. *Nebyť sám*, 3 (2), 20 – 21.
- Sobotková, I. (2009a). Potrebujeme dieťa profesionála, alebo rodiča? *Biograf*, 49, 61 – 64.
- Sobotková, I. (2009b). *Poznámky k súčasnej situácii v ústavnej výchove detí*. Retrieved November 04, 2009, from <http://anv.cz/odborne/121-poznamky-k-soucasne-situaci-v-ustavni-vychove-deti>
- Škoviera, A. (2009a). Profesionálna rodina ako výskumný problém. *Biograf*, 49, 65 – 69.
- Škoviera, A. (2009b). Nové dilemy profesionálnych rodín. Retrieved May 01, 2010, from <http://anv.cz/odborne/244-nove-dilemy-profesionalnych-rodin>.
- Vavřda, V. (2005). *Otázky soudobé psychoanalýzy. Tradice a současnost*. Praha: Nakladatelství Lidové noviny.
- Winnicott, D.W. (1998). *Lidská přirozenost*. Praha: Psychoanalytické nakladatelství.
- Winnicott, D.W. (1971). *Playing and Reality*. London: Tavistock Publications.
- Winnicott, D.W. (1965). *The Maturation Process and the Facilitating Environment*. New York: International Universities Press.
- Winnicott, D.W. (1960). The theory of the parent-infant relationship. *International Journal of Psychoanalysis*. 41, 585 – 595.
- Working Group on Children at Risk and in Care. (2004). *Children in institutions: prevention and alternative care*. Retrieved November 01, 2009, from In the Interest of the Child http://www.vzd.cz/sites/default/files/children_in_institutions_prevention_and_alternative_care.pdf

Author:

Katarína Šmajdová Búšová, Ph.D., Assistant Professor
Pavol Jozef Šafárik University in Košice
Faculty of Arts
Department of Education
Moyzesova 9
Košice
040 01
Slovakia
Email: busovak@gmail.com