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RESEARCH

Formation and disruption of bonds between caregivers and institutionalized children

Formação e rompimento de vínculos entre cuidadores e crianças institucionalizadas

Formación y ruptura de vínculos entre cuidadores y niños institucionalizados

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ABSTRACT

Objective: to understand the perspective of caregivers about the formation and disruption of bonds with institutionalized children. **Method:** a qualitative research that used as a theoretical framework the Attachment Theory and the Symbolic Interactionism, and the Grounded Theory as methodological framework. Participating in the study were 15 female caregivers of children aged zero to three years, from a child care institution in the south of Brazil, from April to July 2015. **Results:** three categories were elaborated: "Experiencing the formation of bond and attachment"; "Disrupting with the established bonds and detaching"; "Learning how to work with formation and disruption of bond". **Final considerations:** we need to think of ways to minimize the negative effects formation and disruption of bonds. In this sense, active listening and the offer of psychological support favor the sharing of experiences and the emotional strengthening of the female caregivers.
Descriptors: Caregivers; Interpersonal Relationships; Institutionalized Child; Qualitative Research; Nursing.

RESUMO

Objetivo: compreender a perspectiva de cuidadores acerca da formação e do rompimento de vínculos com crianças institucionalizadas. **Método**: pesquisa qualitativa que utilizou como referencial teórico a Teoria do Apego e o Interacionismo Simbólico, e como referencial metodológico, a Teoria Fundamentada nos Dados. Participaram do estudo 15 cuidadoras de crianças de zero a três anos, de uma instituição de acolhimento infantil do sul do Brasil, no período de abril a julho de 2015. **Resultados:** elaboraram-se três categorias: "Vivenciando a formação de vínculo e o apego"; "Rompendo com os vínculos estabelecidos e se desapegando"; "Aprendendo a trabalhar com a formação e a ruptura dos vínculos". **Considerações finais:** é preciso pensar em formas de minimizar os efeitos negativos causados pela formação e pelo rompimento de vínculos. Nesse sentido, a escuta ativa e o oferecimento de suporte psicológico favorecem o compartilhamento das experiências e o fortalecimento emocional das cuidadoras.
Descritores: Cuidadores; Relações Interpessoais; Criança Institucionalizada; Pesquisa Qualitativa; Enfermagem.

RESUMEN

Objetivo: comprender la perspectiva de los cuidadores acerca de la formación y de la ruptura de vínculos con niños institucionalizados. **Método**: investigación cualitativa que utilizó como referencial teórico la Teoría del Apego y el Interaccionismo Simbólico y como referencial metodológico la Teoría Fundamentada en los Datos. En el estudio participaron 15 cuidadoras de niños de cero a tres años, de una institución de acogida infantil del sur de Brasil, en el período de abril a julio de 2015. **Resultados:** se elaboraron tres categorías: experimentando la formación de vínculo y el apego; rompiendo con los vínculos establecidos y desapegando; y aprendiendo a trabajar con la formación y la ruptura de los vínculos. **Consideraciones finales:** es necesario pensar en formas de minimizar los efectos negativos causados por la formación y el rompimiento de vínculos. En ese

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sentido, la escucha activa y el ofrecimiento de soporte psicológico favorecen el compartir las experiencias y el fortalecimiento emocional de las cuidadoras.
Descriptores: Cuidadores; Relaciones Interpersonales; Niños Institucionalizados; Investigación Cualitativa; Enfermería.

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INTRODUCTION

Attachment behavior is referred to as the approximation or permanence with the significant person. Its development, based on the formation of affective bonds, is essential for the mental health of human beings, and there is a strong correlation between a child's standard attachment and that of care received[1]. In this context, the adult personality is the result of the person's interactions with certain key figures, especially attachment figures, during their childhood and adolescence[2].

The occurrence of failures in the linkage between the child and his/her first caregiver may reflect on the difficulty of constructing an identity[3]. Therefore, care plays a vital social role and, if it is successful, it is the main factor promoting the development of children's emotional, cognitive and psychosocial development that influences people's mental health. Thus, it is important to understand and identify how characteristic determinants of caregiver-child interaction and attachment styles can put children at risk for subsequent significant life changes[4].

When the child is deprived of family life, because he/she is at a personal and social risk, he or she must be referred to a host institution. In institutionalization, there is a weakening of the child's bonds with his/her family and his/her community of origin, which can affect him/her in different ways, interfering with his/her cognitive, social and affective development[5], as well as making possible a possible reintegration into the family. The study points to the need to consider affection in the application of protective measures, since it occupies a marginalized place in the context of childcare[6]. In this sense, it is important that caregivers are instrumentalized in receiving and assisting children. However, the formation of bonds with the institutionalized child also has several implications for the caregiver, such as sadness that occurs when bonds are broken in the deinstitutionalization of children.

Considering that interaction is the mean used for the primary socialization of the human being, it is believed that knowing the interactive relationship between caregiver and child, from the understanding of the caregiver, can offer important contributions for the care of this little being who has already lived, despite his/her young age, disruption of attachment and bond behavior with his/her mother. In view of the above, this study sought to answer the following question: What is the caregiver's perspective on the formation and disruption of bond with institutionalized children?

OBJECTIVE

To understand the perspective of caregivers about the formation and disruption of bonds with institutionalized children.

METHOD

Ethical aspects

Regarding the ethical precepts, it should be noted that all references to human research were observed, according to what was proposed by Resolution 466 of December 2012[7]. To this end, caregivers who agreed to participate in the study signed a Free and Informed Consent Term. The anonymity of the participants was maintained, using the names of caregivers to be the letter C, followed by a sequential numeral (C1, C2, ...) and for children the letter I, followed by a sequential numeral (I1, I2, ...). Prior to the study, it was submitted and approved by the Research Ethics Committee of the *Faculdade de Enfermagem* of the *Universidade Federal de Pelotas*.

Theoretical and methodological framework and type of research

This is a qualitative research that used the Attachment Theory[1-2] and the Symbolic Interactionism[8-9] as theoretical framework to discuss the formation and disruption of bond, and the Grounded Theory[10] as methodological framework. This study presents an in-depth analysis of the subcategory "Attaching and detaching", which is part of the process of construction of the theoretical model "Perceiving work/care with institutionalized children".

Attachment Theory emphasizes the importance of safe formation of bond for the healthy development of people, and attachment bonding and bonding are triggered by a variety of actions, both caregiver and caregiving[1]. Meanwhile, for Symbolic Interactionism, humans learn about and begin to understand their environment through interaction with others. It exists in a world of symbols, which are social objects used to represent everything that people agree that they represent[8]. In this sense, in the institutionalization, the child starts to live in a new context, needing to adapt to a reality with different routines, spaces and relationships, that is, symbols foreign to it.

The Grounded Theory concentrates on creating conceptual schemas of theories, elaborating, from the data, the inductive analysis[10]. Thus, the data form the basis and analysis of them will form the concepts.

Methodological procedures

Study setting

The study scenario was an institutional harbor, which receives male and female children, from zero to eight years of age, located in a municipality in southern Brazil. These children are referred by the Juvenile Court and the Guardianship Council, when they cannot stay with their families, as they represent a risk to them.

Study participants

Fifteen professionals involved in the direct care of children from zero to three years and six children in this age group participated in this study, and the selection of the sample was intentional. It was understood here as direct care all activities that provide continuous physical and visual contact, such as feeding, bathing, changing diapers, helping to crawl and walk, playing and learning activities, nestling in the arm, putting the child to sleep, among others. The choice of caregivers who care for children from zero to three years old was due to the fact that it is at this stage that attachment and bond behavior are developed with the main care figure[1].

The criteria for inclusion of caregivers in the study were: to work in the institution for at least three months and provide direct care to children from institutionalized zero to three years. We excluded the technical team that does not provide continuous direct care to children. The inclusion criteria for children were: to be aged between zero and three years and to be in the institution for at least one month.

Collection and data analysis

The data were collected from April to July 2015, in the three shifts (morning, afternoon and night), scheduling the meetings previously, according to the availability of the caregivers and the institution. The intensive interview with caregivers was used for collection, containing broad and open guiding questions[10]. The interviews were recorded and later transcribed for full analysis. In addition to the interviews, a structured observation, with a previously defined itinerary, was also carried out for 14 days. In these observations, the interaction of each caregiver with each child was followed in different moments of care and leisure.

In the Grounded Theory, defended by Charmaz, there is a co-construction and reconstruction of the data towards the theory[11]. To do so, the data were analyzed by means of an initial coding line by line, of the transcribed text in each interview, individually, emerging the initial codes. Afterwards, a focused coding was performed, in which the initial codes were compared to each other, creating the previous categories. Next, the previous categories were reorganized into central categories and subcategories, selecting the most representative lines of all the interviews, with the purpose of interpreting and discussing them. It is noteworthy that the data were transcribed and analyzed with the collection, with each new interview or observation being made the comparison between them, writing the memos to reproduce the theoretical logic of the analysis. The information was codified and categorized, returning later to the field to continue and complement the collection.

RESULTS

From the analysis of the information, three categories were elaborated: "Experiencing the formation of bond and attachment"; "Disrupting with the established bonds and detaching"; "Learning how to work with formation and disruption of bond".

Experiencing the formation of bond and attachment

The formation of bond and attachment is a constant in the process of interaction between female caregivers and children in the host institution. It is noteworthy that, in the observations, several moments of bond and attachment between female caregivers and children were identified. These could be perceived by the exchange of looks between female caregivers and children; for the love between them; when the child specifically calls for a female caregiver and the latter attends to him/her; when female caregivers sanitize, feed and play with children, guiding them as to how to act with each other. Thus, it has been realized that female caregivers have several reciprocal attachment experiences with children, as C15 points out:

> *I create very strong bond, I've cried, I've missed the child, but stays forever. It's complicated and so they pick you, you don't pick them, but when you create that strong bond,* [...]*, you can't deny something they're pulling at. It ends that they get you, it is difficult, complicated, you cannot deal with the professional side.* [...] *you get attached, that child grabs you, pulls you, wants you.* (C15)

The establishment and strengthening of bonds makes the female caregivers want to spend more time with the children, including taking them home with them.

> [...] *there are children we have a greater affinity,* [...] *there is one that you look at and you say, "*[...] *that I would take to my house* [...]*".* (C4)

In certain situations, such as when the child shows greater affection, calling the female caregiver a mother, the bond created is so strong that it leads the female caregiver to think about the child's adoption, which is effective in some cases.

> *I adopted him, took him home, and he passed away. Then I wanted to adopt another, I did everything, I had already gone to the lawyer, there was little to take him, but then they said there were two couples ahead of me,* [...] *he would call me mother* [...]. (C5)

In the observations, it was also possible to identify moments in which children call the female caregivers "mom". It happened, for example, on the third day of observation, when the female caregivers of the afternoon are with children in the yard: C3 talks and guides children affectionately, so I3 calls her "mom, mom", so that she a tricycle. However, the narrowing of bond with certain children can cause difficulties in daily care, especially when there is a change in the female caregivers between the shifts, there is a break in the established bonds, which causes great stress in children.

> [...] *the bond that the child has makes the difference in the formation of this child. At the same time I find it very confusing, because, for example, this child creates a bond with me, but I'll leave soon and there's another 'auntie' to come* [...]. *It is a complicated bond,* [...] *when you are a mother, you give continuity to your work, and you as caregiver, educator, you have to go, and then you go back, only you have three shifts, you have several nights, it is difficult* [...]. (C4)

> [...] *in the change of shift there is a lot of crying,* [...] *because during the day there are children who are more attached to*

> *some 'aunties'* [...]*, and then children get stressed and cry a lot* [...]. (C14)

At the 11th observation, when they arrived at the institution, C1 and C3 were waiting at the exit to report that I5 had been crying when they passed their shift for the night shift. C3 appeared to be dismayed by the situation, as she had a strong bond with the child. The turnover of female caregivers makes it difficult to establish and maintain the bond with children, who are exposed to constant disruptions that may interfere with their development. On the other hand, C11 points out that, when there is greater attachment of the child to the female caregiver, that improvement with the arrival of this. So, in this case, the female caregiver represents the main attachment figure for this child.

> [...] *we always create bonds with everyone, but there's one or the other that seems like your heart softens more with that one, it's kind of strange.* [...] *you end up becoming more attached to this child and the child feels,* [...] *you come and they change, it seems they improved, they identify* [...]. (C11)

In the observations the closest linkage with some children was also explicit, for example, in the interaction of C10 with I4: C10 is talking to I4 who is sitting on her lap. She plays with the boy, who smiles at her. She kisses and caresses the boy, talking to him affectionately. The boy smiles and responds to the chatter. The interaction can still be seen between C6 and I2: C6 nestles I2 in her arms and sings to him. Another situation observed reflects the question pointed out by C11 in the interview that the child improves with the arrival of a certain female caregiver: when I2 cries in the nursery, C9 enters and picks up I2 in the lap that stops crying.

In this context, the strongest bond between female caregiver and child favors care, making the children more comfortable and calm when they are with the female caregiver, with whom they identify the most, being the main figure of attachment. In addition, bond development is based on the care needs of children, and some female caregivers show greater affinity for certain children and vice versa.

> *It means that the more I have bond with that child, the more I can respond to what she/he's asking me for. Most don't speak, so if I don't interact well with him, if I don't have a good rapport with him, how will I understand what he's asking me for?* (C1)

However, it is necessary to know how to balance bond formation because if, on the one hand, the child who has more attachment to a particular female caregiver feels protected, on the other, another child, who does not have that bond with that female caregiver, can feel unprotected:

> [...] *form a bond with that child, but don't leave the other, because just as the child with whom you formed the bond will be overprotected, the other will feel totally unprotected,* [...] *So,* [...] *you cannot give so much attention to one, nor to others, you have to balance,* [...] *in practice it is very difficult* [...]. (C9)

In this context, it is necessary for the female caregiver to pay attention to all children, not staying away from them, because according to C8, attachment formation is difficult not only for the female caregiver, but also for the child who often does not know who to hold on to:

> [...] *there's that thing too, they don't know who to hold on to, because there's one on each side,* [...] *there are some that you get attached to,* [...] *some that don't. We take this way, we learn, we see, there are easier and harder days*. (C8)

Disrupting with the established bonds and detaching

The formation of bond and attachment with the child, although indispensable for child development, cause suffering to the female caregivers, because when this bond breaks, with the child leaving the institution, the detachment has to be worked, generating a feeling of loss. The female caregivers point out in their reports several situations in which they experienced the formation of bond and attachment with the arrival of the child to the institution, which were broken at the moment of deinstitutionalization:

> [...] *now I have another child here,* [...] *there is already an attachment again, and then I try to work with myself the law of detachment, because soon the child is already leaving and* [...] *I know myself, I will go through this situation again and I don't want to, but being in a harbor there is no way out* [...]. (C3)

The participants affirm that, because they know that the bond will break, they must prepare themselves, 'having a well-centered psychological', to deal with the situation of disruption:

> [...] *sometime this bond will break,* [...] *and you have to be ready to break* [...]. (C8)

> [...] *you have bonding, but you have to have a good emotional structure to deal with* [...] *you have to have a well-centered psychological, like what you do and try to do the best*. (C11)

Another way to guard against bond disruption between the female caregiver and the child is early awareness of the child leaving the harbor, as C7 states:

> *We heard that it looks like it will happen and he goes to a surrogate family. I'm already indoctrinating myself and getting used to the idea that* [...] *he goes away, to go preparing myself psychologically not to suffer much, because we suffer, we miss and feel strange.* (C7)

In the face of such situations, the female caregivers must learn to get attached to and detach themselves, too, in order to cope with bond relationships they form with children during institutionalization. According to C10, you must know that that child does not belong to you and you cannot take it home:

> [...] *you learn how to get attached and detached. You learn to cling, to love and such, but you have to let go, because the child is not yours and you cannot take the child home. Then, you learn attachment, detachment.* (C10)

Attachment and detachment situations therefore need to be worked on by the female caregivers. They point out that they need to prepare for bond disruption they established with the child. Thus, detachment is understood as a constant need, since with each new child being institutionalized, new 'attachments' are created and subsequently undone. In their experiences, the female caregivers report several situations of bond and disruption experienced by them and that generated suffering, interfering in the daily care provided.

> *There were two children to whom I got attached. Now there was one last one too that was adopted, which I missed so much, I cried a lot. To this day I hear her call me, because she used to say "auntie, auntie, 'give' hug" It was very difficult* [...]. (C1)

The female caregivers express, in these lines, bond formation experiences they had with some children, and it is possible to perceive the attachment between the two. However, these situations are perceived by the participants as difficult, but cannot be avoided, even though they cause them harm, because this attachment generates much suffering and longing for the female caregiver when the bond is disrupted. Complementarily, bond disruption generated by the child's exit from the institution imposes a feeling of emptiness to the female caregivers, as stated by C15:

> [...] *it's difficult in the morning, you come, you look at the cradle, my God, where is he? You feel emptiness; it seems that there is nothing left.* [...]. (C15)

The suffering caused by disruption of bond imposes on the female caregiver, sometimes, the need for medical follow-up and even the use of medication.

> [...] *I got attached to J* [...]. *So, I was already under antidepressant treatment, so I take until today*. (C5)

The exit of the institution of a child with which the female caregiver created a stronger bond brings antagonistic feelings, of sadness by disruption of bonds and of joy by the insertion of the child into a family.

> *At the same time it was sad and it was joyful because she needs a family. So, creating a greater bond is sad and happy at the same time, because what we most want is for them to have a family, for them to have a home, because as much as we give love, here is not their home*. (C12)

It can be observed from the C12 report that despite the feeling of loss, the child's exit from the institution also brings happiness, since the female caregiver recognizes that although it offers love to children, the institution is far from home. Disruption of bonds is strengthened by the definitive condition in which, most of the times, the female caregivers no longer have any contact with the child after leaving the institution. Thus, even if they understand that the family adopting the child wants to sever the bonds with the harbor period, the female caregivers feel discarded.

> *Since the child is adopted you have no more, they discard you as if you were not careful, you had nothing like that* [...], *on the one hand they have to do it, break that bond* [...], *but* [...], *you won't see the child again either, and then they'll throw you away like that, you're here just to take care of, I'm done, bye*. (C8)

Female caregivers feel rejected, because although they have participated in children's lives for an important period, they realize that this is not recognized by the families that adopt children. Therefore, with the exit of the child from the institution, most of the time, the process of attachment of the female caregivers is terminated, since they are no longer part of the child's life.

Learning how to work with formation and disruption of bonds

Learning how to deal with bonds and knowing the reality of the future disruption is important for the participants, as these events have consequences for the female caregiver. With the suffering generated by disruption of the bond, the participants seek to develop strategies to work with children without developing the attachment, avoiding reviving the situation caused by disruption of this bond in the future.

> *There is that thing, the bond I had, I would pick the child up all the time,* [...] *the child would get sneaky, but I would pick up* [...]. *Not today,* [...] *I have that thing of interacting with the child, but it is a more moderate thing,* [...] *it is a quieter thing*. (C2)

Female caregivers realize that it is important to learn how to measure the strength of developed bonds. To this end, they say that sometimes it is necessary to organize, changing from a female caregiver, to care for children, since they respond better to certain people with whom they have a narrower bond. However, it is important to carry out a rotation so that the child does not get attached to only one female caregiver, hindering the work of others.

> *We try to work each one with another, a little* [...]. *Sometimes we see that it is not working with a child, we change, my colleague goes there and tries to talk to her. We try to do this so that the child doesn't get attached to one, because the work of others with her becomes difficult*. (C9)

According to the participants, with time and experiences of loss, they seek to change the way in which they bond with children, trying not to establish such close bonds, to protect themselves from the emptiness left by the child leaving the institution.

> [...] *it's very sad, it's very cruel when the child leaves the house like that. You get so involved with them that you feel as if you have taken them away. I think so, I won't get attached, I have already joined several here,* [...] *I won't get attached any more to anyone, I don't want to.* (C6)

However, even if the strengthening of the bond between the female caregiver and the child has negative consequences, such as the sadness generated by disruption, C4 considers it very important for the child, who needs affection and warmth:

> [...] *when we strengthen that bond, it hurts, but I think it's important.* [...] *a child who has affection, who has a warmth, a lap to sleep, which she often did not* [...] *have from her mother,* [...] *her father, a caress, that child ... feels safer* [...] *doesn't get so tearful*. (C4)

In addition to the factors presented so far, the suffering of the female caregivers is also related to the experience of children. Knowing the reality of these, the female caregiver is sensitized and suffers:

> [...] *sometimes we suffer with them. There are certain things that, even with a lot of work time, you still surprise yourself* [...] *and that makes you think and you think. That phase is more marked, that time, and until you forget you are suffering too.* (C5)

The participants show that in order to face daily work, they need to be emotionally strengthened, in order to deal with difficult situations that arise.

> *You have to have a strong psychological, because if you use the affective side* [...] *is complicated and if you don't deal with your affective side becomes very mechanical* [...]. *You have to have a control, because if you don't have control, you come home and then you don't know how you will return to work the other day* [...]. (C10)

The lack of psychological support on the part of the institution, to face the situations of attachment and detachment, also generates suffering. Thus, sometimes the female caregivers end up supporting each other.

> [...] *I was holding on to someone who was also in the same situation,* [...] *and she liked him too, and she felt a lot when he left. So I would hold on to her and she would hold on to me* [...]. (C2)

Participants pointed out that if there were psychological support in the institution, it would be easier to face the situations of bond breakage caused by children leaving the institution. However, since this support does not exist, they must learn to deal with difficult situations, experiencing them.

> [...] *no colleague here has support of anything, we know that she has to work, but she doesn't have a view like that, "look, let's take care of the female caregivers a little bit more, suddenly we'll see what they're feeling, what the difficulties are from them. We have children with problems, how are they feeling about working like this, what could help?" No, that was the question that was not asked, you learn in love and pain.* (C10)

According to participants, along with the lack of support there is also lack of capacity to deal with situations presented during the child care, once they feel empowered to solve some issues.

> [...] *not only caring for the physical* [...] *I think we have to take care of everything, but sometimes we are not in a position to do it. We don't have the full understanding of it, so* [...] *we try to do the best we can ... to calm down, try to take care of,* [...] *but there are things that are beyond our control* [...]. (C10)

With the time of action within the host institution the female caregivers are seeking to adapt to the constant formations and disruptions of bond. However, sometimes the reminder of bonds lasts forever.

> *I think it will never go* [...] *even today if I keep remembering the moments* [...] *I start to cry, because it gives a lot of nostalgia* [...]. (C15)

Bond living for female caregivers with institutionalized children is marked by joys and sorrows that remain for the rest of their lives. Even if the female caregivers go through a variety of experiments and the bonds formed are definitely broken, with no subsequent contact with the child after leaving the institution, the attachment memory remains marked in the lives of the female caregivers and possibly the children as well, since many spent a long time living together in the harbor.

DISCUSSION

It is important to emphasize the importance of safe affective attachment for the development of people, and affection is related not only to the development process, but also to individual and collective socialization[12]. Bond quality and attachment influence the emotional, cognitive and social development of children, future adults, who, if raised in more sensitive environments, can become more just and solidary citizens[13]. With the establishment of stable relationships and strong affective bonds, it becomes possible to break with cycles of transgenerational violence, in favor of a full and healthy development for children. In addition, it can be observed that institutionalization can negatively impact several areas of child development, especially affectivity and cognition[5].

In the interaction with the institutionalized child, the female caregiver understands that the formation of bond is an essential condition, without which she cannot carry on her work, since the child himself/herself requires it. Thus, the development of attachment behavior is related to the sensitivity of the main figure to responding to and interacting with the baby's signals[1]. In this context, it is necessary for substitute caregivers to offer institutionalized children a bond governed by constant and trustful interactions[14].

The situations of intense coexistence, as well as the social interactions characterized by proximity and affection demonstrations, act on the children and the female caregivers, modifying their reality, since people constantly change during social interaction[8]. From this perspective, it was observed in the present study that the greater proximity and bond generate in the female caregivers the desire to remain with the children.

The development of more secure levels of bond is related to the greater abilities of the caregivers to connect emotionally with children through gaze, communication and play[15], the latter being essential for the well-being and good development of children[16]. In addition, the formation of bond and attachment development is part of the daily care of the institutionalized child, being a reciprocal condition between caregiver and child. Thus, the child searches for the attention of the female caregiver,

requesting her care and the female caregiver responds to the child attending to his/her request and sticking to it.

The main attachment figure for the child, although usually the mother, may be another person with whom it is close, as long as the person behaves in a maternal way, maintaining an intense social interaction with the child[1]. In this sense, it was noticed that the female caregivers had a relationship with children as close as that between a mother and her child, representing their main attachment figures. Thus, the willingness of participants to maintain this bond forever through the adoption of that child with which they have created a stronger bond has risen. However, adoption is independent of the will of the female caregiver alone, and must follow legal procedures, which makes it impossible, in most cases, to cause suffering and frustration.

A study with social mothers points out the difficulties they have in drawing boundaries between the work of the educator and the exercise of motherhood, that is, "where she ends her maternal desire to begin the exercise of a professional activity"[17]. However, although there is a need to attach affective to children, favoring the constitution of a family environment, the educator cannot take ownership of the child he cares for, claiming to take the place of the family[18]. It is believed that it is not an easy task, perhaps possible, to care for and develop bond without feeling mother of the institutionalized child.

In contrast, the female caregivers point out that narrowing the bond with some children may lead to difficulties in care, because while they dedicate themselves more specifically to that child, other children are left behind. In addition, the child will be exposed to frequent bond breaks with his or her main attachment figure. Therefore, the female caregivers cannot allow 'the child get attached only to one', and living with diverse caregivers and frequent breaks in bonds can be very complex[19].

In this scene of comings and goings, the female caregiver and the child experience, several times, the experience of connecting and disconnecting. However, the affective bond in the female caregiver/child relationship is indispensable for the design and maintenance of a healthy environment, acting on the development of the ability of the two to bond to one another[19].

For the female caregivers of this study, the child perceives the most affective contact offered by them and is reassured by it, and the quality of the relations established between children and people who surround them is very important for their psychic and social development[20]. In contrast, when the child perceives the remoteness of the caregiver who represents her as the main attachment figure, she tends to protest. Complementarily, the female caregivers point out that the children choose the caregiver, developing preferred bond relationships with some of them, whereas the same does not occur with others, that is, they choose the preferred caregivers[21].

The linkage between the female caregiver and the child is understood by the participants also as a protective condition for the child. The absence of a preferential caregiver in the institution generates higher values of indiscriminate social behavior, so having a preferential caregiver with which the child has a bond is a protective factor in the development of indiscriminate social behavior[21].

Emotional development involves continual changes in the child's ability to relate to the environment, as well as in the way he/she perceives himself/herself and the surrounding world[13]. Thus, lack of interaction between caring and the child can interfere in the emotional development of the child. In this context, the caregiver also goes through an adaptation process, learning in everyday life how to deal with attachment and lack of it in the interaction with children, 'having days when it is easier and days when it is more difficult', according to C8.

The formation and disruption of bonds are a constant for the female caregivers, because each attachment generates a disruption that is succeeded by a new attachment and, consequently, a new disruption. In this context of bonding and untying, it is necessary for the caregiver to learn to work on his feelings, because the changes and disruptions experienced in the institution of harbor affect all involved in the process[22]. It is believed that it is necessary to offer the female caregivers an emotional support to deal with constant entanglements and breaks that they experience in the context of the harbor, because when they feel supported, they can deal with difficult issues such as separations and losses, appropriate supervision for this purpose[22].

However, this is not the reality experienced by the female caregivers in the institution of this study, they do not have psychological support, nor do they feel supported, which makes it difficult to cope with disruption of bond with the child. In this context, it would be essential to have continuous monitoring in which the psychological issues inherent to the performance of the function were worked out[19]. In addition, it is necessary to have a continuous update for the work in host institutions, because the situations experienced are dynamic, showing different every day, and that the learning of the professional training needs to be structured in the practical experiences[23].

The development of attachment with children, who later leave the institution, generating bond disruption, raises the paradox and the suffering experienced by the substitute caregivers, who recognize the importance of affective investment for children, but also their consequences for these and for themselves[14]. According to the study, there is a relationship between attentive behavior and emotional regulation abilities, as well as between unsafe connections, difficulties in attention of the children and propensity to stress[24]. Therefore, when children establish an insecure bond with professional caregivers, they are unable to organize their encouragement and consequent goals to regulate their emotions, which would allow them to constitute their attention behavior[24]. In this sense, caregiver training is one of the most important preventive interventions, since it can contribute to the preservation of caregivers' identity, protecting their specificities and considering them as social actors capable of changing the reality of child institutionalization[25].

Study limitations

The limitations of the study are related to the fact of considering a specific reality, from a single host institution, which does not allow generalizations.

Contributions to Health

It is believed that the results found may contribute to the health professionals developing strategies to support the caregiver, emphasizing the need to offer a listening space, so that

they can re-think their attachment and detachment relations with the child institutionalized. Thus, the development of research in other childcare contexts is suggested, aiming to broaden the understanding about the formation of bond and attachment and how they act on the life of the institutionalized caregiver and child.

FINAL CONSIDERATIONS

The objectives of this study were reached, since it was possible to understand the perspective of caregivers about formation and disruption of bonds with institutionalized children. According to this perspective, caregivers interact with the institutionalized child and, in this interaction, sometimes develop a stronger attachment feeling. The formation of bond and attachment brings to caregivers the need to deal with their subsequent disruption, when the child is adopted or back to his/her family. In this process of getting attached and detached, many are the difficulties faced by caregivers, generating suffering, anxiety and sadness. To this end, caregivers seek to create protection tools, aiming to ease their suffering in the face of loss, among them the search for more superficial interactions that do not cause the attachment. However, this is not an easy task, and caregivers recognize that the child needs bonding and bonding to develop properly, since the formation of bond is indispensable to provide comprehensive and quality care.

Thus, it is necessary to think of ways to help caregivers and children to minimize the negative effects caused by the formation and disruption of bond. One way of working on this issue is pointed out by the female caregivers themselves in this study when they verbalize the need to be heard and to have psychological support so that they can share their experiences to strengthen themselves emotionally and continue to develop their work.

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