SCHOOL AND DEVELOPMENTAL PSYCHOLOGY

"Who Doesn't Pick-Up, Doesn´t Get Attached"? Interactions and Bonds with Foster Infants[*]

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ABSTRACT – This study investigated the emotional bonds between caregivers and foster infants, and how these were meant and enabled in a foster care institution. An exploratory study was conducted, following the interactions of three babies (age: 4-13 months). Video recordings were weekly made, along three months, in addition to interviews and field diaries. Observational categories were quantified. Results indicate low caregivers' responsiveness to the infants' expressions. Caregivers avoided physical contacts. Institutionalized guidelines (as "*don´t pick-up the baby to not get attached*") circunscribed interactions. Strong emotional bonds were established with certain children. It was discussed how emotional socialization, caregivers' responsiveness and the context organization are related to infant's socio-affective development, the construction of bonds and the process of learning.

KEYWORDS: object attachment, child development, infants, caregivers, child foster

"*Quem Não Pega, Não Se Apega*"? Interações e Vínculos com Bebês Acolhidos

RESUMO – Investigou-se o estabelecimento de vínculos entre cuidadores e bebês acolhidos, e como estes eram significados e (im)possibilitados em instituição de acolhimento. Utilizando videogravações semanais, por três meses, entrevistas e diários de campo, conduziu-se estudo exploratório, descritivo-qualitativo, em contexto naturalístico, acompanhando interações entre cuidadoras e 3 bebês (idade: 4 a 13 meses). Categorias observacionais foram quantificadas. Observou-se baixa responsividade às expressões dos bebês. Contatos físicos eram evitados pelas cuidadoras. Orientações institucionalizadas (como *não pegue para não se apegar*) mostraram-se significativos circunscritores das interações. Laços afetivos se estabeleceram apenas com determinadas crianças. Discutiu-se como a socialização emocional, a responsividade das cuidadoras e a organização do contexto relacionavam-se com o desenvolvimento socioafetivo, a construção de vínculos e os processos de aprendizagens.

PALAVRAS-CHAVE: vínculo, desenvolvimento infantil, lactente, cuidadores, criança acolhida

The Attachment Theory (Bowlby, 1969/1990) has strongly contributed to the understanding of the constitutive function of affective relationships and bonds in development processes, especially in the first years of life. It has also emphasized infants' capacities and competencies and their active participation in interactions. The communicative role of infants' expressions (such as crying, smiling, vocalizing, directed crawling, pointing, following, clinging, the ability to distinguish people, etc.) was also highlighted, understanding them as a system of attachment behaviors. These attachment behaviors would act as mediators in seeking and maintaining proximity to the reference person, especially the one who regularly and constantly plays the mother role. In contrast, the type of care and response that a baby receives from this referential figure is understood by Bowlby (1969/1990) as central to the child's affective development, also constituting an affective relationship of a certain nature. In this regard, maternal sensitivity (the mother's posture when giving an immediate, alert and adjusted response to the child's signals) was described as a type of parental practice/behavior that

1

is effective in promoting a warm, intimate and continuous relationship.

Based on these postulates, a robust body of scientific studies from different countries has been discussing concepts such as *parental sensitivity*, *"nurturing" and synchronous care*, and *commitment*. *Parental sensitivity* refers to the ability to identify and respond to children's signs, gestures, and expressions appropriately and immediately (Raby et. Al., 2019). *"Nurturing" care* implies satisfying children's needs in distress situations, such as when they signal the need to be calmed down or show feelings such as sadness or sorrow (Dozier et. Al., 2016). *Synchronous care* implies helping children to remain persistent in a task, whether exploratory and/or playful, enabling their leadership in interactions, highlighting their active role (Leclere et. al., 2014). And *commitment* is related to the orientation towards the future, the perspective of continuity of the relationship with children over time (Cleary et. al., 2018). All of these parental care practices have been correlated with functional and adaptive developmental results, consisting of protective factors that can promote well-being, safety, and a stable and enriched socio-emotional environment (Dozier et. al., 2016; Chernego et. al., 2018), considered essential for communicative, cognitive and socio-affective development (Mendes & Kappler, 2018).

The discussion on the founding role of parenting practices and bonds early in life is widespread in the Brazilian scientific literature, especially when discussing maternity, parenting, infant development, and mother-infant interactions (Alvarenga et. al., 2019; Ribeiro-Accioly et. al., 2019). However, bonds are also seen as important indicators in assessing the quality of institutional foster care (Acioli et. al., 2018; Lemos et. al., 2017).

Institutional foster care is a type of temporary and exceptional protective measure for children and youngsters removed from their original family life due to negligence, violence, abandonment, orphanhood, or their guardians' impossibility to provide care and protection. As a provisional measure, institutional foster care is used as a form of transition to family reintegration or, if this is not possible, for placement in a substitute family (adoption) (Law 12.010/2009 – Statute of the Child and Adolescent, Brazil).

In this context, the topic concerning affective bonds has been one of the central axes around which the work involving foster children is discussed and oriented. The very function and identity of these programs are oriented towards the maintenance, strengthening, and (re)construction of foster children's and youngsters' family bonds (Acioli et. al., 2018). This topic has also supported the discussion on the need for foster services to ensure not only physical care but mainly to assist in mental development, enabling experiences of trust and protection (Kirk et. al., 2017). And, specifically in the cases of foster infants, this issue takes on an even more relevant character, due to the founding role of affective bonds in developmental processes in the first two years of life (Neder et. al., 2020).

As Moura and Amorim (2018) point out, there are few national empirical articles portraying the experiences of infants in foster care programs. This gap can hide serious situations of rights violations, making it difficult to design action policies and methods that take into account the specific demands of this age group.

In this scenario, the general question that guided this study was: how are affective bonds established between infants and caregivers in a foster care context? Thus, this study aimed to investigate the establishment of bonds between caregivers and infants in an institutional foster care program. More specifically and based on the analysis of infants' expressive and communicative resources, the selectivity and specificity in directing such resources, and caregivers' responsiveness, we sought to learn: 1) if there were indications of preferential partners and affective bonds; and, 2) how affective bonds were signified and made (im)possible in this context.

METHOD

As a methodological design, we opted to conduct a qualitative observational study, of a descriptive and exploratory nature. Studies such as this - based on systematic observations, with the collection and recording of information occurring spontaneously in a naturalistic context - allow investigating complex situations, within their real-life context. And, although this is a particular case, it is understood that the social and the cultural are crossed in an individual, that is, that a snapshot of reality encompasses aspects that are consistent with the broader context (Rossetti-Ferreira et. al., 2004).

Participants

The study was conducted in a municipality in São Paulo state, in a foster institution that was capable of accommodating up to 20 children from zero to six years of age. It was a non-governmental entity (NGO), whose staff consisted of: a director; three members of a technical team (a coordinator, a social worker, and a psychologist); three pairs of caregivers/educators; a cook; a cleaning person; and a driver. Only caregivers worked on a rotating basis, in 12-hour work shifts and 36 hours of rest, while the others

worked during business hours. Volunteers and visitors (foster children's relatives, applicants for adoption, community members, etc.) also participated in the institution's daily life.

In addition to the high circulation of such adults, there was also a high turnover of children, as new children often arrived while others were being reintegrated into a family context (original, extensive or adoptive). In this scenario, during the data collection conducted over three months, 25 children visited the institution, although only five remained in foster care throughout that period. Among these five children who remained in foster care during the study, only three were in their first year of life and; therefore, they were selected as focal participants, namely: Luis Guilherme, who was monitored from 10 to 13 months of age; Pedro, from 4 to 7 months; and Lucas, from 7 to 10 months. Therefore, we worked with a convenience sample, whose inclusion criteria considered the infants' age range (0-12 months at the beginning of the study) and their permanence in foster care during the three months when data were collected, thus allowing a longitudinal follow-up.

Although this study addresses the results regarding the three infants, Lucas's case will be specifically highlighted as representative of the institution's routine due to the episode randomly selected and transcribed. Similarly to Pedro and Luis Guilherme, Lucas was referred to foster care from the maternity hospital when he was still a newborn; their growth and development were being routinely monitored by the team and volunteers, all of whom were very familiar with them.

In addition to the infants', the adults' participation is highlighted for their reports and/or interactions with the focal infants. Among them were: the social worker (who was ≈50 years old, had adult children, and had been working for the institution for 10 years); the psychologist (≈20 years old, single, no children); caregiver Elaine (≈60 years old, had been married for 40 years and had adult children); cook Rita (≈40 years old, did not provide information about schooling, her marital status or number of children); volunteer Suellen (≈30 years old, married, had a college degree); the institution's director (≈50 years old, had a college degree and teenage children), and the driver, named Dito (≈50 years old, did not provide information about schooling, marital status or number of children).

Instruments and Data Collection Procedures

Video recording, interviews, and field diaries were used for data collection. Such articulated methodological resources allowed considering multiple aspects and meanings involved in the situations, as recommended by the theoretical and methodological perspective of the Network of Meanings (*RedSig*) (Rossetti-Ferreira et. al., 2004). Based on this perspective, this study used instruments that were capable of apprehending the complexity, contradictions, conflicts, and confrontations that permeated interactions.

Videos were recorded, weekly, for one hour with each infant, over three months. We tried to make the recordings on different days of the week and in different periods of the day to apprehend the infants' routine, their relationships, and the dynamics of the context as thoroughly as possible. In line with the *RedSig* proposal, the goal was to focus not only on infants but to consider the environment, other partners, and the social exchanges that involved them. It is noteworthy that all the different participants in the video recordings (employees, visitors, or volunteers) signed an Informed Consent Form (ICF) providing information regarding the study, the participants' rights and guarantees, and the forms of contacting the researchers.

After the video recordings, semi-structured interviews were conducted with the technical staff members (a psychologist, a social worker, and a coordinator), two caregivers, and a cook. The inclusion criterion for participation in the interviews was, in the case of the caregivers and cook, the highest frequency with which they appeared on the video recordings as the infants' interactive partners, and as for the technical team, we tried to understand their guidelines to care for the foster infants. Again, specific ICFs were produced and signed for the interviews, which occurred in the foster care context, with an average duration of 40 minutes in places chosen by the interviewees (such as the kitchen, patio, and nursery) and were audio-recorded. The topics covered ranged from beliefs, norms, and guidelines concerning bonds and attachment to aspects regarding the infants' routine, activities, habits, health conditions, and relational history with employees and volunteers.

Through the field diary, situations, comments, information, reports, cases, expressions, and reactions occurring in informal dialogues were recorded, revealing a wealth of elements (sometimes contradictory) that composed the institutional daily life.

Data Analysis Procedures

The analysis method was based on the systematic observation of video recordings (Seidl-de-Moura & Ribas, 2007), quantifying the frequency of occurrence of the following categories: "attention orientation", "search for/maintenance of closeness", "social exchanges" and responsiveness involving infants and their interlocutors. Such observation allowed a general mapping of the infants' emotional and communicative resources and their more or less frequent targeting at certain interactive partners, indicating selectivity and preferential partnerships. Content analysis of the interviews and selected video episodes was also performed.

This set of materials comprised the *research corpus* from which a new categorization process was conducted at a second moment. This time, the general results were categorized, seeking to identify the units of analysis and organize them into thematic categories. Based on these procedures, the

results will be presented in four categories: 1) Attachment: institutional meanings and guidelines; 2) (Dis)attachment in everyday interactions; 3) Attachment as a differentiated affective relationship; 4) Bonds to be promoted.

Ethical Procedures

The Project was approved by the Research Ethics Committee (under no. 494/2010-2010-1-824.59.5), in compliance with Resolution no. 466/2012 (National Health Council). As informed on ICFs, the names of the city and the program were omitted, and the participants' names were replaced by fictitious ones to ensure secrecy and confidentiality. At the end of the study, a meeting was held to return the results, with a focus on the importance of affective interactions between caregivers and foster children and on sensitive and responsive care practices as constituent aspects of child development.

RESULTS AND DISCUSSION

The results will be presented and discussed from four categories, as shown in Figure 1, which also includes the units of analysis. Then, the data will be discussed within each category in dialogue with domestic and international studies on the topics. In general, the concepts of bonding and attachment shared in the institution and the way they circumscribed and constituted the dynamics of the interactive field will be presented.

Categories	Units of analysis
1. Attachment: Meanings and institutional guidelines	1.1 Fear of attachment and suffering with separation.
	1.2 Institutional guideline: avoid attachment.
	1.3 Institutional guideline: avoid holding so that the infant will not become spoiled.
2. (Dis)attachment in everyday interactions	2.1 Caregivers' low responsiveness to infants' emotional and communicative expressions.
	2.2 Objects offered and/or position changed as a way to silence crying and distract the infant.
3. Attachment as a differentiated affective relationship	3.1 Differentiated relationships involving preferences, selectivity and affective exchanges between certain infants and caregivers.
	3.2 Relationships that are extended to beyond the institution's premises.
	3.3 Differentiated interactional patterns between continuous and permanent partners.
	3.4 History of sharing and constructed memories.
4. Bonds to be promoted	4.1 Differentiated relationships were not constructed with all infants.
	4.2 Form of context organization that hindered affective interactions and exchanges.
	4.3 Institutionalized and standardized routines with low interaction rates.

Figure 1. Study results organized into categories and their respective units of analysis
Source: research corpus constructed by the researchers.

Attachment: meanings and institutional guidelines

How were affective bonds (or "*attachment*"[1] as previously referred to) understood and employed in this institution? How did the team deal with "*attachment*"? Answering these questions, the social worker (who had been working in the program for 10 years) reported that she advised the caregivers to avoid attachment because if the infants were replaced with a family, the separation could cause even more suffering, both for the infant and for the caregiver. Thus, the method aimed at preventing the recurrence of situations in which the caregivers would head for the exit gate crying because it was time for farewell, as the infant was leaving. In her words: "*What I tell them is that our job is to get the children back soon [to a family]. We must be happy if it works out. But there are always those who get attached and suffer*" (Social Worker). Other employees reported experiences of having become attached and suffered from separation. Regarding that fear of attachment, a specific story called attention: it is Vera's case. She began working for the institution after the video recordings had started. As a caregiver, her engagement in the activities could be observed from her first week on the job, as she played with the infants, sang, and talked to them when providing individualized care. However, she resigned after one month's work. As to the reason for her resignation, another employee said: "*Vera resigned because she was becoming attached, and she wouldn't be able to see the children leave*" (Caregiver Elaine).

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[1] Terms in between quotes and in italics represent expressions used by participants.

Thinking about the separation, the social worker also showed concern about the cook, whose name was Rita. In her opinion, Rita was "*becoming too attached*" to the children: "*I've noticed that she has stayed a little longer after working hours". And she spends a lot of time with Lucas. When he leaves, I don't even want to see how she will feel!*". Rita frequently interacted with the infants. It was common to see her holding an infant, especially Lucas. In one of the recordings, the following scene was observed: Rita walked in the patio where the children were together; she stopped by the baby walker where Lucas was placed; she bent down and said: "*Ouch!! Auntie wants to hold you, but she can't get attached... But auntie can't resist, auntie wants to hold you*" (Cook). And she picked him up and held him on her lap, kissed and hugged him, and then returned him to his baby walker.

During the study, it was noted that Rita was not the only one who feared holding and becoming attached to the infants. From the video recordings, the following could be heard: "*you have to avoid holding the babies if they are not crying so that they won't get used to the wrong thing. If you hold the babies for too long, they will get used to this bad habit and then, when you put them back on the cradle, they will cry*" (Caregiver Elaine). Or when a baby was crying, they said at times: "*He wants to be held, doesn't he*?! *He is spoiled!*". These reports were related to another institutional guideline mentioned by the psychologist: "*we suggest that they let the baby cry a little so that he gets used to it*". The same was said to volunteers and visitors: "*We tell them: 'You can play with the babies, talk to them, but don't hold them. After you leave, they will cry (...) they will be spoiled, and there are only a few of us for so many infants'*" (Social Worker). Given these guidelines, a caregiver questioned: "*But how can you take care of a baby without holding him? Should we give care as if we were robots? We won't do that. I can't even imagine that! There is so much emotion!*" (Caregiver Nice).

Therefore, similarly to attachment, physical contact - especially holding an infant in one's arms or on one's lap - was also avoided at the institution. They considered that picking up and holding the baby could facilitate "attachment", leading the infant and caregiver to likely suffer at the time of separation. Based on this logic, a solid political and pedagogical orientation that regulated the interactions with the foster infants was established: "*don't hold them so you won't get attached!*". It was a political guideline because it implied choices, decisions, taking on certain positions/roles, and forms of participation in this social context. And it was a pedagogical guideline because it circumscribed the development and learning processes (Rossetti-Ferreira et. al., 2004). Thus, holding and becoming attached sounded like "two sides of the same coin", experienced with fear in face of the expectation of breaking ties. And because of the way they were conceived, they supported the logic of interpersonal detachment.

In agreement with the literature in the field, such a fear of bonds and the efforts to avoid *attachment* and psychological distress at the time of the child's separation are results frequently reported in studies on affective bonds in foster care situations (Medeiros & Martins, 2018). Due to the transience of foster care, the bonds are usually perceived as possible to be broken at any time, and they are related to pain, the difficulty of facing feelings of helplessness, abandonment, demotivation, and lack of preparation/training (Lemos et. at., 2017; Lemos & Silva, 2019).

However, one cannot lose sight of the particularities of infant care, that is, the specific needs and characteristics of early childhood, a stage in which interaction, affectionate care, playing, and stimulation are the pillars of psychosocial development. Thus, when discussing the specificities of affective contact in infant care, and in contrast to the institutional guidelines "no holding, no attachment!", Montagna (2011) argues that holding infants should be one of the particularities of this work because, in addition to promoting comfort, holding plays a fundamental role in development: through tactile sensations and perceptions, it enables the infant to perceive the limits of his/her body and those of the other's body, and thus, build his/her body awareness. For the author, holding infants provides them with comfort and protection, in addition to creating a tactile experience that contributes to their postural organization and identity construction. Montagna (2011) also argues that, although caregivers in foster care services are not always available to hold babies (which also occurs in family contexts, where mothers, fathers, grandparents, etc. have other tasks and cannot hold the baby in their arms whenever he/she asks for it), they must recognize that request and legitimate the child's demand by giving him/her attention. If it is not possible to pick him/her up at that moment, it is necessary to use strategies that are sensitive to what the child likes, what does him/her good, amuses, and calms him/her.

Likewise, Seidl-de-Moura et. al. (2004) state that the exchange of glances, physical contact, closeness, and warmth provided by the caregiver's arms are essential for the establishment and maintenance of interactions, especially in the case of small babies, whose displacement and positioning depend entirely on caregivers. More recently, the case study conducted by Moura and Amorim (2018) - in two foster care programs - showed that the lap was the privileged place for the occurrence of interactions involving reciprocity and shared doing. And, on the contrary, when babies were in cribs, strollers, and infant-comfort seats, most of the time, they remained in individual activity, aside from the interactive field.

It must also be noted that, although these are transitional care environments, the experiences that infants have during foster care are not transient. Transience also constitutes developmental processes. Transitions refer to specific periods that influence trajectories and give distinct meanings to

individuals' life courses. They represent periods in which new competencies, skills, behaviors, and experiences (motor, cognitive, social, and affective) are established. Such changes occur interdependently according to the historical context and the physical, social, geographic, and symbolic environments (Aspesi et. al., 2005). Therefore, even if infants' stay in foster care is transitory, the events, relationships, and facts they experience there are embodied and form the basis of their psyche. Moreover, separations occur throughout the lifecycle, and this does not justify a life structured apart from human sociability and affective bonds.

(Dis)attachment in everyday interactions

The observational records allowed us to follow how conceptions and meanings of attachment were actualized in the interactions, guiding the infant care practices, influencing their daily lives and experiences, as well as much of the emotional socialization process in the institution.

From the systematic counting and mapping of observational categories, the caregivers' low responsiveness to the infants' expressive behaviors and resources directed to them was observed, particularly "*crying*" ((Medeiros & Martins, 2018). On several occasions, the babies' cries were continuous and intense, and no one picked them up. The strategies to calm them down varied: they checked whether the problem was related to a pacifier, a dirty diaper, heat, or other reasons. In an attempt to stop the crying, they took the babies out of their cribs and put them in strollers, walkers, in front of toys, or even in front of the television. Some tried to talk and sing to distract them, without approaching them. At other times, they simply let them cry. Nevertheless, it was otherwise observed that the caregivers were the main focuses of "attention orientation" and for "seeking or maintaining closeness" on the infants' part. Their high responsiveness to the caregivers' actions directed to them was noteworthy. And among the actions that most provoked the infants' responsiveness, the following were particularly noteworthy: "holding", "smiling", "playing", and "cuddling" (Moura, 2012).

Once again, the way how the socialization of emotions and the management of affectivity took place in this institution draws attention. As Mendes and Kappler (2018) state, caregivers and the whole foster care team, as well as parents and educators, are "responsible for an unequivocal and relevant share of their children's socioemotional development" (p. 224). Therefore, the low responsiveness to crying and other emotional expressions of infants in foster care is disturbing, as well as the way crying and holding were not effective resources in the search for/maintenance of closeness between infants and caregivers, a fundamental aspect in the bonding process (Bowlby, 1969/1990).

According to Mendes and Kappler (2018), depending on how emotional socialization is established, the abilities to discern other people's emotions (interpreting expressive and situational cues), to be empathetic and cooperative, and to be aware of the communicative role of emotions are stimulated. The development of emotion regulation and socioemotional skills is also related to the development of other fundamental skills such as self-efficacy, self-control, and language. All these considerations support affectivity as a basic human need, as much as hygiene and food, being directly related to full and healthy development, which is translated by the ability to establish interpersonal relationships and create bonds (Bowlby, 1969/1990; Mendes & Kappler, 2018).

Therefore, caregivers' low responsiveness to infants' emotional expressions is concerning to the extent that, in the scientific literature, low caregiver responsiveness has been related to children's low self-esteem, insecurity and distrust in relationships, impairments in socioemotional and cognitive development, behavioral problems, and low academic performance (Leclere et. al., 2014; Mendes & Kappler, 2018; Raby et. al., 2019). High levels of responsiveness, on the other hand, appear associated with positive outcomes in different developmental domains (Alvarenga et. al., 2019). Numerous studies point to sensitive, responsive, engaged, synchronous, and stimulating care as strongly contributing to children's growth, development, and emotional, behavioral, and psychological regulation (Dozier et. al., 2016).

Still within the scope of studies on responsiveness, Van der Veer and Ijzendoorn (1988) explored the connections between this concept and cultural and historical propositions, contributing to the reflection that an interaction in which the caregiver is attuned and sensitive to the infant's signals can favor a context of mediation, exploration, and learning. The caregiver, besides being a source of emotional warmth and a sense of security, is also a cognitive agent, who has greater mastery of the symbolic universe and can mediate the process of the child's encounter with this world of signs and meanings.

Attachment as a differentiated relationship

If on the one hand "holding" and "becoming attached" were avoided and feared in the institution, and materialized in low interactive rates, on the other, the observations showed that some bonds were strengthened, possibly because they were mobilized at moments when the infants were being cared for, which involves holding them, manipulating their bodies, touching them, and maintaining physical proximity. The videotapes captured some of the staff members' conversations, in which they said: "*do you see how he smiles at me? It's because he likes his auntie*"; "*They say we can't get attached, but there is no way, we do*".

Different episodes analyzed during the study showed that at the moments of care provision, with its inherent physical closeness, new elements of interaction usually emerged, such as playing, smiles, and affective exchanges. Over the fostering period (especially when the infants spent a long time in the institution), these care-provision moments involved the adults in the story of the infants' development, of their achievements and discoveries. This set of interactions allowed constructing a story of shared experiences between caregivers and infants which, in turn, paved the way for a differentiated relationship, as described by Rita, the cook, in one of the recordings: "*If I could, I would stay here every day after work, holding him* [Lucas] *for a long time* (...) *It's not that I don't like the other children, but this boy is special, there's something about him*" (Cook).

It was also not uncommon for the relationship with certain children to extend beyond the institution's premises, since - in exceptional situations that required more individualized care - some children were taken to the caregivers', the technical team's, or some volunteers' homes that were considered trustworthy. Such situations contributed to the strengthening of the affective bonds with these children, as reported by caregiver Elaine as regards her relationship with baby Lucas.

When Lucas got here, nobody cared about him. He had a lump in his head, whenever it swelled up, nobody wanted to hold him. I insisted on picking him up until I found a way for his head not to hurt. Then, when he grew and got better, everybody wanted to hold him. We followed his growth, his crawling. He called me mother. He was a child that I wanted to take home and continue taking care of. I have a picture of him in my house, together with a picture of my children. Thank God, God is so good to me that he went [away] on a shift that I wasn't on. I left his clothes separated, and when I arrived, he wasn't here anymore. When I came to the nursery and he saw me, he would get all excited and yell 'ma'.

Similar cases to that of caregiver Elaine and baby Lucas are not uncommon in the scientific literature. In the studies by Medeiros and Martins (2018), Lemos et. al. (2017), and Nogueira (2011), there were also reports of caregivers indicating, for example, that "*if I could, I would take this baby home*", or who were touched when they were called "*mother*" by a particular baby. Some of them talked about the suffering and distress at the time of separation when the bond is very strong. These reports are in line with the commitment concept, which is extensively discussed in the international literature (Cleary et.al., 2018).

Commitment has been defined as parental investment in the child, and the motivation to continue a relationship with him/her in the future (Cleary et. al., 2018). It is discussed how a more committed caregiver is an essential factor for young children to achieve good adaptive development (Lindhiem &

Dozier, 2007). In a study conducted by Bernard and Dozier (2011), caregivers with higher levels of commitment to the foster child's future expressed more pleasure in interacting with them than caregivers with lower levels of commitment. And as might be expected, the level of caregiver commitment was inversely associated with child behavior problems.

Representing a snapshot of this institutional routine, a videotaped episode was selected that shows how the technical team's guidelines were actualized in the baby-caregiver and baby-volunteer interactions. But it mainly shows the babies' preferences, their selectivity towards the several partners, and the emergence of affections and emotions that culminated in a distressing storyline.

The protagonists in the scene are baby Lucas (10 months old on that day) and caregiver Elaine. A volunteer, Suellen, is also present, and there are brief appearances by the coordinator (Helena), caregiver (Olga), driver (Dito), and the institution's director (who was accompanied by an architect, with whom she discussed renovations in the institution).

Episode description: "Look, there is his medicine!"

Lucas was in the nursery, alone in his crib. Other children were also there, in other cribs. Suelen (a volunteer) was there, too, watching the babies, sometimes sitting down and sometimes standing up. Caregiver Elaine was handing out cookies to the children. Repeatedly, she came from the kitchen to the nursery, gave each child a cookie, and returned to the kitchen. The corridor, through which she passed, was located right in front of Lucas' crib, who watched her coming and going. At some point, after Elaine had given more cookies to the children, she left the nursery. Lucas - who had been the first to receive a cookie and no longer had it - followed her with his gaze and stammered strongly: "ãnhnmmmm...". He glanced at the back of the nursery, towards the volunteer, and immediately looked back down the hallway through which Elaine had left. The next moment, he began to cry, shouting. In between cries, he babbled "ma...mi..mi", making a quick gesture with one of his arms stretched out towards the corridor. He interspersed the crying with babbling and gestures of his hand outstretched and turned upwards. Faced with his loud cries, volunteer Suelen and the institution's coordinator (who was quickly passing by) approached the crib talking to each other and, at the same time, showing the child a toy without taking him out of the crib. Upon seeing them, Lucas stopped crying, but continued grumbling and making agitated body movements. As the adults left him alone in his crib, he began to intersperse motor agitation, loud babbling, shouting, and brief, short cries with periods of distraction by the toy. This remained the case for about five minutes until his crying intensified again. With the loud cries, volunteer Suelen approached the crib again and tried to distract him with toys. She showed him the toys, swung them before his eyes, and talked to him. He paused briefly, but his crying became shrill again. Another staff member (Olga) approached the crib, spoke to the volunteer, and told Lucas, "No." Olga then left the room with the baby

still crying. Volunteer Suelen decided to take Lucas out of the crib and immediately put him on the floor next to a doll. Lucas, who continued to cry, raised his head and looked at the volunteer, with his arms stretched out toward her. The volunteer moved away to get another toy and Lucas, who was still crying, followed her with his gaze. She offered him a rattle. He took it, shook it, but did not stop crying, looking at Suelen and stretching his arms toward her. She did not pick him up, keeping him on the floor. Next, the driver (Dito) came to the nursery. For a few seconds, he observed Lucas on the floor surrounded by toys and the volunteer and left the room. Soon after, the director (accompanied by the architect) approached Lucas, crouched down in front of the child, and, handing him a toy, asked: "Why are you crying?". At that moment, educator Elaine entered the nursery and looked at the crying baby sitting on the floor next to the volunteer, the director, and the architect. Elaine quickly left the nursery. As the cries remained intense, the shelter's director picked Lucas up and kissed him, saying, "There...there...there...". Even so, Lucas continued crying and stretching his arms toward the corridor, through which Elaine exited. At that moment, Elaine returned to the nursery and took Lucas from the director's arms. Immediately, he stopped crying, plunging the room into a piercing silence. Elaine carried him to the kitchen and the director followed them, saying, "Look! There's his medicine. He's used to it, isn't he? For the next few minutes, Lucas remained in Elaine's arms without crying.

In this episode ("*Look, there is his medicine!*"), we observe the attempts made by the volunteer, the coordinator, and the director to contain Lucas's crying, without picking him up. Staff members Olga, Dito, and Elaine also showed to be bothered by his crying but avoided picking him up. They all tried to distract him from a distance, with a toy that might interest him. Physical contact, holding, and touching were vehemently avoided, despite being requested by the baby. Finally, holding was the "last resort", and only used by caregiver Elaine, after the Director seemed to agree to it. On the other hand, the episode also portrays that, amidst so many others, baby Lucas oriented himself and regulated his behaviors towards a specific caregiver, Elaine, actively showing his preference and selectivity. The baby's body expressiveness (leaning, gestures, outstretched arms, and gaze), as communicative resources, was insistently directed to Elaine, even in the presence of the volunteer, coordinator, another caregiver, driver, director, and architect. After a long period of intense crying and although the director had offered to hold him, Lucas only stopped crying when Elaine picked him up. That is, the baby only calmed down and quieted in the intimate contact with a caregiver who was close and familiar to him and who, as she reported in the interview, had a differentiated relationship with him. Such a relationship was different from that established with the director, since the latter was usually more often in charge of administrative services and functions and less engaged in caring for the babies. As the principal said, Elaine's arms were the "remedy" for Lucas's desperate and helpless crying.

This finding agrees with other episodes analyzed (Medeiros e Martins (2018), Lemos et. al. (2017) e Nogueira (2011), which reveal that, despite a large number of children and employees that circulated and interacted in this context, the behaviors indicating preferences (selectivity) and the shared experiences were not established with intermittent partners (that is, with non-continuous partners). The relationships involving differential interaction patterns occurred with people whose participation was permanent and continuous.

Considering, then, "sharing" (in the sense of "having/doing something together with another") as an important criterion in studying bonds (Carvalho, 2005), and that co-regulated interactions are spaces where sharing and shared signs are created (we add here that objects, activities, spaces, movements, and expressions are all susceptible to signification), consequently, the central question ceases to be "*are bonds being built in these contexts?*" to become "*what type of bonds are being constructed?*", for, as Carvalho (2005) reports, "*a bond may be loaded with positive or negative affection, may involve suffering, abuse, and violence, but it continues to be, even in extreme conditions, a mechanism of identity and place in the world*" (p. 189).

As argued by Smolka et. al. (2016), in this process of mutual engagement and emotional involvement in which affective bonds are being formed, the infant's interactive partner also becomes a sign. The signification process indicates what the other in the relationship has for the self; what social position he or she occupies; what is expected of him or her. In the concreteness of infant-caregiver interactions and relationships, cultural elements such as values, beliefs, and rules are being embodied (Amorim & Rossetti-Ferreira, 2008). Gestures, emotion, action, and posture carry previous statements of words already spoken (or gestures already expressed) by others *with*, *for*, and *about* the child. Such meanings can signify the loved infant, the abandoned infant, the sick infant, the crying infant, the good infant, the invisible infant. Through gesture, emotion, and posture, the child is shown to be loaded *with* and carrying different viewpoints linked to various generations, historical times, and socio-ideological groups (Amorim & Rossetti- Ferreira, 2008; Smolka et. al., 2016).

Therefore, in line with the analyses by these authors (Amorim & Rossetti-Ferreira, 2008; Carvalho, 2005; Smolka et.al., 2016), what is under discussion is an interaction in which the caregiver is attuned and responsive to the signals that the infant may provide, in addition to a context of mediation, a relationship that enables the co-construction of new roles and positions, a form of sociability that does not place the child aside from the interactive fields, but at the center of sharing and joint activities. The very conviviality, the set of shared experiences, the affective involvement, and continuity in the relationships will enable the attribution of meanings and the establishment of bonds.

Bonds to be promoted

A final question was posed to the research corpus: did these stories of attachment correspond to the set of relationships established in the daily routine of the foster care institution? That is, does the affective relationship described in the episode involving Lucas and Elaine represent the relationship construction pattern between the staff and infants in this context?

As signaled by Elaine in her interview and as other clues in the staff's statements suggest, the answer to this question is a negative one. The staff members did not become attached to all the infants. Not all infants were bonded with. Not all infants achieved "special" or "preferred" status. Not all babies were given extra time in the staff member's arms after work.

In general, what was observed was not the non-establishment of affective bonds, but a form of organization of the physical and social environment that constituted barriers to the occurrence of such relationships. The physical environment was marked by infants kept in cradles, strollers, and seats, unable to crawl or move toward adults or other children. The social environment of collective care was marked by unresponsive interactions, with few co-regulation and narrow spaces for sharing experiences. The institutional orientations ("*don't hold*" and "*don't attach*") were embodied in practices and materialized in the organization of the interactive field.

All these results reinforce the importance of implementing intervention programs aimed at promoting positive caregiving practices that encourage caregivers' engagement in interactions involving reciprocity, responsiveness, communication skills, and social-emotional competencies (Chernego et. al., 2018). Successive literature reviews and evaluative studies discuss these programs' potential in strengthening children's adaptive resources and protective factors, thereby fostering stimulating interventions that can promote well-being and emotional security (Ribeiro-Accioly et. al., 2019). Interventions may take on a variety of formats, adapted to the different care provision contexts, whether through group sessions, instructional training (role-playing), messages through apps that encourage the adoption of certain practices, presentation of videos (video feedback), reflective groups with storytelling and sharing of experiences, among others (Alvarenga et. al., 2019; Raby et. al., 2019).

Along these lines, the intervention program entitled "The Attachment and Biobehavioral Catch-up Intervention", developed by Mary Dozier and collaborators (Dozier et. al., 2016; Raby et. al., 2019), is internationally relevant. Focused on the quality of care that should be offered to children in foster care, they seek to strengthen affectionate and stimulating care for children's growth and development, enabling the development of emotional, behavioral, and psychological regulation, and the construction of a sense of self. They aim to strengthen caregivers' effective responses to children's challenging behaviors; they aim to help them reinterpret the child's signals; to provide care even when the child fails to prompt it, to welcome expressions of negative emotions, and to strengthen care that fosters the development of children's autonomy and self-regulation skills (Dozier et. al., 2016).

In parallel to interventions focused on personal adaptive resources or the quality of face-to-face interactions, it is also important to emphasize that the foster care field in Brazil lacks the policies and investments necessary to guarantee fostered children's rights. In this regard, interventions are required whose scope includes the reorganization of these services, their functions, possibilities of interdisciplinary action with the social assistance network, among other circumscriptors. As the perspective of the Network of Meanings (Rossetti-Ferreira et. al., 2004) emphasizes, one cannot lose sight of the historical, social and cultural character that constitutes the care provision practices in these contexts. Marked by institutional models rooted in the old orphanages and in models strongly referenced on pediatric wards - where the child's permanence is also seen as transitory -, priorities have historically been established around physical and nutritional care. Therefore, in addition to the development of infants and their caregivers, it is also necessary to promote transformations of the socio-historical matrix, the voices, and conceptions that echo and materialize in the institutional routine (Amorim & Rossetti-Ferreira, 2008).

CONCLUDING REMARKS

This study presented empirical data on infants' experience in institutional foster care, allowing us to understand how the professional staff's beliefs, guidelines, and practices circumscribed their interactions and relationships with the foster children, (dis)enabling the construction of affective bonds. Based on a cultural-historical perspective (Rossetti- Ferreira et. al., 2004), we discussed caregivers' role in socialization and emotion regulation; bonding as an interpersonal space for sharing and for the construction of meanings, as well as the centrality of interactions and sociability in working with infants.

As a result of the general guiding question in the study, another question emerged from the caregivers' statements recorded during the videotaping: "*will those who do not hold not become attached*"? From the results presented and based on the discussion dialogued with the scientific literature, it was concluded: those who do not hold infants in their arms, intentionally avoiding such a response pattern to the child's

crying and other emotional expressions, do little to promote sharing spaces that are fundamental for the construction of bonds and meanings, for the intercorporeal experience that involves affective contact through gazing, the sensitive touch, and closeness. Those who do not hold infants offer little integrative and continent support to the infants' needs, and restrict the possibilities of playing and communicative exchanges. Not holding infants in one's arms, as a political-pedagogical practice/guideline, implies relinquishing an important dimension of physical and emotional support that is intrinsic and characteristic of infant care and directly related to stability and socio-emotional development.

By addressing this topic, this study seeks to contribute towards what is discussed by Cavalcante and Cruz (2018), that is, there are still few studies in the Brazilian scientific literature that analyze and assess how the physical and

social environment of foster care institutions influences the behaviors, interactions, and developmental dimensions of their children. In this regard, we conclude on the great relevance of affective relationships and bonds as interactional indicators in foster care for infants, especially in the first year of life, and it is essential to invest in new research, expanding the monitoring of other foster care settings.

Nevertheless, some limits were imposed, especially because this is an observational study in a single naturalistic context, which prevents generalizations and comparisons, although the results are in line with those in other publications in the scientific literature, and individual discourses and practices are crossed by the cultural and social realms. Therefore, further studies, preferably with larger samples, should be conducted to expand investigations on interactive and relational indicators of infants in foster care services.

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