

THE EFFECTS OF DISRUPTION OF ATTACHMENT, FAILURE TO FORM ATTACHMENT (PRIVATION) AND INSTITUTIONAL CARE

Introduction

Psychological research interest in the effects of disrupting attachment began in the 1930s, and there were several studies reported of children brought up in **residential nurseries** and other large institutions, such as **orphanage**.

For example, **Goldfarb (1943)** investigated 15 children raised in an institution from about 6 months of age until age 42 months of age. They were **matched** with 15 children who had gone straight from their mothers to foster homes. Matching was based on genetic factors and the mother's education and occupational status. The institutionalised children lived in almost complete social isolation during their first year. At 36 months, the institutionalised children were behind the fostered children on measures of abstract thinking, social maturity, rule-following, and sociability. Between ages 10 and 14, the institutionalised group continued to perform more poorly on the various tests, and their average IQ was 72, compared with 95 in the fostered group.

Spitz (1945, 1946) studied children raised in very poor quality South American orphanages. Staff were overworked and untrained, and rarely talked to the babies or picked them up, even for feeding. The children were shown no affection and had no toys to play with. As babies, they displayed **anaclitic depression**, characterised by fear, sadness, crying, withdrawal, loss of appetite, weight loss, insomnia, and developmental retardation.

Spitz & Wolf (1946) studied 91 orphanage infants in the USA and Canada. Over one-third died before their first birthday, despite good nutrition and medical care.

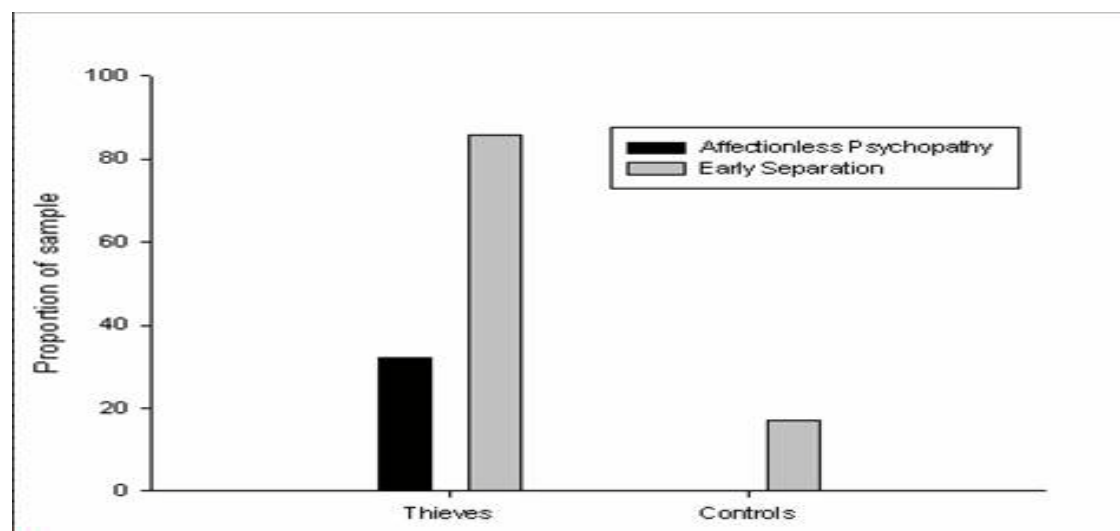
As the above studies indicate, institutionalisation has adverse effects on children. **Bowlby** used the findings from these studies to formulate his **Maternal Deprivation Hypothesis (MDH)**.

What are the effects of disrupting attachments?

Bowlby proposed his **Maternal Deprivation Hypothesis (MDH)** in 1953, in a book called **Child Care and the Growth of Love**. According to Bowlby: *"What is essential for mental health is that infants should experience a warm, intimate, and continuous relationship with his mother (or permanent mother substitute) in which both find satisfaction and enjoyment."*

Bowlby proposed that if an infant was unable to develop a warm, intimate and continuous relationship with his mother (or permanent mother substitute) in the first year of life, he would have difficulties forming relationships with other people, and be at risk of behavioural disorders (principally a condition Bowlby called **Affectionless Psychopathy**, which is characterised by the inability to have feelings for others).

At the time Bowlby proposed his hypothesis (the early 1950s), his ideas were revolutionary. Up until then, it was widely believed that adequate physical provision was all that infants needed. Although Bowlby claimed to have found evidence for the MDH, with his '44 juvenile thieves' study (see below), it is generally accepted that Bowlby overstated the dangers of maternal deprivation. For example, the effects of institutionalisation could be just as much a result of **understimulation** as maternal deprivation.



In his '44 juvenile thieves' study, Bowlby found that 14 out of 44 juvenile thieves could be classified as Affectionless Psychopaths compared with none out of 44 non-thieves. Of the 14 classified as Affectionless Psychopaths, 12 had experienced 'prolonged and early separation' from their mothers compared with only 2 of the 44 non-thieves. Bowlby believed that Affectionless Psychopathy was a direct consequence of prolonged and early separation from the mother figure

In 1981, **Michael Rutter** proposed that Bowlby had failed to recognise that children arrive at orphanages by different routes. Some are institutionalised after being with their mothers for a period of time, whereas others are institutionalised more-or-less from birth, having *never* spent any time with their mothers. These different routes may have different consequences for children. This led him to distinguish between **deprivation** and **privation**:

Deprivation: To have something (e.g. a caregiver) taken away (i.e. a *loss*). In the context of attachment, deprivation refers to the loss of emotional care that results in the breaking of emotional bonds. Loss may be short-term (e.g. *hospitalisation*) or long-term (e.g. *parental death*).

Privation: In the context of attachment, privation refers to a complete absence of emotional care, especially during the first few years of life. The **deprived** child has **lost something it once had**, whereas the **privated** child **never had that something in the first place**.

Disruption of an attachment which lasts for days or a few weeks is called **short-term deprivation** or **separation**. One type of separation studied by Bowlby was **hospitalisation**. Most of us assume that unless it is absolutely necessary, infants and young children should not be separated from their mothers when one or other of them has to go to hospital. Today, this assumption is so taken for granted that it is easy to forget that 30 to 40 years ago attitudes were very different. Parental hospital visits were restricted, and children were often placed in unfamiliar day nurseries when their mothers went into hospital. There was little concern about the effects of these separations, and little was done to help children adjust to their new surroundings. Bowlby's research played a major part in changing this.

One effect of separation discovered by **Robertson & Bowlby (1952)** is called **distress**, which consists of three stages:

1. **PROTEST:** Crying, screaming, kicking, and generally struggling to escape (an outward expression of anger and fear)

2. **DESPAIR:** Apathy and a lack of interest, with occasional crying for the mother (an inward expression of anger and fear)
- 3 **DETACHMENT:** Responds to people but treats everyone superficially. However, shows a lack of interest in the mother when she returns (or reacts angrily)

Hospitalisation has also been linked to **later maladjustment**. A study conducted by **Douglas (1975)** used data that had been collected as part of the **National Survey of Health and Development**, a study of 5000 children born during one week in 1946. The children were assessed at regular intervals up to the age of 26. Douglas found that children who had spent more than a week in hospital, or had experienced repeated admissions under the age of 4, were more likely to have behavioural problems in adolescence and to be poor readers. **Quinton & Rutter (1976)** also found that repeated hospital admissions were associated with later behavioural problems, whereas children admitted once only rarely had later difficulties.

Long term deprivation is a consequence of things like **parental death or divorce**. The divorce rate rose rapidly in all Western societies during the 20th century. It is estimated that if present trends continue, around 40% of marriages in the UK will end in divorce. During the 1990s, about 65% of divorces involved couples with children under the age of 16. In 1997, around 30% of the children affected were under 5, and over 70% under 10.

Research has compared children of similar social backgrounds whose parents remain married with those whose parents have divorced. **Small**, but **consistent** differences have been found:

- Lower levels of academic achievement
- Lower levels of self-esteem
- Earlier social maturity and transitions to adulthood
- Higher incidence of ASB
- More frequent job changes
- Higher incidence of depression and likelihood to get divorced

Note that there are wide individual differences - not *all* children of divorced parents are affected in these ways. Although all children

(especially **boys**) are adversely affected by parental divorce, most children are resilient enough to adapt to their parents' divorce eventually.

What are the effects of failing to form attachments?

As noted earlier, in his **Maternal Deprivation Hypothesis**, Bowlby proposed that failure to form an attachment in the first year of life led to **affectionless psychopathy**. Although Bowlby believed that the '44 thieves' study demonstrated this, the study has been criticised on many grounds. Even Bowlby's subsequent research (the 'tuberculosis sanatorium' study published in 1956), did not provide strong evidence for his claims, and he accepted that he might have overstated the dangers of failing to form an attachment. That said, the following are considered to be the consequences of **privation**:

1. Initial phase of clinging, dependent behaviour
2. Attention-seeking
3. Indiscriminate friendliness
4. Lack of guilt
5. Inability to keep rules and form lasting relationships

Whether the effects of privation are **reversible** has been the subject of much research. Bowlby and Goldfarb believed that the effects were largely **permanent**. However, there is evidence to suggest that this view is incorrect in both humans and non-humans. In non-humans, **Suomi & Harlow (1977)** found that the effects of early separation in rhesus monkeys could be reversed or moderated by allowing separated monkeys to have extensive contact with '**monkey therapists**'.

In humans, researchers have looked at **case studies** of children who have endured **extreme privation**, often involving almost complete isolation. Two such cases are 'Genie' and the Czech twins 'P and J'.

Curtiss (1977) studied *Genie*, who was discovered at age 13. She had spent the first years of her life alone, tied to a potty chair in the attic. She was fed only baby food. She had lived her life in virtual silence, as she was never spoken to, and was punished by her father if she made any sound. On discovery, she had the appearance of a 6-7 year old, and was described by Curtiss as being '*unsocialised, primitive, and hardly human*'. *Genie* developed attachments to her foster carers, but after a settled period in their care, she was moved to a succession of short-term carers,

some of whom mistreated her. Her mother eventually refused to allow anyone access to her, and it is not known what happened to her in later life. During the years when her whereabouts were known, she never achieved good social adjustment, and only acquired limited language skills.

Koluchova (1972) studied twins 'P and J' who were banished to a cellar by their step-mother from the age of 8 months until the age of 7 years. When discovered in 1967, they were very short in stature and had rickets. They had no spontaneous speech, and communicated largely through gestures. They were terrified of many aspects of the environment.

Legally removed from their parents, they underwent a programme of physical rehabilitation, and entered a school for children with severe learning difficulties. They were subsequently adopted by two exceptionally dedicated women. Academically, they caught up with their peers and achieved emotional and intellectual normality. By age 14, they showed no signs of psychological abnormality or unusual behaviour. They went to a technical school, training as typewriter mechanics, but later went on to further education, specialising in electronics.

When Koluchova (1991) studied them at age 29, they both had very good relationships with their adoptive mothers, their adopted sisters, and the women's relatives. Both later married and had children. They were reported to be entirely stable, lacking abnormalities, and enjoying warm relationships. One was a computer technician, and the other a technical training instructor.

Notice that there was a difference between *Genie* and the Czech twins in terms of the recovery of IQ. Between ages 14 and 20, *Genie's* IQ rose from 40 to 75. Between ages 7 and 14, the Czech twins' IQs rose from 40 to 95. Thus, in a comparable time period, the Czech twins' IQ rose by 55 points, whereas *Genie's* rose by 35 points. This difference implies that whilst IQ deficits can be recovered, they are better recovered if recovery occurs at a younger age.

Notice also that *Genie* was never able to use language fluently. Biological psychologists argue that there is a critical period for language acquisition, and that to acquire language we must hear it being used in the first eleven years of life. The fact that *Genie* was able to acquire some language suggests that there isn't a critical period for language

acquisition. However, the fact that she was only able to acquire some language is strong support for a 'sensitive period' for language acquisition.

What are the effects of institutional care?

All of the case studies suggest that recovery from privation is possible, at least to some degree. Studies of **institutionalised children** also suggest that recovery from the negative effects described in the Introduction to this section (see page 1) are possible:

SKODAK & SKEELS (1947): These researchers studied 13 children who had been raised in an understaffed, overcrowded orphanage. The children were classified as 'mentally retarded', and their average IQ was 64. Aged between 11 and 21 months, they were removed to a women's ward in an institution for the mentally retarded. There, both staff and patients lavished them with love and attention, played with them, and took them on outings.

The transformation was dramatic. Within 19 months, they changed from apathetic withdrawn infants to lively alert young children. Their average IQ rose from 64 to 92. Over the same period, the average IQ of a 'control group' of 12 children who remained in the orphanage dropped from 87 to 61. By age 3 and 4, the children raised in the women's ward were adopted by families and went to normal schools.

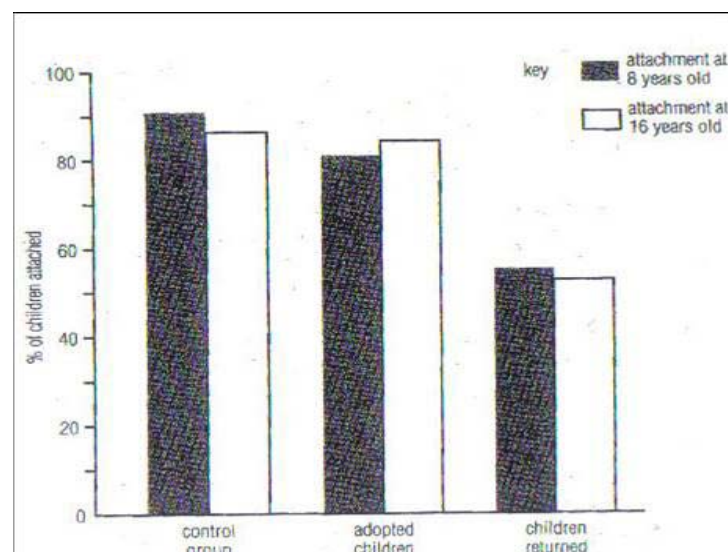
Over 20 years later, Skeels (1966) did a follow up study. All had made lasting gains and had a wide range of skilled jobs, whereas only one of the group that remained in the orphanage had a skilled job: *"Four of them went to college, and one achieved a PhD. They had a wide range of jobs including teacher, sales manager, and airline stewardess. Only one member of the group that remained in the orphanage had a skilled job. The rest had unskilled jobs, were unemployed, or still lived in the orphanage."*

One of the most important studies of institutionalised children was conducted by **Hodges & Tizard (1989)**. They studied 65 children who had been raised in residential nurseries before the age of 4 months. Good quality care was provided, but carers were *discouraged* from forming attachments with the children.

These children were first studied at age 4, which is **after** Bowlby's **critical period** for attachment formation. In this **natural experiment**, using a **longitudinal** approach, there were four groups:

1. Children who **remained in the institution**
2. Children who were **adopted**
3. Children who returned to their **biological families**
4. A non-institutionalised **control group**

The children were studied again at age 8, and then once more at age 16. The findings relating to attachment formation are shown below:



Data from Hodges & Tizard (1989)

This study produced lots of data, but the following three findings are of importance:

- **Finding (1):** By ages 8 and 16, most of the adopted children had formed good attachments with their parents
- **Implication (1):** This contradicts Bowlby's claim about a critical period for attachment formation
- **Finding 2:** All institutionalised children had difficulties with peer relationships
- **Implication 2:** This suggests there may be a critical period for forming attachment to peers later in life
- **Finding 3:** Children returned to their biological families were less likely to form attachments

- **Implication 3:** This contradicts Bowlby's claim that the best place for children is with their own families

Note that the Hodges and Tizard study can be criticised in several ways. For example, it is not known whether the adopted and institutionalised children differed in ways that might have affected their development. If they did, this would suggest it was this rather than adoption or institutionalisation that caused differences between them.

More recently, studies have been conducted on children adopted from **Romanian orphanages**. Following the fall of Romania's dictator, the country became more 'open', and allowed Westerners to visit without restriction. Researchers discovered that there were around 40,000 infants and children institutionalised in Romania. They were found tied to their beds, starving and filthy. Often they had never been held, and no one had talked to them. They rocked back and forth, staring blankly. Romanians refer to them as '**non-recoverables**', implying that there is little that can be done for them.



Scene from a typical Romanian orphanage

A study by **Chisholm et al (1995)** looked at orphans adopted by Canadian, British, and American families between 1990 and 1992. The researchers found that their severe privation in institutions has had a negative impact on their relationship with their adoptive parents. For example, they showed *ambivalent behaviour*, that is, they both wanted contact and resisted it. They were also not easily comforted when distressed. Although these findings suggest that they are less likely to recover, researchers believe that, based on their intellectual development, they can overcome their impairments.

O'Connor et al (2000) followed up 165 of these children adopted into British families. Cognitive performance at age 4 and 6 was related to the amount of time the children had spent in institutions before their adoption:

- Children adopted **before 6 months** of age were similar to British children adopted before 6 months
- Children adopted **between 6 and 24 months** of age had slightly below average scores
- Children adopted **after 24 months** showed the greatest impairment

The results also showed that the later the adoption, the greater was the risk of insecure attachment and attachment disorder. However, recovery in physical development was very strong and nearly complete in the children, and their language skills were very good despite having the extra challenge of having to learn the language of their adoptive English families. Despite these positive, many of the children demonstrated behavioural disturbances such as inattention and hyperactivity.

Rutter et al (2007) studied the children at age 11. They found that the negative effects of early institutional care had persisted, especially in those adopted between the ages of 6 and 42 months (i.e. those who had experienced the most institutionalised care). This is despite having spent at least seven and a half years with their adoptive families in caring and stimulating environments.