

The Effects of Social Deprivation within Orphanages on Parent-Child Attachment: How Adoption can Ameliorate Attachment Problems

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Since the mid-20th century, developmentalists have researched how social deprivation within orphanages affects a child's ability to later form an attachment to his primary caregiver. John Bowlby's theory of attachment posits that children who do not develop any attachment style within the first two years of their life will subsequently never be able to become attached to their primary caregivers. However, longitudinal studies conducted on children reared in orphanages have proved that there is no critical period within which attachment must be formed. A child's ability to form an attachment to his adoptive parent is not based on his age, but rather on the parent's commitment to promoting a secure attachment style through affectionate and responsive care.

"The greatest terror a child can have is that he is not loved, and rejection is the hell he fears."
 —John Steinbeck, *East of Eden*

The type of attachment a child forms to his primary caregiver serves as the foundation for all the future relationships that he will have in his lifetime. The attachment theory, proposed by John Bowlby in 1969, discusses the criticality of a secure attachment between an infant and his primary caregiver; an emotional bond based on trust (Bretherton, 1992). Many child developmentalists have even argued that without the formation of a secure attachment style, a child will not be capable of developing into a socially and emotionally normal human being (Cole, Cole, Lightfoot, 2005). Bowlby argued that a secure attachment between a child and his caregiver can only be developed during the child's first two years of life, and if it is not formed by this time, the child will never be able to form any sort of attachments in any of his future relationships (Johnson, 2002). However, children living in orphanages are denied the opportunity to form any type of attachment, because they do not have a primary caregiver who promotes the development of such a bond. While living in an orphanage in the early stages of life may delay a child's ability to form an attachment to their adoptive parents, contrary to what John Bowlby had theorized, there is no critical period for when an attachment must be formed.

According to the U.S. State Department (2005), more than 20,000 children are adopted from international countries annually. Most of these children come from orphanages, in which the children have been severely socially deprived. (Gribble, 2007). When a child is socially deprived, he or she is denied

the appropriate amount of attention from a responsive caregiver. In turn, the cycle a secure child has with his parent, known as the "need-arousal-gratification-relief-need," cannot exist if the child is socially deprived (O'Connor, Marvin, Rutter, Olrick, & Britner, 2003; Cole, et al, 2005). Social deprivation is characterized by two components; social and emotional neglect (Tharp-Taylor, 2003). A child is socially neglected when he or she does not have a caregiver to attend to his needs, regardless of whether or not the caregiver is physically present. A child is emotionally neglected when his caregiver does not provide him with affection. Researchers have extensively studied both of these domains and how they interact, in order to determine the effects that social deprivation has on children during their early stages of life.

As a result of the baby boom in Romania in the early '90s, there was a huge influx in the number of Romanian adopted orphans into the United States and United Kingdom near the end of the 20th century (Chisholm, 1998). However, shortly after these children were adopted, an overwhelming number of the adoptive parents reported that their children were exhibiting strange behaviors. Some parents said that when their child was under distress, they reacted in extreme rage and biting of themselves. In addition, many of the parents complained that their child rejected the care they tried to provide for them, and felt a great deal of stress because of this. These reports led developmentalists to look at the Romanian orphanages that these children were coming from, and research why these Romanian children were behaving in such an abnormal manner.

The results from the research conducted on the Romanian orphanages showed that the chil-

dren had been severely neglected in the social domain of deprivation (Chisholm, 1998). Within the orphanage there was only one caregiver for every 10 children who were two years old or younger, and for children that were three years old or older, the child to caregiver ratio was 20 to 1. Such high child to caregiver ratios made it impossible for the caregivers to give the appropriate amount of responsive attention to any of the children, and rendered the children incapable of forming any sort of attachment to their caregiver. This showed that a child who is socially neglected is, by default, emotionally neglected as well.

Kim Chisholm (1998), a developmental researcher, found that the children who experienced both domains of social deprivation while living in these orphanages exhibited indiscriminating attachment behaviors once adopted. Indiscriminating attachment behavior is characterized by a child's overfriendliness with all adults, and their ability to approach strangers with eagerness, and then later with fear. Provence and Lipton, also developmental researchers as well as colleagues, further explained that a child who is indiscriminately friendly has no preference for their primary caregiver over any other adult; as long as an adult can tend to their needs it does not matter who that adult is (MacLean, 2003).

The overly sociable behavior that these Romanian orphans exhibited was not typical attachment behavior (Chisholm, 1998). Mary Ainsworth, a developmental psychologist responsible for helping develop Bowlby's attachment theory, classified a child's attachment into three main styles: secure attachment, insecure-avoidant attachment, and insecure-ambivalent attachment. A child that is classified as either of the attachment types does not have a mutual trust with their caregiver. Instead, they are wary of their primary caregiver, as well as other people. Ainsworth designed an experiment known as the "Strange Situation," in order to determine which type of attachment style a child had (Bretherton, 1992). While Provence and Lipton, among other researchers, had initially hypothesized that the abnormal behavior seen by the Romanian orphans were indicative a insecure attachment behavior, after comparing the children's indiscriminate friendliness to how the children in the "Strange Situation" reacted to the presence of a stranger, they realized that this was not true. This pattern of indiscriminate friendly behavior was instead indicative of an atypical type of insecure attachment, otherwise known as nonattachment.

Developmentalist Barbara Tizard and Jill Hodges studied the development of children within orphanages in the United Kingdom who had only been neglected in the emotional domain of deprivation (MacLean, 2003). In the orphanages they researched, each caregiver was only responsible for three children, enabling them to meet each of the children's needs and care for each of them responsively. However, the caregivers were not allowed to form affectionate relationships with the children, and therefore even though these children were not neglected socially, they were still socially deprived and therefore incapable of forming an attachment to their caregiver. Although the extent of social deprivation that these children experienced was not as extreme as that which the children in the Romanian orphanages had experienced (because they had only been neglected in one of the two social deprivation domains), its effects on their attachment style was virtually the same (MacLean, 2003). These children also showed signs of indiscriminate friendliness, and serve as proof that it is the emotional relationship between the child and the caregiver that ultimately affects the child's ability to form (or fail to form) a discriminating attachment style.

Between 1990-1992, O'Connor and his colleagues (2003) conducted a study on 111 children from Romanian orphanages two years after they were adopted into British families. They created an intensive separation-reunion procedure, which was essentially a reproduction of Mary Ainsworth's "Strange Situation", in order to determine if these children had been able to form attachments to their adoptive parents. These children had all been adopted before they were two years old, and were compared to 52 non-deprived British-born children who had been adopted before they were six months old.

Just as seen in the "Strange Situation", O'Connor et al. (2003) placed a child and his adoptive parent in a room together, and then watched how the child reacted to being separated from and then reunited with his adoptive parent. During the separation process the researcher remained in very close contact with the child, but then remained completely uninvolved during the reunion period. Each child's attachment style was to be classified based on the same standards and three main categories of Ainsworth's "Strange Situation". The results shows that after only two years of adoption, one third of the deprived Romanian children were securely attached to their adoptive parents, and over two thirds had formed an insecure-attach-

ment style. While an insecure-attachment style renders the child ambivalent towards viewing his or her parent as a secure base, it is nonetheless, still an attachment style. In addition, only about 5% of the children still showed signs of nonattachment, compared to over 50% that had showed such behavior when they were first adopted. O'Connor's data suggested that even if a child has been socially deprived in early infancy, he or she is still capable of developing a form of attachment to his caregiver. However, O'Connor et al.'s (2003) study only confirmed that socially deprived children who are adopted before the age of two are capable of forming attachments to their adoptive parents. It is therefore inconclusive in proving the impact that age has on a child's ability to form an attachment to his or her adoptive parents.

Chisholm (1998) conducted a separation-reunion study as well on children adopted from Romanian orphanages, however she examined the attachment styles of children who were four and a half to nine years old, and had lived in an orphanage for as long as five years. She compared these children to Canadian-born children who lived with their biological parents and had never experienced any form of deprivation. Even though these children were over the age of two, just like O'Connor's results, two thirds of these children were able to form attachments to their adoptive parents as well. In addition, one third of the children studied were even able to form secure attachments to their adoptive parents. Even though it took these children longer to form attachments to their adoptive parents than it had in O'Connor's study, the attachment styles that these children eventually formed were similar to 95% of the Canadian-born control group.

Chisholm's results confirmed what O'Connor and his colleagues had discovered; children who experience social deprivation are still capable of forming attachments to their primary caregivers (MacLean, 2003). In addition, because their results were the same, even though Chisholm (1998) had studied children who were over the age of two, her data proved that the length of time a child spends in an orphanage has no affect on his ability to form an attachment to his adoptive parent. Chisholm's findings negate Bowlby's attachment theory, which states that it is impossible for a child to form an attachment to anyone past the age of two (Bretherton, 1992). Contrary to what Bowlby had theorized, Chisholm's data proves that even if it may take older children a bit longer to form an

attachment to their adoptive parents, they are still equally capable of doing so (MacLean, 2003).

Barbara Tizard and Jill Hodges' research on the development of socially deprived children added a new perspective to O'Connor and Chisholm's findings. They conducted a study on 65 children who had lived in an institutional setting similar to an orphanage until they were two years old. These children lived under optimal conditions, in which they were provided with nutritious food, and an abundance of books and toys (Cole, et al., 2005). However, the caregivers for the children changed so frequently, that it was impossible for any of the children to form an intimate relationship to their caregivers. Each child had been taken care of by almost 25 nurses by the time they were two years old, and by about 50 nurses by the time they were almost five years old.

Tizard and Hodges divided these 65 children into three different groups; children who returned to live with their biological parents, children who were adopted, and children who did not leave the institution, and studied the difference in how each child fared (Cole, et al., 2005). As they had predicted, in accordance with many other studies done before them, the children that had left the institution experienced more positive developmental improvements than those children who did not leave. However, Tizard and Hodges also discovered that when comparing the children who had been adopted to those who had returned to their families, contrary to what they had theorized, 84% of the adoptive parents had said that their children had form an attachment to them, compared to only 54% of biological parents (MacLean, 2003). Because these children had lived in the same institution for an equal amount of time, and therefore experienced the same type of social deprivation, the only explanation for the difference in their ability to form a secure attachment to their parents is that the types of environments that they had moved to were different.

Tizard and Hodges concluded that the ability for a child to form an attachment to their primary caregiver is based on mutual attachment; it is dependent upon the attitude of not only the child, but the parent as well (MacLean, 2003). Tizard and Hodges found that the biological parents whose children had returned had not genuinely wanted to take their children back, but felt obligated to allow them do so (Cole, et al., 2005). These parents therefore spent less time promoting a secure attachment with their children. In addition, many of these fami-

lies suffered from a great deal of financial distress, which impacted their ability to be constantly responsive to their child's needs (MacLean, 2003). On the other hand, the parents who adopted their children had a higher socioeconomic status than the other parents, and therefore suffered from less financial stress. In addition, all of the adoptive parents actively wanted children, and therefore displayed their affection for their adopted child through close physical attention and responsive care (Cole, et al., 2003). Tizard and Hodges' findings prove that ability for a child to form an attachment to his adoptive parent is not based on the child's age, but rather on the nature of the parent and environment that the child has been adopted into.

The effects of social deprivation on the development of post-institutionalized children have been researched for over 60 years. While John Bowlby asserted in his attachment theory that a child cannot form an attachment to his caregiver past the age of two, if a child is adopted into a nurturing environment which promotes a secure mutual attachment between the child and his caregiver, he will be capable of developing an attachment to his parent regardless of his age. Although it may take longer for children over the age of two to develop a secure attachment style, the results from the studies done by Chisholm, O'Connor, Tizard, and Hodges and their colleagues showed there is still the possibility that the children can do so. These researchers gave back hope to parents that their post-institutionalized children can eventually become securely attached to them, and in turn live a life indistinguishable from those who have never experienced social deprivation.

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