Unit 1: attachment

**Definition** - A two-way, enduring, emotional bond between two individuals, in which the following behaviours are displayed. 1. Seeking proximity, especially at times of stress. 2. Distress on separation and pleasure when reunited. 3. Secure base behaviour—so infants are happy to explore but regularly return to attachment figure.

What the specification says you have to know:

- Caregiver-infant interactions in humans: reciprocity and interactional synchrony.
- Stages of attachment identified by Schaffer.
- Multiple attachments and the role of the father.
- Animal studies of attachment: Lorenz and Harlow.
- Explanations of attachment: learning theory and Bowlby’s monotropic theory. The concepts of a critical period and an internal working model.
- Ainsworth’s ‘Strange Situation’. Types of attachment: secure, insecure-avoidant and insecure-resistant.
- Cultural variations in attachment, including van Ijzendoorn.
- Bowlby’s theory of maternal deprivation.
- Romanian orphan studies: effects of institutionalisation.
- The influence of early attachment on childhood and adult relationships, including the role of an internal working model.
Caregiver-infant interactions in humans

Traditional views of childhood believed that a baby took a passive role, simply receiving care from an adult however research shows us that a baby is very active and that parent child interactions are like a “dance”. It is these early social interactions that are so important for a child’s social development throughout their whole life.

Types of caregiver-infant interactions

Reciprocity

The word reciprocal means **two-way**. During caregiver-infant interactions reciprocity is **any** behaviour that is produced as a response to the other person’s behaviour. It is always **two-way**, like a conversation (often without words) between the infant and caregiver. So the Infant and caregiver are both active contributors in the interaction and are responding to each other.

*It is important to remember however that knowing that a child and caregivers interactions are reciprocal doesn’t tell us anything about the quality of those interactions. A child shrieking, throwing their toy at the caregivers head and the caregiver responding by shouting at the child is technically a reciprocal interaction as it is two-way but may not be an interaction that improves the attachment bond.*

Interactional synchrony

Interactional synchrony relates to the timing and pattern of the interaction. Any interaction that has interactional synchrony is also reciprocal but here the interaction is rhythmic, has a mutual focus and can include infant and caregiver mirroring each other’s behaviour but **more importantly their emotions**. The infant and caregiver’s behaviours are synchronised because they are moving in the same, or a similar, pattern and so interactional synchrony does tell us about the quality of the interaction.

Exam tip

But aren’t reciprocity and interactional synchrony just the same thing?!

The AQA acknowledge that the textbooks tend to offer slightly different definitions and that the two concepts do overlap. They say that candidates do need to be aware that the concepts overlap but that they should also be able to define the terms **separately**.

So how do they overlap?

Pasiak (2011) describes interactional synchrony as “a type of interaction between parent and child in which partners share a mutual focus, mirror each others affect, exhibit a high degree of **reciprocity** and are responsive to each others cues”. So there is a clear overlap between the two with **reciprocity being a part of synchrony**.

So what is the distinction between the two then?

The distinction is that reciprocity is just about turn taking, whilst synchronicity is a richer and broader concept and is about being in tune with each other so is actually more about emotion than behaviours. The research into this area will help to show what we mean here.

Research into caregiver-infant interactions

Meltzoff and Moore (1977) carried out an observation on babies as young as two weeks old (but Meltzoff has performed this experiment on a baby who was 42 minutes old and found the same results) in which adults displayed one of three facial expressions and a hand gesture and the child’s response was filmed and identified by independent **observers** who had no knowledge of what the children had just seen. The **behavioural categories** were mouth opening, termination of mouth opening, tongue protrusion,
termination of tongue protrusion. Each observer scored the tapes twice so that inter-observer reliability could be calculated. All scores were greater than .92. An association was found between the expression or gesture the adult has displayed and the babies actions and so this piece of research can be used to show the existence of reciprocity from a very young age.

However how important is just reciprocity in the development of attachments?

Belsky (1984) observed mother-infants interactions when the infant was 1,3 and 9 months old and then at 12 months assessed how attached they were to their mothers using the strange situation (see later sections). He found that:
- those with a low levels of reciprocal interaction with mothers tended to be insecurely attached (insecure resistant).
- those with intermediate levels of reciprocal interaction were securely attached.
- those with the highest levels of reciprocal interaction were surprisingly insecurely attached.

Why?
So it’s not as simple as saying that lots of reciprocity will lead to good relationships and attachment. As the study shows high levels or too much reciprocal interaction is actually too stimulating, low levels are not stimulating enough and so both can lead to the child not securely attaching to the caregiver. This study suggests then that it is the sensitivity of the caregiver’s interactions (interactional synchrony) that is important and not just the amount of reciprocal interactions.

So does the level of interactional synchrony help to predict attachment types then?
Yes. Isabella et al (1991) observed mother-infant interactions at 3 and 9 months and then at 12 months assessed the quality of their attachments using the strange situations and found two significant findings:
1- good interactional synchrony (well timed, reciprocal and mutually rewarding) lead to secure attachments.
2- Minimally involved mothers who were unresponsive or intrusive and over stimulating led to insecure attachment.
So this shows us that it is interactional synchrony that is actually the biggest predictor of healthy and secure interactions and attachments and research is now starting to focus on just interactional synchrony rather than reciprocity when looking at care-giver infant interactions.

Evaluation of caregiver-infant interactions

There is supporting research for reciprocity
You can use the studies as evaluation and as description in your essays by putting them in PEEL paragraphs to support or contradict the point you are making. One is written for you below.

P-There is research that shows the existence of reciprocity as a type of caregiver-infant interaction from a very early age.
E-Metzoff and Moore carried out an observation on children as young as 2 weeks old in which adults displayed one of three facial expressions and a hand gesture and the child’s response was filmed and identified by independent observers who had no knowledge of what the children had just seen. The behavioural categories were mouth opening, termination of mouth opening, tongue protrusion, termination of tongue protrusion.
E- An association was found between the expression or gesture the adult displayed and the babies actions, suggesting that the baby was imitating the
This research firstly shows us the existence of reciprocity in care-giver infant interactions and secondly that they occur at a very young age, suggesting that reciprocity is an innate behaviour (nature) rather than something that has been learnt (nurture) and so must be a universal phenomena in care-giver infant interactions.

<table>
<thead>
<tr>
<th>Studies are well carried out improving validity and with reliability but unavoidable issues with observing infants behaviour.</th>
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<tr>
<td>Research studies into care-giver infant interactions tend to use observations. Observations in this area have generally well controlled procedures, with both mother and child being filmed, often from multiple angles. This ensures very fine details of behaviour can be recorded and later analysed and so improves the validity of the research and the use of independent observers improves the reliability of the research, with high inter-rater reliability in some studies (.92 in Meltzoff). However one limitation of this observational research is because infants move their mouths and wave their arms constantly, it is an issue for researchers investigating intentional behaviour. We cannot be certain that the infants were engaging in interactional synchrony or reciprocity, as some of the behaviour may have occurred by chance. This questions the validity of research in relation to reciprocity and interactional synchrony and suggests that psychologists should be cautious when interpreting findings from this research.</td>
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<table>
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<tr>
<th>Not universal</th>
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<tr>
<td>Interactional synchrony is not found in all cultures which weakens the support for the idea that it is important in the development of attachments. Le vine (1994) reported that Kenyan mothers have little physical contact or interactions with their children but have high proportions of secure attachments.</td>
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<tr>
<th>Practical applications</th>
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<tr>
<td>Therapists who work with parents and infants/children who have experienced disruption in their attachment formation (e.g. when children are adopted and attachments with foster carers need to be transferred to adoptive parents) recognise the importance of reciprocity and interactional synchrony in their therapeutic work. For example, caregivers are encouraged to mirror and share their child’s emotion by imitating facial expressions and engaging in reciprocal behaviour in response to music or other stimuli showing the importance of them in happy and healthy caregiver-infant interactions.</td>
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Stages of attachment identified by Schaffer

Schaffer argued that babies go through 4 stages in their development of their attachment to others. These stages are based on Schaffer and Emerson’s 1964 longitudinal study of working class babies from Glasgow (see below).

**Method** - A longitudinal study using 60 babies (31 male, 29 female) from Glasgow the majority from skilled working class backgrounds. They were visited at home every month for the first year and then at 18 months. Mothers were interviewed to measure the infants level of attachment asking questions about how their infants responded to seven situations e.g. adult leaving the room (separation anxiety) and observations were conducted to investigate the level of distress the presence of a stranger caused (stranger anxiety).

**Findings** - Timings - Specific attachment (signs of separation anxiety) 50% of infants by 7 months, 80% by 40 weeks and almost 30% displayed multiple attachments. By one year 78% had developed multiple attachments with 33% having five or more attachment figures.

The 4 stages outlined by Schaffer and Emerson are outlined below:

<table>
<thead>
<tr>
<th>Stage</th>
<th>Age</th>
<th>Description</th>
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<tbody>
<tr>
<td>Pre-attachment</td>
<td>Birth-3 months</td>
<td>Babies start to smile and become more “sociable” and from around 6 weeks. They can tell people apart and like to be in human company so begin to form stronger attachments however these do not progress much until the next stage as can be easily comforted by any individual. At this stage, Schaffer and Emerson found that they did not show a fear of strangers.</td>
</tr>
<tr>
<td>Indiscriminate attachment</td>
<td>3 months to 7/8 months</td>
<td>Infants are recognising and forming bonds with their carers through reciprocity and interactional synchrony however their behaviour towards animate (faces) or inanimate objects (teddies) is quite similar. Towards the end of the phase they start to be more content when in the presence of other people and can be more easily calmed by familiar adults but will allow strangers to handle and look after them.</td>
</tr>
<tr>
<td>Discriminate attachment</td>
<td>Usually 7/8 months onward</td>
<td>The key things about this stage are that the infant begins to show separation anxiety and “protests”, usually by crying, when their primary attachment figure leaves (the biological mother in 75% of cases) They are said to now have formed a specific attachment. The second key behaviour is that they begin to show fear of strangers.</td>
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<tr>
<td>Multiple Attachments</td>
<td>9 months onwards</td>
<td>Shortly after infants show specific attachments they begin to make multiple attachments (29% within a month according to Schaffer’s study). This is usually towards friends, grandparents and child-minders/ nursery staff.</td>
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### Evaluation of the stages of attachment

<table>
<thead>
<tr>
<th>Maybe the pre-attachment stage is incorrect!</th>
<th>The pre attachment stage assumes that infant’s emotional responses aren’t directed to a specific individual but research shows that this might not actually be the case. Bushnell (1989) presented 2 day old babies with either their mothers face or the face of a female stranger until they had spent a total of 20 seconds focusing on one of them. They found that 2/3 of the infants preferred their mothers face over that of a stranger. This suggest that Schaffer’s pre attachment stage is incorrect in assuming infants responses aren’t directed to a specific individual in this early stage as these babies were only 2 days old and would have been at the very start of the pre-attachment stage. It implies that even very young children respond to one specific person in a unique way.</th>
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<tbody>
<tr>
<td>Longitudinal BUT can we really generalise the stages to all infants if research based on Glasgow babies?</td>
<td>A strength of Schaffer’s stages is that they are based on research evidence. Schaffer’s longitudinal observation of Glasgow babies clearly show the stages that babies go through when attaching. However the study is based on a limited sample of participants as all the babies were from the same area and were the same social class. So if the findings of the study can’t be generalised to other types of families apart from working class babies from Glasgow it questions whether the stages can be generalised. Would children from different cities, countries or classes go through the stages differently? (see below, these two points link beautifully together as the next point shows us that this conclusion is actually true)</td>
</tr>
<tr>
<td>Can we generalise the stages to all babies?</td>
<td>Schaffer’s stages suggest that babies attach to one main caregiver before they start to form multiple attachments however some researchers disagree. In cultural contexts where multiple care-givers are the norm, many psychologists believe that babies form multiple attachments from the outset (so from the pre-attachment stage). For these children then the stages would not apply. This then supports the previous suggestion that the stages and Schaffer’s study do not necessarily generalise well to all babies and families and so makes us question the universality of the stages.</td>
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**Extended evaluation** - Schaffer’s stage theory takes a **nomothetic** approach as it proposes a general law for child development. However, such theories are inflexible and do not apply to all children in all cultures as this point highlights.
The role of the father

So in today’s society what actually is the role of the father?
Traditionally research has looked at mother-child interactions de-emphasising the father’s role, for example Bowlby’s concept of monotropy (included in the 1950s World health organisation report) suggested that babies needed constant care of the mother for healthy social development. However there is an increasing recognition that father’s play a much greater role in the emotional development of their children than in previous years.

Why this change?
Office for national statistics report that there has been an increase in mothers with dependent children in work, up from 3.7million in 1996 to 4.9 million in 2017. Also cultural expectations in many western cultures are changing to expect fathers to play a bigger part, so both factors has led to fathers having a more active role in the upbringing of their children.

Are fathers different to mothers then?
Research by Paquette (2004) found that fathers are more likely to foster risk taking behaviour in their children than mothers by engaging in more physical play and enjoyable games. Fathers are also preferred when children are in a positive emotional state and want stimulation, whereas mothers are preferred when children are distressed and seeking comfort (Lamb 1997)

Another potential difference is that research has shown that fathers are less able than mothers to detect low levels of infant distress (Hrdy 1999). All of these findings would suggest that they are key differences in the roles and capabilities of mothers and fathers however other research suggests this is not because fathers aren’t as capable as mothers just that they aren’t given the opportunity to develop these skills.

So if fathers are given the chance can they be just as sensitive as mothers?
Field (1978) filmed 4 month old babies in face to face interactions with primary caregiver mothers, secondary caregiver fathers and primary caregiver fathers. They found that primary caregiver fathers like mothers spent more time smiling, imitating and holding infants than the secondary caregiver fathers and that this behaviour is important in the building of attachments.

This is suggesting the father is as capable as the mother of being a sensitive and caring primary caregiver if given the chance and that it is the level of responsiveness and not the gender of the parent that is the key to the attachment relationship. Father’s don’t tend to be in this primary care-giver role then not because they aren’t capable but perhaps because of traditional gender roles in society. (See socially sensitive evaluation point for why this may be).

So how important then is the role of fathers in a child’s development?
Research reveals that fathers are important and highly valued attachment figures in many families. Pedersen (1980) found that the more actively involved a 6-month-old baby had been with his or her father, the higher the baby scored on infant development scales. Lamb (1997) said that the characteristics of individual fathers (e.g., masculinity, intellect) are much less important than the quality of the relationship established; children who have secure, supportive, reciprocal, and sensitive relationships with their fathers (or mothers) do better on every measure of child development.

However other research (see evaluation) section disagrees and questions the importance of the role of the father.
### Evaluation

| There’s not enough research to make a firm conclusion! | A weakness of the research is that there are inconsistent findings as to the role of the father in attachments. For example, research into the role of the father in attachment is confusing because different researchers are interested in different research questions. Some researchers are interested in understanding the role fathers have as secondary attachment figures, whereas others are more concerned with the father’s role as a primary attachment figure. The former have tended to see fathers behaving differently from mothers and having a distinct role. The latter have tended to find that fathers can take on a ‘maternal’ role. This is a problem because it means psychologists cannot easily answer the questions ‘what is the role of the father?’ The findings from research being inconsistent means that firm conclusions cannot be drawn. |
| Some research suggests maybe Dads aren’t that important! | A further criticism is that research has left unanswered questions such as if fathers have a distinct role then why aren’t children without fathers different. As mentioned previously, some studies found that fathers as a secondary attachment figure have an important role in their children’s upbringing. However other studies such as MacCallum and Golombok (2004) have found that children growing up in single or same-sex parent families do not develop any differently from those in two parent heterosexual families. This is a weakness because it suggests that the father’s role as a secondary attachment figure is not as important as some think. |
| Socially sensitive? | Some of the research into the role of the father can have serious positive and negative implications for all mothers and fathers and so can be seen to be socially sensitive. Research that tends to show greater differences between mothers and fathers can have negative implications. Bowlby’s monotropy concept suggests that fathers can’t play the role of the primary caregiver which has led to the idea that mothers should stay at home. Erica Burman (1994) and other feminists state that it places a terrible burden of responsibility on mothers pushing them into particular lifestyle choices and placing the blame on them if anything goes wrong in a child’s life. This research is also partly responsible for the stigma full time fathers often face. Re-read the BBC article (QR code below) for examples of this. More recent research however has shown that it is not gender but sensitivity that is the key and is going some way to reducing these ideas and has led to important changes in Government policy. As of 2015 mothers and fathers can now share the mothers maternity leave which can lead to improving the economic potential of families. |

### Outline and evaluate research into multiple attachments

Multiple attachments are attachments to two or more people. Research has shown that most babies are able to form multiple attachments once they have formed a specific attachment to their main caregiver.

**So what does the evidence show us then about multiple attachments?**

Schaffer (1964) -29% of infants develop multiple attachments within a month of developing specific attachments (by 40 weeks)
By the age of one 78% of children have multiple attachments. By the age of one 33% of the 78% have 5 or more attachments.

**Schaffer’s stages**
Multiple attachment is the last stage in a child’s development of attachment and it occurs from 9 months onwards. He believed that a child had to go through the other 3 stages in order to reach the multiple attachment stage.

**Bowlby’s research**
Bowlby developed the idea of monotropy – babies have one key attachment figure. This figure is usually, but does not have to be, the mother. Secondary attachments then follow, such as to the father and siblings but that these multiple attachments are not as important as the attachment with the primary caregiver.

**Role of the father as a key multiple attachment figure**
Fathers are one of the key multiple attachments that children form and this attachment seems to be important for a child’s development although research differs as to what extent. *You can include the research from the role of the father section here as ao1 as long as you clearly link to multiple attachment*

**Evaluation**

<table>
<thead>
<tr>
<th>Unclear when multiple attachments occur.</th>
<th>There is disagreement as to when multiple attachments actually occur. Schaffer and Bowlby believe that a baby must form specific attachments before they are able to form multiple attachments. However some psychologists believe that in some cultures multiple attachments occur from the outset and not as late as 9 months old, as Schaffer found. This suggests that either the timing of Schaffer’s stages is incorrect or the stages can’t be generalised to all countries and cultures. It may be that the timing of multiple attachments actually differs from culture to culture.</th>
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<tbody>
<tr>
<td><img src="extended_evaluation.png" alt="Extended evaluation" /> Schaffer based his research on babies from Glasgow but generalised to all babies so demonstrates cultural bias as clearly this is not true for all cultures</td>
<td></td>
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<tr>
<td>Disagreement as to the importance of multiple attachments</td>
<td>Bowlby believed that multiple attachments were not of equal strength to the primary attachment and not as important also. However Rutter (1995) saw all attachments as being equal – so he believed there was no such thing as primary and secondary attachments. All of the child’s attachments give the child an idea of how relationships work (the internal working model) and are of equal importance.</td>
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<tr>
<td>Economic implications</td>
<td>Sagi et al (1994) looked at children raised in a community children’s Kibbutz (so looked after by many different adults) but with family based sleeping arrangements. Attachment to the mother was strong with 80% securely attached and no avoidant. The findings of this research support Rutter’s belief that there is no difference in the importance of primary and multiple attachment, in fact it shows that these multiple attachments may actually lead to stronger primary attachments. All of this means that fathers and mothers can happily go out to work without there being any negative social or emotional impact on their children which has positive economic implications for families and for the economy in general.</td>
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Animal studies of attachment.
In the early 20th century a number of ethologists conducted animal studies looking at attachment in infant animals to inform their understanding of human mother-infant attachments.

Lorenz (1935)
To investigate the mechanisms of imprinting, where bird species mobile from birth follow and form attachment to the first moving object they see.

Lorenz split a clutch of greylag goose eggs into two batches- one naturally hatched by the mother, one in an incubator with Lorenz as the first moving object they saw. He then recorded their behaviour.

He also marked the gooslings and placed them under an upturned box, then removed it and recorded their behaviour.

Findings
The incubator group followed Lorenz everywhere whereas the control group followed their mother. When the two groups were mixed up the incubator group still continued to follow Lorenz and the control group the mother.

There was a critical period of between 4-25 hours (depending on species) and if imprinting did not occur the chicks did not attach to a mother figure.

Lorenz subsequently reported that the goslings imprinted on humans would later attempt to mate with humans.

Harlow (1959)
To determine whether food or close comfort was the important factor in attachment, Harlow placed 16 baby rhesus monkeys in cages with two surrogate mothers; a harsh wire mother or a soft towelling mother.

4 of the 16 monkeys were used in each of the following four conditions-
- wire mother producing milk, towel mother no milk
- wire mother no milk, towelling mother producing milk
- wire mother producing milk
- towelling mother producing milk

The amount of time spent with each mother was recorded as well as feeding time. The monkeys were frightened with a loud noise to test for mother preference during stress. A large cage was also used to test for degree of exploration.

Findings
Monkeys preferred contact with the towelling mother when given a choice of surrogate mothers, regardless of whether she produced milk; they even stretched across to the wire mother to feed whilst clinging to the towelling mother.

Monkeys with only the wire mother showed signs of stress as had diarrhoea.

When frightened by a loud noise, monkeys clung to the towelling mother in conditions where she was available.
In larger cage conditions monkeys with towelling mothers explored more and visiting their surrogate mothers more often.

**Monkeys in adulthood**
Monkeys in some of Harlow’s experiments were followed into adulthood and severe consequences were found- more aggressive, less sociable, bred less often as were unskilled at mating. As mothers some of the monkeys neglected their young and others attacked their children even killing them in some cases.

**Evaluation of animal studies**

<table>
<thead>
<tr>
<th><strong>Difference in nature and complexity of the bond</strong> (taken from mark scheme)</th>
<th>It is argued that it is not appropriate to generalise Lorenz’s findings to humans as a mammal’s attachment system is quite different to that of birds. Mammals show more emotional attachment to their young and may be able to form attachments at any time, albeit less easily in infants so the bond in humans is much more complex.</th>
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<tbody>
<tr>
<td><strong>Problems of extrapolation to attachment in human infants</strong> (taken from mark scheme)</td>
<td>One issue with using animal research is the question of whether we can generalise the findings to humans. Although Monkeys are more similar to humans than geese so making it slightly more easy to generalise, they are still not human and so it is argued that we can not necessarily generalise Harlow’s or Lorenz’s research to human attachments.</td>
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<tr>
<td><strong>Ethical issues</strong></td>
<td>Harlow faced severe criticism for the ethics of his research. The species were considered similar enough to humans to be generalised to them and so the suffering they encountered was presumably very human like there were sever long term effects for all of the monkeys involved. Some argue the findings were important enough to justify the ethical issues though.</td>
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<tr>
<td><strong>Imprinting not always permanent</strong> -</td>
<td>Lorenz work has been replicated and in some cases it was found that imprinting was not always permanent. Guiton (1966) found that when chickens were imprinted to a yellow rubber glove they did at first imprint on it but learned with experience to prefer mating with other chickens eventually so it suggests that the impact of imprinting on mating behaviour is not as permanent as Lorenz believed.</td>
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Explanations of attachment

Nature?  Nurture?

Bowlby’s monotropic theory  Learning theory

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<tr>
<th>Nature-Bowlby’s monotropic theory</th>
<th>Nurture-Learning theory</th>
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<tr>
<td>Based on the work of Lorenz and Harlow, Bowlby proposed an <strong>evolutionary explanation</strong> of attachment. Attachment is an <strong>innate system</strong> that is biologically programmed into babies from birth.</td>
<td><strong>A Behavioural</strong> explanation; learning theory focuses solely on behaviour- what people do rather than what they might be thinking. Behaviourists suggest all behaviour and so attachment can be explained using the concepts of <strong>classical conditioning</strong> and <strong>operant conditioning</strong>.</td>
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Learning theory

**Classical conditioning**
According to the classical conditioning part of learning theory attachment is formed partly due to learning through association.
Food (**unconditioned stimulus**) naturally produces a sense of pleasure in a child (**unconditioned response**). The person who feeds the infant initially (**neutral stimulus**) provides no natural response but over time the “feeder” eventually produces the pleasure associated with the food; pleasure now becomes a **conditioned response** and the feeder the **conditioned stimulus**. This association between an individual and a sense of pleasure is the attachment bond.

**Operant conditioning**
Dollard and Miller (1950).
All humans possess primary motives or drives (sex, hunger, thirst) and any stimuli satisfying these drives are **primary reinforcers** and are **positively reinforcing**. The primary drive for the baby is hunger; babies are driven to have their hunger reduced. The mother or caregiver provides the food (**primary reinforcer**) and so reduces the drive of hunger. The caregiver provided the food and so becomes the **secondary reinforcer**. From then on the infant seeks to be with the person who has provided the food as they are now a source of reward and the infant has become attached.

The infant learns that crying will maintain the caregiver’s attention and food supply, so **attachment behaviours** such as **separation distress** are formed. The caregiver is also conditioned by the infant. The caregiver feeds the infant, who stops crying. Feeding is repeated to avoid the discomfort of hearing the infant cry. This is **negative reinforcement** for the caregiver. Similarly though care-givers are positively reinforced if their child smiles when they feed them.

Bowlby’s monotropic theory.

Attachment is an **innate system** that is biologically programmed into babies from birth in order to help them to survive, i.e. Infants have an innate drive to survive.

**Monotropy**- Bowlby proposed that infants have one special emotional bond, normally the biological mother (but not always) and that this relationship was different and more important than any others. Bowlby believed the more time spent with the primary attachment figure the better.
Critical period—Bowlby believed that if this monotropic attachment hadn’t occurred by the age of two then a child will have difficulty forming attachments later on in life.

He believed that babies instinctively seek proximity to their principle carer (mother) for safety as it protects them from hazards; millions of years ago wild animals; today, cars, ponds, electricity. So security and secure attachment equals survival.

Internal working model—The importance of monotropy is that, for a child, this special relationship forms a mental representation or a model for what relationships are like. It can therefore have a powerful effect on the nature of a child’s future relationship and their ability to be a parent themselves. Individuals who are strongly attached as children continue to be socially and emotionally competent in relationships and with their own children whereas infants with poor attachments have more social and emotional difficulties in childhood and in adulthood (the continuity hypothesis). See last section for more detail.

Social releasers are important for the development of this parent-infant attachment as they elicit caregiving from the parent. Social releasers are innate mechanisms so natural characteristics or behaviours of babies such as;

- Baby faces/cuteness
- Crying
- Smiling
- Clinging “pick me up!”

Exam Tip!
To help you remember Bowlby’s theory use- **CR.I.I.M.P.S**
But this is just to make sure you get all of the detail into you explanation. You wouldn’t write it in this order

**Cr. I . I . M. P . S**

- Critical period
- Innate programming
- Internal working model
- Monotropy
- Proximity
- Social releasers
Evaluation of the explanations of attachment

<table>
<thead>
<tr>
<th>Monotropic theory</th>
<th>Learning theory</th>
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</table>
| **Research evidence** | **Harlow and Harlow (1962)**  
They found that baby monkeys would instinctively cling to a wire model covered with cloth rather than a wire model that could feed it. The monkeys spent most of their time (22/24 hours) clinging to the towelling model, they went on to be bad mothers and some found it hard to attract a mate at all. | **Harlow contradicts learning theory.**  
Learning theory would predict that the infant monkey’s would attach to and so spend the majority of time with the one that fed it i.e. the wire monkey. Harlow’s monkey study showed the monkeys actually preferred the comfort monkey who gave no food. So shows it is not food that is the key to attachment but comfort. |
| **Harlow and Harlow supports many concepts of the monotropic theory** | **Other animal studies** have also shown us that young animals do not necessarily attach to those who feed it. Lorenz’s geese imprinted before they were fed and maintained these attachments regardless of who fed them. |
| Innate programming| Internal working model | Monotropy | Proximity | Proximity-In a variation when Harlow showed a scary robot to the monkey’s they appeared very distressed and ran and clung to the cloth mother for safety. |
| Spent 22/24 hours a day with the cloth monkey only leaving to feed. | Some of the monkey’s found it difficult to mate and the monkey’s that did become mothers were often bad mothers because they had a poor internal working model as had no real mother themselves. |
| **Interactionalist is better- Use if a comparison essay** | **Research (see Isabella page 3)** suggests that it is the sensitivity of the caregiver that is important and that this directly links to the quality of the attachment. If attachment was just purely about food then there would be no need for these complex interactions. |
| One issue with both explanations is their over emphasis on the importance of nature and nurture in the development of attachments. | Socially sensitive.  
It has been argued by some that the concept of monotropy is socially sensitive as has had negative implications for parents especially mothers.  
Bowlby’s 1950s World health organisation report suggested that babies needed constant care of the mother for healthy social development which it is believed led to stay at home mothering and there is still the idea today amongst some that mothers should not work. Erica Burman (1994) and other feminists state that it places a terrible burden of responsibility on mothers pushing them into particular lifestyle choices and placing the blame on them if anything goes wrong in a child’s life.  
This social sensitivity is an issue with Bowlby’s theory especially when we look at further evidence that |
| Bowby’s theory believes that attachment is innate and that a baby has a biological drive to survive and to attach, whereas learning theory claims attachment develops as the result of environmental factors i.e. is learnt through a combination of stimulus response association and reinforcement.  
Explaining how attachments are developed though is a complex process and to simply look at nature or nurture here is too simplistic. In order to best explain attachment an interactionalist approach should be taken. Perhaps a baby does at first learn to associate its mother with food but it is its biological drive to survive and seek food that allows it to do this and it is innate social releasers such as smiling that condition a mother to attach to her child. |**It is just too basic and ignores so many important factors.**  
A serious issue with the learning theory’s explanation of attachment is it is too basic.  
To explain something as complex as human attachment by saying it is learnt through a stimulus response (food=pleasure) or by reinforcement is just too simplistic.  
By doing this it is ignoring the importance of interactional synchrony in attachment formation for instance. Research (see Isabella page 3) suggests that it is the sensitivity of the caregiver that is important and that this directly links to the quality of the attachment. If attachment was just purely about food then there would be no need for these complex interactions. |

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**Research evidence- Harlow and Harlow (1962)**

They found that baby monkeys would instinctively cling to a wire model covered with cloth rather than a wire model that could feed it. The monkeys spent most of their time (22/24 hours) clinging to the towelling model, they went on to be bad mothers and some found it hard to attract a mate at all.
This means that the learning theory is an incomplete explanation of attachment and can’t explain all aspects of attachment. In some extended families in the Democratic republic of the Congo women look after and even breastfeed other people’s babies but at 6 months they still prefer their mothers, in order to explain this you need to look at alternative theories such as Bowlby’s monotropic theory.

shows that good substitute care either in a nursery, the father or a family member does not have a detrimental effect on social development and so a mother can happily return to work after having a child and remain economically active contradicting Bowlby’s theory.

Role of the father (see role of the father section for full point)
The concept of monotropy suggests that the father can’t play the role of the primary caregiver as Bowlby suggests it’s the mother or a female substitute which contradicts some research that says. This has led to the stigma and sexism that many males who play the role of full time parent have to face over 50 years since the theory.

Exam tips
What do you do if you have the following kind of compare or combination essays?

“Compare and contrast learning theory and Monotropic theory”
“Outline and evaluate learning theory and Monotropic theory”

Combine the evaluation and save time and maximise marks- don’t evaluate them separately!

1. There are differences in how the explanations can explain the findings of Harlow’s study-supports monotropic theory but contradicts learning theory.

2. Learning theory is too simplistic (environmentally reductionist) and Bowlby’s theory can explain what learning theory cannot and so allows us to explain some of the more complex aspects of attachment e.g. interactional synchrony.

3. Finish and conclude with the main difference and similarity- They differ in how they view attachment i.e. nature and nurture BUT they both overemphasize the importance and so as a conclusion the best way to explain attachment is a combination of both i.e. we need an interactionalist view.

Extended issue and debates evaluation- environmental reductionism but only if you are expert at using this term should you include this.
What if a get a question like this?
“Outline the internal working model” (5) “Outline and evaluate the critical period” (8)

You could potentially get separate outline and evaluation questions for just the critical period or the internal working model. See below for how to answer them.

<table>
<thead>
<tr>
<th>Internal working model</th>
<th>Critical period</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What is it?</strong></td>
<td>Where Bowlby develop this idea from?</td>
</tr>
<tr>
<td>Bowlby argued all infants construct one and it consists of the rules and expectations concerning their relationships with other people. This model influences their subsequent relationships with other people including adult ones.</td>
<td>The notion of the critical period was influenced by ethologists (those studying animal behaviour) such as Lorenz who believed that in geese, for example, there was a critical period of 4-25 hours that imprinting could only occur within.</td>
</tr>
<tr>
<td><strong>How is it formed?</strong></td>
<td><strong>What is the critical period then?</strong></td>
</tr>
<tr>
<td>These models start to be formed in infancy and are mostly influenced by the behaviours of close others but Bowlby believed that the most important person in the formation of the model is the primary care-giver. It is this relationship that is used as a template or pattern for future relationships. For example infants who discover that their crying behaviour typically produces a rapid loving response from their caregiver feel they are lovable and develop positive expectations concerning others behaviours. In contrast those who are rejected or ignored will feel unlovable and develop negative expectations.</td>
<td>Infants have an innate tendency to orient towards one individual (monotropy), this attachment is innate and like all biological mechanisms has a critical period for its development, i.e. must occur within a set period of time or cannot occur at all. Bowlby believed that this critical period in humans ended at about 3 or 4 years of age but that attachment should be developed by 2 or a child would have difficulty forming relationships later on in life.</td>
</tr>
<tr>
<td><strong>Is the model consistent?</strong></td>
<td><strong>Evaluation</strong></td>
</tr>
<tr>
<td>There is pretty unanimous agreement to the existence of an internal working model but disagreement as to if it is consistent or not. The term working suggests that these models develop over time and the revisionist perspective believes this to be the case. They believe that it is revised and updated as a result of life experiences. However Bowlby and the prototype perspective think infants typically develop stable internal working models and that they remain stable because if they changed substantially over time children will be confused as to their social world.</td>
<td>The idea of a critical period is too strong It is believed that it is more appropriate to use the term sensitive period. So although imprinting is less likely to occur outside of a given time period it can occur at occur at other times.</td>
</tr>
</tbody>
</table>

Research support for an early critical period
Bystrova (2009) compared the effects of skin to skin contact for 25-120 minutes after birth, early suckling and those infants who were initially separated from their mothers. One year later mother-infant interaction was better in the skin to skin group than the separation group suggesting there is a very early critical or sensitive period.

Research from Romanian orphans
Rutter (1998) found that late adoptees (24-48 months) although showing significant recovery from their ordeal showed had greater difficulty in achieving good social and cognitive development than early adoptees (6-24 months) and the late adoptees were more likely to suffer disinhibited attachment (see later section). One reason for this difference could be that the later adoptees missed forming attachments during the critical period (before 2 years old) and that this could account for their social and attachments issues.

For evaluation of the internal working model see the last section
Ainsworth’s ‘Strange Situation’. Types of attachment: secure, insecure-avoidant and insecure-resistant.

**Types of attachment**

**Secure attachment**- This is a strong and contented attachment of an infant to his/her caregiver, which develops as a result of sensitive responding by the caregiver to the infant’s needs. Securely attached infants are comfortable with social interaction and intimacy. Secure attachment is related to subsequent healthy cognitive and emotional development.

**Insecure attachment**- This is a form of attachment between infant and caregiver that develops as a result of a caregiver’s lack of sensitive responding to the infant’s needs. It may be associated with poor subsequent cognitive and emotional development. There are two types of insecure attachment; avoidant and resistant (ambivalent).

- **Insecure-avoidant**- A type of attachment that describes children who tend to avoid social interaction and intimacy with others.
- **Insecure-resistant**- A type of attachment that describes those infants that both seek and reject intimacy and social interaction.

**Ainsworth and Bell's (1970) The Strange Situation**

**Aims**
To produce a method for assessing the security of an infant’s attachment by placing the infant in a mildly stressful situation and observing the attachment behaviours that result.

**Procedures**
The strange situation took place in a laboratory. The original participants were American infants aged between 12 and 18 months and their caregiver (usually their mother). The third individual involved in the strange situation was a stranger. The same stranger was used all the time.

The procedure lasted for just over 20 minutes and the behaviour of the infants was closely observed to assess the infant’s levels of exploring, playing and distress behaviours at separation and reunion with the caregiver and when left with the stranger.

**The eight stages of the strange situation are as follows:**

<table>
<thead>
<tr>
<th>Stage</th>
<th>People in room</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (30 seconds) infant</td>
<td>Caregiver, infant, researcher</td>
<td>Researcher brings and caregiver into room then leaves.</td>
</tr>
<tr>
<td>2 (3 minutes)</td>
<td>Caregiver and infant</td>
<td>Caregiver sits, infant free to explore room.</td>
</tr>
<tr>
<td>3 (3 minutes)</td>
<td>Caregiver, infant, stranger</td>
<td>Stranger comes into room, after a while talks to the caregiver and then to the infant. Caregiver leaves.</td>
</tr>
</tbody>
</table>
4 (3 minutes) Infant and stranger \[\text{Stranger keeps trying to talk to and play with the infant.}\]

5 (3 minutes) Infant and caregiver \[\text{Stranger leaves as caregiver returns. At the end of this stage the caregiver leaves.}\]

6 (3 minutes) Infant \[\text{Infant alone in room.}\]

7 (3 minutes) Infant and stranger \[\text{Stranger returns and tries to interact with the infant.}\]

8 (3 minutes) Caregiver and infant \[\text{Caregiver returns and interacts with the infant, stranger leaves.}\]

If the infant became \textit{severely} distressed in a particular stage, that stage was shortened.

**Findings**

Below are the \textit{behaviours} observed in three types of attachment; \textit{secure}, \textit{insecure-avoidant} and \textit{insecure-resistant}.

<table>
<thead>
<tr>
<th>Secure Attachment (66%)</th>
<th>Insecure-avoidant (22%)</th>
<th>Insecure-resistant (12%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harmonious and cooperative relationship</td>
<td>Avoid social interaction and intimacy with others and treat caregivers and strangers similarly</td>
<td>Both seek and reject intimacy and social interaction</td>
</tr>
<tr>
<td>High willingness to explore (using caregiver as safe base)</td>
<td>High willingness to explore (independently from caregiver)</td>
<td>Low willingness to explore</td>
</tr>
<tr>
<td>High stranger anxiety</td>
<td>Low stranger anxiety</td>
<td>High stranger anxiety</td>
</tr>
<tr>
<td>Enthusiastic on reunion with caregiver</td>
<td>Indifferent/little/no separation anxiety</td>
<td>Very distressed on separation from caregiver (high separation anxiety)</td>
</tr>
<tr>
<td>Some separation anxiety but maybe soothed</td>
<td>Avoids contact on reunion with caregiver</td>
<td>Seeks and rejects reunion from caregiver (angrily resisting being picked up but seek proximity in different ways)</td>
</tr>
</tbody>
</table>

**Conclusion**

The Strange Situation is a controlled way of measuring individual differences in attachment behaviour, and these can be categorised into three broad types – secure (A), insecure avoidant (B) and insecure resistant (C). Secure attachment is likely to be the most common and preferred type of attachment in North America; Ainsworth and Bell argued that it linked to later healthy emotional and social development. They also said that there was an association between the mothers’ behaviour and the infant’s attachment.
### Evaluation of Ainsworth strange situations

**General research methods**

The strange situation was a controlled observation and there is of strengths and weaknesses of using this kind of research method. As a way of investigating attachment it is easily the most popular and has been used numerous times in research. This is potentially because it systematically places infants in these various situations and allows careful recording of the behaviour and it straightforward and easy to replicate. However there is some argument that as the mother and child are in an unfamiliar playroom and mothers know they are being observed then this artificiality leads to a distortion and the children and mothers behaviour. If this is the case then it means we have to question the validity of the findings as the behaviour observed may not actually reflect the real attachment types of the mother and children in their own homes. 

*However research by Vaughn and waters (1990) compared the behaviour of 1 year olds in the strange situation and at home and found that securely attached children showed higher security and sociability at home (but were still securely attached). Insecurely attached children only showed small and insignificant differences which would suggest that the findings of the strange situation are validity and reflect the actual attachment types of the infants and their care-givers.*

<table>
<thead>
<tr>
<th>Inter-rater reliability and general reliability</th>
</tr>
</thead>
<tbody>
<tr>
<td>The study has <strong>inter-rater reliability</strong>. Different observers watching the same children tend to agree on what attachment type to classify infants as. Bick (2012) found it to be as high as 94% which means we can be confident that the attachment type of an infant observed by the strange situation does not just depend on who is observing them i.e. it is reliable. Also numerous studies have reported similar findings to Ainsworth and Bell thus their findings can be easily replicated and so are reliable.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Culture bound</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is the belief that the study is culture bound, i.e. does not have the same meaning outside of the USA and Western Europe because children and caregivers may respond differently to the strange situations depending on their cultural experiences but also attachment behaviours regarded as healthy in the USA may not be so regarded elsewhere in the world and the same may be true of attachment behaviour regarded as unhealthy in the USA. Takahasi (1990) found that the test does not work on Japanese children because Japanese mothers are so rarely separated from their children that they show very high levels of separation anxiety and in observations Japanese mothers tended to race to their children and scoop them up at the reunion stage meaning the response was hard to observe (see next section on cultural variations).</td>
</tr>
</tbody>
</table>
Cultural variations in attachment.

So what is the purpose of looking at attachment behaviours around the world?
Its main purpose is to answer the question—is attachment innate and biological or is it a result of nurture and culture?

**Nature-attachment** is biological, innate

**Nurture-attachment is dependent on cultural expectations.**

**Very similar** attachment behaviours would be found around the world—universality

**Large differences** in attachment behaviour from culture to culture

So how is this attachment behaviour around the world studied?
The most commonly used tool for measuring attachment is the strange situation and this is used by researchers all around the world. Most of the cross cultural studies use this but should they? Does it give us an accurate idea of how attachment behaviours really are around the world?

Cross cultural research into attachment behaviours.

Van Ijzendoorn and Kroonenberg (1988) cultural variations in attachment styles

**Procedures**
A **meta-analysis** was carried out on the results of **32** studies that used the strange situation to measure attachment behaviour. Research from **8** different countries was used, including Western cultures (e.g. USA, UK, Germany) and non-Western cultures (e.g. Japan, China, Israel). The **32** studies yielded results for **1,990** children.

**Findings**
1. **Secure** attachment was the **most common** attachment style in all nations.
2. In **Western** cultures the dominant style of insecure attachment found was **avoidant**
3. In **non-Western** cultures the dominant style of insecure attachment was **resistant**
4. Variation within cultures was **1 ½ greater** than between cultures, so they found more differences in attachment styles and behaviours within and around a single country than between that country and another.
Table to show percentages of children displaying attachment types in the 8 countries

<table>
<thead>
<tr>
<th>Country</th>
<th>No. of studies</th>
<th>Securely attached</th>
<th>Avoidant</th>
<th>Resistant</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Germany</td>
<td>3</td>
<td>57</td>
<td>35</td>
<td>8</td>
</tr>
<tr>
<td>UK</td>
<td>1</td>
<td>75</td>
<td>22</td>
<td>3</td>
</tr>
<tr>
<td>Netherlands</td>
<td>4</td>
<td>67</td>
<td>26</td>
<td>7</td>
</tr>
<tr>
<td>Sweden</td>
<td>1</td>
<td>74</td>
<td>22</td>
<td>4</td>
</tr>
<tr>
<td>Israel</td>
<td>2</td>
<td>64</td>
<td>7</td>
<td>29</td>
</tr>
<tr>
<td>Japan</td>
<td>2</td>
<td>68</td>
<td>5</td>
<td>27</td>
</tr>
<tr>
<td>China</td>
<td>1</td>
<td>50</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>USA</td>
<td>18</td>
<td>65</td>
<td>21</td>
<td>14</td>
</tr>
</tbody>
</table>

So what do these findings show us about attachment then?
As secure attachment was the most common style of attachment, it suggests that there may be universal (potentially innate) characteristics in infant-caregiver interactions. The variations in insecure attachment around the world suggests that here culture must play some part however and suggest that some cultures have higher levels of some insecure attachment than others.
Also the findings indicate that it is wrong to think of any given culture/country as using exactly the same child rearing practices. The idea that there is a single British, Chinese or American culture is grossly oversimplified and in fact there are several sub-cultures within most large countries differing considerably in not just their child rearing practices but language and customs too.

Other research that uses the strange situation finds similar results
Sagi (1991) found similar findings for American infants 71% secure, 12% resistant, 17% avoidant and 49% avoidant for German infants but 0% in Japan.

But can the strange situation accurately measure attachment in different cultures?
Rothbaum (2007) explored how American and Japanese mothers regard mother-child attachment and there were some important differences. For example mothers were asked how they would interpret it if their child called for them during naptime. American mothers regarded this at negative behaviour and that the child was testing the boundaries whereas Japanese mothers saw this as a positive and a sign of secure attachment. Rothbaum (2000) also contrasted the western notion of secure attachment with the Japanese word amae which means emotional dependence (literally “indulgent dependence”). Infants showing amae would exhibit lots of clinging behaviour and need for attention, behaviour that is regarded as showing insecure attachment in the west but healthy adjustment in Japan.
## Evaluation of Cultural variations in attachment

### Issues with cross cultural meta-analysis

Although the strange situation is a standardised piece of research can we be sure that the procedures are standard from one culture to the next? As the studies are carried out by different researchers in different places and with different strangers we can’t be totally sure that the tools used to measure behaviour are standardized in each study. This makes comparisons risky unless we know that they are exact replications of each other.

### Cultural bias of cross cultural research using the strange situation

A major issue when looking at cross cultural research into attachment is that most of the research uses the strange situations as a tool for measuring attachment. The Strange Situation is an example of ethnocentric research as it was designed in America to assess attachment but based on American ideals of attachment behaviour. The USA do not value over-dependency on the caregiver (insecure-resistant attachments) as demonstrated by Rothbaum’s research (2007) and Rothbaum also shows how this “clingy” behaviour (amae) is actually valued in other cultures, such as Japan, and seen as an indication of security. This means that the findings and insights based on the research by Van Izendoorn (1998) and Sagi (1991) lack external validity and so have less meaning than previously believed. It is incorrect for instance to suggest from Van Izendoorn’s study that Japan has higher levels of insecure attachment in their country than say the UK or Sweden because it may be that this “clingy” behaviour has been misinterpreted as insecure when in fact in Japan it would be view as secure.

### There may be visible differences in behaviour across cultures but the idea of security is very similar and suggests universality.

It is true that there are important differences in attachment behaviour between western and non-western cultures however this doesn’t necessarily mean that the entire notion of security or secure attachments has radically different meaning in different cultures. Posada (1995) found that ideas about the nature of security and safe base behaviour were very similar across seven very different cultures. It is likely that having infants securely attached to their mother is very advantageous in all cultures and that universally children whose caregivers are most sensitive to their needs will be more securely attached than those who are not. These are deep and profound cross-cultural similarities. Whilst the precise forms of behaviour shown by securely attached children may differ from culture to culture these differences are less important than the underlying similarities.
Bowlby’s theory of maternal deprivation.

Bowlby (1953) The Maternal Deprivation Hypothesis

1. In this hypothesis he suggested that “Mother love in infancy and childhood is as important for mental health as are vitamins and proteins for physical health” (1953)
2. if a child does not have a warm, intimate and continuous relationship with his or her mother (or mother-substitute) then they would have trouble forming relationships with others later on, and would be at risk of behavioural disorders such as affectionless psychopathy (see later) but also risk of intellectual problems e.g. low IQ.
3. If the separation occurs before the age of two and a half (without a substitute) the effects on the emotional well-being of the child are particularly severe, (critical period)
4. although the child is at risk of deprivation up to the age of five.
5. Bowlby identified circumstances in which maternal deprivation could occur, which included the mother being imprisoned, divorce or even the mother working full time.

Easy to remember summary
Continuous, warm mother love = Good mental health
Broken, poor mother love = risk of behavioural and intellectual issues, poor internal working model
Broken mother bond < 2 1/2 severe risk but still risks > 5

So where did Bowlby get the idea that bond disruption leads to all of these difficulties?

Bowlby based this theory on his own study the 44 thieves- you can use this study to evaluate his main theory.

Bowlby’s 44 thieves
Bowlby studied 88 children aged 5 to 16 who had been referred to a child guidance clinic where he worked. 44 were referred for stealing the other half were a control group; Bowlby diagnosed 16 of the 44 as affectionless psychopaths – shameless and conscienceless. The control group had been referred for other types of behaviour but none of them were diagnosed as affectionless psychopaths. Bowlby interviewed the children and their family to build a record of their early life experiences. Bowlby discovered that 86% of the affectionless psychopaths had experienced early and prolonged separation from their mothers; only 4% of the control group had experienced such separation. He concluded that the separation had caused affectionless psychopathy.

Review of the main findings. From 44 thieves, 16 were diagnosed with affectionless psychopaths. 86% of the 16 had suffered early and prolonged separation from their mothers. None of the control group were considered to be affectionless psychopaths, and only 4% of the control group had suffered early and prolonged separation.

Bowlby supported his hypothesis with the research of Spitz (1945) who visited several orphanages and other institutions in South America. Children in these orphanages received very little warmth or attention from the staff and had become apathetic. Many suffered from anaclitic depression (resigned helplessness and loss of appetite). This was attributed to their lack of emotional care and long term disruption of attachment from their mothers.
## Evaluation of Bowlby’s maternal deprivation hypothesis

### Confusing deprivation and privation

<table>
<thead>
<tr>
<th>Rutter (1976) claimed that Bowlby was actually mixing up the concepts of deprivation and privation. He claims Bowlby never made a distinction between the two and never made it clear whether the child’s attachment bond had actually even been there in the first place. Many of Bowlby’s juvenile delinquents has experienced several changes of home/principle caregiver during their early childhood leading Rutter to believe that their later problems were the result of privation and NOT deprivation like Bowlby believed as was the case for the children in Spitz’s study. So in fact the severe long-term damage that Bowlby associated with deprivation was much more likely to be the result of privation and deprivation may not actually lead to bond disruption like Bowlby believed especially when there is good substitute care. This seriously questions the validity of Bowlby’s whole hypothesis.</th>
</tr>
</thead>
</table>

### Issues with using the 44 thieves to base the hypothesis on

| Bowlby in part based his maternal deprivation hypothesis on his 44 thieves study. However the sample were children who had all been referred to his clinic for issues with their behavior so we can’t generalize these results to all children, what about children without issues that were separated would the impact be the same? Also Bowlby carried out this research, came up with the term affectionless psychopaths and decided who fitted into each group so there is an issue with objectivity here and potential researcher bias. The fact that his hypothesis may be based on research that was biased by Bowlby, with findings that can’t be generalized to all children reduces the support it gives to Bowlby’s maternal deprivation hypothesis and questions the accuracy and usefulness of the hypothesis. |

### Remember to link it to the back to the hypothesis

| Bowlby in part based his maternal deprivation hypothesis on his 44 thieves study. However the sample were children who had all been referred to his clinic for issues with their behavior so we can’t generalize these results to all children, what about children without issues that were separated would the impact be the same? Also Bowlby carried out this research, came up with the term affectionless psychopaths and decided who fitted into each group so there is an issue with objectivity here and potential researcher bias. The fact that his hypothesis may be based on research that was biased by Bowlby, with findings that can’t be generalized to all children reduces the support it gives to Bowlby’s maternal deprivation hypothesis and questions the accuracy and usefulness of the hypothesis. |

### Real world application

| One strength of the maternal deprivation hypothesis and work into deprivation by Bowlby and Robertson, is that it has led to some significant real world applications. Bowlby’s theory and work by Robertson has had an enormous effect on childrearing and led to major social change in the way children were cared for in hospitals. Before the research and his hypothesis parents were discouraged or even forbidden from visiting children who had to go into hospital but his research and footage showing how distressed these children became changed this and now children’s ward’s have spaces for parents to sleep in and in fact in some hospital one parent is required to stay with young children and infants overnight. The fact that this research has led to such important and significant changes in families lives increases the usefulness of the theory. |

### Image

![Image of a woman and child]
**Romanian orphan studies: Effects of Institutionalisation**

**Institutionalisation** refers to the effects of growing up in an orphanage or children’s home. Often (and particularly in the past) children had so many changes of carers in the institutions that it was impossible for them to form any attachments. If the children had been in the institution since they were babies, **privation** may result where the child has formed no attachments at all.

The specification specifically mentions Romanian orphan studies so all of the studies here deal with children adopted from Romanian orphanages to families in the UK and Canada.

**So what does the research show is the impact of a child spending time in an institution?**

**Rutter (1998)**

**Procedures** - 111 Romanian children were assessed on a variety of measures of physical and intellectual ability on arrival in Britain. The orphans were assessed for height and cognitive functioning on arrival in the U.K and assessed again at 4. A control group of 52 British adopted children were also assessed to ascertain whether negative effects were due to separation from carers or the institutional conditions of the Romanian orphanages.

**Findings** - The children’s IQ was tested upon arrival in the UK and the average score for the Romanian orphans was **63**. For those adopted when over 6 months old, the average was **45**. Physical development was also poor, 51% of them being in the bottom 3% of the population for weight. They were also shorter in height than was normal for their age. The Romanian orphans were tested again at the age of 4 and compared to a control group of 52 British-adopted children, all aged 4, who had showed none of the negative effects suffered by the Romanians.

At the age of 4 orphans all had improved as a result of improved care with the average IQ of the Romanians increasing from **63** to **107**, and those adopted before 6 months showed no significant differences in either intellectual or physical development with the control group. Those adopted the latest showed the slowest improvements educationally in emotional development and physically, with the IQ of those adopted after 6 months, increasing from **45** to **90**.

*So these findings suggest that the age that a child was adopted and so the level of exposure to the institutionalisation has an impact on recovery, with those adopted before 6 months showing no significant problems emotionally, cognitively or physically. Having said that all the orphans improved and reasonable recovery occurred given good subsequent care with just a minority showing long term negative effects.*

**O’connor (2000)** studied Romanian children exposed to very severe privation and neglect in Romanian orphanages before being adopted by British families. They found:

Late-placed adoptees (24-42 months) showed significant recovery but had much greater difficulty in achieving good cognitive development, and social development than earlier adoptees (6-24 months)
Kumsta (2010) identified 4 patterns associated with institutional deprivation that occurred by the age of 6 and were still present several years later in the minority of children but many previously institutionalised children did show one or more several years after adoption.

**Summary of the effects of institutionalization**

- Those bought up in institutions in Romania showed poor social, cognitive and physical development on arrival.
- Over time however most of the orphans showed a complete recovery due to the loving care of their adopted families.
- A minority (those who tended to be adopted at 6 months and later) although hugely improved showed some common problems even years later that were social, emotional and cognitive; quasi-autism, disinhibited attachment, cognitive impairment, inattention/overactivity.

<table>
<thead>
<tr>
<th>On arrival- 4 years old</th>
<th>Cognitive</th>
<th>Physical</th>
<th>Emotional</th>
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</thead>
<tbody>
<tr>
<td>IQ- average 63 → 107</td>
<td>51% in the bottom 3% of population for weight</td>
<td>Poor emotional development of all adoptees</td>
<td></td>
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<tr>
<td>Adopted after 6 mths 45 → 90</td>
<td>Shorter than normal for their age</td>
<td>Most achieved good social development and had no attachment issues.</td>
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<tr>
<td>Most had good cognitive development and normal IQ</td>
<td>At 4 smaller than control group (Le mare 2006) by 10 ½ this difference had disappeared and full physical recovery.</td>
<td>Those adopted later (especially 24-42mths) had greater difficulty achieving good social development.</td>
<td></td>
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<tr>
<td>Minority (often later adoptees)- low IQ, poor exam performance, difficulties concentrating and focusing, quasi-autism.</td>
<td>But lots although nearly fully recovered may have displayed one of the 4 traits.</td>
<td>Minority (later adoptees) displayed disinhibited attachment.</td>
<td></td>
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</table>

**Quasi-autism**- symptoms resembling autism including; social and communication problems, obsessive preoccupations (e.g. watches, plumbing systems)

**Disinhibited attachment**-lack of wariness of strangers, inappropriate affectionate behaviour, walking off with strangers and leaving caregiver.

**Cognitive impairment**-low IQ, very general negative effects on cognition including poor performance of GCSE’s.

**Inattention/over activity**-problems with concentration and focusing on the task at hand.
# Evaluation of Romanian orphan studies

**The picture is positive, the studies are good!**

Strengths of Romanian orphan studies are that they show us that recovery from severe privation is possible and in studies of high scientific quality. The findings show that those like Bowlby who previously believed the effects of privation was irreversible were exaggerated and with a move to a loving environment as quickly as possible most institutionalised children can make full recoveries. Also the studies were longitudinal and expertly carried out despite unavoidable issues with extraneous variables (see below) so the children were followed over many years and so we are able to see the real life, long term effects of institutionalisation.

These studies are also continuing into the future so we will be able to see even longer term effects and as the findings are from scientific and reliable research (the findings are similar in all of the studies) we can have faith in the results.

**Natural experiments and extraneous variables**

As these pieces of research had to be natural experiments there are of course going to be issues with extraneous variables and difficulties in establishing cause and effect. For instance Rutter acknowledges that is was difficult to find out information about the quality of care the children received in the institutions and thus the level of privation. Some children coped much better than others and it is thought that some children may have received special attention in the orphanages if they maybe smiled more for instance and so did have some early attachment experiences this is another variable uncontrolled.

**Real life application**

The findings of Romanian orphanage studies have led to improvements in the way children are cared for in institutions and so have been immensely valuable in practical terms (Langton 2006). Children in institutions now are assigned a key worker and have perhaps only one or two other caregivers responsible for them so that the children have a chance to develop normal attachments, avoiding disinhibited attachments.

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![Image of Romanian children]
The influence of early attachment on childhood and adult relationships, including the role of the internal working model.

The internal working model

Remember this? It was suggested by Bowlby that a child’s first relationship with their primary attachment figure forms a mental representation for the child and this relationship acts as a template or shapes all future relationships whether they be childhood, romantic, plutonic, or with their own children.

The continuity hypothesis which is based upon the internal working model is more specific and says that the actual attachment types of children (avoidant, resistant, secure) are also reflected in their adult relationships.

So how does the internal working model link to childhood and adult relationships then?

If you believe that the internal model has an impact on future relationships then it follows that a child’s internal working model is fairly consistent over its life or else we wouldn’t be able to predict these future relationships. This perspective is called the prototype perspective. There are those who don’t agree with this idea though and believe that the internal working model is revised and updated as a result of life experiences and so adult internal working models can differ hugely from infant ones. This is called the revisionist perspective and allows for changes in the pattern of relationships that a person may have through their lives.

So does the research support the prototype or revisionist perspective?

Childhood relationships: securely attached children have better friendships and are the least likely to bully and be bullied.

Belsky (1999) found that 3-5 year old securely attached children were more curious, resilient, self-confident, got along better with other children and were more likely to form close relationships.

Why?

Securely attached children have higher expectations that others are friendly and trusting and so enables easier relationships with others and closer relationships as they are prepared to be trusting and let people get close to them.

Smith (1998) assessed attachment type and bullying involvement using standard questionnaires in 196 children aged 7-11 from London and found that secure children are unlikely to be involved in bullying. Insecure-avoidant children were most likely to be victims and insecure-resistant were most likely to be bullies.

Why?

As securely attached children tend to be more confident (Belsky 199) they are less likely to be the target of bullies for fear that they will stand up for themselves and as they have close friendships bullies risk them having the support of other children.
So this research seems to suggest that the internal working model and attachment style a child has in infancy does impact on childhood friendships and supports the prototype perspective.

Adult romantic relationships
Hazan and Shaver (1987) The love quiz: securely attached children have longer-lasting romantic relationships

Procedure
They analysed the responses from 620 respondents of a “love quiz” they published in the rocky mountain news (an American small-town newspaper).
Sample-205 were from men, 415 women; 14-82 years old, 91% heterosexual, 42% married, 28% divorced or widowed, 9% co-habiting and 31% dating (some fitted more than one category).
The questionnaire firstly asked questions to assess current or most important relationship, secondly it asked questions about attitudes towards love as an assessment of the internal working model. Thirdly investigated attachment history to identify current and childhood attachment types

Findings
- Securely attached respondents tended to have a positive internal working model
- They also found a positive correlation between attachment type and love experiences; the more attached a person was the more positive they found their love experiences. Securely attached respondents described love experiences as happy, friendly, trusting and were able to accept and support their partner despite their faults.
- Securely attached love relationships were more enduring- lasting on average 10 years compared to 5 for resistant and 6 avoidant and if married they tended not to divorce.
- Both insecure types were vulnerable to loneliness with resistant being the most vulnerable
- Avoidant types tended to reveal jealousy and fear of intimacy.

So this research suggests that early attachment style does impact on adult romantic relationships supporting the prototype perspective of the internal working model. HOWEVER there were methodological issues with this study (see evaluation) and in further research in 1993 Hazan and Shaver actually found that 22% of their adult sample changed their attachment style over a 12 month period and often as a result of relationship experiences which further suggests that actual experiences of love can also influence attachment (revisionist perspective).

Relationships with own children.

If the prototype perspective is to be believed then childhood attachment type should affect parenting style i.e. if you are a securely attached child then you should have a secure relationship with your children and vice versa. This idea is supported by Harlow’s studies we looked at earlier as the motherless monkeys went onto become bad mothers and many human studies find the same thing.
Bailey (2007) considered the attachments of 99 mothers to their babies and to their own mothers using the strange situation and an adult attachment interview and they found the majority of women had the same attachment classification both to their babies and their own mothers. Quinton (1984) compared 50 women raised in institutions with 50 women raised as home and found that when the women were in their 20’s the ex-institutional women experienced extreme difficulties acting as parents and more of their children had spent time in care. Both of these studies support the prototype perspective and the continuity hypothesis.
**Evaluation of early attachment on childhood and adult relationships**

*Evidence does suggest an association between early and later attachment and largely seems to support the continuity hypothesis that attachment types as children are reflected in relationships with our friends, romantic partner and our own children and the prototype perspective of the impact of the internal working model. Does this mean thought that if you have poor relationships with parents or carers as a child or faced neglect then you are doomed to have failed relationships yourself? The answer is NO for all the reasons below.*

<table>
<thead>
<tr>
<th>There are issues with the methodology of these studies</th>
<th>The majority of studies that support that the internal working model can be used to predict future relationships (prototype perspective) rely on retrospective data. The studies ask adults for information on their childhood attachments so are asking them to recall their early life. These recollections are likely to be flawed as our memories of the past are not always that accurate due to poor recall. They are also likely to be biased as adults who currently have a positive internal working model are more likely to process attachment related info with a positive bias and a negative bias is likely from those with negative internal working models (Dykas and Cassidy 2011). So this means that the evidence supporting the link between childhood and adult relationships may be flawed and inaccurate and makes us question whether there really is a link at all.</th>
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<tbody>
<tr>
<td>Any association is weak and based on correlational evidence</td>
<td>Also the research linking the internal working model to relationships is correlational with only relatively weak correlation coefficients. We can’t therefore claim that the reason for the later relationship style is definitely the earlier attachment; there may be other reasons such as the child’s temperament or personality which remains relatively stable over time also. Also the correlations are weak; Steele (1998) found only a small correlation of 0.17 between having a secure attachment type in childhood and early adulthood. Fraley (2002) conducted a review of 27 samples where infants were assessed in infancy and reassessed up to 20 years later and found correlations ranging from 0.50 to as low as 0.10. So such weak correlations suggest that attachment type is not very stable and also means fortunately that if you have had a poor relationships as a child you can still have good, healthy and secure relationships as an adult.</td>
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<tr>
<td>It is too simplistic to say that only childhood internal working models have an impact on future relationships.</td>
<td>It is too simplistic to say that only childhood internal working models have an impact on future relationships there are other factors that also play a part. Cohn (1992) found that the quality of relationships in adult couples where one partner was securely attached but the other was not did not differ from ones where both partners were securely attached and Alexandrov (2005) found insecurely attached wives married to securely attached men had much greater relationship satisfaction than those married to insecurely attached men so this suggests that a person can have a negative internal working model but this only translates into an insecure relationship if they don’t have a secure partner to show them “the ropes”. Also it is thought that other factors such as changes produced by the transition to parenthood, the number and nature of life events experiences and in some case counselling or treatment for mental disorders can also have an impact on adult attachment style. So this means that if you have had a poor relationships as a child you can still have good, healthy and secure relationships as an adult and with your own children if these other factors are present.</td>
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- **Life events**
- **Counselling**
- **Becoming a parent**
References
