Lesson 9 - Bowlby's Maternal Deprivation Theory

• In his Monotropic theory, Bowlby talked about the importance of the special bond formed with the main caregiver. It is better if the child spends more time with this figure. If the attachment is poor the child will have problems in later life. He then expands on this with his theory of maternal deprivation, explaining the negative impact of being deprived of the maternal figure in the critical period.

• Affectionless psychopathy

• Delinquency

• Intellectual retardation
Bowlby’s Maternal Deprivation

• Not having a loving relationship with mother in first 2 years can lead to delinquency, affectionless psychopathy and intellectual retardation.

• Study: 44 juvenile delinquents compared with a control group off 44 juveniles not guilty of any crime. 14/44 of delinquents were classed as affectionless psychopathy, none of the control group. 12/14 of aff. Psych. had maternal separation, of the remaining delinquents 5/30 had maternal deprivation, and the control group only 2/44. This suggests that maternal deprivation leads to antisocial behaviour.

• The maternal deprivation hypothesis states there is an inborn need for a continuous, caring relationship and if this is broken it will be detrimental – bed wetting, dwarfism, intellectual retardation and affectionless psychopathy.

Evaluation

• Bowlby studied orphans from the war – they were traumatised and often had poor care so evidence is flawed as there were other issues not just maternal deprivation.

• Counter evidence – Lewis replicated 44 juvenile’s study and found maternal deprivation did not predict criminality of difficulties with relationships.

• Critical period – evidence to say that damage in this time is not inevitable. Koluchova twins, in care when mother died, lived with father and step-mother at 18mnths until 7 yrs. – were abused. Fostered by 9 and by 14 behaviour and intellect were normal. Previous damage had been repaired.

• Important to distinguish the difference between Deprivation – where bond is broken through separation and Privation where no bond was present.

• Bowlby criticised for focus on separation – more important whether bond is formed.

Lesson 10 - Effects of Institutionalisation - Romanian Orphans

- **Institutionalisation** – living in a hospital or orphanage for long periods of time with little emotional care. Studied in Romanian orphanages in 1980’s.

- Effects can include ‘**disinhibited attachment**’ – children are equally friendly to strangers and people they know well. (no stranger anxiety). Rutter explained this is because in poor quality institutions such as Romanian orphanages, child may see 50 carers, not enough to form secure attachments.

- Studies: (Rutter 2011) followed 165 Romanian orphans adopted in Britain, Bucharest Early Intervention Project – who found only 19% of institutional children were securely attached. – make notes on these studies.

**Evaluation of studying Romanian orphans’**

Has led to real life application – improvements in child care in institutions e.g. key worker to develop attachments.

Fewer extraneous variables – children hadn’t experienced trauma e.g. war beforehand so any effects are due to institutionalisation rather than other factors.

Romanian orphanages are not typical – they were particularly poor with very bad conditions so we can’t really generalise to other orphanages.

Ethical issues – in some studies children are not randomly assigned to conditions – they were adopted or not – this could mean that the child’s temperament was an extraneous variable on whether they were adopted and the effects it had. However, where random allocation to groups was done – this raises ethical issues!

Long term effects – children have been followed up mid teems, however, it is too soon to discover long term effects. The children may catch up – socially, emotionally, intellectually in adulthood.
Can children recover from institutionalisation and privation?

- **Quality of care in the institutions** – if they have formed an attachment in the institution between 7-12 mths – usually don’t show disinhibited attachment. Study in a Greek orphanage, each baby was allocated a member of staff who were actively encouraged to form bonds. Follow up found none of the effects that Tizard and Hodge’s study had previously found.

- **Age of child at removal from institute** – children adopted younger make better development – particularly in language development.

- **Quality of care after institution** – if child is placed in a loving environment – more likely to form a strong attachment with adoptive parents (Koluchova twins study)

- **Experiences in later life** – not only early experiences impact on later development. If child has positive experiences at school, in marriages, etc. early damage can be reversed.

Study: Quinton & Rutter looked at 2 groups of women, 1 group had been in care, other group not. Those that has positive experiences in later life fared better even if they had been in care in their early years.
Lesson 11 - Influence on adult relationships

**Short term effects:** Protest, Despair, Detachment  
**Long term effects:** Separation anxiety, Distance, Demanding

**Internal working model:** Bowlby – first relationship with primary attachment figure forms a mental representation - an internal working model. If their first experience is of a loving relationship – they assume this is how relationships are meant to be and they will seek this out in future. If bad, they will struggle to form relationships/or form inappropriate ones.

### Relationships with Peers (so not necessarily adult relationships!)

- Securely attached infants go on to form the best quality childhood friendships. Less likely to be involved in bullying.
- Insecurely attached infants have friendship difficulties, particularly insecure-resistant who are likely to have a lot or arguments with friends. Insecure avoidant more likely to be victims of bullying, insecure resistant most likely to be bullies.

### Relationship with romantic partners

A study of 40 adult women who had been assessed as children on their attachment type, were assessed on their romantic relationships and friendships. Those who were securely attached infants had the best adult friendships and romantic relationships.

- **Insecure resistant** – problems maintaining friendships
- **Insecure avoidant** struggled with intimacy in romantic relationships.

Hazan & Shaver analysed 620 replied to a ‘love quiz’ – it assessed current relationship, general love experiences and attachment type.

- **Securely attached** (56%) had good and long lasting romantic experiences.
- **Insecure avoidant** (25%) revealed jealousy and fear of intimacy.
- **Insecure resistant** (19%) problematic relationships

### Relationships as a parent

The internal working model also affects the child’s ability to parent their own child.

Bailey et al (2007) studied 99 mothers, comparing the attachments of them to their children and their own mothers. They found similar patterns (see study in ‘Bowlby's monotropic theory hand-out’)

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Evaluation of influence of early attachment

• Studies such as Hazan & Shaver support the internal working model. However, Zimmerman (2000) found little relationship between quality of infant and adolescent attachment.

• **Validity.** Most studies use interviews/questionnaires years later – 2 problems: will people be honest? Will people accurately remember?

• **Not causality** – assumes infant attachment causes adult attachment. But – it’s correlation (doesn’t’ show cause & effect) so could be alternative explanation e.g. child’s temperament!!!

• **Probabilistic** – theory seems likely however, researchers may have exaggerated the significance – it could be chance and some people with poor childhood attachments can form good adult relationships.

• **Conscious self report vs unconscious internal working model** – the working model is ‘unconscious’ we are not aware of it so if participants self-report on their relationships that is their conscious understanding so not a very accurate record of the person’s internal working model.