12. Attachment, deprivation and privation (30 minutes)

(a) Outline the meaning of the terms attachment, deprivation and privation.

(2 marks + 2 marks)

Attachment:

Shaffer (1993) defines attachment as a close emotional relationship between two persons, characterized by mutual affection and a desire to maintain closeness. For infants it involves distress on separation, pleasure on reunion, and a constant awareness of their caregiver.

Deprivation:

Refers to the loss or disruption of attachment with a caregiver.

Privation:

Is where no attachments have ever been formed.

(b) Outline Bowlby's maternal deprivation hypothesis.

(6 marks)

Bowlby (1951) considered that a strong attachment to a mother figure was necessary for an individual’s psychological well being in infancy and in later life. Failure to form this attachment or loss of an existing attachment was termed ‘maternal deprivation’ and could result in serious problems - even affectionless psychopathy. Bowlby believed the mother figure provided the model for all future relationships (the internal working model). If the child suffered maternal deprivation, this would lead to unsatisfactory relationships in later life.

(c) Describe one study that supports Bowlby’s maternal deprivation hypothesis.

(6 marks)

An appropriate choice would be Bowlby (1946) - a study of 44 juvenile thieves and a group of 44 controls who had not committed crimes but who were emotionally maladjusted. Methodology included interviews with the children and their families to build up retrospective and current case histories. Bowlby found that 86% of those children diagnosed as affectionless psychopaths (lacking in normal affection and guilt) had experienced separations from their mothers; many had been in foster homes or hospitals before the age of two.
(d) ‘Prolonged deprivation of a young child of maternal care may have grave and far reaching effects on his character.’

With reference to empirical evidence, evaluate Bowlby’s maternal deprivation hypothesis.

(12 marks)

There are several weaknesses in Bowlby’s 44 thieves study. Early separation and later psychological problems may be linked but correlation techniques are never proof of cause and effect. Rutter et al (1976) studied 2000, 9-12 year-old boys and found that early separation and maladjustment may both be caused by family discord. Boys were 400% more likely to be delinquent if separation was related to family discord rather than sickness or death of the mother. Furthermore, the information on separation from caregivers was collected by Bowlby retrospectively and hence may be unreliable. It is also difficult to envisage how the very short separations which characterized some of the children in his study could cause psychopathic disorders. Indeed, diagnosis of affectionless psychopathy was made by Bowlby himself, and his expectations may have biased the outcome. However, Bowlby's theory is supported by other empirical findings. Douglas (1975) analysed data from a longitudinal study of 5000 children collected as part of the National Survey of Health and Development. Children who had spent more than a week in hospital, or experienced repeated admissions under the age of four, had increased chances of behavioural or reading difficulties in adolescence. Some researchers, however, consider that it was not separation alone that was responsible for these findings, but its combination with the anxiety generated by hospital residence.

Spitz and Wolf (1946) studied 100 children who became depressed after they were separated from caregivers by hospital admission. They noted that the children generally recovered if the separation was short (< 3 months), but they rarely recovered fully if separations were longer.

Rutter et al (1998) looked at the development of 111 Romanian orphans adopted by UK parents. On arrival in the UK they were physically and mentally underdeveloped. However, by four years they had all improved, although the children adopted later improved more slowly. There is evidence that suggests, therefore, that recovery from deprivation is possible with the provision of good quality care.

It is necessary to distinguish between deprivation and privation, it is the latter which is likely to have longer lasting consequences. Individual differences are also important some children being more resilient to the possible harm caused by early deprivation or privation.

(Total marks 30)