PSY.ATT7 Maternal Deprivation and the Effects of Institutionalisation

Total Marks

AQA 7182 · Calculators not allowed · about 80 minutes

Name: _____ Date: ____ / ____ / _____

Answer ALL questions. Show all your working.

1 Outline Bowlby's maternal deprivation hypothesis as it relates to early attachment formation, naming the proposed critical period and the long term consequences of prolonged early separation or deprivation.

(Total for Question 1 is 6 marks)

2 Explain the difference between short-term separation and prolonged deprivation in the context of attachment theory. Give one example of each.

(Total for Question 2 is 4 marks)

3 Outline the main findings of Bowlby and colleagues' 44 Thieves study linking early separation to 'affectionless psychopathy'.

(Total for Question 3 is 6 marks)

4 Outline the main findings of Rutter et al.'s English and Romanian Adoptees (ERA) study on the effects of institutionalisation, including physical underdevelopment, cognitive delay and disinhibited attachment, and the role of age at adoption in recovery.

(Total for Question 4 is 6 marks)

5 Outline the main findings of Zeanah et al.'s Bucharest Early Intervention Project (BEIP) concerning attachment patterns in institutionalised children and the effects of placing children into foster care.

(Total for Question 5 is 6 marks)

6 A social worker examines a small dataset from an adoption clinic showing age at adoption (months) and a simple measure of disinhibited attachment behaviour scored 0 to 10 at age 4 (higher = more disinhibited). The six children's data are: Child A: adopted at 3 months, score 1; Child B: 5 months, score 2; Child C: 8 months, score 5; Child D: 12 months, score 7; Child E: 18 months, score 8; Child F: 2 months, score 0. Using this dataset, answer the parts below.

(a) Calculate the mean disinhibited attachment score for the three children adopted before 6 months (Children A, B and F). Give your answer to 2 decimal places. **(3)**

(b) Using the full dataset, suggest briefly what the data show about the relationship between age at adoption and disinhibited attachment at age 4, and state one limitation of drawing conclusions from this small dataset. **(3)**

(Total for Question 6 is 6 marks)

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7 Identify and explain two methodological weaknesses of Bowlby's 44 Thieves study that limit the strength of its conclusions about deprivation causing affectionless psychopathy.

(Total for Question 7 is 6 marks)

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8 Explain one confounding variable in the Romanian orphan studies that could make it difficult to isolate the effects of maternal deprivation specifically.

(Total for Question 8 is 4 marks)

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9 Outline two ways in which the Romanian orphan studies have practical value for adoption and child-care policy.

(Total for Question 9 is 4 marks)

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10 Define 'privation' as it is used in the attachment literature and give one brief example relevant to institutional care.

(Total for Question 10 is 2 marks)

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11 Briefly explain one ethical issue raised by conducting longitudinal follow-up studies of previously institutionalised children, and suggest how researchers can address this issue.

(Total for Question 11 is 3 marks)

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12 Discuss the effects of deprivation and/or institutionalisation on attachment. In your answer, include relevant theory and evidence such as Bowlby's maternal deprivation hypothesis, the 44 Thieves study, Rutter's ERA findings and Zeanah et al.'s BEIP. You should consider strengths and limitations of the evidence and the implications for understanding development and for practice.

Discuss the effects of deprivation and/or institutionalisation on attachment, with reference to theory and empirical evidence.

(Total for Question 12 is 16 marks)

Mark scheme · PSY.ATT7 Maternal Deprivation and the Effects of Institutionalisation

Question 1

- **M1** states that continual emotional care from a primary caregiver is needed for normal psychological development oe
- **M1** identifies the critical period as about the first 2.5 to 3 years of life (often given as before 3 years) oe
- **M1** explains that prolonged separation or deprivation within the critical period can lead to long term harm such as affectionless psychopathy, problems with emotional development and intellectual delay oe
- **A1** links the absence of a warm, continuous relationship with impairment in forming future relationships oe
- **A1** mentions that short term separations are different and not necessarily damaging if substitute care is provided oe
- **A1** notes that deprivation refers to loss of existing attachment whereas privation refers to a failure to form an attachment in the first place oe
- **Answer: Bowlby proposed that continuous emotional care from a primary caregiver is essential for normal development. There is a critical period in the first roughly three years; prolonged separation or deprivation in this period can cause lasting problems such as affectionless psychopathy, emotional and intellectual difficulties. Short term separations are less harmful if good substitute care is provided.**

Question 2

- **M1** defines short-term separation as a temporary absence from the caregiver where alternate care may be provided, and explains it does not necessarily cause long term harm oe
- **M1** gives an example of short-term separation, e.g. child staying overnight with a grandparent while parents work oe
- **M1** defines prolonged deprivation as an extended or repeated lack of emotional care from a primary caregiver during the critical period, leading to lasting developmental effects oe
- **A1** gives an example of prolonged deprivation, e.g. an infant spending the first years of life in a poorly staffed institution with minimal caregiver contact oe
- **Answer: Short-term separation is a temporary absence from the primary caregiver, for example an overnight stay with a relative, and usually causes no lasting harm if substitute care is good. Prolonged deprivation is an extended lack of emotional care during the critical period, for example an infant raised for months in an understaffed institution with little individual attention; this can lead to lasting emotional and cognitive problems.**

Question 3

- **M1** states that Bowlby studied 44 juvenile thieves and a control group of non thieves who had been referred to the clinic oe
- **M1** reports that a high proportion of the thieves were described as affectionless psychopaths compared with controls oe
- **M1** identifies that many of those classified as affectionless psychopaths had experienced prolonged early separations from their mothers or frequent early hospitalisations oe
- **A1** states the implication that early separation from the mother was linked with later lack of guilt, empathy and persistent antisocial behaviour oe
- **A1** notes that not all thieves had experienced separation and not all separated children became affectionless, indicating variation oe
- **A1** states that a control group showed fewer cases of affectionless psychopathy and fewer early separations, implying an association rather than proof of causation oe
- **Answer: Bowlby studied 44 juvenile thieves and a control group and found that a large proportion of those described as affectionless psychopaths had experienced prolonged early separations or frequent early hospitalisations. This was associated with lack of guilt and persistent antisocial behaviour, but not all separated children became affectionless and the study shows an association rather than definitive causation.**

Question 4

- **M1** states that many Romanian adoptees showed physical underdevelopment, such as small stature and low weight, on arrival in the UK oe
- **M1** identifies cognitive delay on arrival, with lower IQ scores among those who had spent longer in institutions oe
- **M1** states that disinhibited attachment behaviours, such as overfriendliness to strangers, were more common among those adopted after longer institutionalisation oe
- **A1** explains that children adopted before about 6 months showed much greater recovery in cognitive and physical measures than those adopted later oe
- **A1** notes that some deficits persisted for children adopted later, indicating a sensitive period for recovery rather than complete immunity to later change oe
- **A1** mentions that Rutter interpreted findings as showing some recovery is possible, especially with early adoption into a good-quality family environment oe
- **Answer: Rutter's ERA study found Romanian adoptees often arrived physically underdeveloped and with cognitive delays, and those who had spent longer in institutions showed more disinhibited attachment. Children adopted before about 6 months showed much better recovery in physical and cognitive measures than those adopted later, though some lasting problems persisted for later-adopted children.**

Question 5

- **M1** states that many institutionalised children showed a high rate of disorganised or atypical attachment patterns on assessment oe
- **M1** reports that a substantial proportion of children in institutions showed disinhibited attachment or indiscriminate friendliness oe
- **M1** identifies that children moved into high quality foster care showed improvements in attachment behaviours compared with those who remained in institutions oe
- **A1** explains that earlier placement into foster care was associated with better attachment outcomes, indicating the value of early intervention oe
- **A1** notes that some children did not fully recover, suggesting effects of early deprivation can be persistent for some individuals oe
- **A1** mentions that the BEIP used a randomised controlled design for foster placement, strengthening causal inference about foster care benefits oe
- **Answer: Zeanah et al. found high rates of disorganised and disinhibited attachment among institutionalised children. Moving children into high quality foster care improved attachment outcomes, particularly when placement occurred earlier, though not all children fully recovered. The study used a randomised design, supporting causal conclusions about the benefits of foster care.**

Question 6

- (a) **M1** identifies the scores for children adopted before 6 months: A=1, B=2, F=0 oe
- (a) **M1** calculates mean = (1 + 2 + 0) / 3 oe
- (a) **A1** gives mean = 1.00 cao
- **(a) Answer: 1.00**
- (b) **M1** identifies the pattern: children adopted later tend to have higher disinhibited scores (e.g. scores increase for adoptions at 8, 12, 18 months) oe
- (b) **M1** concludes this suggests later adoption is associated with more disinhibited attachment behaviour oe
- (b) **A1** gives a limitation such as very small sample size, no statistical test, or other confounding variables not controlled (e.g. preinstitutional experience) oe
- **(b) Answer: The data suggest that children adopted later show higher disinhibited attachment scores, implying later adoption is associated with more disinhibited behaviour. However, the sample is very small and other factors such as preinstitutional experience are not controlled, so firm conclusions cannot be drawn.**

Question 7

- **M1** identifies retrospective design as a weakness oe
- **A1** explains retrospective reports of early separation rely on memory and records that may be incomplete or biased, reducing reliability and introducing recall bias oe
- **M1** identifies the correlational nature of the study as a weakness oe
- **A1** explains that correlation does not prove causation; other factors could cause both separation and later antisocial behaviour oe
- **M1** identifies an issue with sample selection or representativeness, e.g. clinical sample of juvenile thieves not representative of general population oe
- **A1** explains that using a clinic sample may mean findings are not generalisable and other confounding factors, such as preexisting family problems, might account for outcomes oe
- **Answer: Weaknesses include the retrospective design, which depends on possibly biased records and memory; the correlational nature, which cannot establish causation; and the clinical, nonrepresentative sample, which limits generalisability and allows confounding variables to explain results.**

Question 8

- **M1** identifies a plausible confounding variable, e.g. poor overall institutional care including malnutrition, illness, lack of cognitive stimulation or high child to caregiver ratios oe
- **A1** explains how this could confound results, e.g. physical malnutrition or illness could itself cause cognitive delay and small stature independently of lack of a primary attachment relationship oe
- **M1** identifies that preinstitutional experiences vary and could be confounding, e.g. prenatal neglect or trauma oe
- **A1** explains that such early experiences could influence later outcomes and are difficult to separate from the effects of institutional care alone oe
- **Answer: Confounding variables include poor overall institutional care, such as malnutrition, illness and lack of stimulation, which can cause physical and cognitive problems independently of maternal deprivation. Preinstitutional experiences like prenatal neglect or early trauma also vary and may contribute to later deficits, making it hard to isolate the effect of deprivation specifically.**

Question 9

- **M1** identifies early adoption/foster care as a policy implication oe
- **A1** explains that findings support placing children into family care as early as possible to promote recovery and reduce long term problems oe
- **M1** identifies improving institutional care standards as a policy implication oe
- **A1** explains that providing better caregiver to child ratios, consistent caregivers and increased stimulation can reduce harm while children await family placement oe
- **Answer: Findings support early placement into family care or foster care to improve recovery prospects, and they support raising standards in institutions, such as better caregiver to child ratios and more consistent individual care, to reduce developmental harm while children await adoption.**

Question 10

- **B1** definition: privation is the failure to form any enduring attachment bond in the first place, rather than loss of an existing one oe
- **B1** example: an infant raised in an institution with no consistent primary caregiver who never forms a single main attachment figure oe
- **Answer: Privation is the failure to form an enduring attachment at all; for example, an infant in an institution who never has a consistent primary caregiver and so never forms a main attachment bond.**

Question 11

- **M1** identifies an ethical issue, e.g. potential distress from recalling adverse early experiences or discovering ongoing problems oe
- **M1** explains why this is an issue, e.g. discussing traumatic early history may cause psychological harm or raise sensitive matters for the child and family oe
- **A1** suggests a safeguard such as careful informed consent, optional participation, debriefing, providing support resources or referral to counselling and monitoring wellbeing during assessment oe
- **Answer: An issue is that discussing early adverse experiences may cause distress; researchers should obtain careful informed consent, make participation optional, debrief participants, monitor wellbeing and provide referrals to support or counselling where needed.**

Question 12

- **Level 4** (13-16): Knowledge of the effects of deprivation and institutionalisation is detailed and accurate. Discussion evaluates theory and evidence thoroughly, including strengths and limitations and clear, well-developed reference to studies such as Bowlby 44 Thieves, Rutter's ERA and Zeanah et al. AO2 application is applied appropriately. Arguments about implications for development and practice are well reasoned and balanced. Specialist terms are used accurately and the answer is coherent.
- **Level 3** (9-12): Knowledge is mostly accurate with reasonable detail. Discussion includes relevant evaluation and some consideration of implications. Evidence is used to support points but may be uneven or partially developed. Some application to studies is present. The answer is organised and uses specialist terms appropriately.
- **Level 2** (5-8): Knowledge is limited or partially accurate. Discussion is basic and evaluative comments may be superficial or one sided. Reference to studies may be brief or descriptive rather than analytical. Implications are mentioned but not well developed. Specialist terminology may be used inconsistently.
- **Level 1** (1-4): Very limited knowledge and understanding. Answers may be lists of points about deprivation or institutionalisation with little or no discussion. Little or no use of relevant evidence. Specialist terms are mostly absent or used incorrectly.
- **Indicative content:**
  - AO1: Bowlby's maternal deprivation hypothesis claims continuous maternal care is essential, with a critical period roughly the first 2.5 to 3 years, and prolonged deprivation can lead to affectionless psychopathy, emotional and intellectual problems.
  - AO1: Bowlby's 44 Thieves study reported an association between early prolonged separations and later affectionless psychopathy, but the study was retrospective and correlational.
  - AO1: Rutter's ERA study found physical underdevelopment, cognitive delay and high rates of disinhibited attachment among Romanian adoptees, with much better recovery when adopted before about 6 months, suggesting a sensitive period for recovery.
  - AO1: Zeanah et al.'s BEIP reported high rates of disorganised and disinhibited attachment in institutionalised children and showed that randomised placement into foster care improved attachment outcomes, especially when early.
  - AO3: Evaluation points include methodological limitations such as retrospective data and correlational designs in early studies, and possible confounding variables in institutional studies such as malnutrition, prenatal factors and poor healthcare that could account for some outcomes.
  - AO3: The ERA and BEIP studies offer stronger evidence, with ERA large longitudinal cohorts and BEIP using random assignment, increasing causal inference about institutional care effects and benefits of foster care.
  - AO3: Individual differences and resilience: not all children show the same outcomes; some recover fully and some remain impaired, suggesting interaction with factors like age at adoption, quality of subsequent care, and genetic or temperamental factors.
  - AO3: Real world implications include support for early intervention, prioritising early adoption or high quality foster care, and improvements in institutional practice such as lower child to caregiver ratios and consistent caregiving.
  - AO3: Ethical considerations and practical limits: randomised interventions like BEIP raise ethical questions, and translating findings from Romanian institutions to other contexts requires caution because institutional conditions vary.
  - AO3: Overall conclusion might balance that severe early deprivation and poor institutional care can harm attachment and development, but timely high quality caregiving can allow substantial recovery, and policy should aim to minimise time in poor institutions and provide early family placements.