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AN INVESTIGATION OF CAREGIVERS' PERCEPTIONS REGARDING CHILD-CAREGIVER ATTACHMENT IN INSTITUTIONALIZED CHILDREN

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This research report is presented in partial fulfillment of the degree of
Maters of Arts in Community-Based Counselling Psychology

DECLARATION

I, Julie Koursaris, know and accept that plagiarism (i.e., to use another's work and present it as one's own) is wrong. Consequently, I declare that this research report is my own unaided work.

Signed: _____

Date: August 2009

ABSTRACT

This study investigated caregivers' perceptions regarding the formation of attachment relationships with the institutionalized children under their care. Furthermore, their perceptions regarding the specific qualities and behaviours that caregivers should display in relating to children were explored. Finally, this study investigated the meaning that caregivers attribute to behaviours exhibited by children that may be suggestive of attachment difficulties. The study is theoretically grounded in John Bowlby's attachment theory and employed a qualitative research design. The sample consisted of eight caregivers from a Soweto based orphanage. The participants were interviewed and the resultant data was analyzed through the use of thematic content analysis. The analysis of the data revealed several themes which allowed for a discussion of the convergence and divergence between attachment theory and the participants' views on child development.

The findings of this research suggest that many of the caregivers' perceptions about relating to children are congruent with attachment theory, which, if understood and applied, may encourage attachment security. They were however also found to hold several beliefs and engage in certain behaviours which may negatively impact on attachment security in children. The participants were found, almost unanimously, to feel that focused attachments with the children should be avoided and generally seemed to have a limited understanding of such relationships. Furthermore, it was found that several of the caregiver characteristics that participants deemed important are congruent with attachment theory. However, they were often not able to fully explain how these caregiver traits may benefit the children in the long term. This suggests that caregivers may not perceive the pivotal role they play in the development of the children for whom they care. Finally, while the participants did present good insights regarding the behaviours displayed by the children under their care, they did not comprehend the possibility of such behaviours as being suggestive of attachment difficulties. These findings suggest the need for several interventions, directed at both orphanages at the organizational level, and at caregivers themselves.

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This research is dedicated to the children who have to be parented by the state. To the children who we as a nation are responsible for, but so often fail.

"*The true character of a society is revealed in how it treats its children"* (Nelson Mandela)

CONTENTS

Chapter 1 1
1.1 Introduction 1
1.2 Aim 2
1.3 Rationale 2
1.4. Research Questions 3
1.5. Structure and Outline of the Research Report 4
Chapter 2 5
Literature Review 5
2.1. Introduction 5
2.2. History and Development of Attachment Theory 7
2.3. Defining the Construct of Attachment 8
2.4. Secure Versus Insecure Attachment 12
2.5. Internal Working Models and the Consequences of Insecure Attachments 15
2.6. The Neurobiology of Attachment 19
2.7. Attachment Theory, Psychopathology, and the DSM 22
2.8. Caregiver Qualities and Behaviours that Impact on Attachment Security 24
2.9. Temperament and Attachment 32
2.10. Contextual Factors that Impact on Attachment Formation 34
2.11. The Applicability of Attachment Theory in the South African Context of Orphanhood 37
2.12. Conclusion 40
Chapter 3 42
Research Design and Methodology 42
3.1. Research Design 42
3.2. Sample 42
3.3. Data Collection Procedure 44
3.4. The Research Process 45
3.5. Data Analysis 46
3.6. Ethical Considerations 48
Chapter 4 50
Results and Discussion 50
4.1. Child-Caregiver Attachments 51
4.1.1. Attachments Develop through Spending Time 51
4.1.2. Preferred Attachment in the Nursery Children 54
4.1.3. Negative Perceptions of Attachment 55
4. 1.4. Attachment as being Positive 59

4.2. Factors that Facilitate Attachment Relationships 60
4.2.1. The Enjoyment of Interacting with the Children 61
4.2.2. Emotional Gain 63
4.2.3. Social Support 65
4.3. Factors that may Impede Attachment Relationships 66
4.3.1. Insufficient Staff 66
4.3.2. The Emotional Toll of Knowing the Children's 'Stories' 69
4.4. Important Caregiver Qualities and Behaviours 72
4.4.1. Communication 72
4.4.2. Loving and Caring 74
4.4.3. Avoid Displaying Negative Emotion 75
4.4.4. Meet Children's Needs 79
4.5. The Patterns of Behaviour Displayed by the Nursery Children 84
4.5.1. Withdrawn Behaviour and Excessive Crying 85
4.5.2. Indiscriminate Friendliness 88
4.5.3. Aggressive Behaviour 93
Chapter 5 96
Strengths, Limitations, Recommendation, and Conclusion 96
5.1. Strengths of the Study 96
5.2. Limitations of the Study 96
5.3. Recommendations 97
5.4. Conclusion 98
Appendices 102
Appendix A: Interview Schedule 102
Appendix B: Participant Information Sheet 104
Appendix C: Informed Consent to be Interviewed 106
Appendix D: Consent to be Audio-Recorded 107
Appendix E: Sanitized Letter to the Institution where the Research was Conducted 108
Reference List 110

CHAPTER 1

1.1 INTRODUCTION

This study investigated caregivers' perceptions regarding a number of issues relating to child-caregiver attachment in institutionalized children. The specific areas relating to attachment that were explored in the study are outlined in the section below, as well as in the literature review. For the purposes of this study, an institutionalized child refers to any child residing in an institution because both parents are deceased, physically absent or unable to render proper care. This definition is based on a description of the term orphan provided by USAID, QAP and UNICEF (2008). Throughout this report, institutionalized children are also referred to as orphans and institutions as orphanages. The study is theoretically grounded in John Bowlby's (1952) attachment theory. According to this theory, children are in their crucial attachment phase in the first four years of life (Bowlby, 1956 as cited in Holmes, 1993). It is during this time that the child should securely attach to a mother figure. If the child experiences maternal deprivation, where the maternal figure is emotionally or physically unavailable, an insecure attachment is thought to result (Bowlby, 1952). Insecurely attached children often experience difficulties in emotional, cognitive, social, and personality development. Due to these widespread, and often prevailing, negative developmental consequences that children with attachment difficulties may experience, the literature emphasizes prevention of insecure attachments, rather than remediation (Bowlby, 1979; Bretherton, 2005; George & Solomon, 1999; Zeanah, 2000). Thus, an investigation into attachment-related concerns in the institutionalized setting was deemed to be highly relevant; especially in light of the fact that South Africa is faced with a huge number of orphans who need to be provided with appropriate care to foster good development.

The study was qualitative in research design and included a sample of eight caregivers from a Soweto based orphanage. The participants were interviewed in order to obtain information regarding their perceptions of issues relating to attachment relationships with the children under their care. The analysis of the data revealed several themes which allowed for a comparison and discussion of the convergence and divergence between attachment theory and the participants' views on child development. Many of the themes have led to suggestions regarding possible interventions for caregivers. These interventions may assist caregivers in understanding the importance of secure attachments in children, and may equip them with knowledge on how to foster such attachments.

1.2 AIM

This study aimed to investigate caregivers' general perceptions regarding attachment formation in institutionalized children. A further aim was to explore which qualities and behaviours caregivers believe should be displayed in order to foster good relationships with the institutionalized children under their care. Finally, the study endeavored to explore caregivers' perceptions regarding displays of behaviour by children that are suggestive of attachment difficulties.

1.3 RATIONALE

Statistics show that approximately three million children in South Africa will be orphaned by 2015 (Van Rensberg, 2005). As a result of the multitude of orphans, South Africa is faced with the challenge of not only providing adequate institutional space for many of these children, but also of ensuring that institutional care is able to facilitate healthy development of the nation's children. A large body of research illustrates that one way in which we may aid these institutionalized children's general development, is through the provision of secure attachment relationships with caregivers (Bowlby, 1952; Smyke, Dumitrescu & Zeanah, 2000).

Empirical evidence suggests that children who are given the opportunity to form attachments to a caregiver develop better physical and psychological health in comparison to those children who are deprived of this opportunity (Bowlby, 1952; Dontas, Maratos, Fafoutis & Karangelis, 1985; Smyke *et al.,* 2002; Zeanah, 2000). Because many institutionalized children are not able to form secure attachments to caregivers, this population of children has been found to have an extremely high prevalence of attachment difficulties, which may have both immediate and life-long consequences (Minde, 2003; Zeanah & Fox, 2004). Thus, given that South Africa is faced with so many institutionalized orphans, a pressing need may be to facilitate the formation of attachment relationships between these children and their caregivers. This may then serve to encourage good general development in the children.

Attachment theory maintains that while an attachment is the mutual 'property' of both the child and the caregiver, it is the caregiver who is mainly responsible for shaping the relationship and thus the child's attachment status (Bretherton, 1991). Due to this pivotal role that caregivers play, it seems essential that they have some understanding of children's attachment needs, the ways in which they can meet these needs, and the possible indicators of attachment difficulties that children may display. For this reason the study focused on obtaining caregivers' perceptions of these attachment-related issues.

From the study's findings it was possible to identify several potential points of interventions for caregivers that may assist them in facilitating attachments with the children under their care. The fact that the research was likely to indicate areas where attachment-related interventions are needed, in itself formed part of the rationale for this study. Furthermore, the research itself may have provided some, even if limited, intervention to the participating caregivers. Through being interviewed, these participants may have gained some insight into the ways in which they interact with the children under their care. This may in turn have facilitated more responsive and sensitive caregiving, which is a prerequisite for secure attachment formation (Bretherton, 1991; van den Boom, 1994).

A final rationale lay in the fact that several studies have explored issues related to attachment in institutionalized children from the children's perspective (Bowlby, 1952; Chisholm, 1998; Dontas *et al.*, 1985; Smyke *et al*., 2002; Zeanah, 2000). However, studies that have explored the caregiver's perspectives regarding attachment have historically been limited (Bretherton, 1989). In fact, no studies were found which explored caregivers' understandings of attachment in institutionalized children. Thus the current study may help to fill a knowledge gap.

Thus overall, the current study is deemed relevant to the South African context, which is faced with millions of orphaned and vulnerable children for several reasons. These reasons are grounded in attachment theory and research, as well as in the fact that the number of institutionalized orphans is escalating. Further rationale for this research was found in the fact that it indicated, possibly much needed, caregiver focused interventions, and may begin to fill a lacuna in the literature.

In the following sub-section, the research questions that addressed the aims and rationale, presented above, are listed. The structure of the research report is then described.

1.4. RESEARCH QUESTIONS

- What are the general perceptions of caregivers regarding attachment in institutionalized children?
- What personal qualities and behaviours do caregivers perceive to be important in relating to children?
- What are caregivers' perceptions of children who display behaviours suggestive of attachment difficulties?

1.5. STRUCTURE AND OUTLINE OF THE RESEARCH REPORT

Chapter 1 of this report is an introductory chapter. It has included the study's aim, rationale, and research questions.

Chapter 2 of this research report is a literature review which serves the purpose of locating the study both within the South African context of orphanhood, and within the theoretical framework of John Bowlby's attachment theory. The literature review provides a comprehensive outline of attachment theory as well as of the criticisms lodged against the theory. It also explains the various means through which attachment security may be compromised and therefore lead to negative developmental consequences in children. The need for caregivers of institutionalized children to foster attachments with the children under their care is consistently reinforced in this chapter, along with the means through which they may do so. The theory is also constantly linked to the findings of the current study in order to demonstrate its relevance to the topic.

Chapter 3 describes the research design and methodology used in executing the study. The strategies used for sampling, data collection, and data analysis are outlined and supported with theory. The overall research process engaged in is also detailed, followed by a presentation of the ethical considerations pertinent to this study.

Chapter 4 consists of the results and discussion section of this report. In this section, the themes that resulted from the analysis of the data are presented. These themes include: child-caregiver attachments; factors that facilitate attachment relationships; factors that may impede attachment relationships; important caregiver qualities and behaviours; and the patterns of behaviour displayed by the nursery children. Each theme resulted in several sub-themes which are also outlined in this chapter. All the themes and subthemes are discussed and interpreted in light of the theory presented in the literature review.

Chapter 5 is the concluding chapter of this report. The conclusions drawn from the results and discussion chapter are presented here along with a summary of the strengths and limitations of the study. The recommendations that resulted from the research findings are also outlined in this chapter.

CHAPTER 2

LITERATURE REVIEW

2.1. INTRODUCTION

The current study investigates caregivers' perceptions regarding child-caregiver attachment in institutionalized children. Issues concerning such children are very relevant as the HIV/AIDS pandemic in South Africa has lead to widespread orphanhood (Roberts, 2005). Statistics show that approximately 3 million South African children will be orphaned due to HIV/AID by 2015 (Van Rensberg, 2005). Many of these orphans have to be placed in institutions of various types for several reasons. Firstly, very often fathers are absent from the home, and thus in the event of the mother's serious illness or death, these children have no available substitute caregiver (Landman, 2002). Furthermore, even though many of the Black communities of South Africa have a spirit of Ubuntu, which entails sacrificial giving and the showing of kindness, abject poverty is often a factor that prevents these communities from caring for orphans (UNICEF, 2006; Van Rensberg, 2005). Frequently, extended family and neighbours who would like to care for orphans cannot, because they don't have the financial means. Thus, many children are left in the community to fend for themselves, and some end up caring for younger siblings as well (Van Rensberg, 2005). There are however, those who are too young and/or too helpless to look after themselves. It is these orphaned children who are forced to depend on institutions and social services (Landman, 2002). Issues of attachment relating to these institutionalized orphans are the focus of this research and thus a definition of the term 'orphan' was formulated for use throughout this study.

The definition of an orphan is not standardized worldwide, but international norms broadly define orphans as children who have lost either one, or both parents (USAID *et al*., 2008). However, many countries are more specific, in that children must have lost both parents to be classified as an orphan (USAID *et al*., 2008). South Africa follows this narrower definition as, according to the Government Gazette (2006, p.24), an orphan is "a child who has no surviving parent caring for him or her". It does however appear to be standard practice in the realm of research to define the term "orphan" in line with the study's topic and aims (UNICEF, 2006 as cited in USAID *et al.*, 2008). Thus in line with the aims of this study, which entail investigating attachment issues related to institutionalized children, an orphan has been defined as any child who has been placed in an institution because both parents are deceased, physically absent, or unable to render proper care. An orphanage is thus

defined as a place where children who have been separated from their parents or guardians, for any of the above reasons, may live. For the purposes of this study the term orphanage and institution have been used interchangeably as well as the terms orphans and institutionalized children.

Attachment-related concerns may be highly pertinent to institutionalized children, as much research has been done that has demonstrated the importance of a secure attachment between mother or caregiver and child in fostering current and future healthy development (Balbernie, 2001; Bowlby, 1952, 1969; Siegel, 2001; Smyke *et al*., 2002; Stams, Juffer & van IJzendoorn, 2002; van den Boom, 1994; Zeanah & Fox, 2004). Secure child-caregiver attachment has been shown to precede children's future adaptive functioning, and to contribute to good development in the social, emotional, personality, intellectual, and behavioral domains (Stams *et al.*, 2002). Conversely, insecurely attached children often go on to experience less effective interpersonal relationships and experience less success in mastering intellectually challenging tasks than their securely attached peers (Londerville & Main, 1981; Maslin & Bates, 1982; Sroufe, 1983; Sroufe, Fox & Pancake, 1983; Thomson & Lamb, 1983 as cited in van den Boom, 1994). Children with attachment difficulties also tend to display aggressive behaviours and may exhibit anti-social personality traits. This may result from the fact that attachment impaired children often have a very low sense of empathy (Minde, 2003). A large body of research suggests that there is a significantly higher prevalence of attachment problems in institutionalized children compared to children who have never been institutionalized (Bowlby, 1952; Minde, 2003; Smyke *et al*., 2002; Stams *et al*., 2002; Zeanah, 2000). In light of the possible developmental consequences of insecure attachments, these research findings may be of great relevance to the South African context where orphanhood is so prevalent. Attachment theory informs us that it is important to not only care for orphans, but to provide them with caregiving environments that facilitate security of attachment in order to facilitate future adaptive functioning (Bowlby, 1952).

This study examines caregivers' perceptions on a variety of issues relating to attachment with the children under their care. Their perceptions are deemed highly important and relevant as even though attachment relationships are the function of both child and caregiver, it is the caregiver who is mainly responsible for shaping the attachment relationship and thus the child's attachment status (Bretherton, 1991). It is therefore necessary for caregivers to have some understanding of children's attachment needs, the ways in which they can meet these needs, and the possible indicators of attachment difficulties that children may display. Caregivers' perceptions surrounding these issues were therefore the main areas of investigation of this study.

What is presented below is a review of attachment theory and research. The literature review begins with a brief history of attachment theory, followed by a discussion of the key tenets of the theory. The mechanisms through which the quality of caregiving is thought to translate into attachment insecurity, as well as a summary of how insecure attachments may potentially lead to non-optimal, and at times pathological development, is presented. The debate surrounding the role of the child and the caregiver in shaping attachment is explained and the types of caregiver behaviours and qualities that foster the various types of attachments are emphasized. Contextual factors that may impact on attachment formation are then discussed before a critical argument is put forward regarding the applicability of attachment theory in the South African context of orphanhood. Throughout the literature review, reference is made to the relevance of each sub-heading to the current study.

2.2. History and Development of Attachment Theory

The current study is grounded in John Bowlby's attachment theory. Through the following brief introduction to Bowlby's theory of attachment, the relevance of such a theory in the institutionalized caregiving setting can be seen; a setting similar to the one in which the theory was first conceived.

Since its inception in the 1950s, attachment theory has benefited from the contributions of many researchers and theorists (George & Solomon, 1999; Main, Hesse & Kaplan, 2005; Sroufe, 1985; van den Boom, 1994; Zeanah, 2000). However John Bowlby and his colleague, Mary Ainsworth, were the main pioneers of attachment theory (Bretherton; 1991, Hinde & Stevenson-Hinde, 1991). Bowlby combined concepts from the fields of ethology, cybernetics, and psychoanalysis in order to formulate the basis of attachment theory (Bretherton, 1991), which has since "provided a number of testable hypotheses and has stimulated important research" (Zeanah, Mammen & Lieberman, 1993, p. 333). Bowlby's work on attachment began with James Robertson's observations of children between the ages of 18 months and 4 years who had been separated from their mothers and placed in a Hampstead residential nursery (Bretherton, 1991; Masterson, 2000). With the material provided by Robertson's observations, Bowlby began to investigate the impact of maternal separation and maternal deprivation on children. Through his observations, Bowlby found that children generally respond to maternal separation in very specific ways. They appeared to pass through three phases; *protest*, *despair*, and *detachment* (Bowlby, 1979). All of these phases appeared to Bowlby to have negative effects on the children's emotional and physical states (Bretherton, 1991). As a result, Bowlby continued to direct his research efforts at the consequences of maternal separation and

deprivation. “He soon realized that the material he was gathering cried out for a theory” (Bretherton, 1991, p.16). In the hope of constructing such a theory, Bowlby sought inspiration from various disciplines. Ainsworth then translated the basic tenets of attachment theory into empirical findings, and also expanded the theory herself through the use of the Strange Situation Procedure. This procedure served to explain individual differences in attachment relations, termed attachment classifications (Bretherton, 1991). Ainsworth outlined three different attachment styles or classifications. A fourth attachment classification was then described by Main and Solomon in 1990 (Howe *et al*., 1999).

The tenets of attachment theory in its original form, as outlined by Bowlby and Ainsworth are described in the following sections, as well as the recent advancements to the theory which include findings relating to the neurobiology of attachment and the debate surrounding the definition of attachment pathology.

2.3. Defining the Construct of Attachment

While literature on attachment theory is prolific, there remains a lack of clarity regarding the definition of attachment because of the diverse way in which this term has been used (Zeanah *et al.,* 1993). Disagreements have arisen about whether the term ‘attachment’ refers to “feelings or behaviours of infants, of caregivers, or both” (Zeanah *et al*., 1993, p. 333). What most of the literature does however seem to agree upon, and in fact emphasise, is that attachment is a relational construct and as such is located in the relationship between child and caregiver (Belsky, 2005; Bowlby, 1969; Fonagy *et al*., 2000; Masterson, 2000; Noppe, 2000; Weiss, 1991; Zeanah & Fox, 2004). The fact that attachment is relational in nature was clearly emphasized by Bowlby (1952, 1969, 1979) and led him to stress that attachment is not located within child or caregiver, but in the dyadic interaction between the two. Congruent with this notion, Zeanah *et al.* (1993) state that the term “attachment” is largely used in the literature to refer to the “attachment relationship”.

The “attachment relationship” may then be understood as a series of behaviours, or more specifically “attachment behaviours,” that take place in the interaction between caregiver and child (Zeanah *et al.,* 1993). Bowlby (1969) refers often to the fact that children have a strong disposition to seek proximity and contact with a specific attachment figure, especially when feeling tired, anxious, or ill. This proximity seeking is achieved through various attachment behaviours which serve to encourage the desired caregiver or “attachment figure” to attend to the child’s need for love, security,

nurturance, and protection (Bowlby, 1969; Weiss, 1991; Zeanah *et al*., 1993). The current research investigated caregivers' perceptions about the meaning behind certain attachment behaviours displayed by the children under their care, as well as their beliefs surrounding the appropriate ways to respond to these behaviours.

Bowlby theorized that maternal deprivation results in a child who is not provided with an opportunity to experience a "warm, intimate, and continuous relationship with his mother (or permanent mother substitute) in which both find satisfaction and enjoyment" (Bowlby, 1952, p. 67). Often a child's primary attachment figure is his/her mother, however it has become widely accepted that children may have a small number of attachment figures. These attachment figures are, however, generally not all treated equally by the child, who tends to show preference for their primary caregiver (Howe, Brandon, Hinings & Schofield, 1999). It is towards this caregiver or attachment figure that most attachment behaviours, particularly when the child is anxious, will be directed. Caregivers' perceptions surrounding this idea that children do, and even 'should,' according to attachment theory, have one primary attachment relationship, were elicited in this research, with particular reference to institutionalized children.

Based on the evolutionary idea that behaviours that increase chances of survival are genetically inherited, Bowlby (1979) postulated that attachment behaviours displayed by children are instinctive and essential for the survival of human infants, who are born helpless. Likewise, it has been postulated that caregiving behaviours engaged in by parents are also instinctive and thus the 'caregiving system' serves as a biologically driven mechanism that ensures the protection and survival of the child (Howe *et al*., 1999). Three broad types of attachment behaviours are described by Belsky and Cassidy (1994 as cited in Howe *et al*., 1999). These include: signaling behaviours, aversive behaviours engaged in by the child, and active behaviours that result in the child approaching the caregiver. Signaling behaviours indicate to the caregiver that the child desires some form of social interaction. These behaviours include smiling, vocalizing, and laughing (Howe *et al.,* 1999; Fonagy *et al*., 2000). These "babyish" behaviours and characteristics are, according to Zeanah *et al* (1993), instinctively appealing to the caregiver which results in the caregiver providing corresponding responses to the signaling infant. The signaling infant engages in these behaviours in the hope of the caregiver approaching him/her so that the two can enjoy the social interaction with one another (Howe *et al*., 1999). Steele and Steele (2005) state that crying is also an instinctive component of the attachment behavioural system. This particular attachment behaviour fits into aversive attachment behaviours proposed by Belsky and Cassidy (1994 as cited in Howe *et al*.,

1999). According to them, the aversive behaviour of crying serves the purpose of bringing the caregiver to the child. The caregiver approaches the child in an attempt to terminate the crying which she/he finds disagreeable. Finally, active behaviours engaged in by the child include things like crawling and walking, that physically take the child to the caregiver. These behaviours serve to meet the attachment goal of proximity seeking (Howe *et al.,* 1999).

A child will engage in the above types of attachment behaviours when his/her attachment system is activated. The attachment system becomes activated in times of stress and anxiety (Howe *et al*., 1999). Stimuli that are experienced by children as anxiety provoking, and that therefore activate the attachment system, include within child stimuli, environmental stimuli, and stimuli related to the child's attachment figure (Howe *et al.,* 1999). Within child stimuli may include times when the child is feeling sick, tired, hungry, or hurt. Environmental stimuli that produce anxiety may include threatening events or situations, and anxiety related to attachment figures usually include events that create "uncertainties about the location or behaviour of the attachment figure, including a mother who is missing, unresponsive, rejecting, lost, abusive, or hostile" (Howe *et al.,* 1999, p. 16). Thus essentially, the nature of the attachment system is such that when the child experiences anxiety for any reason, attachment behaviours are instinctively activated (Bretherton, 1991). These then serve to attract the attachment figure to the child either through appealing 'babyish' behaviours, or through aversive ones. Once the child has achieved proximity to the attachment figure and his/her need for emotional closeness, protection, nurturance, or social interaction have been met, the attachment system is deactivated and the child is able to focus less attention on the attachment figure and more on his/her environment (Bretherton, 1991).

In instances where there is prolonged separation from the mother figure, as is the case with institutionalized children, Robertson and Bowlby (1952 as cited in Bretherton, 1991) noted that the attachment system becomes activated, but because of the failure of the mother to return, proper de-activation is not possible. Instead, with prolonged separation from the mother or primary caregiver, three common responses often unfold. These are referred to as the three phases of separation (Bretherton, 1991). The first phase, or response to the initial separation, is protest. In this phase, the child responds with tears and angrily demands his mother back (Bowlby, 1979). This protest is often accompanied by active attempts to find the missing attachment figure (Weiss, 1991). This phase can last from between a few hours to approximately a week (Bowlby, 1979; Masterson, 2000). Following this, the child "becomes quieter but to the discerning eye it is clear that as much as ever he remains preoccupied with his absent mother and still yearns for her return; but his hopes have faded and he is

in the phase of despair" (Bowlby, 1979, p. 61). This phase is characterized by hopelessness, apathy, and listlessness (Howe *et al.*, 1999). In the event that the maternal separation continues over several days or weeks, the child will typically enter the third phase of separation. That is the phase of 'detachment' (Bowlby, 1979). During this phase the child appears to forget his mother completely.

Through their early observations in the 1950s, of children who had been temporarily separated from their mothers, Robertson and Bowlby observed that children who had entered the phase of detachment appear to be uninterested in their mother when she returns and may not recognize her (Bowlby, 1979). This psychological detachment is thought to function as a defense mechanism of denial in order to protect the child from further psychological distress. Through the use of this defense, children in the 'detached' phase appear to be psychologically recovering from the separation. They may be increasingly playful, but Robertson and Bowlby (1952 as cited in Howe *et al.*, 1999) noted that both play and relationships had a perfunctory quality to them. Bowlby (1979) also noted that during all the phases of separation, children are prone to angry outbursts, violent behaviour, and temper tantrums. Once children enter the 'detached' phase, they often turn to other people to meet their attachment needs (Noppe, 2000). In the case of institutionalized children, the caregivers would likely be the figures to whom detached children turn to have their attachment needs met. The caregivers would also observe the painful journey of children who have been recently separated from their parents and thus it may be helpful for them to understand the meaning of the children's presentations throughout the 'phases of separation'. The participants' perceptions of the emotional journey of children newly separated from their parents were looked at quite extensively in this study.

From these observations of children separated from their mothers, Bowlby (1952) concluded that children form very strong bonds with their mothers, which, if broken, cause great distress for them and have serious developmental consequences, emotionally, physically, and cognitively (Howe *et al.*, 1999). This attachment bond between child and mother lead Bowlby (1952) to believe that when a child is securely attached to a caregiver, the caregiver's availability served the essential role of reducing distress and de-activating the attachment system, as indicated by the child ceasing the display of attachment behaviours (Bretherton, 1991). Ainsworth concurred with this hypothesis and she also extended Bowlby's postulations by being the first to propose the idea that the attachment and exploratory systems were mutually exclusive (Bretherton, 1991). Ainsworth agreed that the activation of a child's attachment system entails an anxiety driven state that motivates the child to focus on seeking proximity to his/her attachment figure. She thus hypothesized that when a child's

attachment system is activate, his/her exploratory system is inhibited as the child has insufficient resources to focus both on the attachment figure and on exploration. The exploratory system constitutes all those behaviours manifested by children as they engage in the process of exploring and learning from their environments. When exploratory behavior is suppressed on an ongoing basis, unfortunate developmental consequences can result, particularly in the realm of delayed cognitive and social development (Bretherton, 1991; Howe *et al*., 1999). It is thus important that primary caregivers respond appropriately to the children whose attachment systems are activated.

The caregiver should respond in such a way as to reduce the child's anxiety and thus decrease their attachment behaviours. This would then allow the child to freely engage with his/her environment (Howe *et al*., 1999). Ainsworth, borrowing from Blatz's Security Theory, applied the notion that infants and children need to "develop secure dependence on parents before launching out into unfamiliar situations where they must cope on their own" (Bretherton, 1999, p.12). This lead to Ainsworth coining the term 'secure base' by which she meant that all caregivers or attachment figures should act as secure bases from which their children can explore the world (Bretherton, 1991). When a child views his/her attachment figure as a secure base, he/she will be able to engage in exploratory behaviours which are essential for optimal development (Bowlby, 1988; Bretherton, 1991).

Throughout the attachment literature there are ideas put forward about the kind of caregiver qualities and behaviours that facilitate the secure base effect, and thus attachment security in children. A summary of the main ideas regarding these caregiver qualities and behaviours is presented later in this literature review. However, what is first described is what is meant by the terms secure and insecure attachments, as well as how these constructs are assessed, and what relevance they have for the current study.

2.4. Secure Versus Insecure Attachment

Preferred or 'focused attachment to the primary caregiver is not present at birth but is thought to begin within the first months of life, and evolves as the child develops (Zeanah, 2000). According to Bowlby (n.d. as cited in Zeanah *et al*., 1993) for the first three months of life, infants are in the phase of "limited discrimination" with regard to attachment figures. However between the ages of three and six months, infants enter the phase of "discriminating social responsiveness". In this phase infants generally act differently in relation to their mothers, fathers, and strangers, but fail to show a

consistent preference for one caregiver (Zeanah *et al*., 1993). The third phase of attachment occurs from eight months to three years of age. During this time, children begin to exhibit "focused attachment". When children become wary of strangers and protest separation from their primary caregiver or attachment figure, then a focused attachment has formed or is forming (Zeanah, 2000). When focused attachment begins to unfold, preference for one attachment figure is clear, although children can form attachments to a few caregivers. Children in this phase actively engage in attachment behaviours that lead to proximity with their attachment figures (Zeanah *et al*., 1993). It is during this time that it is most important for caregivers to be available and to foster the secure base effect (Zeanah *et al*., 1993).

In the third year of life, children enter the phase of 'goal corrected partnership'. In this phase "infants begin to infer the set goals and plans of their attachment figures and to incorporate the feelings and motives of these others into planning for their own behaviour" (Zeanah *et al.*, 1993, p. 334). Thus overall attachment unfolds from about six months, and the critical time for attachment formation extends until approximately four years of age (Bowlby, 1956 as cited in Holmes, 1993). Any significant rupture in caregiver availability, physically or emotionally, during this critical period, may have a negative impact on the child's attachment formation and thus on development in general (Bowlby, 1952). In light of this idea of there being a critical time during which attachment unfolds, only caregivers who care for children from birth to four years of age were included in the current study. The interview questions were relevant for these participants and as such yielded meaningful data.

The three phases of attachment described above lead to the development of secure attachment relationships and to the achievement of the goal corrected partnership. This in turn results in generally good social adjustment throughout life (Zeanah *et al*., 1993). Children in the insecurely attached categories on the other hand, may have less positive developmental outcomes as they struggle to enter the developmental stage of goal corrected partnership (Bowlby, 1979).

In developmental research literature, children's attachment classifications are most often determined by their behaviour in the Strange Situation Procedure derived by Ainsworth in the 1960's (Holmes, 1993; IJzendoorn & Knoonenberg as cited in Holmes, 1993; Zeanah, 2000). The aim of the Strange Situation Procedure is to make differences in children's coping with separation from their mothers clear (Holmes, 1993). It is based on the premise that the child's behaviour during this procedure will represent the previous mother-child relationship (Sroufe, 1985). Based on the organization of the

child's behaviour during this procedure, the child is classified as either: securely attached ('B'); insecure-avoidant ('A'); insecure-ambivalent ('C'); or insecure-disorganized ('D') (Holmes, 1993). The Strange Situation Procedure is generally accepted as a reliable instrument, but has been criticized by those who place emphasis on the role of the child's temperament in organizing his/her behaviours (Sroufe, 1985; van den Boom, 1994; Zeanah & Fox, 2004). There are various ways in which the child's temperament is thought to affect the child-mother attachment bond and thus the results of the Strange Situation Procedure (Sroufe, 1985). There does however seem to be some consensus that temperament plays a limited role and thus the Strange Situation Procedure does assess the previous child-mother relationship (Zeanah & Fox, 2004). This debate is explained in detail later.

The Strange Situation Procedure involves what has been referred to as an 8 episode 'miniature drama' in which the child is exposed to an unfamiliar room and a stranger. The mother leaves the child alone with different combinations of the stimuli and then re-enters the room after approximately three minutes of separation (Main, Hesse & Kaplan, 2005). According to Ainsworth (1978 as cited in Main *et al*., 2005), infants classified as 'secure' play happily with the toys in the unfamiliar room until their mothers leave. They display distress upon separation such as crying and calling, and they actively seek proximity as soon as the attachment figure returns. Secure infants quickly return to exploring and playing with the toys once the attachment figure has re-entered the room. The 'insecure-avoidant' infant also plays and explores in the unfamiliar room but unlike the secure infant, the avoidant infant does not display distress at the attachment figure leaving the room. When the infant is left completely alone in the unfamiliar room, he fails to cry and instead continues to explore. Upon reunion, the infant ignores and avoids the parent. He/she does not want to be held and if the attachment figure attempts to pick the child up, he/she usually indicates that they want to be put down (Main *et al*., 2005). Those infants classified as ambivalent, cry when their attachment figure leaves the room and approach the caregiver upon his/her return. However on gaining proximity with the caregiver, ambivalent infants display the contradictory behaviour of resisting comforting. They are very difficult to soothe and it takes them a long time to relax again and begin playing with the toys in the room (Zeanah *et al*., 1993).

Finally, the pattern of insecure-disorganized behaviour "differs from Ainsworth's two insecure-organized attachment categories, in that it represents a breakage or collapse of behavioural patterning, which can occur in conjunction with any of the remaining classifications" (Main *et al*., p. 281). Thus while the avoidant and ambivalent categories do not represent well adjusted responses to anxiety, they represent better adjustment than the disorganized responses which altogether lack

coherence or organization (Howe *et al*., 1999). Because the disorganized classification is only assigned when behaviours are unsystematic and incoherent, no list of behaviours displayed by D infants could ever be exhaustive. As a result Main *et al*. (2005) created a list of thematic behavioural responses engaged in by disorganized infants. These include: sequential displays of contradictory behaviours, simultaneous displays of contradictory behaviour; undirected or incomplete movements; stereotypic and unbalanced movements and strange postures; freezing and slowing of movements; and direct displays of apprehension towards the attachment figure.

Each of the patterns of behaviour displayed in the SSP are believed to result from specific patterns of caregiving which are discussed later. Each of these four patterns of child behaviour in the SSP is also associated with specific developmental outcomes and in some cases impairments and even pathology. While participants in the current study were never asked about these attachment classifications as such or the differences between secure and insecure attachments, caregivers' perceptions and understanding of behaviours suggestive of both secure and insecure attachment were elicited.

It is believed that it is through internal working models and neurobiological mechanisms that patterns of caregiver behaviours lead to behaviours, traits, and developmental outcomes in the children under their care. The concept of an internal working model as it relates to developmental sequelae of children in each attachment classification is discussed next. This is followed by a discussion of the neurobiology of attachment and how this relates to development in children.

2.5. Internal Working Models and the Consequences of Insecure Attachments

The patterns of attachment relationships discussed above "reflect the nature of the infant's internal working models and have been found to be predictive of a myriad of behaviours during infancy and early childhood, such as play and exploration, autonomy and competence in preschool settings, psychopathy, and peer relationships" (Atkinson & Zucker, 1997; Elicker *et al*., 1992; Sroufe, Fox & Pancake, 1983 as cited in Noppe, 2000, p. 518). Bowlby incorporated the term 'internal working model,' from the field of cognitive psychology, into attachment theory (Steele & Steele, 2005). He used this term to describe mental representations which all infants form of themselves, their caregivers, and their worlds (Bretherton, 1991). Bowlby (1980 as cited in Bretherton, 2005) explained that every experience and interaction that people have with the world is interpreted in terms of these internal working models.

Internal working models are formed in infancy but evolve into more complex models as development occurs (Noppe, 2000). While the model's representations often do not function at a conscious level, it is possible to consciously rework them as development occurs. Internal working models formed between birth and three years of age generally remain unquestioned and unconscious because they are formed when the child has not yet developed 'theory of mind'. Theory of mind refers to the ability to understand one's own mind and that of the other (Noppe, 2000). As this starts to develop (at between three and six years of age), the individual becomes more able to reflect on his/her assumptions and internal representations (Noppe, 2000). Furthermore, Bretherton (2005) states that the initial, preverbal, memory system present at birth only allows infants to store memories in the form of emotions, images, and behaviours. These feelings, behaviours and images can thus be elicited later in life but only through affective or situational cues, explaining how early interactions and experiences may unconsciously influence later behaviour and personality.

During times of emotional distress in adulthood, usually the internal working model exerting the greatest influence is one that was constructed in infancy and early childhood along rudimentary lines (Bretherton, 2005). Conversely, more sophisticated models developed later in life, which the individual is more consciously aware of, tend to exert less influence (Bretherton, 2005). Thus internal working models, especially those formed in the first three years of life, mediate between the child-caregiver attachment relationship and the child's development in several domains (Fonagy *et al.*, 2000; Noppe, 2000). These models and the concept of the pre-verbal memory system also explain how early caregiving experiences, although not consciously remembered, exert influence throughout life. Because of its explanatory value, the concept of the internal working model forms a very large and important part of attachment theory. While caregivers who participated in the study were not asked about these models, their narratives were analyzed for indications of understanding the potential long-term impact that they may have on the children they care for.

Bowlby (1980 as cited in Bretherton, 2005), theorized that children whose caregivers are sensitive and appropriately responsive learn to approach the world with confidence and are not afraid to ask for assistance when they cannot manage. This type of interaction with the world leads to the development of internal working models of a "secure self, caring parents, and a reasonably benign world" (Bretherton, 2005, p. 16). Howe *et al.* (1999) add that the internal working model of a secure child, entails representations of the self as loved, effective, independent, and competent. The secure child will have internal representations of others as available, cooperative, and reliable (Howe *et al.*,

1999). The internal working models of a secure child enable the child to understand their own and other people's emotional states. These models also facilitate an understanding of the impact of one's own behaviour on other people, as well as comprehension of how other people affect the self (Steele & Steele, 2005). Securely attached children are generally self aware and conscious of the fact that their own feelings impact on their behaviours. They are empathic children and later adults, and they are able to rely on themselves but ask for help when necessary (Steele & Steele, 2005). Secure children's internal working models allow them to perceive and interpret the world in ways that encourage solid self-esteem and feelings of self-efficacy, enhance social functioning and emotional flexibility, and encourage the development of good cognitive capacities (Siegel, 2001).

Howe *et al*. (1999) state that the internal working models of an insecure-avoidant child consist of internal representations of the self as unloved, but as self-reliant, and of other people as rejecting and intrusive. An insecure-avoidant child learns that expression of emotions only leads to rejection or anger by the caregiver. Thus, these children learn to use a defensive strategy which entails the denial of all emotion (Grossman, Grossman & Swan, 1986 as cited in Steele & Steele, 2005). Constant 'refusal' to acknowledge and access emotions often means that avoidant children's affective states are not well integrated with their cognitions in their internal working models. This results in poor social competence where one's own emotions as well as the emotions of others are not well comprehended (Main *et al.,* 2005). Furthermore, displays of emotion by others can cause the avoidant child serious distress. He/she may respond to this distress with a loss of control in the form of anger, aggression, intolerance and impatience. These emotional displays are however usually short lived (Howe *et al*., 1999). Overall, the insecure-avoidant child fails to interact appropriately with the world and certainly fails to function within the full range of social and emotional experiences. He/she lacks empathy and while displays of negative emotions are short lived, they do occur as a response to others' displays of emotion (Fonagy *et al.,* 2000). Insecure-avoidant children tend to focus a lot on their cognitive abilities, since their internal working models contain representations of the self as self-sufficient and undemanding, which is how they learn to be in academic pursuits (Howe *et al.,* 1999).

The insecure-ambivalent child has internal representations of the self as unvalued, ineffective, and highly dependent, and of representations of others as neglectful, insensitive, unpredictable, inconsistent, and unreliable (Howe *et al.,* 1999). These internal representations result in deep anxieties about the value and lovability of the self and about the availability of others in times of emotional and physical need. These models are so influential that ambivalent children often make

interpretations of other's actions as representing gestures of leaving or losing interest (Steele & Steele, 2005). Because of these anxieties, ambivalent children fight to maintain physical and affective proximity to inconsistent attachment figures (Fonagy *et al*., 2000). Thus instead of focusing on exploration, the ambivalent child is preoccupied with his/her caregiver and cognitive development is threatened by the unrelenting need to ensure caregiver availability (Steele & Steele, 2005). Ambivalent children often experience feelings of doubt, despair and inadequacy. They interact socially but may not be very competent in this domain and do not experience themselves as socially effective (Main *et al.,* 2005). Feelings of emptiness as well as depression are common in ambivalent children and they may have poor self awareness and comprehension of how the world works (Main *et al*., 2005). They may also struggle to regulate their emotions and rely on attachment figures to regulate their arousal. As a result relationships are filled with overwhelming emotion which increases the ambivalent child's distress, anger and dependency (Green & Goldwyn, 2002).

Finally, the insecure-disorganized child's internal working model working consists of representations of the self as confused and bad and of other people as frightening and unavailable. The self, others, and relationships are represented in a chaotic and incoherent manner (Howe *et al.,* 1999). As a result of these internal working models, disorganized children's behaviour lacks effective strategies. They often tackle situations with both approach and avoidance, apprehensions, confusion, and at times experience trance like or dissociative states (Fonagy *et al*., 2000). These children often experience intense and chronic fear which may result in anxieties and phobias in childhood and adulthood that appear untraceable. They may respond to this fear and anxiety with anger and aggression (Green & Goldwyn, 2002). In order to deal with these distressing feelings, disorganized children defensively exclude them from awareness. They deny the poor quality or abusive care they receive, their own fear and anger, and the threat of danger from caregivers (Howe *et al*., 1999). While this helps to reduce anxiety, this defense distorts reality and thus does not allow the child to accurately learn about themselves (Main *et al*., 2005). Disorganized children also often feel very powerful and simultaneously bad and dangerous in some way which leads to vulnerabilities in the development of the self concept (Bretherton, 2005).

While all of the insecure attachment classifications have been associated with social and general developmental difficulties, the disorganized attachment classification has been most strongly linked with these difficulties (Green & Goldwyn, 2002). Long term prospective studies have shown that disorganized children are at a highly increased risk of developing behavioural problems, specifically aggressive behaviours, mental disorders, school difficulties, anxiety disorders, and other

psychopathologies (Green & Goldwyn, 2002; Greenberg *et al*., 1991; Solomon *et al.,* 1995; Lyons-Ruth, 1996; Main, 1996 as cited in Howe *et al*., 1999). Furthermore, disorganized children have been found to display controlling behaviour (Zeanah *et al*., 1993). This is done in an attempt to increase predictability within their very unpredictable environments, which are often characterized by severe abuse or neglect, or both. This controlling nature causes problems in relating to peers and others and when distressing events arise, disorganized-controlling children resort to anger and aggression (Green & Goldwyn, 2002; Zeanah *et al*., 1993). This occurs, as even though their behaviours become more organized in a controlling fashion, their internal working models are still chaotically disorganized and fail to produce effective and adaptive strategies in times of stress (Howe *et al*., 1999).

All the patterns of internal working model representations discussed above develop in response to particular patterns of parenting or caregiving (Steele & Steele, 2005). These patterns of parenting are discussed later in this literature review. What has however been illustrated here is that internal working models mediate between caregiver behaviours and the development of the children under their care. What is therefore also important is the fact that internal working models, while malleable to a limited extent, exert influence throughout life (Siegel, 2001). It is through internal working models that "the quality of external relationships gets in the child's mental insides" (Howe *et al.,* 1999, p. 23). Thus attachment relationships become psychologically internalized and once internal working models are formed, rather than being organized by experience, they function to organize all life experiences. This again emphasizes the importance of the quality of care in the early years and the lasting impact of early non-optimal attachment experiences (Siegel, 2001).

Attachment literature, has over recent years, made other great advancements in explaining why it is so crucial to have a good attachment relationship during the first years of life. This has to do with the neurobiology of attachment which explains how brain development and consequent behaviours, abilities, and traits are impacted on by the attachment relationship. The theory of the neurobiology of attachment is presented next with the aim of again illustrating the consequences of impaired attachment relationships in the first years of life.

2.6. THE NEUROBIOLOGY OF ATTACHMENT

Findings from a wide range of scientific disciplines have explored the idea that "the mind develops at the interface between human relationships and the unfolding structure and function of the brain"

(Siegel, 2001, p.67). This research has served to add a very important contribution to our understanding of the caregiver's role in the development of the child (Masterson, 2000).

Siegel (2001) explains that attachment relationships profoundly influence the structure of the developing brain which impacts on its function. He explains that integration refers to the process by which functionally separate parts of the brain become grouped together to form a functional whole. Siegel (2001) warns that this process of integration is negatively impacted upon when a child is exposed to suboptimal attachment experiences. This is understood to result because synaptic connections between neurons have an effect on all functioning and are highly dependent on experience (Balbernie, 2001). Children are born with approximately 100 billion neurons. These neurons are however not part of functional networks. It is the prime developmental task of the first years of life to form and then cement these functional brain connections (Balbernie, 2001). This is the neurobiological base of the developing mind (Siegel, 2001). This neural substrate then serves as the "structure from which basic experiences "carve out" the neural connections governing basic processes such as perception and motor activity" (Siegel, 2001, p. 72). Essentially, a process of "pruning" occurs whereby synapses that are unused or affected by 'toxins' like stress (for example, in the case of abuse or neglect) are eliminated. This is referred to by Greenough and Black (1992 as cited in Siegel. 2001, p.72), as an "experience-expectant" process. Thus if "disuse" occurs, where the child does not have experiences that stimulate particular synapses, those synapses will no longer be available to the developing brain (Siegel, 2001).

Another process that occurs in the developing brain is referred to as "experience-dependent development" (Siegel, 2001). This process entails the creation of new neuronal connections through experience. Thus experience alters the structure of the brain by either strengthening the existing synapses, or through the creation of new synapses. This is an essential process because the pattern of neuronal connections determines the way in which the brain functions (Siegel, 2001). Sensory stimulation is very important for the maintenance of existing, and development of new synapses. However Siegel (2001) maintains that the synaptic circuitry will develop appropriately with the 'average' amount of stimulation and that what is more important than sensory stimulation is the relationship between the child and caregiver. It is in fact the caregiver who, according to Shore (as cited in Masterson, 2000), is the most important source of environmental stimulation. "For the developing infant, the mother essentially is the environment" (Balbernie, 2001, p. 239). The caregiver either serves to inhibit or facilitate "experience-dependent maturation of the child's developing neurobiological structures" (Masterson, 2000, p. 22). While experience can continue to

shape brain structure throughout life, interpersonal communication and interaction is particularly important during the first years of life as this is when areas of the brain influenced by attachment relationships first begin to develop and are therefore most malleable (Siegel, 2001).

In the first years after birth, the child's brain grows to two and a half times its size at birth. This growth spurt continues until approximately 18 to 24 months of age (Masterson, 2000). It is the areas of the brain in which the most rapid growth takes place that are the most sensitive to environmental stimulation (Masterson, 2000). "Once a given brain area has passed the stage when it is amenable to refinement, its critical period has ended and subsequent opportunities for rewiring are significantly limited, but not always impossible" (Balbernie, 2001, p. 241). Thus the post natal development of axons, dendrites, and synaptic connections that underlie all behaviour develop in early and late infancy and are highly dependent on the quality of infant-caregiver attachment (Masterson, 2000). It is early environmental (caregiver) interactions and events that determine which neural circuits are retained and which are eliminated (Balbernie, 2001). This is because once a neural pathway has been activated by environmental stimulation, then all the 'excited' synapses store a chemical pattern. This pattern is strengthened by repeated use. When this activation has reached a certain threshold level, the synapses involved become permanently retained and as such are exempt from elimination. Thus a permanent circuit is formed that will have lasting effects on particular areas of functioning (Balbernie, 2001). Because the developing brain is so sensitive to the environment, and specifically to the interaction with the caregiver, during critical periods of intense synapse production, permanent arrest can occur in non-optimal, growth-inhibiting environments (Balbernie, 2001). Such environments include climates of abuse and neglect. Research has in fact shown that changes in brain function occur as a result of exposure to such caregiving environments because the child's neural circuits mirror his/her experiences (Glaser, 2000 as cited in Balbernie, 2001). "Stress-induced neurochemicals lead to cell death in a tender brain; and neglect may cause unused regions to atrophy" (Balbernie, 2001, p. 240).

The orbitofrontal region of the brain plays an important role in governing the manner in which the child meets and interacts with the world. Importantly, the orbitofrontal cortex is a brain area that is highly affected by the quality of the first caregiving relationship (Balbernie, 2001 & Siegel, 2001). The orbitofrontal cortex functions to facilitate empathy, theory of mind; auto-biographical memory; homeostatic regulation; attachment functions; reciprocal interactions; and translates excitations into recognizable emotions, and sorts out and manages feelings (Balbernie, 2001 & Siegel, 2001). This area of the brain comes "on-line" during the first year of life. During this time, all attachment

transactions are stored in the child's implicit-procedural memory. If the child experiences trauma, terror and fear can become engrained in the brain circuits and as such these emotions may be easily activated throughout life, often becoming traits of the child's and later adult's personality (Balbernie, 2001). Similarly, severe neglect or emotional deprivation can also cause structural losses in the right brain hemisphere, and especially in the orbitofrontal region. This then means that all the areas of functioning that this brain area is responsible for (as listed above) become severely compromised in the abused and/or neglected child, as well as in the child who is simply exposed to prolonged unresponsive and insensitive caregiving (Balbernie, 2001). Abuse and neglect in childhood have been specifically linked to poor impulse control, lack of capacity for normal thinking, lack of empathy, learning disorders, language delays, hyperactivity, behaviour problems, and emotional problems (Balbernie, 2001). These developmental sequelae are mediated by the impact that the pathogenic care has on children's neurological development during critical developmental periods.

Poor attachment histories are associated with brain organizations that are inefficient in regulating affective states and coping with stress (Siegel, 2001). It is in this way that compromised child-caregiver attachment relationships lead to maladaptive infant mental health. The theoretical link between attachment difficulty and strain on infant mental health is found in the earliest attachment literature (Bowlby, 1952) but with the scientific advancements to the theory, the actual mechanisms through which this occurs are starting to be understood. These mechanisms have been explained in this section and provide further emphasis regarding the importance of early child-caregiver attachment relationships (Balbernie, 2001). The concepts presented in the above sections were not directly discussed with participants, however, participants' perceptions regarding attachment as it relates to children's developmental outcomes was a focus of the present study.

In the following section another area of literature regarding the potential developmental consequences in children with attachment difficulties is discussed. This relates to the attachment pathologies as outlined by the Diagnostic and Statistical Manual of Mental Disorders (DSM). A brief look at this is relevant as it widens the understanding of the potential developmental sequalea of attachment difficulties (Zeanah *et al.,* 1993).

2.7. ATTACHMENT THEORY, PSYCHOPATHOLOGY, AND THE DSM

Tizard and her colleagues (1977 as cited in Zeanah, 2000) studied children that had been institutionalized for their first two to four years of life. Three groups of children who were all aged four years old, were included: one group had been adopted out of the institution, one group had been

returned to their biological parents, and the last group had remained institutionalized (Zeanah, 2000). The results of the study showed that there were elevated rates of insecure attachments in all three groups when compared to children who were never institutionalized. However, the group that remained in the institution had significantly higher rates of insecure attachments than the other groups. Most of these children fell into one of two groups. One group was emotionally withdrawn, unresponsive, irritable, and inconsolable. "They sought proximity and comforting from no one and exhibited no discernable attachments to anyone" (Zeanah, 2002, p. 232). The other children were described as superficially attached, with no apparent preferred caregiver. They would follow any caregiver around. They were attention-seeking, clingy and overly friendly towards strangers. It is from this study and other studies related to the social behaviour of abused and neglected, institutionalized children that the Diagnostic and Statistical Manual of Mental Disorders' criteria for syndromes of disordered attachment were derived (Zeanah *et al*., 1993; Zeanah, 2000).

While attachment theory was being formed by Bowlby in the 1950s already, it was only in 1980, in the Diagnostic and Statistical Manual, Third Edition, that attachment disorders were outlined for the first time (Zeanah *et al*., 1993). To date, the Diagnostic and Statistical Manual's criteria for attachment disorders, referred to as Reactive Attachment Disorder, inhibited or disinhibited types, only reflect the research on these institutionalized populations. The inhibited child can be seen as self-sufficient as they seem not to 'need' comfort from caregivers. The disinhibited child forms diffuse attachments and is indiscriminately sociable (APA, 2000). As a result of this presentation in particular, these children are often incorrectly perceived by caregivers as happy, easy-going children when in fact this behaviour may have severe implications for the child's future adjustment (George & Solomon, 1999). While the current study in no way concerns itself with diagnosing or assuming psychopathology in the children under the participants' care, caregivers' perceptions of the above described behaviours were elicited by the current research. This is deemed important in light of the negative consequences that may result from the misinterpretation of such behaviours, and is potentially of great relevance as the findings in this domain inform possible points of intervention and training for caregivers.

While Zeanah *et al.* (1993) don't deny the fact that institutionalized children and children from pathological caregiving environments may present with the reactive attachment disorder presentations as outlined above, they also argue that the research data gathered over the years on normal and high risk populations have not been integrated into the Diagnostic and Statistical Manual of Mental Disorders criteria. They therefore feel that the criteria are not reflective of the presentation

of most clinical cases. Through clinical experience and in an attempt to more closely marry attachment theory and attachment disorder syndromes, Zeanah *et al*. (1993) have proposed five new disorders of attachment which they feel should be considered as diagnostic criteria. These include: nonattached attachment disorder; indiscriminate attachment disorder; inhibited attachment disorder; aggressive attachment disorder; and role-reversed attachment disorder. The Indiscriminate Attachment Disorder and the Inhibited Attachment Disorder Categories are very similar to the criteria for Reactive Attachment Disorder, inhibited and disinhibited type respectively, emphasizing the value of these criteria while also suggesting their potential insufficiency in describing the full range of clinical presentations of children with severe attachment difficulties. The currently accepted Diagnostic and Statistical Manual of Mental Disorders' criteria were nevertheless used as reference points during the discussion section of this report, because they aptly related to the participants' observations and to research done on institutionalized children in particular (Minde, 2003; Smyke *et al*., 2002; Tizard, 1977 as cited in Zeanah, 2000, Zeanah, 1993). The potential for these diagnostic criteria to change in the future is however noted, but because of the similarity in criteria put forward by Zeanah *et al*. (1993), it is felt that the interpretations made in the current study may remain valid.

Finally, in relation to attachment pathology as described in psychiatric terms by the Diagnostic and Statistical Manual of Mental Disorders, it is important to note that insecure attachments are not synonymous with attachment disorders or "psychopathology". That is, that even when a child is classified as insecurely attached, he/she is not necessarily attachment disordered (Howe *et al*., 1999). This may be with the exception of the disorganized category, which Green and Goldwyn (2000) argue may be synonymous with reactive attachment disorder. Attachment difficulties therefore manifest in various ways with syndromes of disordered attachment, and disorganized attachment presentations, being the most severe expressions of these difficulties. Since it is largely the quality of care that predicts the nature of the child-caregiver attachment relationship, with children who receive the poorest care having the highest chance of attachment pathology or attachment disorganization (Howe *et al*., 1999), the next section describes the kind of caregiver qualities and behaviours that lead to the various attachment classifications.

2.8. Caregiver Qualities and Behaviours that Impact on Attachment Security

Participants' perceptions regarding the kinds of caregiver qualities and behaviours that are important in caring for children is a primary focus of the current research. It is important for caregivers to have a good understanding of the kinds of caregiver qualities and behaviours that foster both secure and

insecure child-caregiver attachments because, according to Sroufe (1985, p. 2) "attachment classifications, while based solely on infant behaviour, are presumed to reflect the history of caregiver sensitivity." Furthermore, Zeanah and Fox (2004) state that variations in the quality of the child-mother attachment relationships are mainly a function of the caregiver's behaviour and are less influenced by individual differences in infants. Ainsworth also asserted that the mother exerts a disproportionate influence compared to the child, in shaping the attachment relationship between the two (Belsky, 1999). Even though there has been debate around the influence of the child's temperament, there does seem to be consensus on the large role that the caregiver plays in determining attachment status of the child (Belsky, 1999; Bowlby, 1952; Smyke *et al.*, 2002, Zeanah & Fox, 2004). While different authors emphasize different caregiver attributes and behaviours that foster secure (and insecure) attachment relationships, there is a large degree of overlap, and in many cases congruent concepts are found across authors (van den Boom, 1994).

This overlap seems to be based on the concept of maternal sensitivity. In emphasizing that it is widely agreed that maternal sensitivity fosters attachment security, van den Boom (1994) lists all the following authors as concurring with this idea: Ainsworth, Blehar, Waters & Wall (1978); Bates, Maslin & Frankel (1985); Belsky, Rovine & Taylor (1984); Engeland & Faber (1982, 1984); Grossmann & Grossmann (1982); Isabella & Belsky (1981); Isabella & von Eye (1989); Smith & Pederson (1988).

Ainsworth's original hypothesis was that the degree of maternal sensitivity displayed by mothers, or primary caregivers, is directly related to the attachment security displayed by their children (Bretherton, 1999). She tested this hypothesis in 1976 by devising a scale that evaluated maternal sensitivity to infant's signals. Ainsworth (1973) defined 'maternal sensitivity' as "the mother's ability and willingness to try to understand behaviours and emotions from her baby's point of view" (cited in Howe *et al.*, 1999, p.19). Ainsworth also maintained that maternal sensitivity involves the ability of the mother to recognize her baby's signals and respond appropriately to these cues (Howe *et al.*, 1999). Conversely, "mothers who fail to 'read' their infants' signals, tending to act according to their own thoughts and feelings, needs and wants" (Howe *et al.*, 1999, p. 18), were postulated to be insensitive mothers by Ainsworth. Once Ainsworth had rated the participating mothers on the 'maternal sensitivity scale' that she devised, she divided the participants' infants into three groups namely: securely attached, insecurely attached, and not yet attached. Statistical analyses of the data from this study lead Ainsworth to conclude that maternal sensitivity was directly related to the

attachment ‘status’ of the infant; with mothers rated high on maternal sensitivity having securely attached infants and vice versa (Bretherton, 1991).

The importance of maternal sensitivity is further emphasized by the results of a more recent intervention-based study done by van den Boom (1994). The study showed that by improving the sensitivity of mothers’ responses to their infants, better mother infant attachment relationships were formed. In order to improve maternal sensitivity, the mothers in van den Boom’s study were trained to correctly perceive, interpret and respond to their infants’ cues. Thus, effectively, Ainsworth’s construct of maternal sensitivity, was equated with several maternal behaviours which, when implemented, were thought to represent maternally sensitive responses (van den Boom, 1994). This is important because it is actual caregiving behaviours, encouraged by the caregiving system, that infants and young children respond to with their attachment behaviours. Thus while the attachment relationship undoubtedly has an emotional component to it, security of attachment is greatly dependent on the display of specific types of behavior that represent this emotional attunement and empathy (Siegel, 2001). In line with this, mothers in van den Boom’s study were trained to be more attentive to their infant’s cues, by observing their infants closely and by slowing down their interactions with them. This was thought to increase the accuracy with which the mother perceives and interprets her infant’s signals. Maternal sensitivity was also related to the mother’s ability to select and implement appropriate responses to their infant’s cues such as responding to a crying infant by soothing, rather than by ignoring the crying infant. The intervention of training mothers to respond to their babies in ways that represented maternally sensitive responses resulted in a significantly higher rate of securely attached children when compared to the control group in which the mothers were offered no intervention (van den Boom, 1994).

Interestingly, in this study van den Boom (1994) also found that by guiding mothers’ behaviours, they were increasing these mothers’ feelings of effectiveness and mastery. This had the ripple effect of improving their maternal sensitivity. Caregivers having a sense of mastery is deemed very important because only caregivers who feel competent and confident in their roles are ‘open’ to attachment signals and thus free to naturally respond to children in ways that foster secure attachments (George & Solomon, 1996). Much of the data gained in the current study lead to conclusions based on the ideas of maternal sensitivity presented above. However, the idea of feeling competent was particularly relevant to the participants’ narratives.

Crockenberg (1981) also did a study which, in part, investigated the role of maternal responsiveness in fostering attachment security in children. She found that the "unresponsive mother does indeed appear to be one mechanism through which a child's trust is undermined and his attachment to his mother rendered anxious" (Crockenberg, 1981, p. 864). The term 'unresponsive mothering' in this study appears to be very highly related to the construct of maternal sensitivity discussed above. Crockenberg (1981) assessed maternal responsiveness based on the amount of time mothers took to attend to their babies' distress signals. She did however also note that mothers who are responsive engage in particular behaviours. These included: going to their babies when they cry, holding their infants tenderly and carefully, engaging in eye contact, pacing face-to-face interactions with their infants appropriately, and exhibiting great sensitivity when commencing and terminating feeding (Crockenberg, 1981). Further sensitive and responsive behaviours in which caregivers should engage in order to foster secure attachments are outlined by Belsky (1999). These include: interactional synchrony with the child, moderate stimulation of the child, caregiver displays of warmth and a high degree of caregiver involvement. Maternally sensitive responsiveness was another topic investigated in the current study, with particular reference to the participants' views on responding to crying children.

Other than maternal sensitivity, Siegel (2001) outlines what he refers to as the "five basic elements of how caregivers can foster a secure attachment in the children under their care" (p. 78). These five elements include: collaboration, reflective dialogue, repair, coherent narratives, and emotional communication. Collaboration entails caregivers 'joining' with infants so that the dyad is attuned and the communication between mother and child contingent. Signals of a collaborative pair are directly and appropriately responsive in both timing and quality. This attuned communication also extends to the domain of non-verbal signals. "Eye contact, facial expression, tone of voice, bodily gestures and timing and intensity of response are all fundamental aspects of nonverbal signals" (Siegel, 2001, p. 78). The sharing of these nonverbal signals creates an intimate, emotional experience between child and caregiver which is essential according to Bowlby (1969). Not all caregivers are comfortable with this intimate experience and in fact some cannot tolerate it. When this is the case, there are dire developmental consequences for the infant as they are robbed of the interpersonal collaboration essential for sound development in several domains (Siegel, 2001).

The second 'element' that Siegel (2001) puts forward as essential for attachment security is reflective dialogue. Essentially, this entails the caregiver recognizing the child's signals, making sense of them in his/her own mind, and then communicating back to the child in a way that creates meaning for the

child. In this way the child is aided in understanding his own and his caregiver's mental state. This is essential as it enables the development of what is often called "mindsight". Mindsight refers to the ability to know and understand the mind of the other and of the self (Fonagy *et al*., 2000).

"Repair" is referred to by Siegel (2001) as the caregivers' ability to fix disrupted attuned attachment communication. He states that invariably there will be times when communication between caregiver and child become unsynchronized; often when intense emotional states are present in either the child or caregiver. In these cases, the caregivers' task is to heal the rupture in communication. This is important as it gives children a sense that difficulties and misunderstandings that present themselves in life can be worked through and resolved (Siegel, 2001). This is related to Siegel's (2001) concept of 'emotional communication'. He maintains that caregivers must be able to engage in attuned emotional communication with their children. That is, they must amplify and share in their children's positive emotional experiences, but they must also be able to tolerate and stay connected to the child in times of negative and uncomfortable emotion. Negative emotional states are shared between child and caregiver when the caregiver soothes the child in times of distress. Over time the child who has been cared for in this way becomes able to engage in self soothing (Siegel, 2001).

The final concept that Siegel (2001) puts forward as being essential in fostering attachment security is 'coherent narratives'. In Siegel's description of 'coherent narratives', he maintains that it is very important for caregivers to be flexible and have the capacity to mentally integrate their life experiences. It has been found that when caregivers are able to do this with their own narratives, they are also able to help their children formulate integrated constructions of their thoughts, feelings, and experiences. The child thus becomes equipped with tools to make sense of his/her internal and external worlds. Conversely, caregivers who do not have coherent narratives of their past, present, and future, and thus who lack an autobiographical form of self-awareness, are at "risk of providing interactive experiences for a child that produce various forms of insecure attachment" (Siegel, 2001, p.79).

The idea of a 'coherent narrative,' and the consequences of parents not possessing one, is also found across attachment literature in discussions surrounding adult attachment classifications and the intergenerational nature of attachment security and insecurity (Balbernie, 2001; Bretherton, 1991; Hinde & Stevenson-Hinde, 1991; Steele & Steele, 2005). Assessments of parents' and potential parents' narratives in the Adult attachment Interview (AAI) provide a "uniquely valid measure of competence in the parenting role; that is, it points to the adult who will or will not be likely to meet

the child's needs" (Steele & Steele, 2005, p. 146). Congruent with Siegel's (2001) debate on the importance of caregivers having coherent narratives, it has been found that parents who do better on the AAI, and thus who are more likely to be equipped for the task of parenting, are those parents who are highly coherent regarding their own attachment experiences (Steele & Steele, 2005). The AAI was developed by Mary Main and her colleagues George and Kaplan in 1984 (cited in Chisholm, 1998). Administration entails an interview in which parents or caregivers are asked about their own childhood attachment relationships and how these relationships impacted upon their development (Main *et al*., 2005). Analysis of the interview data leads to one of four adult attachment classifications namely: autonomous; dismissing, preoccupied, and unresolved (Howe *et al*., 1999). Each of these four adult attachment types directly corresponds to one of the four childhood attachment classifications. The childhood classification of "secure" attachment is highly correlated with the "autonomous" pattern in adulthood (Howe *et al*., 1999). The avoidant pattern is correlated with the dismissing attachment style in adulthood, the ambivalent pattern with the preoccupied style, and the disorganized pattern with the adult attachment classification of "unresolved" (Howe *et al.,* 1999).

These childhood and adult attachment patterns are correlated in two ways. The first is that while it is possible for attachment classifications to evolve over time and with changes in circumstance (May, 2005), usually children present with a particular attachment style and then develop into adults who operate from the corresponding adult attachment classification (Main *et al.,* 2005). The second correlation has been made between parents' adult attachment classifications, as determined by the AAI, and the attachment style of their children. For example parents who are classified as "autonomous" generally have "secure" children, while parents classified as "unresolved" have been found to often have "disorganized" children (Steele & Steele, 2005) which stresses the importance of caregivers being autonomous in the AAI classifications. The participants of this study were not assessed regarding their attachment statuses, but some hypotheses are made regarding their attachment histories as a means of explaining particular perceptions regarding caregiving that they seemed to hold.

What has been discussed thus far includes the need for caregivers to display maternal sensitivity and to have positive attachment histories themselves, as these factors lead to behaviours that translate into attachment classifications in children. What follows is a summary of other caregiver behaviours and qualities that have been found to lead to each of the three insecure attachment classifications

(avoidant, ambivalent, and disorganized). Note is also made of the kinds of behaviours these caregiver behaviours and qualities may result in, in children.

2.8.1. Caregiving that Results in Insecure-Avoidant Attachments

According to Belsky (2005), insecure-avoidance might develop in children as a response to parenting that is experienced by the child as over-stimulating. Caregivers of avoidant infants, who are often of the dismissing attachment type, typically feel anxious in the presence of strong emotion (Fonagy *et al.*, 2000). This makes intimate relationships difficult and thus, in the caregiving setting, these caregivers may withdraw and increase their detachment (Fonagy *et al*., 2000). Caregivers of avoidant children may also have strong feelings of agitation, distress, and hostility towards their babies which in turn increases the infant's anxiety. This then serves to activate the attachment system, leading the child to a point of emotional arousal and displays of distress (Howe *et al.*, 1999). These displays may prompt the caregiver to withdraw and a rejecting parenting style unfolds where parents reject attachment behaviour and in extreme cases are averse to physical contact. This caregiver may try to reduce his/her own distress by attempting to control the baby's affective state. For example the caregiver might tell the child what he/she should feel or does feel. This results in the infant inhibiting or "deactivating" his/her attachment behavior and expression of negative affect (Masterson, 2000). Because these caregivers are most emotionally available when their children are least emotionally aroused, avoidant children come to organize their behavior in such a way as to maintain maximum proximity and safety with their caregiver, even though this person may be rejecting (Steele & Steele, 2005). Thus the child learns to inhibit affect in order to reduce maternal anger and rejection. In line with this, avoidant children have highly active exploratory systems, as this system is activated when the attachment system is inactive. The activation of the exploratory system results in play, business, curiosity, and watchfulness. These are desirable behaviours to caregivers and thus good behavior and exploration are mechanisms through which the avoidant child maintains proximity to caregivers (Howe *et al*., 1999).

2.8.2. Caregiving that Results in Insecure-Ambivalent Attachments

Caregivers of insecure-ambivalent infants are usually inconsistently sensitive to their babies' needs and are unpredictably unresponsive (Masterson, 2000). These caregivers tend to be psychologically detached from their children, even if they aptly meet their physical needs (Belsky, 2005). This psychological distance means that caregivers often miss the distress signals produced by their babies' attachment systems and thus emotional neglect may occur (Steele & Steele, 2005). According to Howe *et al*. (1999) caregivers of ambivalent children feel uncomfortable in seeing their children

exploring and acting in other independent ways. This is hypothesized to occur as these caregivers feel that they are not needed by their children. Thus the interactions between the ambivalent child and caregiver is governed by the psychological state and needs of their caregiver. The caregiver does have love for the child but the child feels that this is hard to attain and in scarce supply (Steele & Steele, 2005). The child therefore hyper-activates attachment behaviour so as to reduce his/her anxiety that the caregiver will not be available in times of distress (Belsky, 2005). Because caregivers often respond to this increased attachment behavior, "secondary felt security" is achieved for the child (Howe *et al.*, 1999, p.90). This pattern of behavior is however developmentally disadvantageous because the attachment system is hyper-activated at the expense of the exploratory system (Bretherton, 1991).

2.8.3. Caregiving that Results in Insecure-Disorganized Attachment

According to Green and Goldwyn (2002) disorganized patterns of attachment are likely to occur when caregivers have themselves suffered traumas, including childhood abuse, or have unresolved losses. Attachment disorganization also frequently results in children whose caregivers have serious affective disorders including depression and bipolar disorder, and when their caregivers abuse substances (DeMulder & Radke-Yarrow, 1991 & Radke-Yarrow, 1991 as cited in Howe *et al.*, 1999 & Green & Goldwyn, 2002). When parents have these unresolved issues, their traumas are projected into the relationship with their children through their scary or scared behavior. Thus children experience their parents as frightening (Howe *et al.*, 1999). It has been "hypothesized that the infant or child becomes disorganized when experiencing the caregiver as the source of alarm and its only solution" (Green & Goldwyn, 2002, p. 837). In this case, when the child seeks proximity and comfort from distress, he/she is met only with frightened or frightening behaviours from the parent (Hesse, 1990).

Several behaviours have been found to make up the 'frightening' and 'frightened' caregiver behaviour. These behaviours are thought to mediate between caregivers' states of mind and the disorganized attachment in their children (Green & Goldwyn, 2002). They include: freezing, fleeing, severely disrupted affective communication including high levels of expressed emotion, hostile and intrusive parental behaviours, role confusions with the infant, and using unusual voice patterns, and frightened facial expression such as grimaces at the child (Jacobvitz & Hazan, 1999 as cited in Green & Goldwyn, 2002).

These caregiver behaviours are thought to induce a motivational conflict in the child, which results in disorganized behavior in the context of proximity seeking (Green & Goldwyn, 2002). This occurs because parental behaviours are not comprehensible to children as they are unrelated to the events going on in the immediate environment (Main, 1996 as cited in Howe *et al*, 1999). Such incoherent and chaotic caregiver behaviour results in the same disorganized incoherent behavior in children because they are unable to formulate rules based on experience that can guide their attachment behavior (Howe *et al.*, 1999). Thus they have no organized attachment strategy available to them to decrease anxiety. These children are then likely to respond by: constricting their behaviours, freezing, fleeing, engaging in defiant or aggressive behaviours, or by numbing (Steele & Steele, 2005).

Not only were the participants in the current study questioned around caregiver behaviours, but their perceptions of some of the behaviours that insecurely attached children display were also ascertained. Importantly, the data also pointed to whether or not the participants perceived their behaviour and personal qualities to impact on the children's behaviours and emotional states.

2.9. TEMPERAMENT AND ATTACHMENT

What has been reviewed above is the idea that attachment is a relational concept but emphasis has been placed on caregivers' characteristics and behaviours within this relationship. This emphasis was placed due to the fact that a significant number of authors agree that it is the caregiver that is the main role player in determining the type of child-caregiver attachment that unfolds (Belsky, 1999; Bowlby, 1952; Smyke *et al.*, 2002; Zeanah & Fox, 2004). This is, however, not the only view on attachment and in fact debates surrounding the child's role in creating particular types of attachments are found in abundance in the literature (for example: Belsky, 2005; Belsky, 1999; Hinde & Stevenson-Hinde, 1991; Sroufe, 1985; van den Boom, 1994; Zeanah, 2000). The literature proposes an alternative explanation to individual differences in attachment to that proposed by Ainsworth (1973), where she emphasized the quality of maternal care, and draws attention to the infant's temperament (Belsky, 2005).

Temperament theorists argue that attachment classifications, as determined by the Strange Situation Procedure, are largely shaped by the child's temperament (Belsky, 2005). Thus they hypothesize that what is actually being assessed in the SSP is the infant's temperament and not the nature of the child-caregiver relationship (Mangelsdorf *et al.*, 1990). The validity of this interpretation has been

questioned as infants classified across both the secure and insecure categories manifest large temperamental differences in the SSP. For example some infants classified as secure become highly distressed in the SSP, whereas others with the same classification do not (Belsky, 2005). A further rebuttal for pure temperament argument is attachment theory's idea that attachment is a relationship specific construct. This concept has been empirically researched and proven to be true by showing that children display different attachment classifications in the SSP with different caregivers (Steele & Steele, 2005; Green & Goldwyn, 2002). This rules out the hypothesis that attachment style is 'intrinsic' or based on the child's temperament, as well as the idea that the SSP only assesses temperament and not the history of the specific caregiving relationship under observation (Hinde & Stevenson-Hinde, 1991; Steele & Steele, 2005).

This was further proven by a study done by Mangelsdorf *et al.* in 1990. This study examined the relationship between proneness-to-distress temperament and attachment classifications using an observational instrument that was designed to assess emotional temperament. No association between infant temperament and attachment classification was found, showing that temperament does not predict attachment style. The authors do however propose that maternal personality, as expressed by mothers' behaviours towards their children, was influenced by their child's temperament and that these behaviours then impacted on attachment classifications (Mangelsdorf *et al*., 1990). They thus concluded that temperament may indirectly impact on attachment classification through its impact on maternal behaviours; that is, it might elicit maladaptive, insensitive mothering. Temperament may also impact on attachment classification by influencing the infant's response to the caregiving received (Crockenberg, 1981; Mangelsdorf *et al*., 1990).

Mangelsdorf *et al.* (1990) also examined the impact of maternal social support in the interaction between infant temperament and attachment classification. It was found that maternal social support was more important for mothers who had babies with 'difficult' temperaments. In fact social support was found to predict attachment security in 'difficult' infants only, again showing that temperament may indirectly influence attachment classification (Mangelsdorf, 1990). This phenomenon was found to occur because social support facilitates responsive mothering, but this support has been found to be more important under stressful conditions; where the more stress the mother experiences, the more social support she needs. Infant proneness-to-distress temperament may be one such stressor. Crockenberg (1981) did a study similar to Mangelsdorf's (1990) study. Her study similarly found that social support was less important for mothers of non-irritable infants because these infants are not as demanding on caregivers and thus do not lead caregivers to feel overwhelmed and in need of

help. These caregivers are thus emotionally available to their infants' which makes them more likely to provide the kind of care that fosters secure attachments (Crockenberg, 1981). The need for social support for caregivers in the institutionalized setting was indicated by the findings of the current study, which was deemed important for several reasons which related to both Mangelsdorf's (1990) and Crockenberg's (1981) findings.

Overall, it may be concluded that child temperament impacts only indirectly on attachment classification, through its influence on both the caregiver's and the child's responses to each other. Temperament does not predict the attachment status of the child, except possibly under conditions of immense stress where adequate social support is unavailable (Belsky, 1999 ; Mangelsdorf *et al*., 1990; Sroufe, 1985). It does, therefore, seem very important that caregivers remain consistent in their responses to children and do not allow more difficult children to cause them to display behaviours that may foster insecure attachments (as discussed in previous sections of this chapter). This 'power' that the caregiver has to shape the relationship, regardless of the child's intrinsic factors, appears to support Ainsworth's (1973 as cited in Belsky, 2005) original hypothesis that the mother or caregiver is the main role player in determining the attachment status of the child. This is important with regards to the current study as it provides a good rationale for the use of caregivers as the sample. Furthermore, it suggests that points of intervention may be formed for caregivers, which may have a ripple effect on institutionalized children's development; as opposed to their development being predicted solely by their own temperaments.

Temperament has, however, not been the only factor found to impact on attachment formation. Thus while the focus in the current study is on the caregivers' perceptions of attachment, because it has recognized the important role they play in attachment formation, other factors that may impact are outlined below. Particular reference is made to the institutional environment.

2.10. CONTEXTUAL FACTORS THAT IMPACT ON ATTACHMENT FORMATION

While in the preceding section it was pointed out that attachment security can be indirectly influenced by factors intrinsic to the child, such as temperament, it is also important to consider the ecological perspective. An ecological perspective underscores the fact that the parent-child dyad is entrenched in a family system, which is in turn "embedded in a community, a cultural, and even a historical context" (Bronfenbrenner, 1979 as cited in, Belsky, 2005, p.80). Of all the contextual variables that may impact on child-caregiver attachment, Crockenberg (1981) maintains that one's

social support network, which includes all those people who engage with the individual physically or emotionally, has the greatest bearing on attachment formation. In light of theory and research surrounding the impact of contextual factors on attachment formation, Belsky (2005) also maintains that in attempting to understand why some children develop secure attachment relationships with caregivers and others do not, it is essential to look beyond the issues of mothering and temperament. This may be of particular importance in the South African context of orphanhood, which occurs in a very specific, and usually difficult, set of social systems.

According to Belsky (2005) the child-caregiver dyad will be most adversely affected when "multiple vulnerabilities" exist in the environment. These multiple vulnerabilities accumulate and serve to undermine the effectiveness of other sources that would usually function as protective factors in promoting attachment security. By multiple vulnerabilities Belsky (2005) is referring to both internal and environmental difficulties. These may include factors such as difficult temperament in the child, an unresolved history of trauma in the caregiver, family stress or conflict, and poor social support. In considering the "vulnerabilities" that may exist in an institution for orphans in South Africa, the stressors seem vast. These stressors would seemingly vary from institution to institution and as such particular institutions may have more protective factors than others in fostering security of attachment. One common difficulty in institutions that care for children is that they are plagued by a lack of resources (UNICEF, 2006). There are often very few staff members in relation to the number of children that need care and as such, high levels of stress and burnout may occur amongst caregivers (Rutman, 1996). Financial resources may also be insufficient, which may mean that caregivers struggle to provide materially for the children under their care (UNICEF, 2006).

Caregivers at institutions generally work in shifts, which makes attachment formation with children very difficult as, particularly in the first years of life, attachment depends a lot on time, proximity, and consistency (Bowlby, 1969). Caregivers may also experience poor job satisfaction due to the pressures of the caregiving profession, and possibly also due to the low remuneration they may receive. Poor job satisfaction may then be another factor that may result in attachment difficulties, as Bowlby (1952) stresses the importance of the caregiver experiencing satisfaction from caring for her child as one of the precursors to secure attachments (cited in Holmes, 1993). All of these potential stressors were referred to by the participants in the current study. These stressors would fit Belsky's (2005) concept of "multiple vulnerabilities" and are discussed in this report as factors that may potentially undermine child-caregiver attachment formation.

Organizational culture can also impact on attachment relationships, where the nature and quality of child-caregiver interactions may be impacted upon by the directives of the head of the institution or even broader social directives, such as those put in place by social services or child welfare. Caregiver culture and background may also influence attachment security in the traditional sense, as opposed to what has been postulated by Bowlby and his followers, in many African cultures, the load of caregiving is shared. As such children learn to feel comfortable in the presence of various people, including those that they are less familiar with (Hinde & Stevenson-Hinde, 1991). This type of diffuse social relatedness is sometimes seen as attachment impaired, and if combined with pathogenic care as defined by the Diagnostic and Statistical Manual of Mental Disorders, can be seen as attachment disordered behaviour (APA, 2000). Whether this behaviour in this context should be classified as disordered or impaired in any way is questionable and is discussed in the following sub section. What is however pertinent here is that culture may help shape attachment styles and behaviours in children (Belsky, 2005). While this was not actively investigated in the current study, the cultural backgrounds of the participants were held in mind, specifically during the data-analysis and interpretation phases which assisted in understanding their perceptions regarding caregiving.

Pointing out the contextual factors that may impact on child-caregiver attachment is important because these factors influence attachment formation indirectly through their impact on caregiver behaviours and child temperament (Crockenberg, 1981). Furthermore, these contextual factors influence the degree to which secure attachments are developmentally protective and the degree to which insecure attachments have adverse effects on the child (Belsky, 2005). Thus, in having read the literature review to this point, it may be concluded that according to attachment theory, with the provision of the ‘correct’ caregiving environment, secure attachments will be fostered, and children with these types of attachments are generally well adapted.

While the literature almost unanimously supports this generalized view, the caveat offered by Belsky (2005) is very important. Belsky warns that results from a study done by herself and Fearon (2002) showed that “the developmental costs of security/insecurity might vary as a function of whether children grew up under conditions expected to compromise their well-being (e.g., low income, maternal depression, single parent home) rather than under more developmentally supportive circumstances” (Belsky, 2005, p. 86). The study found that even securely attached children were often not protected from the adverse developmental effects of high risk environments. Likewise, the problematic behaviour displayed by insecurely attached children increased as the levels of contextual risk increased (Belsky, 2005). Thus, while attachment security is generally developmentally

protective, the developmental consequences for the child depend, to a large extent, on the influence of the environment; even after the development of a particular attachment style (Belsky, 2005).

This finding is important with regards to the current study as it emphasizes that even though the interventions informed by this study may be used to improve child-caregiver attachment security in institutionalized children, the developmental outcomes for these children by no means rest solely on their attachment classifications. Striving for security of attachment in institutionalized children may not be in vain as it does, to some extent, predict adaptive functioning and generally good development (Howe *et al.*, 1999). However, in searching for healthy development in orphans, this section has suggested that a more inclusive view of factors that may undermine such development is essential, and that this view needs to extend past the institutionalized setting itself. In light of this, the following section focuses on the applicability of attachment theory to institutionalized children in South Africa.

2.11. The Applicability of Attachment Theory in the South African Context of Orphanhood

Hinde and Stevenson-Hinde (1991) present a discussion surrounding whether "attachment theory deals with issues in human development so fundamental that cultural considerations are irrelevant" (p. 53). One side of this debate is that Bowlby's attachment theory is based quite heavily on biological and evolutionary perspectives. In fact he engaged in and followed many research experiments involving non-human species which allowed him to explain how people function in terms of evolutionary adaptedness (Bolwbly, 1979; Bretherton, 1991; Hinde & Stevenson-Hinde, 1991). Bowlby (1979) explained the attachment system in humans as having developed because, in our evolutionary past, proximity to the mother was essential for survival. "Thus much of classical attachment theory refers to aspects of human behavior that were regarded as *pre-cultural"* (Hinde & Stevenson-Hinde, 1991, p. 53). Therefore a large part of attachment theory speaks to a need found instinctively in children to attach to a caregiver for care and safety. This seems to imply that, at its core, attachment theory can be universally applied and will hold true; including within the population of institutionalized children.

However, on the other hand, culture and other factors have been found to impact on personality development, meaning that attachment theory may fall short in explaining human development unless it evolves to more fully incorporate cultural issues into the theory (Hinde & Stevenson-Hinde, 1991). An example to support this criticism is that, as pointed out in the above section, children

brought up in different contexts behave differently. Some may engage in behaviours indicative of attachment disordered or less 'pathological' attachment impaired behaviour. Hinde and Stevenson-Hinde (1991) discuss the possibility of different meanings being attributed to particular behaviours in different contexts. That is, what represents healthy or adaptive behaviour in one context or amongst one culture, may be suggestive of something else amongst people of different cultural groups. Thus the extremely high prevalence of attachment disordered behaviour and insecure attachments displayed in institutionalized children (Zeanah, 2000) may have a different implication or meaning to similar behaviour displayed in children that live in different cultural contexts. Hinde and Stevenson-Hinde (1991) state that these 'so called' attachment disordered behaviours exhibited by so many institutionalized children internationally, may not represent pathological reactions to pathological situations at all, but that they may rather represent the fact that humans adapt to their environments.

"In our evolutionary past, behaviour that maintained proximity to the mother must have been adaptive for the infant, and it was for that reason that natural selection promoted the elaboration of an attachment behavioural system" (Hinde & Stevenson-Hinde, 1991, p. 53). However, behaviour that was essential then may not be as important in current times. For example fear of strangers, which was appropriate in our environment of 'evolutionary adaptedness' may no longer be as appropriate in all contexts, and may in fact hinder good social interactions (Hinde & Stevenson-Hinde, 1991). In the institutionalized setting, it is clear that a fear of strangers may be highly disadvantageous, where there are often visitors who may bring material gifts or emotional support and attention for children who otherwise may receive an insufficient amount. Thus developing a personality that allows one to be friendly and almost indiscriminately sociable may be highly adaptive for these institutionalized children, as opposed to what attachment theory proposes in terms of a 'healthy' child having a very limited number of attachment figures (Zeanah, 1993).

This idea is in line with the fact that it is possible that different 'rules' of adaptation occur in different environments and thus what is appropriate and developmentally advantageous in the environment of the nuclear family, is not so in other environments (Hinde & Stevenson-Hinde, 1991). Thus, natural selection continues to operate to produce individuals capable of selecting amongst different potential courses of action to best suit the vicissitudes of their environments. One potential developmental difficulty with this is however, that the "only predictor of later environments available to the young individual is the current environment" (Hinde & Stevenson-Hinde, 1991, p.57). Thus children develop personalities that are based on surviving in this anticipated environment. So while the human propensity for adaptation in many ways ensures survival,

attachment theorists would argue that the development of non-optimal attachment styles (even if adaptive under the circumstances), while ensuring reproductive success, results in difficulties in other areas of life. Thus a child who develops hostility as a personality trait as this ensures him good access to certain resources in his early life, may not have as much success later in life in other social environments where such behaviors are viewed as socially undesirable or even pathological (Hinde & Stevenson-Hinde, 1991). Furthermore, attachment security, as defined by the 'B' classification in the SSP has been correlated with good psychological wellbeing across the lifespan, unlike attachment insecurity which has been associated with varying degrees of poor psychological adjustment (Howe *et al.*, 1999). In situations where children develop insecure attachments based on the fact that these classifications best suit their environments and ensure their reproductive success, their psychological well-being may be compromised (Hinde & Stevenson-Hinde, 1991). Thus while the nature of the attachments children form to caregivers may be biologically adaptive and thus protective, it still stands to reason that secure attachment classifications are the most protective in a holistic sense.

Therefore, the assumption that security of attachment may promote well-being in all cultural contexts, while not fully inclusive, may be reasonable (Bowlby, 1989). What is also clear is that within all cultural contexts, children display behaviours that are adaptive and that will ensure their reproductive survival (Bowlby, 1989; Hinde & Stevenson-Hinde, 1991). Thus, behaviour evolves to suit the context. This may be problematic as, even though such behaviour is certainly adaptive at the biological level, it becomes ingrained through internal working models in the psychological functioning of the child into adulthood (Belsky, 2005). All of the insecure classifications stem from maladjusted internal working models which may lead to strained personality styles and functioning (Bretherton, 2005). Thus, even though it may be argued that attachment theory is not applicable within the setting of institutionalized children as their behaviour represents adaptive and therefore 'healthy' responses to their context, it is also arguable that these biologically adaptive, insecurely attached responses most often lead to psychological and behavioural consequences of a potentially detrimental nature. Thus the concept of the secure attachment as fostering the best developmental outcomes and most adaptive functioning in adulthood, seems to apply to all populations, including the population that is the focus of this study; that of institutionalized children.

A study by Dontas *et al.*, (1985) provides further support for this conclusion as they found that through providing a group of institutionalized children with the opportunity to form secure attachments with selected caregivers, they achieved significantly better developmental outcomes

than institutionalized children not provided with this opportunity. It therefore seems that while the criticisms lodged against attachment theory cannot be ignored, they may not be convincing enough to render the theory inapplicable to the institutionalized setting.

2.12. CONCLUSION

Through a review of the literature, it is clear that not only does South Africa have to provide materially for a huge number of institutionalized children, but the country also faces the challenge of providing for these children emotionally. Bowlby (1952) warned against 'saving' children by institutionalizing them and providing for them physically. He stressed the importance of truly caring for these children by giving them the opportunity to form secure attachments with caregivers. Caregivers, are however, thought to be mainly responsible for the attachment classifications that result in the children under their care (Bretherton, 1991). For this reason, the current study investigated caregivers' general perceptions regarding attaching to the children under their care.

This literature review outlined the non-optimal development that can occur in children who are not provided with an opportunity to form secure attachments. This is highly relevant to the current study, as rates of insecure attachments have been found to be to high amongst the population of institutionalized children internationally (Zeanah, 2000). Discovering points of intervention in an attempt to reduce these rates of insecure attachments, and thus provide orphans with a better chance at optimal development, is thus very important and forms part of the rationale of this study.

The mechanisms through which secure as well as insecure attachments develop were also discussed, and included: internal working models, neurobiological factors, and caregiver qualities and behaviours. Behaviours that children may present with, which are suggestive of both insecure attachments and attachment pathology were also outlined. This was done because, while this study is not at all concerned with diagnosing children, caregivers' perceptions of these behaviours were investigated.

While this literature review has focused on attachment theory and its applicability to the current study, the final two sections provide some of the criticisms and limitations of the theory. It was, however, concluded that attachment theory is relevant to the population of South African institutionalized children, and their caregivers, and is therefore applicable to the current study.

In the results and discussion chapter of this report, the degree to which the theory of attachment and the practice of child rearing interface in the institutionalized setting is seen. These findings have been informative and have served to illuminate potential points of intervention for children and caregivers living and working in institutional settings.

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

3.1. RESEARCH DESIGN

This study employed a qualitative research design. It is idiographic in that it seeks a deep, detailed, and descriptive understanding of the participants' perceptions (Babbie & Mouton, 2001). This research is also inductive, as it looks at individual cases, or moves from the specific to the general (Babbie & Mouton, 2001). The use of this qualitative research design was informed by the nature of the research questions, which focused on caregivers' perceptions and the ways that they attribute meaning to particular issues related to attachment theory and institutionalized children. This design was therefore deemed suitable for use in this particular study as it allows for a rich description and deep understanding from the perspective of the participants (Terre Blanche & Kelly, 1999). The qualitative research design used for this study in turn informed the methods of sampling, data collection, and data analysis employed. It also informed the overall process followed in conducting the research and the format in which the data was written up and presented.

3.2. SAMPLE

Aligned with the qualitative design of the study, a non-probability sampling strategy was used (Zhang & Wildemuth, 2006). More specifically, the purposive method of sampling was employed. The purposive sampling strategy entails the inclusion of participants based on "judgment and the purpose of the study" (Babbie & Mouton, 2001, p.166). This is the sampling method usually drawn upon for studies utilizing qualitative content analysis; as it allows for the intentional selection of participants that will inform the research questions under investigation (Zhang & Wildemuth, 2006). As such, the researcher selected participants who were employed as caregivers at an institution in Soweto on a full-time basis at the time of the study. No part-time staff or volunteers were considered for inclusion. The inclusion criterion of being a full time caregiver was decided upon because time and proximity are prerequisites for the formation of attachment bonds (Zeanah & Fox, 2004). It therefore seems more important to investigate the perceptions of full-time caregivers over part-time helpers, because by virtue of the longer hours they work, they may have an opportunity to attach to the children which part-time caregivers and volunteers may not have. The second inclusion criterion was informed by Bowlby's (1952) finding that the most crucial years for the development of attachment relationships are during the first four years of life. Thus, in order for caregivers to be

eligible to participate, they had to have been working with children younger than four years of age at the time of the study. This served to ensure that all of the participants were caring for children during the critical ages for attachment formation, which may have provided them with insights and perceptions guided by lived experience.

The participants all worked in the nursery of a children's home in Soweto. They had varying amounts of experience and different kinds of training (see Table 1 below). Caregiver experience and training did not form inclusion criteria, but differences with regard to these factors were held in mind during the data analysis and interpretation phases in particular.

	Qualification	**Time Worked In the Nursery**
Participant 1	Auxiliary Nurse.	6 months
Participant 2	Auxiliary Nurse.	4 months
Participant 3	Basic Qualification of Childcare Worker (BQCC).	11 months
Participant 4	Qualified Nurse	6 years
Participant 5	No formal qualification	14 years
Participant 6	Qualified Nurse	14 years
Participant 7	Auxiliary Nurse	10 months
Participant 8	Auxiliary Nurse	3 years

Table 1: Participants' qualifications and length of time worked in the nursery where the research was conducted.

The nursery housed 30 orphans at the time of data collection. All of these children were between the ages of zero and four years, meaning that any full-time nursery caregiver was eligible for inclusion in the study. Once permission to approach caregivers was obtained from the institution's director, the researcher was given permission to approach the nursery caregivers on specific days. As a result of the allocated days, the caregivers invited to participate in the study were those who were on duty on those specific days. All of the caregivers approached agreed to participate.

In total, eight caregivers participated in the study. Even though it was proposed that between eight and ten participants be included in the sample, the researcher decided to cease data collection at this point as the volume of data produced from these eight participants was deemed sufficient for the research report being embarked on. This conclusion was drawn bearing in mind the qualitative

design of the study and the fact that this kind of design is primarily concerned with gaining depth and not breadth of understanding (Terre Blanche & Kelly, 1999).

3.3. DATA COLLECTION PROCEDURE

The data used for this study was collected through the use of individual, semi-structured interviews. Devlin (2006) states that interview methods of data collection fit well with the tenets of the qualitative research design and as such are often heavily relied upon in these types of studies. According to Babbie and Mouton (2001), the individual, semi-structured interview involves the researcher questioning the participants with a general plan of what the questions entail, but does not follow a strict manner in which to ask these questions. The researcher approached the task of interviewing in line with this. An interview schedule was compiled (see Appendix A), which loosely guided the interviews. Probing questions were also used where necessary. This was done in order to get depth in response (Babbie & Mouton, 2001; Terre Blanche & Kelly, 1999). On the whole however, the researcher attempted to allow the participants to guide discussions to a certain extent, finding it appropriate to follow their trains of thought and associations regarding various topics.

The researcher also relied heavily on reflections during some of the interviews in particular as English was not the first language of any of the participants. While all of the participants were conversant in English to varying degrees, the researcher found it difficult to follow three particular participants at times and thus in an attempt to ensure that she correctly understood the participants, reflections were frequently used. The interviews ranged in duration from 40 to 66 minutes, with five of the eight participants having interviews lasting an hour or just over an hour. Interviews were terminated when it was felt that saturation had occurred.

While the format of the individual, semi structured interview is flexible, allowing questions to be adjusted to each of the participants as necessary, the risk with using this type of interview is that the interviewer may use leading questions, which affects the validity of the results (Babbie, 2006; Whitley, 2002). Because of the human, and therefore fallible, nature of this data collection method, the avoidance of this pitfall could not be guaranteed even though conscious effort was made by the researcher to avoid leading the participants. These types of questions were avoided by attempting to ask mainly open questions which gave the participants no suggestion of a ‘desirable’ answer. At times during the interviews, participants were found to desire some guidance from the researcher regarding whether or not they were answering the questions correctly. Again, in an effort to avoid

leading the participants, when this occurred, the participants were reassured that they were doing well and that the researcher only wanted them to share their opinions and views.

In terms of attempting to ensure that the data that resulted from the semi-structured interviews was then used in an objective fashion during the data analysis phase, regular supervision sessions and continuous journaling of the research process were engaged in.

3.4. THE RESEARCH PROCESS

The researcher contacted a children's institution telephonically and in writing (see Appendix E), in order to outline the aims of her study and what involvement would entail. During a meeting, which took place at the institution, permission to approach employed caregivers to partake in the study was granted by the institution's director. Dates were then set on which to come to the institution to invite caregivers to participate and subsequently, to conduct interviews. The caregivers on duty in the nursery on those particular days were approached by the researcher individually. The researcher explained the nature and purpose of her study, as well as what participation would entail. All of these details were then also presented to the prospective participants in the form of a subject information sheet (see Appendix B). All of the caregivers approached verbally agreed to participate at this point. Following this, each caregiver was asked to sign the 'informed consent to participate' form (see Appendix C), as well as the form regarding consent to be audio-recorded (see Appendix D).

Following the signing of these forms, interviewing was commenced. The interviews ranged in length from 40 to 66 minutes and were based mainly on questions outlined in the interview schedule; presented in Appendix A. Each interview was audio-recorded in order to ensure that transcriptions were accurate and thus reduce the chance of biases in the data analysis phase. Interviews were conducted in a private room within the institution's nursery. Nobody other than the researcher and the participant was present during the interviews in an attempt to increase the likelihood that the participants would speak honestly and openly. This also helped to ensure participant confidentiality, even though there are still limits to this, which are discussed later. Once all the interviews were completed which occurred over two weeks, the interviews were transcribed resulting in 164 pages of data. The audio recordings will be destroyed once the researcher has qualified and every effort has been made to ensure that the transcripts are used only for the purposes of this study.

Once the data was in the form of transcripts, the data analysis phase described in the following sub-section was engaged in, which was followed by the write up of the results and the complete research report.

3.5. DATA ANALYSIS

The data that resulted from the transcribed interviews was analyzed using content analysis, which is a technique used to study human communication of various forms (Babbie, 2004). More specifically, thematic content analysis was used. This type of analysis examines the presence or repetition of particular words or phrases in texts in order to make inferences about the author's or speaker's message (Babbie & Mouton, 2001). Thematic content analysis is systematic and allows for large amounts of text (such as the text that resulted from the transcribed interviews) to be placed into categories or themes based on pre-determined rules of coding (Berelson, 1952; GAO, 1996; Krippendorf, 1980 &Weber, 1990 as cited in Stemler, 2001). This systematic process of coding and theme identification also allows for the "subjective interpretation of the content of text data" (Zhang, 2006, p.1).

It is important to note that the process of analyzing the data in line with the guidelines for thematic content analysis involves active and subjective input by the researcher (Braun & Clarke, 2006). As such, themes are not believed to simply emerge from the data and in fact were selected by the researcher based on the research questions that directed the study. To emphasize this point, Braun and Clarke (2006, p.80) present the following quote from Ely *et al*. (1997), "If themes 'reside' anywhere, they reside in our heads from our thinking about our data and creating links as we understand them." Thematic analyses can be conducted according to an essentialist-realist method, constructionist, or contextualist method (Braun & Clarke, 2006). The method followed in the current study was essentialist-realist in approach. This means that the aim of the analysis was to "report experiences, meanings and the reality of participants" (Braun & Clarke, 2006, p.81).

Braun and Clarke's (2006) guidelines on how to conduct thematic content analysis were followed in the data analysis phase of the research. The first step of the data analysis phase proposed by Braun and Clarke (2006) and followed by the researcher involved familiarization or immersion with the data. This involved transcribing the data verbatim, and reading through the resultant transcripts twice in order to gain an understanding of the breadth and depth of the material. The second step followed involved the generation of initial codes. According to Zhang (2006), while thematic content analysis

allows researchers to interpret the social reality of the participants in a subjective manner, the validity of the inferences made is only ensured when a systematic coding process is adhered to. Thus Braun and Clarke's (2006) coding process was carefully engaged with. According to them, codes are used to identify an extract of the data that can be assessed in a meaningful way and that is of interest to the researcher and relevant to the research questions. The researcher coded the entire data corpus and then collated the corresponding data extracts under the heading of each code. Because according to Bryman (2001, cited in Braun & Clarke, 2006) one of the criticisms of coding is that often the context is lost, the data extracts were coded with some of the surrounding text. The data was coded based on both semantic and latent content. This meant that it was coded for both the implied meaning of the speaker's message and the actual words and phrases used (Babbie, 2004). Data extracts were not used in a mutually exclusive fashion and where applicable, were coded more than once.

The third step followed in the data analysis phase involved searching for themes. "A theme captures something important about the data in relation to the research question, and represents some level of patterned response or meaning within the data set" (Braun & Clarke, 2006, p.82). In line with the guidelines, the codes were re-examined and were combined to form overarching themes. Researcher judgment is always used at this stage to determine what constitutes a theme as there are no rules regarding what proportion of the data set has to display evidence of a theme for it to be named as such (Braun & Clarke, 2006). In the current study, the number of participants that had extracts falling under each of the themes is stated under each sub-heading in Chapter four. As such the reader has a clear idea of the 'strength' of each theme. More importantly for the researcher, however, was that themes relevant to the research questions be included. This is in line with the type of thematic analysis chosen by the researcher. According to Braun and Clarke (2006), themes can be chosen based on the inductive or the theoretical approaches. This research employed the theoretical approach which is quite a heavily researcher driven process, in that codes and themes are developed for specific research questions as opposed to the codes leading to the formation of research questions. Table 2, presented in chapter 4, illustrates how each of the final overarching themes relates to the research questions. This table also shows the subthemes that emerged from the overarching themes during the third and fourth phases of analysis.

The fourth phase entailed reviewing the themes (Brain & Clarke, 2006). This involved re-reading through all the coded data extracts within each theme and checking for coherence whilst noting inconsistencies and contradictions that may be relevant. It also involved reading across the themes to ensure that there were no overlapping themes. Some areas of repetition were in fact found and these

themes were then joined. Braun and Clarke's (2006) fifth step entails defining and naming the themes. While the researcher had chosen to name the themes in the previous step, the names were reworked where necessary. In this stage, coherent narratives were also formed in relation to the coded extracts within each theme. Care was taken to not merely paraphrase the data but rather to identify what it is that is interesting and important about it, and how the data links to the research questions. Finally, the results and discussion sections were written up using the themes as the template for these sections. Coded extracts were carefully selected for inclusion in the report along with the narratives formed in the previous stage. Literature was also added in this phase to cement arguments and illustrate points made.

3.6. ETHICAL CONSIDERATIONS

The researcher enforced a number of measures in order to ensure that the participants were not harmed in any way as a result of their participation in this study. Firstly, all participants were informed of their right to refuse to participate. They were also informed that they would not benefit nor sacrifice anything as a result of participation. The participants' right to withdraw from the study at any point was emphasized to them, as well as their right to choose not to answer any questions. All of this information along with the nature and purpose of the study was verbalized to prospective participants and was also presented to them in writing as part of the subject information form.

Participants were required to give written consent to be interviewed as well as to be audio-recorded before the commencement of the interviews. The data was respectfully used for the purposes of this study only and was not distributed negligently or with the intention of causing harm. The only people with access to the tapes and transcripts are the researcher and her supervisor.

The participants are not anonymous to the researcher, and as such anonymity was not guaranteed. However in an attempt to ensure that the participants remain anonymous to the readers, all transcripts have been sanitized. All details that may identify the institution at which interviews were done, the participants, their co-workers, or individual children were removed from the transcripts. The quotes included in the research report were also sanitized of all of these identifying details but, as consented to by the participants; their statements have been presented verbatim, which may be a further limit to anonymity. The direct quotes used in the research report also presented limits to confidentiality. Participants were however made aware of these limits, both verbally and in writing as part of the consent to be interviewed form (see Appendix C).

In terms of interviewing the participants, the researcher took great care not to lead participants, but rather attempted to ensure that their own thoughts and perceptions were captured during the interviews.

CHAPTER 4

RESULTS AND DISCUSSION

This chapter outlines the themes that resulted from the thematic content analysis of the transcribed interviews. These themes are first presented in tabular form below. This table indicates how the overarching-themes and sub-themes are linked, and also shows how each theme relates to a relevant research question. The themes are then discussed and the findings are interpreted with support of the literature presented in the literature review.

Research Questions	Overarching Themes	Subthemes
What are the general perceptions of caregivers regarding attachment in institutionalized children?	**4.1.** Child-Caregiver Attachments	**4.1.1** Attachments Develop through Spending Time
		4.1.2 Preferred Attachments in the Nursery
		4.1.3 Negative Perceptions of Attachment
		4.1.4 Attachment as being Positive
	4.2. Factors that Facilitate Attachment Relationships	**4.2.1** The Enjoyment of Interacting with the Children
		4.2.2 Emotional Gain
		4.2.3 Social Support
	4.3. Factors that may Impede Attachment Relationships	**4.3.1** Insufficient Staff
		4.3.2 The Emotional Toll of Knowing the Children's 'Stories'
What personal qualities and behaviours do caregivers perceive to be important in relating to children?	**4.4.** Important Caregiver Qualities and Behaviours	**4.4.1** Communication
		4.4.2 Loving and Caring
		4.4.3 Avoid Displaying Negative Emotion
		4.4.4 Meet Children's Needs

What are caregivers' perceptions of children who display behaviours suggestive of attachment difficulties?	**4.5.** The Patterns of Behaviour Displayed by the Nursery Children	**4.5.1** Withdrawn Behaviour and Excessive Crying
		4.5.2 Indiscriminate Friendliness
		4.5.3 Aggressive Behaviour

Table 2: Relationship between research questions, overarching themes, and subthemes

4.1. CHILD-CAREGIVER ATTACHMENTS

During the interviews, the interviewer did not use the term attachment, unless this term was used by the participant first. This was done in order to avoid leading the participants and also to ensure that both the interviewer and participants were referring to the same concepts during the interviews. This was deemed important because what is meant in theoretical terms by 'attachment' may not be equivalent to the participants' understanding of this construct. Thus the data presented throughout this section was obtained primarily through the analysis of the participants' answers pertaining to questions regarding children in the nursery having 'favourite caregivers'. However, codes that resulted from other areas of the data corpus were certainly included where applicable. The term 'favourite caregiver' was used as it related to the concept of preferred or focused attachment as presented in the literature review.

The formation of a focused attachment in children is described as extremely important in attachment literature (Zeanah, 1993). This emphasis stems from the idea that a focused attachment to a caregiver is the basis for the formation of any type of attachment relationship (Bowlby, 1952, 1988). Without a particular attachment figure, at whom the child can direct attachment signals and who can provide a secure base effect for the child, no attachment relationship will unfold (Bowlby, 1988). In the following sub-sections, the participants' perceptions regarding preferred attachments with the children under their care are presented as an introduction to their general perceptions regarding attachment formation. In subsequent sections, their perceptions regarding more specific areas relating to attachment theory are presented.

4.1.1. ATTACHMENTS DEVELOP THROUGH SPENDING TIME

The participants were all familiar with the idea of children having a favourite caregiver and they had several ideas as to how such preferred attachments develop. Interestingly, all eight of the participants focused on things that caregivers do which lead to the children preferring them to other caregivers. Thus what seems to be inferred in all of the sub-themes below is that the participants acknowledge

the importance of their role in forming specific kinds of relationships with the children. This is positive in light of attachment theory, which consistently reinforces the idea that the mother exerts a disproportionate role over the mother-child relationship (Belsky, 1999). Thus it is the mother or primary caregiver who is mainly responsible for forming a secure attachment bond with the children under her care (Zeanah & Fox, 1994).

The participants felt that preferred attachments between children and caregivers in the nursery unfold as a result of caregivers spending time with the children. All eight participants explained that those children who come to favour specific caregivers, do so because the caregivers spend a lot of time with them. What seemed to be implied across the participants' comments was that this was 'special' time, between just a specific child and caregiver and that interactions in this time were of a caring or loving nature. For example, two of the participants explained that preferred attachments occur when caregivers often play with the children. Another participant (P7) stated that a child might grow to favour a caregiver that spends time plaiting her hair the way she wants it to be done. P7 stated: "*Maybe you always plait that one if it's a girl, you do her hair correctly, ja.*"

P5 spoke of developing preferred attachments with the children whose development she is specifically assigned to monitor. She seems to feel that her task of monitoring these three children leads her to observe them more closely and spend more time with them than other children. P5 explained how this has led her to bond with these three specific children more than the others, and how this in turn has led them to want to be with her specifically. P6 also spoke of children coming to favour her as a result of her spending a lot of time with them. For example, she explained that when a child is sick and she focuses her attention on that child, very often she will come to be preferred by that child. She also gave an example of a child who was not eating well. As a result, P6 decided to feed her herself daily which she feels has now lead to that child always wanting to be with her.

This concept of caregiver and child spending time together as being a precursor for the formation of attachments, as spoken about by all eight of the participants, relates well to attachment theory. Bowlby (1952) stated that attachment relationships develop when a "warm, intimate and continuous relationship" is provided for the child by the mother or suitable mother substitute "in which both find satisfaction and enjoyment" (p.67). Bowlby (1952) added that focused attachments develop when the caregiver is consistently available, both physically and emotionally, to meet the child's attachment needs. Thus, like the participants, Bowlby (1952) refers to the idea of spending time with children in order to foster attachments. He also states that this time has a specific quality to it and that it involves

warmth, and enjoyment, as well as the meeting of children's needs. These ideas were also present in the participants' narratives. Where the participants described the time spent with children that leads to preferred attachments, they consistently implied that this time belongs only to the child and caregiver, and that it is interactive and caring in nature. They further stated that this special time involves giving the children what they want or need both physically and emotionally, which again is congruent with Bowlby's (1952) hypotheses regarding the formation of focused attachments.

The fact that it is necessary to spend sufficient time with children in order to develop focused attachments is important. It suggests that within the institutionalized setting, where caregivers' time is limited, not all children will have the opportunity to develop preferred attachments. This was directly spoken about by P2. While she, like the other seven participants, spoke of spending time as a reason for focused attachment, she also stated that 'insufficient time' was an explanation for why many of the nursery children do not seem to form this type of attachment. P2 compared the more 'conventional' home environment with the institutionalized setting where she explained that when a child stays at home with his/her mother, the pair bond and separation is very difficult. P2 stated: "*Because you see if, if you stay with your baby at home, the baby gets used to you around, so you have a bond with your child. So, it is difficult to separate a baby from her mother."*

P2 then contrasted this with the picture of the nursery environment. She explained that while some children in the nursery do form preferred attachments, the formation of these attachments is harder in this environment. She stated that this results because there is insufficient time for caregivers to spend with the children to allow the children to get "used to" any of them. *"…but here they are not used to anyone. So, anyone who comes in they think like: "Yay mommy is here" you see."* P2 explained that her insights around these differences between home reared and institutionalized children have come from her experience in pediatric nursing. In the hospital setting, she observed biological mothers interacting with their children, and she compared these interactions with how the nursery children respond to their caregivers. She seems to have concluded that insufficient time with the nursery children leads many of them to be unselective as to who provides them with care and attention. P2 believes that these children then feel that anyone can perform the role of "mommy", whereas home reared children are much more selective as to who can 'mother' them.

Thus, what has been seen in this theme is that the participants have a broadly accurate understanding of the means through which focused attachments develop, and in some cases fail to develop. What is possibly more important, however, in light of attachment theory, is the meaning that the participants

as caregivers make of such attachments. This is because it may be of little use if participants have insight into how to attach to the children, but fail to do so because they attribute negative implications to such connections. The participants' perceptions of these focused attachments is thus presented below, but is preceded by a summary of whether they believe the children in their care exhibit such attachments.

4.1.2. PREFERRED ATTACHMENT IN THE NURSERY CHILDREN

The participants were directly questioned on whether or not the children under their care have "favourite caregivers", which relates to the terms "preferred caregiver" or "attachment figure" in attachment theory. Seven of the eight participants stated that some of the children do have favourite caregivers. For example P7 simply stated: "*Ja, it does happen. It does happen. One just sticks to one.*" P2 and P6 both provided examples from their personal observations. They had this to say:

P2: … *but I've seen one, I've seen D… she was connected to M* [one of the caregivers], *the one who is doing night duty. When M comes in D would recognise her and she was only 7 months only, and she would stand by her bed, she would scream you know, she would want her to pick her up. If M puts her down she would call after her. So, I've seen that.*

P6: *Yes, they do, like the very one M* [a child in the nursery], *there is a caregiver who is not here, T. If she comes in she will be running to T and there's nothing that you can do. You won't feed M, you won't do anything…*

Those participants who felt strongly that some of the children do have attachment figures, allow us to hypothesize that some attachment relationships may occur within this particular nursery setting. This is further illustrated in all of the quotes presented above regarding the preferred attachment that the participants have either experienced themselves or observed. For example, P5 spoke of a child clinging to her and not wanting to go to other caregivers, P6 referred to children running to specific caregivers when they see them, and P2 spoke of a baby as young as 7 months recognizing a particular caregiver and screaming for her. All of these statements describe attachment behaviours as defined by Belsky & Cassidy (1994 as cited in Howe *et al.*, 1999). Furthermore, within these quotes are indications of attachment behaviours, directed at attachment figures, which is the basis of an attachment relationship (Zeanah *et al*., 1993). This suggests that at least some of the nursery children have formed attachments with specific caregivers.

While seven of the participants did state that focused attachments do take place with some of the children, two of these seven also made contradictory statements regarding whether or not the children have preferred attachment figures. For example P3 answered the question regarding whether or not the children have favourite caregivers by stating: "*They feel close to all of u*s". She went on to explain why "favourites" do not occur between the children and the caregivers. However later in her interview P3 contradicted herself and stated: "*They call everybody but most of them they call, they have got a favourite…Like T, she likes S more."*

A similar pattern of contradiction was found in P5's narrative. P5 initially described how she herself has experienced being closer to some children than others and as a result of this, she has found that these children have come to prefer her to other caregivers. She stated: "*Ja, ja, but now at times by so doing he wouldn't like to go to the other caregivers, he will always look for me."* However later in P5's interview she was asked directly whether or not the children prefer specific caregivers to which she answered: "*No, I don't think so…In my group… in my group they all come to us."*

These conflicted participants reflected clearly on their experiences or observations of children who have developed a degree of attachment to a specific caregiver. However, they appear to find it difficult to directly acknowledge that such attachments occur in the nursery. In the following sub-sections, the participants' perceptions regarding whether such attachments are negative or positive are presented. The negative perceptions that are widely held amongst the participants may serve to explain P3 and P5's difficulty in acknowledging that attachments between particular children and caregivers may occur.

4.1.3. NEGATIVE PERCEPTIONS OF ATTACHMENT

Caregivers' perceptions, regarding whether they thought focused attachments are negative or positive within the institutionalized setting, were explored. This data indicates the degree to which their perceptions are congruent with the tenets of attachment theory. Furthermore, this data may explain why some of the participants made particular interpretations of their own observations that were presented in the previous section.

An analysis of the data showed that seven of the eight participants felt that preferred attachment is problematic when displayed by the children under their care. Five of these seven participants partly attributed this view to the fact that they work on a shift system. As such they are not always available

to care for the children which could potentially have various negative consequences. For example P4 and P7 both spoke of how the children will be emotionally affected by the absences of their favourite caregivers. They stated:

P4: I don't think it is because when this particular person is not going on duty that child is miserable because she doesn't see the mother who likes her the best around.

P7: Because that one helper may not be in at some time and the child will be lost.

Also in relation to the shift system, P5 implied that preferred attachment would be problematic as it would be hurtful to the staff members on duty who are not favoured by the children. She explained: *"Ja, you see. Ja, that's what I don't, I won't feel happy about because I've got to be off, now what about the person who's on duty. Maybe she would like to hold the child and the child doesn't* [want to be held by her], *ja, it is not nice."*

These conclusions regarding the emotional impact that swopping shifts has on children may reflect the extent to which these participants have observed genuine attachments. This is because the degree of distress caused by separation is directly related to the strength of the caregiver-child attachment (Bowlby, 1979). Furthermore, in the above quotes, the participants seem to be referring to having observed anxiety that children who are separated from their attachment figures experience. This anxiety may be linked to the phases of protest and despair that Bowlby (1979) described as occurring in the event of maternal separation. The only way for these heightened emotional states to subside is either through time, and the move to what Bowlby (1979) called 'detachment,' or through the return of the caregiver as children are 'unreachable' in the phases of protest and despair.

It is thus understandable why five of the participants deemed focused attachments as negative in the context of the shift system. It seems that if caregivers avoid focused attachments with the children, as was suggested by 7 participants, according to the theory, these children are far less likely to respond emotionally upon separation at the end of the caregivers' shift. This may then leave the caregivers with a sense of ease or happiness as they may assume that because none of the children responded negatively to the shift change, they must be happy. Furthermore, in avoiding focused attachments, P5's concern regarding the inability of other caregivers to console children with whom they do not share a special attachment relationship, is also resolved on the surface. This is due to the fact that if caregivers do not form these focused attachments with the children, then it is likely that the children will respond with a specific behavioural style in the presence of all of the caregivers (Howe *et al*.,

1999). Without focused attachments, children will not change from feeling safe and calm to inconsolable when the shifts change, which may make it easier for the caregivers in general.

P5 seemed to feel so strongly that preferred attachments are negative within the nursery that she even described that in the event of these preferred attachments developing, she will attempt to distance herself from the child that prefers her. She explained that she does this to ensure that the child can be looked after by other caregivers when she is off duty. P5 stated:"*Ja, ja, but now at times by so doing he wouldn't like to go to the other caregivers, he will always look for me. Now sometimes when I'm at work I must just make as if I, you know (laughter), I'm not interested in her today and then I just want to see how is she going to behave..."* This statement by P5 not only reflects the degree to which she feels focused attachments should be avoided, but also indicates that she is not particularly concerned with the impact that her inconsistent behaviour has on children who have become attached to her. This lack of concern is suggested by the relaxed manner in which P5 spoke of this issue and the fact that she laughed when reflecting on her behaviour. She seemed to find the confusion her inconsistent behaviour caused for the children amusing. This may be of some concern as this type of inconsistent caregiving is highly related to the formation of insecure attachment styles; and is particularly correlated with insecure-ambivalent classifications in children (Zeanah *et al*., 1993). Belsky (2005) states that caregivers of insecure-ambivalent infants are usually inconsistently sensitive to their babies' needs and are unpredictably unresponsive. This type of caregiving seems to be exactly what P5 has described in the above statement which may indicate the need for an intervention around this.

Therefore, what may be concluded thus far is that the participants perceive focused attachments to be negative in the institutionalized setting, because of the emotional and practical difficulties that result for both children and caregivers when shifts rotate. P5 seems to want to avoid these complications to such a great extent that she at times purposefully tries to sever attachments that have formed or are forming.

P2 provided a different but seemingly related reason for why focused attachments in the nursery were negative. P2 explained that it is negative for their children to have favourite caregivers because children without a close bond to a mother are easier to care for than those who "*need to be beside her mother*". P2 stated that she has seen attachment between mother and child in the hospital setting which made it difficult to care for these attached children. Based on this experience, P2 seems to feel that such preferred attachments would make it very difficult to look after institutionalized children.

P2's point seems very valid and in fact describes the nature of a securely attached child, where the presence, and later the internal representation, of the mother, is essential in order for the child to feel safe (Bretherton, 2005). It follows that within an institutionalized setting where there are already so many demands placed on the caregivers, any behaviour or relationship that adds pressure would likely be seen as negative and even as something to be avoided.

A final reason was also presented by the participants for why focused attachments are negative. Two participants felt that children "can't" have favourite caregivers, because caregivers don't favour any of the children. This was given as a reason by P1 and P3 who stated:

P1: It means that we didn't care for the child if there is only one favourite…we didn't choose, maybe she cares for that one, we care for all of them.

P3: It is because we don't make a difference between them. If you give one a sweet you must give them all, not one child, you must give them all… we don't have a favourite child.

It seems here that the participants are quite conscious of and anxious about treating specific children differently. Perhaps this anxiety stems from the fact that these caregivers are not the biological mothers of any of the children. Thus unlike in the case of a biological mother, where it is natural and in fact expected of the mother to focus on and attach to her baby (Bowlby, 1952), the same may not apply to caregivers. This may be especially true where they are caring for large numbers of children at one time. In the nursery where there are thirty children being cared for by usually three caregivers at a time, it makes sense that 'favouritism' is not encouraged and that all children receive equal care and attention. This may be seen partly as a professional and ethical commitment by the caregivers put in place, even just in theory, in order to perform their jobs as caregivers well and fairly.

With all of the above reasons given by participants for why they feel preferred attachments are negative within the institutionalized setting, it is significant that seven of the participants also stated that these attachments do occur, as discussed in section 4.1.2. It could therefore be hypothesized that when caregivers themselves develop 'favourites' or form attachments with specific children, this would happen more as a function of the caregivers' needs and personality, and how these interact with the child's temperament, than of an intellectually driven decision (Main *et al.*, 2005; Noppe, 2000). This issue of whether or not caregivers should attempt to form attachment relationships with the children under their care is interesting and complex; both theoretically and in light of the participants' quite convincing arguments regarding why they should not attach to the children.

The participants' conclusion that attachments 'should not' occur may however be problematic. They provided valid points stating that attached children may be more difficult to care for in the institutionalized environment, that it may be unprofessional or unethical to have 'favourites,' and that these children get hurt when their attachment figures are absent. However, research has shown that even within an institutionalized setting, providing children with affection and warmth consistently, which is the basis of an attachment relationship, helps encourages their development (Bowlby, 1952). It has been found that these children do not develop as optimally as children with less competition for an available attachment figure, but better than institutionalized children with little or no emotional input (Bowlby, 1952). Dontas *et al.* (1985) also maintain that even though it is rare, it is possible to create focused attachments with children in institutionalized settings. These authors believe that such attachments are important as they lead to optimistic developmental outcomes for the children concerned.

These positive developmental outcomes may be mediated by the impact that early attachment has on the formation of life-long, coherently organized and adaptive internal working models (Bretherton, 2005). Other components of attachment theory such as the secure base theory and the neurobiology of attachment, also provide ample support for the idea that a preferred attachment is imperative in the early years, regardless of the setting of upbringing (Balbernie, 2001; Bretherton, 1991; Siegal, 2001). It might then be concluded that some attempt to attach to the children, or even some of them is better than none, even within the institutional setting with all of the obstacles highlighted by the participants.

4. 1.4. ATTACHMENT AS BEING POSITIVE

P6 was the only participant who felt that children favouring specific and selected caregivers is positive. This participant stated: *"I think it's healthy. Why I think it's healthy is because always you know you have got one mom, so most of the time like if you hold the child and he sleeps on your chest, he gets the warmth of your heart, he gets the warmth that he would be getting from the mother. So, they feel the warmth and they feel that they are being loved, and that's why they choose one person unlike all the people."*

P6 seems to understand focused attachments as being healthy because it approximates the mother-child relationship; or rather her perceptions of what a mother-child relationship should be like. Unlike the other seven participants, P6 felt that even within the institutionalized environment,

caregivers should strive to provide attachment relationships. She believes that such attachments provide a child with "*the warmth that he would be getting from the mother"*. She thus seems to feel strongly about the need for children to have the experience of a "warm, intimate, and continuous relationship" as described by Bowlby (1969, p.67). This view is vastly different from the view of the other seven participants who felt that, due to the special circumstances of the institutionalized environment, preferred attachments "*shouldn't happen*" (P7). These seven participants thus seem to value the avoidance of the obstacles that attachments may cause over the provision of the type of close emotional relationship children are thought to need (Belsky, 1999; Bowlby, 1952, 1969; Fonagy *et al*., 2000; Zeanah & Fox, 2004).

As discussed above, this issue is a debate which seems to be represented in the results of this research. The results have, however, shown that participants are much more united in their belief that preferred attachments within the institutionalized setting are negative, which is not congruent with attachment theory's tenets or the findings of some studies (Dontas *et al.,* 1985). This may indicate the need to train caregivers regarding the importance of focused attachments.

4.2. FACTORS THAT FACILITATE ATTACHMENT RELATIONSHIPS

The participants provided meaningful information regarding factors that may aid in facilitating child-caregiver attachments, and those which may hinder attachment formation in the institutionalized environment. In the above sub-section it was seen that a possible obstacle to attachment within the nursery may relate to the negative perceptions that the caregivers have of such attachments. Seven of the participants did however state that these attachments do occur regardless of these perceptions. Thus, in this subsection the factors that may facilitate such attachments are discussed. Much of the data used to form the sub-themes presented here was yielded from the participants' answers to the question regarding what they enjoy most about their jobs. It was found that themes regarding the enjoyable aspects of their work, related very well to concepts found within attachment theory that may facilitate attachment formation. It must be noted that the participants were not questioned regarding what factors they thought promote attachments. Rather, from the data surrounding their lived experiences of working as caregivers, the researcher was able to hypothesize about factors that may encourage attachment formation and the means through which they may do so. The analysis revealed that caregivers' enjoyment in spending time with the children, the emotional gain they experience as a result of these interactions, and the social support offered to caregivers by the institution, may all be factors that facilitate attachment relationships.

4.2.1. THE ENJOYMENT OF INTERACTING WITH THE CHILDREN

In section 4.1.1, the theme centered around the idea that when caregivers spend time with the children, focused attachments develop. This sub-theme is somewhat related, as it again incorporates the idea of time, but differs from theme 4.1.1 as here the emphasis is not on time, but rather on the fact that the participants unanimously spoke of how they enjoy the interactions that they have with the children. It is pointed out in this theme that it may be this enjoyment that caregivers experience that may promote attachment security in the children.

All eight participants spoke about their feelings of love or enjoyment in interacting with the children under their care as being the main reason for finding pleasure in their work. Their statements ranged from simply emphasizing the fact that they loved spending time with the children to more thorough descriptions of the types of things they enjoyed doing with the children. For example three participants spoke specifically of the fact that they really enjoyed playing with the children. This is exemplified by P3's response to a question regarding what she enjoys about her job, to which she stated: *"I enjoy playing with them."* P5 shared that she finds pleasure in feeding and bathing the babies. She stated: "*I like feeding them especially in the morning when I bath them…There is this one who doesn't want to come out of the water (laughter) and then now you can't keep her in the water for a long time. You've got to bath her and then take her, then "oooh" he's just crying. Alright I put her in the water for a while, then he starts kicking the water, or splashing the water like this. It's so nice watching her do that (laughter)."* This quote seems filled with genuinely happy emotion as P5 reflects on the enjoyable parts of her job.

A further four of the participants emphasized that they really enjoyed spending time with the children in order to simply observe their development, capabilities, and pleasing babyish behaviour. For example P4 spoke specifically about monitoring developmental milestones and how pleased she becomes when progress occurs: "*I don't know what to say, but at times I like observing these small ones. I never know the milestones, how do they go about and so on. So, since I'm here I am observing them. Like for instance the child comes in like a very, very small one, she's just a baby and then as the time goes on she's starting seeing you, she's starting smiling…So, I like watching them with their milestones, that is the nice part of it."* P8 also spoke of how she enjoyed watching developmental progress "*Yes, Yes, I can see…If a child can do this, if say he's three months and he can do this, it is something which is very nice!"* P2 was another one of the four participants who described observing the children as something that she enjoyed. However, unlike the participants quoted above, she focused more on observing the emotional progress made by children after being

placed in the nursery. P2 stated: "*You know some of them they were abused, so you would see the mood of the child, you see whether he or she is improving or what. You observe the baby closely to see whether he or she is adjusting to the environment. Yes, then you will know the difference if the baby is happy or not."*

Thus all eight of the participants described how an enjoyable aspect of their job entails spending time with the children. This spending time included just being with the children, like P3 stated: "*I like to stay with them also, to be with them*." This enjoyment from spending time with the children also stemmed from playing with the children, caring for them and observing them closely. What the caregivers seem to be describing in this theme is a seemingly natural pull to interact with the children. This may aid in the facilitation of attachments because if spending time with the children is something that the caregivers enjoy doing, they may be more likely to attempt to do it, even under difficult circumstances. In addition, children are able to interpret caregivers' emotions and resultant behaviour and learn to respond accordingly (George & Solomon, 1996). This suggests that it is insufficient for caregivers to simply spend time caring for children. Instead, it is essential for them to approach all tasks with genuine positive emotion in order to encourage feelings of safety in the children, and therefore some degree of attachment. This is emphasized by Bowlby (1952) where he explains that in order for children to not experience maternal deprivation, they not only need a warm, loving and continuing relationship with a caregiver, but within this relationship both must "find satisfaction and enjoyment" (p. 67). The fact that the participants seem to genuinely enjoy interacting with the children, which can be seen as a prerequisite to attachment formation, is thus positive. It does, however, not guarantee attachment security which also depends on several other variables such as the provision of sensitive, secure base style caregiving (Bretherton, 1991, 2005; van den Boom, 1994).

Another positive indicator for attachment formation may be found in the fact that four of the eight participants specifically mentioned enjoying observing the children. This is positive in light of the fact that the caregiver's role in facilitating the attachment relationship centers around careful observation of the child in order to gain a good understanding of that child's emotional and physical state (van den Boom, 1994). Notably, the four participants who spoke of their keen interest in observing the children all had nursing training. It may be as a result of their knowledge and or interest in child development that these participants experience enjoyment in observing the children. Regardless of the reason for this interest in observing the children, this in itself may facilitate sensitivity in responsiveness, and thus attachment, as it makes caregivers more likely to be able to

formulate appropriate responses (van den Boom, 1994).

Overall, the above factors described by the participants regarding enjoying time with the children can be seen as potentially encouraging attachment formation. The findings presented in this section may indicate that activities that the caregivers enjoy doing with the children, such as playing, should be encouraged, as long as these activities are appropriately sensitive to the children concerned. Analysis of the data revealed a possible explanation for the finding that caregivers enjoy their interactions with the children. It was found that part of the reason the participants unanimously spoke of enjoying the interaction with the children may be because of the way such interactions make the caregivers themselves feel. This is discussed in a separate sub-section below as it not only explains the findings in this section, but also acts as a factor that in itself may encourage attachment formation with the children.

4.2.2. EMOTIONAL GAIN

Five of the eight participants who attributed their enjoyment at work to their love of being with children stated that they enjoy the company of the children because of how the children make them feel. A further two participants, while not explicitly stating that interacting with the children is accompanied by some form of emotional satisfaction, seemed to imply this in their narratives. Thus in total, seven of the eight participants may enjoy interacting with the children under their care, partly because of the way this makes them feel.

While the emotions described by the participants in relation to the children differed, a theme was formed based on the fact that enjoyment that stems from spending time with the children, in part has to do with what caregivers gain emotionally. For example P2 spoke about how she gains emotionally from being around the children as they lift her mood. She stated: *"Because you can see if you are getting here in the morning and you are in this mood you know…They play with you, they do all sorts of things to you, you know, so that mood lightens up and you begin to be a normal person again."* P3 inferred that she benefits emotionally from the children as she described how she feels when playing with them: *"(Laughter). I feel happy myself… I feel comfortable with them."* While along similar lines, P6's gain seems to be a little different. She follows a statement about how she enjoys playing with the children with an acknowledgement of how this type of interaction makes her feel confident in her work. She stated: *"… but sitting down on the floor, let them lay on me, do rhymes, say this, do that. So, it's fine I feel like I'm doing a really great job."* It seems that for P6, interacting with the

children, and possibly witnessing their responses to her, provides her with positive feedback about her behaviour and thus possibly increased confidence.

As indicated above, while only five participants directly spoke of the emotional gain that results from being with the children, in another two of the participants' narratives, indications of some emotional gain as a result of spending time with the children are evident. For example, P4 smiled and laughed as she spoke about how she enjoys watching the children, while P8 presented a similar happy emotion while she spoke of how she loves the children and reminisced on some of the behaviours they engage in at the institution. P4 stated: *"The most part I like from them it's when they are looking at their hands, they will do this most of the time and you can see that they are wondering what is this. Their hands. I like that one because you find them so concentrating (laughter)."*

The emotional gain that the majority of participants seem to experience from their work may make their jobs as caregivers easier in an otherwise emotionally draining and difficult environment (Rutman, 1996). These emotionally gratifying states that result from being with the children may also encourage direct interaction with the children, which is positive in the light of attachment theory (Bowlby, 1952, 1969). The risk of course is that the caregivers could potentially strive to form a relationship with the children in ways that make them, instead of the children, emotionally comfortable. When caregivers consciously or unconsciously shape the relationship with children based on their own feelings and motives, insensitive caregiving ensues and attachment security may be compromised (Howe *et al*., 1999). This often occurs with adults who themselves had or still have attachment difficulties and, in accordance with the intergenerational nature of attachment, has been found to result in corresponding attachment difficulties in the children under their care (Steele & Steele, 2005).

However, from the above described narratives, the participants seem to be responding appropriately to the children's emotions. For example they are happy when the children are merrily engaged in play. While not the topic of this sub section, participants also spoke extensively of feeling worried in certain instances where children seemed unwell or unhappy. This further indicates the appropriateness and empathetic nature of emotional responsiveness, which can serve as an asset in attaching to children (Belsky, 1999; Siegel, 2001).

4.2.3. SOCIAL SUPPORT

What is discussed in this section was not found to be a theme in the data. However, the topic of social support is briefly outlined here because it provides valuable information regarding another possible factor that may encourage child-caregiver attachment in the institutionalized setting. The finding in this section also highlights the importance of considering an ecological perspective, even when focusing on a bio-psychological model such as attachment theory, and indicates that social interventions to caregivers may result in increased attachment security in children (Mangelsdorf, 1990).

In describing what she enjoys about her job one participant (P7) spoke about how she likes that the organization as a whole is warm and supportive. She included the management team as well as other members of staff; even those who were not directly involved in the nursery. P7 seemed to feel that this support added to the enjoyment of her work as it lightened her load by helping her to feel that the caregivers in the nursery are not solely responsible for the children there. She also seemed to feel nurtured and cared for by the organization as a whole, which may add to her job satisfaction and explain why she describes the organization as a reason for her enjoying her work. Presented below is what P7 responded when asked what she enjoys about her job:

P7: Firstly I would say the management here when I came, they were so warm and welcoming me when I came here, ja…Everyone doesn't say I'm not working here in this department. Whenever one passes here she has something to say to the baby or just take the baby… I enjoy it, to see that this is not just a nurse's work.

P7's quote above suggests that with positive input by the micro and macro systems (as defined by Bronfenbrenner, 1979 as cited in Dalton, Elias, & Wandersman, 2001), she feels less isolated in her job. She also seems to interpret the increased support as alleviating some of the strain of caring for so many children. This statement is very meaningful in light of research done by Crockenberg (1981) which found that one's social support network, which includes all those people who engage with the individual physically or emotionally, has a great bearing on attachment formation. Crockenberg (1981) found that social support promotes attachment security because it decreases caregivers' feelings of being overwhelmed and in need of help. This in turn positively impacts on maternal responsiveness (Crockenberg, 1981). The study did however show that social support has been found to be most important in stressful conditions; perhaps such as those found in the institutionalized setting where the current research took place. Thus what is indicated by P7's narrative is that she seems to have experienced the benefits of social support within the caregiving environment in which

she works; particularly in terms of how these benefits have impacted on her emotionally. What she may not be aware of is the potential for this impact on her emotional state to translate into increased behaviours that encourage security of attachment in the children under her care. This finding indicates the need for social support for caregivers working in institutionalized settings, which is something that Rutman (1996) also found when specifically investigating factors that may increase professional caregivers' wellbeing.

4.3. FACTORS THAT MAY IMPEDE ATTACHMENT RELATIONSHIPS

In the following subsections, factors that may impede child-caregiver attachments in the institutionalized setting are discussed. The data that facilitated the creation of this theme mainly emerged from the participants' answers to questions regarding what they found difficult about their job. It was found that the difficult aspects of the participants' lived experience of caregiving spoke very well to ideas put forward by attachment theory regarding factors that may impede attachment formation.

4.3.1. INSUFFICIENT STAFF

Six of the eight participants stressed the fact that there was an inadequate number of staff allocated to the nursery where they have to care for 30 children. They all stated that on a normal shift, only three caregivers are on the floor to care for all of the children. This makes the usual child to caregiver ratio 10:1. According to Chisholm (1998), this ratio is not sufficient to promote attachment formation in children. She demonstrated this by studying Romanian orphans who had the same child to caregiver ratio. Dontas *et al.* (1985) argue that optimal caregiver to child ratio in an institutionalized setting is approximately 1 caregiver for every two children. The six participants who spoke of there being an inadequate number of staff, described a number of ways in which having insufficient staff impacts on them directly and on their ability to provide the children with optimal care. What is described in this subsection is the means through which the impact of having insufficient staff may prove to be an impediment to attachment formation in the children.

Firstly, all six participants who stated that there was insufficient staff, explained that this was especially problematic in light of the fact that they have several tasks to perform, other than just hands-on care for the children. For example, very often children need to be taken to the clinic and caregivers have duties like preparing meals and attending meetings. All six participants who felt that there was an insufficient number of caregivers employed, appeared to feel that in meeting their

various other obligations, the children were disadvantaged. They also felt that in meeting these other obligations, the staff members who remain on the nursery floor, are overburdened with the task of monitoring all of the children and ensuring their safety. For example, P5 explained: *"It's because maybe the others are busy doing something, so maybe I'm the only one who's not as busy as the others, because sometimes we become so busy that there's nobody here, maybe you find that three children must go to hospital, maybe three or four here for immunisation. You find that you are left with two here. We are only two here. If there are no volunteers then we are going to struggle for the day."*

Attachments are difficult to form under such conditions. Secure attachments can only occur under conducive conditions, the least of which entails caregiver and child spending sufficient time together where the caregiver is emotionally attuned to the child (Bowlby, 1969, 1979). In the very time constrained and high responsibility environment described by the participants, it seems that not only is insufficient time with the children an issue, but the challenge of caring for so many children may also emotionally strain caregivers. This emotional toll that caregivers may experience may in itself be a factor that impedes attachment formation. The caregivers may experience difficult emotions such as anxiety and helplessness which may overwhelm them and render their caregiving systems inoperative (George & Solomon, 1999). They may also experience a low sense of competence and mastery in relation to their ability to care for the children, which has been shown to affect sensitivity of caregiving (van den Boom, 1994). Thus, in the event of emotional strain, caregivers may render insensitive care or become 'closed' to children's attachment cues, both of which may directly impact on children's attachment security (George & Solomon, 1999).

While the participants did not show any insight into the indirect impact that their own emotional states may have on the children, they were however concerned with a potential direct impact that this staffing situation may have on the children. This relates to the second stressor that the participants described as resulting from having insufficient staff. Four of the six participants who felt that an inadequate number of staff made their jobs difficult at times, stated that one of the main reasons for this is because it limits their ability to provide the children with adequate love, attention, and affection. All four of the participants who mentioned this spoke of the topic emotionally, as they appeared to find the inability to provide what they feel would be sufficient love, very difficult to deal with. For example, P1 tearfully stated: "*Maybe sometimes they are crying, maybe many of them, you can't hold them, you know... there's too many."* The fact that these four participants seemed pained because insufficient 'hands' are available to love the children may, in part, be positive in the context

of attachment. It implies that these participants understand the potential distress that children experience when their attachment cues are regularly ignored (Howe *et al.*, 1999). What the participants did not seem to grasp was the longer term and not just transitory nature of the impact of this emotional neglect. The participants thus seemed in touch with the immediate impact that unresponsive or inconstantly responsive caregiving has on children, but Belsky (2005) and Howe *et al*. (1999) warn that these caregiving styles may lead to any of the three insecure attachment styles in children. These attachment styles may have long lasting, if not life-long consequences, something that none of the participants seemed to predict.

As a means of remedying the issue of not being able to provide enough love and care to the children, the participants seemed to feel that the number of staff or even just helping hands should be increased in the nursery. P4 spoke about this extra help in the context of volunteers which they sometimes do receive. She said: "*No, I become happy when there are volunteers because at least they give the love that we can't reach to them, because you cannot do what is done by people when they come. Some of them they may come and then they will take child and sit with her, love the child and do everything.*" This idea and possibly even wish for more hands seems to stem from the acknowledgment of the types of needs the children have and from the caregivers' desire to lessen their own pain at seeing the children suffer. This wish for more hands does not, however, acknowledge the need for these helpers to be consistent, and in fact seems to imply that any love and attention on a sporadic basis is good for the children.

The need for consistency of caregivers is demonstrated by the fact that when children have severely unmet attachment needs, they only allow transitory figures to meet these needs to a limited extent (Bowlby, 1979). Children never gain maximum developmental benefits from these surface level interactions. This occurs because without a consistent attachment figure, the secure base effect is never gained and attachment needs are never fully met (Bowlby, 1988). The benefit of having permanent caregivers was shown by Dontas *et al.* (1985) who demonstrated the developmental benefits for institutionalized children that resulted when they had a limited number of consistent caregivers to whom they could attach. This study showed that consistency of care lead to these orphans having better developmental outcomes than orphans who were cared for by 'many hands', as is done in traditional orphanage environments (Chisholm, 1998; Dontas *et al*., 1985; Tizzard, 1977 as cited in Zeanah, 2000). Thus, the participants' feelings that increased staff would help, may only be constructive if these caregivers are employed on a full-time basis. The potential increasing of

volunteers, who may visit the institution sporadically, may however be a factor that promotes attachment difficulties.

Thus, overall, the participants seemed to find the undersupply of staff in the nursery very emotionally and physically taxing. This emotional strain may impact on their attachment relationships with the children either by shutting down their caregiving systems or through the impact that these feelings may have on their behaviour towards the children. While this indirect impact that insufficient nursery staff may have on the children was not noted by the participants, more direct impacts were better understood by them. This included the fact that, due to a variety of duties and obligations, they are often not able to provide the children with the love, care, and attention that they feel is necessary. The participants did, however, not seem to comprehend the long term impact that such emotional neglect may cause for the children, and were only in touch with the immediate distress that they observed from them. Finally, the participants expressed a strong desire for an increased number of caregivers on each shift which seems warranted in light of what has been presented. They may however need some guidance regarding the need for these staff members to be as permanent and full-time in nature as possible, as opposed to volunteers who may unwittingly undermine attachment formation.

4.3.2. THE EMOTIONAL TOLL OF KNOWING THE CHILDREN'S 'STORIES'

Seven of the eight participants expressed how difficult it was to make sense of how and why the children under their care ended up in the nursery. This theme was intensely emotional for all seven participants. For example P5 gave a passionate explanation regarding how some of the children come to be placed in their care.

P5: You know at first when I came here I used to cry every day, every single day asking myself how can a person abandon their child. After leaving her there where you left her, do you feel okay where you are, I think I can have sleepless nights, no, no, no. Putting a child in a plastic bag and throwing her, you know (sigh) or leaving her with someone, saying to that someone: "I'm coming back just now"- gone! Then they are not coming back again. What do you think about that child where you are? No.

P7 described the fate of the children under her care as follows: *"I didn't know that there were children who are just thrown away day 1 from their mothers. I only saw it here…It's bad. It's bad thinking that this child will grow not knowing the parents, the relatives, only knowing the institution here, no home environment."*

Much of the emotion in relation to this topic seemed to be fueled by the participants' own understandings of motherhood which may partially be a function of their own attachment histories (Steele & Steele, 2005), their active caregiving systems (Howe *et al*., 1999), and the social constructions of motherhood that they have been exposed to (Rutman, 1996). Participants seemed to be unable to cognitively integrate the idea that mothers can possibly "throw" away their children. For example P1 stated: "*It was my first time seeing them and I was thinking too much:* ***"Where are their mother…"*** *I was feel ashamed, if I can cry…cause if it was me…****you can't throw the child."*** P2 and P5 also emotionally expressed their confusion and disbelief regarding mothers abandoning their children:

P2: Yes, yes, because ***I don't understand why, why does a mother have to leave a baby*** *behind, why a mother has carried a baby for nine months, but at the end the baby has no mother. I don't understand it, and there's no one who can explain it to me unless the mother herself.*

P5: Ja, it does. It makes me cross. ***Why abandon a child when your parents didn't abandon you, why?*** *Why? If one can answer me that question, and I don't think they can be able to answer that question.*

Attachment theory may explain why these participants felt so strongly about mothers abandoning their children. According to Bretherton (2005), the kind of relationships the participants had with their own caregivers would lead to specific internal working models. These models would then shape their perceptions and interpretations of all areas of life, including relationships. The purpose of this study was not to ascertain what each of the participants' attachments were like with their parents or what their current adult attachment classification might be. However, what may be hypothesized is that due to the participants' general inability to understand and accept the fact that some mothers give their children up, they may have had attachment experiences that lead them to view their caregivers as able to provide security. They may therefore have developed working models of all mothers being like this. Conversely, it might be hypothesized that they received the opposite type of caregiving which may have caused them a degree of emotional distress or pain. Thus, they may project issues from their own attachment relationships into the relationships with the children they care for. This may be particularly true of caregivers classified as dismissing or preoccupied on the adult attachment interview system (Steele & Steele, 2005).

This view of all mothers needing to care for their children may also be driven by the participants' own instinctive caregiving systems. This system is thought to cause mothers to feel an instinctive pull to care for their infants (George & Solomon, 1999). If the participants' caregiving systems are

activated, they might find it difficult to understand other maternal figures who don't share this concern for their children.

Regardless of the means through which participants have developed this negative view of mothers who don't rear their children, it is important to note is that this negative cognitive view has emotional consequences for the participants. This is again in line with the theory of internal working models as these models exert influence on cognition, emotion, and behaviour (Noppe, 2000). This emotional toll on the participants may impact on the children under their care as the participants may allow their own emotional and cognitive states to lead them to make assumptions about the emotional states of the children. These assumptions may be based on what they expect the children to be feeling or based on what they themselves are feeling. This is not conducive to a secure attachment relationship as for this type of relationship to develop, the child needs to be understood based on what he/she is actually feeling; which is the core of the concept of maternal sensitivity according to Ainsworth (1973 as cited in Howe *et al*., 1999). Also, if the caregivers are overwhelmed by the emotion they feel in relation to knowing the children's 'stories,' this may lead to insensitive and unresponsive caregiving which serves to undermine attachment security (Steele & Steele, 2005). If they struggle to regulate these difficult emotions, any of the three insecure attachment classifications may result in the children (Belsky, 2005).

Finally, caregivers' inability to cognitively and emotionally integrate the children's stories may negatively impact on the children as it is the caregivers' task to engage in reflective dialogue and formulate coherent narratives for their children (Siegel, 2001). Both of these concepts relate to the idea that caregivers should help children construct meaning of their lives and help them to formulate integrated constructions of their thoughts, feelings and experiences (Siegel, 2001). If the caregivers' battle to understand and emotionally accept the children's life experiences, they may fail to perform these functions for the children. This may result in the children having poor autobiographical self-awareness and limited theory of mind (Siegel, 2001). This type of caregiving has also been associated with resultant insecure attachments in children (Belsky, 2005).

Thus the emotional impact that 'knowing the children's stories' has on caregivers may occur, at least partly, based on their own attachment experiences and current internal working models and caregiving systems. These strong emotional reactions may overwhelm caregivers and lead to a threat to attachment security in the children under their care. Secondly, the caregivers' failure to cognitively and emotionally integrate the 'children's stories' may also lead to attachment insecurity,

because it may inhibit their ability to provide reflective dialogue and coherent narratives for the children. These findings indicate the possible need for caregivers to be assisted in dealing with these cognitive and emotional reactions in relation to the children's life experiences.

4.4. IMPORTANT CAREGIVER QUALITIES AND BEHAVIOURS

P6: I would look for a person who, especially for the nursery, who would know much of nursing but don't use it as in hospital. Use it as using it at home, instead be a mother more than being a nurse.

As discussed in the literature review, an attachment is the property of both child and caregiver. The child-caregiver attachment is, however, disproportionately affected by the caregiver and is thought to be primarily a function of the caregiver's behaviour rather than of individual differences in children (Belsky, 1999; Zeanah & Fox, 2004). It is predominantly through providing maternal sensitivity to children that secure attachments are thought to develop (van den Boom, 1994). There are specific behaviours through which sensitive responses can be communicated to infants and children that promote security of attachment (van den Boom, 1994). There are also specific qualities or personality attributes in caregivers which are thought to encourage secure attachments in children (Howe *et al*., 1999). Conversely specific types of behaviours and caregiver traits can serve to encourage the formation of insecure attachment relationships between children and their caregivers (Green & Goldwyn, 2002). The specific caregiver qualities and behaviours that both promote and discourage secure attachments are discussed in the following sub-sections as they apply to the participants' perceptions regarding how caregivers should ideally behave in the presence of children. The participants were questioned broadly regarding what they thought important caregiver qualities and behaviours were. However, many of the participants made spontaneous references to caregiver qualities and behaviours that they both value, and find objectionable, throughout their interviews.

4.4.1. COMMUNICATION

Six of the eight participants spoke about good caregivers being able to communicate with the children under their care as a very important quality to have in relating with children. Of these six participants, three of them referred directly to talking to or speaking to the children that they care for as important. For example P5 stated: "*…you know where there are children you must always talk with the children."* The other three participants spoke more broadly about the importance of caregivers communicating with the children. P6 even suggested that a caregiver who is able to

facilitate a good relationship with a child, is able to open the channels of communication between the two, even though the child may not yet be able to speak: *"There is communication between the two, even though the other one may not be talking, but there is good communication."* She also stated that caregivers should understand that children have different communication needs: *"So you communicate differently with different children…for different attitudes."*

This idea, put forward by the participants, surrounding the importance of communication, is undoubtedly present in attachment theory. Siegel (2001) explains that a prerequisite for a secure child-caregiver attachment is 'collaboration,' which entails the caregiver joining with the child so that attuned communication between the two can occur. This attuned communication extends past the domain of verbal communication into the realm of non-verbal communication, where such things as eye-contact, facial expression, and tone of voice are appropriately responsive in both timing and quality (Siegel, 2001). This level of communication was alluded to by all of the participants; exemplified by P6's quote above.

The concept of reflective dialogue is also put forward by Siegel (2001) as a prerequisite for secure attachments. He states that it is the caregivers' role to understand what is being communicated by the child, to then make sense of this and communicate it back to the child in order to foster 'theory of mind' in the child. Finally, related to communication, Siegel (2001) stresses that secure attachments are only fostered when emotional communication is engaged in. These guidelines on communication are congruent with the definition of maternal sensitivity, which is defined as "the mother's ability and willingness to try to understand behaviours and emotions from her baby's point of view" (Ainsworth, 1973, as cited in Howe *et al.*, 1999, p.19). Thus overall, it can be concluded that it is important for caregivers to engage in collaborative, attuned and reflective communication with the children under their care. In line with the concept of maternal sensitivity they must however be open to, and in fact encourage, the emotional component of this communication, and prioritize the children over themselves. That is, the aim of the communication is to understand the child's verbal and non-verbal signals and to make sense of them, feed them back to the child, and if necessary add a further response such as picking the child up (Howe *et al.*, 2001).

It is promising that so many of the participants mentioned the fact that it is necessary for caregivers to communicate with the children under their care. However, those who conceive of communication as including only talking are lacking in their understanding of the depth of communication necessary to foster close, emotional relationships with children. A risk of this narrow view of communication is

that interactions with children may be devoid of the emotional components necessary to create secure attachments (Siegel, 2001).

One participant did however stress the importance of a very specific form of communication with the children. She rightly prioritizes the emotional needs of each child over her own need to care for many children at once. P8 explained how once she became a caregiver she had to train herself to communicate effectively with the children. This entailed both talking to the children, and perhaps even more importantly, listening to them and finding out their needs and wants. P8 stated: *"…So I have to teach myself "Oh, now I'm talking to you I have to listen to you…" So just when he come I have to listen. Maybe three of them can come in the same time. I have to take time for each and every one…We have to give him a chance to tell us what he doesn't want. Even if I'm feeding them I say "Do you want this?" he say "No Mommy, I'm enough with this"*. In her quote, the difficulty of providing good, attuned and sensitive communication in the nursery context is highlighted, but so is P8's insight into the importance of providing such communication regardless of the number of children.

Overall, six of the participants alluded to some form of communication as being an essential skill that caregivers should be able to engage in. Three of these participants were more attuned with the reflective and empathic nature of the communication required by children. The other three participants seemed to have a much narrower understanding of the term communication, believing that it is important for good caregivers to simply talk to the children. Thus it might be important for caregivers to receive input regarding the various components of communicating with children, and the benefits thereof.

4.4.2. LOVING AND CARING

A very strong theme regarding the participants' perceptions of what a caregiver should be like was that he/she should be loving and caring. Seven of the eight participants included "loving" as an important caregiver quality, with four of these seven also including "caring". For example P7 stated: *"Caring and loving, ja… You must have the love for a child, ja."* P2 made a very similar statement emphasizing the need for caregivers to feel loving towards the children: *"If you come here and you look for a job obviously you are going to look after the children, so you must have a heart for children…"*

These statements made by the participants may appear obvious, but are in fact very meaningful. In almost all of the participants stressing the importance of caregivers being loving and caring towards children, what they are essentially displaying is an understanding of the fact that emotion must be genuine with regards to the children. That is, they stress that caregivers should be loving almost as a personality trait as opposed to a behaviour. The fact that participants seemed to feel that caregivers should be loving as an intrinsic quality is further stressed by the fact that they unanimously stated that children can "sense" whether emotion is genuine or not. In explaining that caregivers must genuinely feel loving towards the children, P2 stated: *"You see children I don't know whether you will understand or what, children sense...They sense. If you come to them, you don't love them they will know and they will be afraid to come to you because you don't love them."* P6's comment serves as another example of this sense that the participants seem to believe children have: *"…If you go to a child and she knows at the back of her mind that you don't like her, will she respond positively towards your gestures? No. Even if you want her to laugh she won't because she knows it's for one minute, the other minute you will be back to your actual being."*

The fact that caregiver emotions must be genuine when relating to children is a key concept in terms of attachment theory. The theory maintains that the caregiver's emotional state directly impacts on the children's emotional states and developmental trajectories in various domains (Smyke *et al.*, 2002). Bowlby (1952) also theorized that caregivers would be unable to raise securely attached children if they felt a degree of hostility towards or carried negative attitudes about their children. Furthermore, negative emotions can occur at an unconscious level and even at this level can exert harmful influence over the child-caregiver relationship (Bowlby, 1952). The participants' belief that a caregiver should be a loving person, particularly towards children, is therefore valid and insightful.

Many of the participants also spoke of what may be, roughly, the inverse of the belief that caregivers should be loving. That is they spoke of the kind of emotions that caregivers should not display or even feel in front of children or in relation to them. These are addressed in the following sub-section.

4.4.3. AVOID DISPLAYING NEGATIVE EMOTION

Seven of the eight participants described that a good caregiver does not shout at or scold the children. They maintained that the children must be spoken to gently and without the display of negative emotion. Six of the seven participants who felt that caregivers should not shout also specifically added that caregivers should avoid displaying other negative emotions in the presence of the

children, and should certainly not direct such emotions towards them. The emphasis on both avoiding negative emotion and displaying positive emotion is aptly exemplified by the two quotes presented below.

P3: *"You know when you are here you don't have to be stressed… you will become fed up and all that and it's not good, it is not good. You must always be happy with children, always be happy with children."*

P5: *"She must be always happy. Even if you've got a problem you mustn't show the kids, and you mustn't shout."*

Through analyzing the data, reasons for why the participants almost unanimously felt that caregivers should display, and avoid the display of, particular kinds of emotions, were revealed. All eight participants stated that children can 'read' caregivers emotions, which aptly explains why seven of them directly described which emotions caregivers should display. Regarding the idea that children can interpret caregivers' emotional states by looking at them, P4 stated: *"A good care-worker will always play with the children, smile with them and will always have a smiling face because children really judge you by your face."*

The participants' understandings did, however, go deeper as they unanimously referred to the idea that the caregivers' emotional states, and resultant facial expressions and gestures, impact on children through the interpretations that children make. P3 and P4's comments below are provided as examples of the ways in which participants spoke about this ripple effect in children:

P3: No, I mean you just, I mean even yourself you can feel that, no you mustn't be upset because if she sees you maybe sometimes you are cross, she can also understand that "my mommy is upset today, I don't know what's going on", even the small one, even T she can see that her mommy is upset today, you see. You must be always happy to them…Yes, that's why I say being sad is not allowed, yes.

P4: It is to wear a pleasant face I would say, because if you are angry the children are good at seeing that she is not okay today, she is maybe worried, maybe I don't know, but you must always wear a smile to the children because they will smile back to you. They will easily approach you. If now you are always having that frown and all, children will be afraid.

In their caution against displaying negative emotion, the participants can be seen to have a good understanding of the way in which children and their adult caregivers relate. There seems to be cognizance of the emotional component of the relationship and fluidity of emotional states between

children and their caregivers (Siegel, 2001). Attachment theory, with increased research into the intergenerational nature of attachment, the origins of different attachment classifications and pathologies, has shown the mechanisms through which particular parenting styles and behaviours often directly lead to attachment difficulties (Bretherton, 2005; Howe *et al*., 1999 Zeanah, 2000). The theory and research unite as they show that the origins of attachment difficulties are based, at least partly, in the emotional communication that caregivers engage in with the children under their care (Bowlby, 1969; Siegel, 2001). For example, the emotional communication typically engaged in by parents of 'disorganized' children is laden with scary or scared responses to their children's cues (Green & Goldwyn, 2002). This incoherent emotional content may lead to children forming incoherent working models which may in turn lead to behaviors typical of disorganized children (Howe *et al*., 1999; Main & Hesse, 1990).

While the case of the disorganized attachment is an extreme example, having the most developmental consequences for children compared to the other attachment classifications (Green & Goldwyn, 2002), similar mechanisms have been found to operate in all of the other attachment classifications. This includes the 'securely attached' classification which is achieved through parents presenting with consistency of emotional state, genuine warm, loving feelings towards their children, and enjoyment and satisfaction in being with their children (Bowlby, 1952 as cited in Holmes, 1993). Thus here again, emotional consistency and positivity lead to similarly well adjusted emotional states in children, once more demonstrating the ripple effect that caregivers' emotional states have on children, and specifically on their attachment statuses.

While attachment theory does, therefore, advocate for displays and the genuine experience of positive emotion in caregivers, it does also certainly recognize that caregivers will at times experience difficult emotions. When this occurs instances of caregiver insensitivity may result, and communication between caregiver and child may become unsynchronized (Siegel, 2001). These ruptures in communication can be easily healed by the caregiver. This is important as it gives children a sense that difficulties and misunderstandings that present themselves in life can be worked through and resolved (Siegel, 2001). Thus, the caregivers' goal is not to be unnaturally positive, but rather to limit the display of negative emotion and endeavor to heal ruptures in communication in instances where negative emotion has impacted on the relationship with the children.

The participants demonstrated some understanding of the immediate impact that displays of negative emotion may have on children. This served as their main motivation for believing that caregivers

should only display certain emotions in relation to children. The caregivers seem to have come to this understanding through direct observation of the children where they have witnessed the immediate change in children's moods in response to caregivers' emotional states. The following quote by P4 illustrates this: *"…but you must always wear a smile to the children because they will smile back to you. They will easily approach you. If now you are always having that frown and all, children will be afraid."* Thus, these conclusions may be important for caregivers to have as they might inform a self-reflective process regarding what the caregivers are expressing towards the children. The participants' understandings of the mechanisms through which their emotions impact on the children could however be widened in terms of the possible long term consequences of continuous or even erratic displays of negative emotion. Furthermore, they may benefit from reassurance that all caregivers may at times respond insensitively based on their own emotional states, but that this does not have to be 'damaging' to the children, and may rather be an opportunity for children to learn that ruptures can be healed. This may be particularly important in the institutionalized setting where many of the difficult emotions caregivers experience may be directly related to stressors that arise as a result of their particular work environments, such as the stressors discussed in section 4.3.

It is also noteworthy that, while the participants felt strongly that negative emotion should not be displayed in the presence of the children, they also added that the children's ability to understand their facial expressions was helpful in disciplining them. This issue of discipline is seemingly a key issue where the caregivers have 30 children to manage behaviourally in order to keep order in the nursery. It may be for this reason that three of the eight participants spoke of using the children's ability to 'read' caregivers as a means of communicating some form of disapproval to them without engaging in emotionally loaded behaviours, such as shouting and smacking. P6 explained this by stating: "*Even though I don't swear, I don't say anything, they just look at my face and know that this is not the right time to throw tantrums."* P5 felt similarly: *"I think it is important because maybe when he does something wrong he or she can be able to see you know your facial expression that now I'm doing a wrong thing."*

Thus, the participants not only referred to the consequences that negative emotions can have on children, but have also suggested the need to be able to appropriately display some sternness towards children as a method of setting limits and keeping order in the nursery. Based on these findings, a good caregiver might be hypothesized to be someone who can communicate non-verbally with children in positive ways, and who is able to set behavioural limits. This finding is significant in light

of a finding by Feldman and Klein (2003 as cited in van Aken *et al.*, 2007) who established that caregivers who displayed maternal sensitivity and positive affect while still providing behavioural limits for their children predicted compliant toddlers. These toddlers had very few, if any, externalizing behaviours, as opposed to the toddlers of caregivers high in negative emotionality. These caregivers were found to be less sensitive to their children, which was associated with negative developmental consequences for these children (Feldman & Klein, 2003 as cited in van Aken *et al*., 2007).

4.4.4. MEET CHILDREN'S NEEDS

P5: Ja, because when a child is in need of something you always, ja you are the first one to jump.

Seven of the eight participants spoke directly about the importance of caregivers meeting the children's needs. These participants mainly referred to the various physical and emotional things they felt most children need such as cuddles and love, as well as things like nappy changes. They also explained that caregivers should be the kind of people who will "*dedicate time to understanding what they* [the children] *need"* (P6). In terms of good caregivers meeting children's needs in both the physical and emotional domains, P5 and P3 had this to say:

P5: Ja, have time for the children, always have time for them. (Pause) And be prepared to do the demands that they expect you to do. If a child is hungry he must be fed. You know if she has wet herself, soiled, she must be changed and all that. He must be taken to the hospital, he must be taken to the clinic, he must be cuddled, you know. Ja, prepared to do everything that child needs, ja.

P3: We are like their parents, yes because we must give them a better future and then we must give them more love they want, yes. We must be caring and then you must look after them, and then we also take them to hospital to clinics, wherever, especially clinic and then hospital, yes. If they have an appointment we just take them, yes.

Thus all seven participants referred to above stressed the importance of caregivers being willing, able, and dedicated to meeting the children's emotional and physical needs. This idea of a good caregiver being someone who meets children's needs, as a parent does according to P3's suggestion, is important as attachment theory holds that it is when children have unmet, anxiety causing needs, that their attachment systems become activated (Howe *et al.*, 1999). Stimuli or needs that may cause anxiety for children include within-child stimuli, environmental stimuli, and stimuli related to the attachment figure (Howe *et al*., 1999). In the above excerpts, some idea of the needs that the

participants believe cause anxiety or general discomfort in the children, is evident. What sheds far more light on this, however, is that in each of the seven participants' discussions about meeting children's needs, they referred to the particular importance of caregivers meeting children's needs when these needs are indicated through crying. They seemed confident in their belief that a crying baby must be responded to and not left with an unmet need. This is noteworthy as mothers who respond to crying babies, as opposed to ignoring them, are deemed to display maternal sensitivity which aids in fostering attachment security (van den Boom, 1994). In terms of the participants' responses, when P4 was asked her opinion regarding what a good caregiver should be like, she stated:

P4: …someone who will jump when the child is crying…Jump and attend to that child and see what makes the child cry…

Through looking at the kinds of meaning the participants attributed to children crying, the various types of needs they think the children have was also gauged, with particular reference to the needs they feel they should attend to. All seven participants who spoke of caregivers meeting children's needs concluded that when children cry, they may be 'asking' to have their physical, and/or their emotional needs met. Interestingly all of these participants except one, first spoke of children crying in response to some form of physical discomfort, which was then followed by emotional reasons only after the participants had been probed. This is illustrated in the following extract from P7's interview:

P7: The babies usually cry when they are hungry or when they want their diapers to be changed.

P7: (hungry)...or wet ja, that's the only time they are crying.

J: The only time? Do they ever cry for no reason that you can understand?

P7: Ja, they do…He has been fed, he has been changed, so we can see what does this one now want now, and then we start rocking the baby…And then quietly, baby falls asleep and then we take him back to the cot.

J: How do you understand that, what do you think he wanted?

P7: Just a carrying…Just to feel that: "I'm on somebody."

A similar trail of speech was found in P2's narrative, in that after explaining the various physical reasons for a child crying, she stated:

P2: Maybe to get attention, maybe they are not healthy and attention. Maybe they don't feel loved anymore, they just lie in their bed and they are tired of lying in the bed…

All of the children's physical needs that the participants spoke of would fall under the category of 'within-child stimuli'. The participants also referred to emotional and social needs such as the need to be held, picked-up, or given attention. These needs could be sparked by environmental stimuli or stimuli related to the caregivers themselves. This would depend on the reason behind the child wanting to be held. For example, if such a need was based on an anxiety that a caregiver was missing, then it would be a caregiver based stimulus that lead to the attachment behaviour. If however the child became afraid because of a loud noise, this anxiety would be based on an environmental stimulus (Howe *et al.,* 1999). With all three types of anxieties, the caregiver response should follow a particular 'formula'. It should entail an understanding of what the child needs, which is always, over and above physical care in the case of a within-child stimulus, proximity and comfort when the attachment system has been activated (Bowlby, 1969). This is best rendered to the child when the caregiver has a good attuned understanding of what the child needs and thus responds sensitively and contingently (Siegel, 2001).

Such contingent responses are of great importance for the children as they serve to reduce anxiety that is caused when the attachment system is activated (Bretherton, 1991). All of the types of stimuli discussed above, and alluded to by the participants, cause the child to feel physical or emotional discomfort about which they can do nothing, being too young and/or helpless (Howe *et al*., 1999). Thus, to ensure the protection of the young, the attachment system becomes instinctively activated (Bretherton, 1991). This activation entails the child manifesting one or more attachment behaviours (Zeanah *et al.,* 1993). Often this behaviour is crying, particularly in infants and younger children who have no other means of expressing their discomfort and unmet needs. Crying is referred to as an aversive attachment behaviour because it is generally experienced by caregivers as unpleasant and thus they instinctively attend to the crying child to terminate the behaviour (Belsky & Cassidy, 1994 as cited in Howe *et al*., 1999). In this way the caregiving system also becomes instinctively activated and the parent or caregiver is pulled to care for the child through meeting his/her needs and thereby reducing his/her own anxiety or discomfort (Bretherton, 1991). Thus what the participants have almost unanimously referred to seems to demonstrate the nature of these systems and the fact that they are active in both the children and caregivers of the nursery in question.

This is further illustrated by the fact that all seven of the participants who spoke about the importance of responding to crying, spontaneously spoke about the feelings they have either experienced or believe caregivers should experience when children in the nursery cry. For example both P1 and P2 spoke of feeling worried sometimes when children cry. They even referred to the

idea that caregivers “should” and “have to” worry, like a mother does:

P1: Tell him not to cry and try to touch them.… Cause I have to hold them.…you can’t stay away.… If they are crying…yes if you are a good mom you ***have to worry*** *if someone is crying. You can’t leave your child at home if he is crying…so it’s the same as that one, this one, you can’t leave them.*

P2: Sometimes you will find the cause of why the baby is crying, maybe he or she is hurting, maybe there is the (inaudible) or he's having flu or something but if the baby is well, doesn't have anything or the baby is not sick, then you should be ***worried*** *like why the baby is crying.*

These emotional responses may refer directly to the caregiving system discussed above as the participants essentially seem to believe that when children express a need through tears, caregivers either do or should feel some uncomfortable emotion of their own. This emotion is likely to be anxiety and thus leads to the caregivers attending to the child, partly in an attempt to soothe the child, and partly in an attempt to deactivate their own caregiving system (Bretherton, 1991). Their experience as caregivers and possibly as biological mothers seems to have provided the participants with good insight into this attachment-caregiving cycle and most importantly has lead them to conclude that when children are engaging in the aversive attachment behaviour of crying, caregivers should respond. This conclusion may be seen as beneficial for the children under the participants’ care, given that the attachment and exploratory systems are mutually exclusive (Bretherton, 1991). With caregivers believing that they should respond to crying children, the children may have a better chance of being attended to in times of anxiety, even with the resource constraints. This may then result in only brief activations of the attachment system and thus good activation of the very important exploratory system (Bowlby, 1988).

A caution may however lie in the fact that of the seven participants who spoke about the importance of caregivers responding to the children when they cry, six focused, first and foremost, on meeting children’s physical needs when they cry. While this is necessary, it may be important for the participants as caregivers to be more aware that even physical needs are translated by the attachment system into an anxiety driven state that requires an emotionally attuned response and not just a physical intervention (Bretherton, 1991, 2005). Addressing this with caregivers may help to widen their range of ideas regarding what children may need when they cry and may thus add value to their already good intentions to meet children’s needs.

Another obstacle to meeting children’s needs, as the participants so passionately felt good caregivers

should do, can be found in the fact that five of the participants discussed how overwhelmed they feel when several babies cry at once; a common occurrence in the nursery. As discussed above, feeling discomfort when a child within the attachment relationship cries, is a sign of the impact of the aversive attachment behaviour. The impact that this aversive attachment behaviour has was specifically spoken about by P5 who said: *"I mean when a baby is crying and screaming,* ***no it doesn't sound nice to your ears****…Oh sometimes they cry, they cry all at the same time. I take them one by one or I will take two at a time. If I had many arms, I take two at a time."* Other than the fact that the sound of crying causes her discomfort, in her quote P5 also comments on the fact that many babies may cry at once and she implies that this is difficult to deal with physically, and assumedly emotionally as well. P8 also alluded to both the physical and emotional strain of having so many crying children to care for. She stated: *"So we have to go there, and run quickly to that one and run quickly to the other, so it's how I say sometimes it gets tough. Most of the time it's only that part. When they cry most of them, I don't know which one I have to pick him up, because this one is crying and that one and that one… So now we just feel so pitiful for them. Because now we cannot take same time."*

It may be hypothesized that in view of the limited number of caregivers available to the thirty nursery children, the degree of discomfort experienced by the caregivers is far beyond what usually occurs in a more 'conventional' home environment. The degree of anxiety that caregivers experience in relation to crying children may at times exceed the 'instinctive' level which is fueled by the caregiving system. This may be a factor that prohibits caregivers from being emotionally attuned enough to adequately meet the children's needs, even if they are able to physically attend to each of them. This hypothesis is in line with the findings that mothers who are emotionally overwhelmed become closed to their children's attachment cues, such as crying, and thus fail to foster secure attachments with their children (George & Solomon, 1999).

Thus, in summary, seven of the eight participants felt that a good caregiver strives to always meet the needs of the children under their care. They felt especially strongly about those needs that are indicated by the children through crying. This may have been as a result of the activation of their own caregiving system which makes them feel uncomfortable in the presence of the aversive attachment behaviour of crying. The fact that meeting the children's needs was such a strong theme is promising in light of attachment theory, as it may mean that children are not intentionally left in anxiety ridden states at the expense of their exploratory systems. The data did, however, also lead to several hypotheses about the ways in which the participants' best wishes to meet the needs of the

children may not be realized. These centered on a lack of insight into the impact that caregivers can have on the children, and the importance of understanding the emotional component behind every physical need. It was also hypothesized that even though the participants felt that a good caregiver should do everything to meet the children's needs; in the institutionalized context this is not possible to the same extent as in a more conventional home environment for reasons pertaining to both the caregivers' emotional and physical capacities. Expanding caregivers' understandings of the nature of children's needs, and the different stimuli that may cause them to arise, may widen their ideas regarding what crying children may be seeking. However, such interventions will not lighten the physical and emotional load of the job of parenting 30 children. In order to reduce this load, we may be forced to relook at the issue of increasing the number of caregivers in the nursery, as suggested by six of the eight participants in section 4.3.1.

4.5. The Patterns of Behaviour Displayed by the Nursery Children

Understanding caregivers' perceptions regarding the patterns of behaviour they have observed in the children under their care is important and was a significant area of investigation in this study. Information regarding the meaning caregivers make of the children's behaviours is imperative, because all attachment difficulties are 'diagnosed' based on specific patterns of behaviour (APA, 2000; Zeanah *et al*., 1993). The attachment difficulties that may potentially be indicated based on children's behaviours include: difficulties related to maternal separation, insecure attachment types, and attachment pathologies as outlined by the Diagnostic and Statistical Manual of Mental Disorders, fourth edition, text revision.

It must be stressed that the purpose of this study was not to assess the participants' diagnostic abilities, or even to suggest that caregivers should be able to classify and diagnose children, nor was it to classify the children under the participants' care. It is rather suggested that if caregivers are aware of the possible meanings that particular patterns of behaviours may have, they may be better equipped to deal with these behaviours in a way that is helpful to the children. Conversely, if caregivers do not have a good understanding of these behaviours, they may consistently interpret these behaviours incorrectly which may have negative consequences for the children (George & Solomon, 1999). Thus, the themes presented below not only include a summary of the children's behaviours that the participants have observed, but also include a discussion of the meaning they attributed to these behaviours. Points of intervention are indicated at times where participants seemed uninformed regarding the potential worrying nature of particular behaviours.

4.5.1. WITHDRAWN BEHAVIOUR AND EXCESSIVE CRYING

Six of the participants spoke about having some children in the home who are very withdrawn, unhappy and even lethargic. For example, P7 stated: *"Some are just too reserved… You cannot make him happy in whatever way you do, he just remains down. You can see that this child is missing something."* P5 gave this description of the withdrawn children she has observed: *"When we sit here, he'll sit there and don't move unless you say: "so-and-so, come!"…And there are those who always, they are always sleeping, they are always sleeping."* Five participants also spoke of some children crying excessively and for no obvious physical reason. Crying and withdrawn behaviour are discussed jointly in this section because the participants who spoke of these behaviours in children implied that they occur simultaneously. For example P8 stated: "*They don't want to do anything with us. Just crying and looking at us."* Other than the participants linking crying to withdrawal in terms of these behaviours accompanying each other, the participants also described both of these behaviours as being transient in nature; and mainly resulting when children were newly placed in the nursery. This is illustrated by P5's quote regarding the progression recently placed children make from distressed to sociable: "*…but as time goes on you'll see him mingling with his peers, ja. Then you know that now I think he's okay now."*

One of the ways in which participants accounted for both the tearful and withdrawn behaviour in new children was by stating that these behaviours occurred in children who came to the institution at an older age, as opposed to coming straight after birth. The participants therefore believed both these behaviours result when children have known their biological parents and miss them. For example P2 stated: *"Some of them they just sit alone, they just play alone…Yes, you know because if a child is doing like that maybe I will want more information about the child…I will ask when did he or she came here in the centre, and then they will tell me. If I can say okay this baby came maybe at an age where he or she has grown a little bit you see that means the baby it is missing the parents*." Along similar lines, P7 had this to say about what she terms "reserved" children: "*I think mostly they miss their parents, more than anything, their homes and parents."* In terms of crying being representative of the children missing their parents, P5 stated: "*When I picked him up, maybe he's crying hysterically, if he does know how to talk: "I want mommy" and all that, or: "I want to go home."*

This phenomenon, that the participants have alluded to, regarding children being withdrawn and/or crying excessively during the first days and weeks after being placed in the nursery, is congruent with observations made by James Robertson and John Bowlby (1952). Bowlby concluded that when children are separated from their mothers, they usually progress through three predictable phases

termed ‘phases of separation’. The occurrence of these phases has been supported by later literature as well (Howe *et al*., 1999; Weiss, 1991). The initial response to maternal separation is, according to Bowlby (1979) that of ‘protest,’ where children make angry and tearful demands for their attachment figures to return. This phase is however generally short lasting from a few hours to about a week. Thus the 5 participants who spoke of children crying excessively upon arrival at the home, and for quite a while thereafter may be quite insightful in concluding that this represents children missing their parents. P5’s quote above where she speaks of a hysterical child who screams *“I want mommy”* …*“I want to go home”* aptly demonstrates the nature of the tears and angry protest that the caregivers have observed. It also demonstrates how the phase of angry protest is quite plainly understandable when experienced by children old enough to talk. Understanding the meaning of these tears in pre-verbal children may however be harder and require a good sense of empathy on the caregivers’ part. It does however seem that participants were in touch with this meaning even in the pre-verbal children, as indicated by P2’s quote above. Thus, in terms of comprehending excessive crying in children, particularly when this state is transient, the participants’ understandings seemed closely related to Bowlby’s (1979) theory of attachment and specifically to his understanding of the first phase of separation.

Similarly, the participants’ narratives on withdrawn behaviour relates well to the second phase which is, according to Bowlby (1979), the phase of ‘despair’. During this phase children become quieter, “but to the discerning eye it is clear that as much as ever he remains preoccupied with his absent mother and still yearns for her return; but his hopes have faded and he is in the phase of despair” (Bowlby, 1979, p.61). This phase is characterized by withdrawal, hopelessness, apathy, and listlessness (Howe *et al*., 1999). From the quotes presented above, it seems that the participants seem to have observed this ‘despairing’ behaviour that was observed by Bowlby and Robertson (1952) as a reaction to maternal separation. Notably, the participants not only described the children’s withdrawn presentation along similar lines to those described in the theory, but specifically stated that this presentation occurs in those children who had known their parents and had been separated. Thus, they may understand the withdrawn condition as being indicative of a yearning for their parents or mothers in particular. This understanding of the transient withdrawn behaviour that the six participants have observed may therefore be theoretically correct. Furthermore, it not only demonstrates the six participants’ good understanding of the despairing children’s emotional states, but also indicates the good child observation that these participants engage in, both of which are precursors for secure attachments (van den Boom, 1994).

Bowlby (1979) also documented a third phase which he said children who had endured maternal separation entered into after several days or weeks of this withdrawn preoccupation. The third phase of separation is termed 'detachment.' In this phase the child defensively forgets about his mother to protect himself from further psychological distress (Bowlby, 1979). This defensive maneuver allows children to become increasingly more interactive and playful in their new environments, but Robertson and Bowlby (1952 as cited in Howe *et al*., 1999) noted that both play and relationships had a perfunctory quality to them.

It appears that the participants' narratives are also congruent with this phase as the six participants who spoke of observing withdrawn children, all emphasized that this was a temporary state. They seem to have observed the progression of children arriving at the nursery in a state of despair to their entry into the phase of detachment where the despair and resultant withdrawal, listlessness and inconsolability are defensively forced to subside, allowing the children to become more outwardly sociable and engaging. The six participants all interpreted this as positive and used words like *"okay"* (P5) and *"fully open"* (P6) to describe the optimistic result that occurs when children 'overcome' withdrawn despair. This is congruent with Bowlby's (1979) findings as he states that only to the scrutinizing eye is it clear that the children's increased sociability and play in the phase of detachment are mechanical in nature, being reflective of the psychological strain they are still under. This type of play and social interaction is thus not representative of a psychologically 'healthy' child, but rather reflects a child in need of an attachment figure. This figure is preferably the child's original attachment figure, but in the institutionalized setting, this is usually not possible. However, according to Noppe (2000), once children have entered the detached phase, they may turn to other available figures to meet their attachment needs. This implies the need for caregivers to fill this attachment role at this critical time. Should they fail to understand the children's need to do this, repeated abandonment and rejection, even just psychologically, by unavailable caregivers, can lead children to place very little, if any, value on interpersonal and social contact. This in turn can have negative consequences, particularly in the realm of personality development (Masterson, 2000; Noppe, 2000).

Thus the six participants seem to have observed the progression from protest to despair and then to detachment in some children. They also seem to have essentially correctly interpreted the phases of protest and despair and the resultant 'symptoms' as the children yearning for their parents. None of them, however, demonstrated insight into even the possibility that once the children appear more sociable, they may not completely have stopped missing their parents or needing such figures in their

lives. This misinterpretation of the progression into what Bowlby (1979) terms detachment may then lead caregivers to assume that these children no longer need as much attention as when they were overtly distressed. Caregivers may then fail to act as alternative attachment figures for these detached children, which is potentially detrimental. According to Noppe (2000) the presence of an alternative attachment figure who consistently meets the detached child's attachment needs may in time allow the child to develop a degree of attachment security again and thus exit the phases of separation. Perhaps more knowledge on the possibility of this process occurring will enable caregivers to be more consciously aware of this need and thus more likely to meet 'detached' children's needs.

Because it related fairly well to the participants' own hypotheses, a particular theoretical understanding has been presented above regarding withdrawn behaviour in children. However, attachment theory and research have also provided other ideas regarding the meaning of such behaviour. One such meaning may be related to the diagnosis of Reactive Attachment Disorder, inhibited type, which is of particular importance to the institutionalized setting, where this disorder has been found to be very prevalent (Dontas *et al.,* 1985; Zeanah, 2000). Much of what this diagnosis entails includes socially withdrawn or inhibited behaviour that is developmentally inappropriate (APA, 2000). This is congruent with what the participants spoke about as they referred to failure to play and interact, and excessive sleeping, amongst other things. Even if any of the children in the nursery do present with the specific symptom set that may warrant a diagnosis of RAD, it may not be necessary for caregivers themselves to provide such a diagnosis. It may however benefit the children if caregivers have some knowledge of the fact that such withdrawn behaviour may be pathological in nature. None of the participants seemed to be aware of this possibility. Interventions around increasing caregivers' knowledge on syndromes of attachment might therefore be useful. Such interventions may aid caregivers in assisting these children in the best possible way. This is crucial, as while there is debate around whether any treatments are effective for 'curing' syndromes of attachment, there seems to be consensus that early intervention has the best prognosis (May, 2005).

4.5.2. INDISCRIMINATE FRIENDLINESS

Indiscriminate friendliness or sociability was another behavioural pattern observed by the participants in some of the children under their care. This observation is notable as, like withdrawn behaviour, indiscriminate sociability has been observed in institutionalized children worldwide (Chisholm, 1998; Dontas *et al*, 1985; Tizzard, 1977 as cited in Zeanah, 2000; Zeanah, 1993). Five of the eight participants spoke of observing children who have a strong desire to be picked-up and held

by any caregiver or other helper in the nursery. These five participants spoke of how many of the children rush to them in the morning when they arrive at work and all raise their arms up asking to be lifted. They also all added that many of the children respond in this way to most people that enter the nursery, including strangers who are first time visitors. This certainly was the researcher's experience; being a first time visitor and being overwhelmed with the number of children that rushed to her in a plea to be picked-up.

P2 explained her observations by stating: *"For them I don't know, you know, because when let's say there are visitors here they are from the tourists, so they come here to look, to visit them, they will cry if they leave. They don't want to be put on the floor anymore…Yes, because they give easily to strangers, you know.* ***They want to be picked up by anyone…."*** P4 used an almost identical phrase in explaining how the children will go to anyone for love and attention. She stated: *"Yes, yes. They will* ***lift up their hands for anyone to pick them up****."*

Three of the five participants who spoke of this phenomenon of the children yearning to be picked up by almost anyone who enters the nursery, implied that this behaviour suggested that the children are happy, unlike the withdrawn behaviour discussed above, which was felt to be suggestive of sadness, yearning, and inconsolability. In the following statement by P7 the implication that she believes that children who "go" to anyone are happy children is apparent:

P7: Ja, ***some are just happy****. They see no difference. I don't know whether they were born here or what happened to them, they are just* ***happy with everyone,*** *but you can see if we have visitors here…they* ***just go to those visitors… those are the happy ones****.*

P8 also used the fact that many of the children rush to her as an indicator that they are happy children:

P8: So If I am with them, you can see that ***they are happy****. Because when I came inside of the centre they just come! Everybody just make a circle,* ***everybody wants me to pick him up.***

Attachment theory makes contradictory suggestions to the participants' hypotheses that unselective sociability is indicative of happiness (Chisholm, 1998). Unselective pleas for social interaction in children can be understood as resulting from unmet attachment needs and not from temperament or mood differences in children (Sroufe, 1985). When attachment needs, such as the need for emotional closeness, protection, nurturance, or social interaction are unmet, anxiety is experienced and the attachment system is activated (Bretherton, 1991). This in turn leads securely attached children of all temperamental styles to initiate attachment behaviours in order to obtain a response from an

attachment figure (Mangelsdorf *et al.*, 1990). However in the case of children with no specific attachment figure/s, any adult is sufficient for the child, as long as this person can meet the child's needs (Chisholm, 1998). The behaviour of lifting their arms in an attempt to convince someone to pick them up can therefore be understood as an attachment behaviour aimed indiscriminately at any adult deemed able to meet their needs. According to Belsky and Cassidy (1994 cited in Howe *et al.*, 1999), the behaviours, referred to by the participants, would fall into the category of active attachment behaviours that result in the child approaching the caregiver. These active behaviours may be accompanied by an aversive attachment behaviour like crying which may encourage caregivers to pick the child up to cease the crying, or they may be accompanied by a signaling behaviour like a smile or a laugh which may attract the caregiver to the child (Belsky & Cassidy, 1994 as cited in Howe *et al.*, 1999).

It appears that the active behaviour that the participants have referred to is often accompanied by a 'cute' signaling behaviour. This may partly explain why the three participants referred to above felt that children's pleas to be lifted are an indication that they are happy. Given that this behaviour may result from the anxiety that drives the attachment system to become active, it is highly possible that this behaviour does not represent happiness, and instead represents an intense and continuous need that some of the children may have for social interaction and emotional closeness (Bretherton, 1991; Howe *et al.*, 1999). Further indications that socially indiscriminate behaviour may not be suggestive of happiness in children is found in the fact that this pattern of behaviour, when accompanied by several other factors, may be suggestive of Reactive Attachment Disorder, disinhibited type (APA, 2000). This syndrome is defined as "diffuse attachments as manifested by indiscriminate sociability with marked inability to exhibit appropriate selective attachments (e.g., excessive familiarity with relative strangers or lack of selectivity in choice of attachment figures)" (APA, 200, p. 130). In the study that informed the above quoted criteria, it was found that the indiscriminate group of children were superficially attached, clingy, attention seeking, overly friendly to strangers, and followed caregivers around (Zeanah, 2000). This seems to directly relate to the pattern of behaviour pinpointed by the five participants discussed in this section.

While it is noted again that it is not the intention of this study to diagnose attachment disorders, it is important to point out the possibility that some children may develop such difficulties which, if not treated, may lead to a variety of negative consequences. One reason that negative developmental outcomes often prevail in these children is, when children engage in diffuse relatedness, as opposed to having a preferred attachment figure, no secure base is available for the child (Bowlby, 1988).

With no secure base, the exploratory system suffers from great suppression as the attachment system is over-active and thus many of the developmental tasks of the first years of life are neglected affecting cognitive, emotional and social development (Bretherton, 1991). The theory of the neurobiology of attachment also explains why diffusely attached children may endure negative developmental consequences. The first months and years of life are the critical years for the development of new neural connections and the reinforcement of existing ones that govern all areas of functioning, and it is through environmental stimulation that such synaptic development occurs (Siegel, 2001). However, as Balbernie (2001, p.239) states: "For the developing infant the mother essentially is the environment," which emphasizes the need for a stable attachment figure as opposed to an unrelenting search for a figure who will meet some attachment needs.

Thus the three participants who felt that children who are indiscriminately sociable are happy children, may have been deceived by the cheerful signaling behaviours that may accompany the children's pleas to be lifted. These participants may however benefit from some theoretical input regarding the possible negative meanings of such behaviours as, if caregivers fail to comprehend what such behaviours may mean, they may encourage this potentially harmful style of relating (George & Solomon, 1999).

The other two participants, who spoke of indiscriminately friendly behaviour in the children under their care, offered an alternative understanding for this behaviour. They seemed to have a better understanding of part of the meaning this behaviour has, compared to the three participants discussed above. However, their understanding also seems to lack any implication that this behaviour may be harmful to the children in the long-term and thus they too, may benefit from further input on this matter. These two participants explained that unselective pleas to be picked up occur due to the children's need for love. Thus they implied that this type of interaction serves a purpose for the children and does not just occur because they have naturally happy dispositions. P2 explained the almost intentional nature of the children's friendliness and that this serves the purpose of obtaining interaction and love in an environment where these are not always available for reasons related to a lack of resources. She stated: "*Okay, because maybe if they are friendly to everyone they want to be, to feel that love whereas here as I've said we are short-staffed, so I cannot hold them in my arms even if I wanted to, it is so difficult. So, whoever, who maybe the week it ended without holding him or her, he would feel lonely and you want someone to hold him, you know, just to be cuddling.*"

P4 made a very similar statement regarding how this pleading to be lifted in an unselective manner

serves the purpose of obtaining love. Like P2, her statement also makes implications regarding the competitive nature of the institutionalized setting and the purpose of such a 'strategy' in this setting. If they do not use this strategy, they may, according to P2, experience continuous pain of seeing other, possibly more demanding children, receiving love and attention. P4's statement follows:

P4: Yes, yes. They will lift up their hands for anyone to pick them up. I mean they need that love and it's painful to them to see this one is being cuddled and everything. They also wish that you can pick them up and do the same thing that you are doing to this one.

These two participants' idea that indiscriminate sociability may help children meet particular needs, may be accurate given that such behaviour may meet certain attachment needs and may be seen as adaptive in the competitive nursery environment (Chisholm, 1998). The institutionalized setting may be one environment where a fear of strangers, or a very strict selection of people from whom to seek care and attention, may not be useful (Hinde & Stevenson-Hinde, 1991). If institutionalized children are highly selective regarding who they interact with, they may be disadvantaged, compared to more sociable children, at times when visitors and volunteers bring emotional and material 'gifts'. Thus it can be seen why a more demanding child who purposefully seeks to be held and interacted with may be seen to possess adaptive traits in the nursery environment. In fact all attachment styles can be seen as adaptive and are thought to develop so as to ensure the best chances of reproductive survival for the child in the specific environment he/she is in (Hinde & Stevenson-Hinde, 1991).

The fact is, however, that this particular diffuse style of attachment is pathologized and viewed negatively across attachment literature (Zeanah *et al*., 1993). This view is held mainly because diffuse attachments are tantamount to these children having no preferred attachment figure. According to the central tenets of attachment theory, when a child does not attach to specific caregivers, he/she is developmentally disadvantaged in all domains (Bowlby, 1952, 1969, 1979; Noppe, 2000; Masterson, 2000; Zeanah & Fox, 2004). Thus, while indiscriminate sociability may be adaptive in the institutionalized setting, it may still not produce an optimal developmental experience and may in fact reflect serious developmental difficulties (Hinde & Stevenson-Hinde, 1991). None of the participants seemed adequately aware of these potentially non-optimal developmental outcomes for children who are indiscriminately sociable. This may indicate a need for caregiver-aimed interventions surrounding this.

4.5.3. AGGRESSIVE BEHAVIOUR

Seven of the eight participants spoke of the children engaging in aggressive behaviours with one another. They all referred to the children beating each other, but some of the participants included behaviours such as bullying, breaking things, and throwing toys at each other. The following quotes serve as examples of how the seven participants spoke of this aggression in children.

P3: They beat each other.

P4: …some of them are those who are bully, he will hit each and everyone around him, that's another behaviour we don't want…

P7: So, some you can see that they are so aggressive.

Reasons given by these seven participants for why some of the children behaved aggressively were very varied across and within participants' narratives, with some participants giving more than one explanation. According to P7, this behaviour may occur because: "*…you can see that they are missing something…The bonding of a parent…*" P4 had a similar view on how aggression might be linked to parental loss. She stated: "*Those who are always having anger, you don't know what caused them to have that anger, and the children too always have that anger. Some of them they are angry, like for instance those who come here maybe he is 3 or 4, he's angry why the mother left her wherever and then becomes so angry and aggressive."*

These two participants' attribution of anger in children to them missing their parents is congruent with the idea of Bowlby's (1979) phases of separation. What these participants may be in touch with here is part of the phases of separation and may be specifically linked to the phase of protest where children engage in angry protests for their parents, as discussed in section 4.5.1. However, Bowlby (1979) also warned that children experiencing any of the three phases of separation, which essentially includes all children who have been separated from their mothers for any amount of time, are prone to angry outbursts and violent behaviour. This is congruent with the two participants' hypotheses that aggression in the children under their care is linked to them missing their parents or "*the bonding of a parent*" (P7).

No other reason for aggressive behaviour was given by more than one participant showing the divergent explanations for this pattern of behaviour. This divergence is, however, a finding in itself as it may reflect the fact that within attachment theory and elsewhere, there are several explanations for such behaviour in children. One of these explanations has already been presented above, regarding the phases of separation and others are discussed below. However, in terms of what the

participants presented as possible reasons for such behaviour, P8's explanation stands out and is therefore kept in mind throughout, even though it does not form a theme. She stated that aggression in children is not concerning at all and is in fact normal. P8 explained "… *I mean they are kids, they have to be naughty*."

It is possible that some aggression and violence is normal in children and as it allows them to enact and resolve issues related to their psychosocial, psychosexual, and other development (Mesman *et al*., 2008). However, there are socially acceptable limits that seem to prescribe what a 'normal' amount of aggression in children is (Mesman *et al*., 2008). Aggression may also be used as an aversive attachment behaviour and as such function in a healthy or 'normal' sense to meet attachment needs; even in securely attached children (Belsky & Cassidy, 1994 as cited in Howe *et al*., 1999). However, the fact that seven of the eight participants mentioned aggression and violence occurring as a behavioural pattern in many of the children under their care seems to imply that these caregivers find the degree of aggression and violence excessive. Thus P8's view of this behaviour as harmlessly representing naughty children may be accurate to an extent, but seems to lack the same degree of concern that the other six participants had when speaking of this behaviour. This participant did not seem to hold differing views to the other participants in making meaning of the other behaviours observed in the nursery children. It may therefore be that her relaxed attitude regarding aggression in children stems from a greater tolerance for such behaviour based on her own personality, and the 'goodness of fit' between herself and the children who display such behaviour (Crockenberg, 1981).

While P8 deemed this behaviour to be normal, excessive aggression and externalizing behaviours in children may warrant concern because this pattern of behaviour has been strongly associated with attachment insecurity (Chisholm, 1998). For example, avoidant children may respond with short lived anger and aggression to displays of strong emotions by others (Howe *et al*., 1999). Because of the nature of their internal working models, ambivalent children struggle to regulate emotions and as a result they may experience relationships as filled with overwhelming emotion. This in turn may lead them to respond with distress and increased anger. Finally, disorganized children are also highly prone to aggression. This may be due to the frightened or frightening way in which caregivers engage with these children. This leads them to respond to many stimuli in a defensive and anxiety driven way which often entails intense anger and aggression (Green & Goldwyn, 2002; Howe *et al*., 1999). It should be noted that these frightening interactions with caregivers may relate to children's original caregivers or parents, if they were not institutionalized from birth, or to their current

caregivers. This is due to the impact that working models have on the way in which children interpret behaviours and motives of others (Bretherton, 2005). Thus, if these models were formed before being institutionalized, they would continue to operate within the institution, even if better caregiving exists.

It is possible that the children in the nursery, where the data was collected, may present with a mix of the various attachment styles depending on the mixture of caregiving that they have experienced. It is thus likely that some of the children's aggression is indicative of attachment difficulties and is not simply age appropriate as suggested by P8. The theory presented above demonstrates that it is highly possible that some of the children who display this aggressive behaviour may be struggling developmentally in the attachment domain. Caregivers may benefit from input regarding this issue in order to pinpoint these children and assist them if possible.

CHAPTER 5

STRENGTHS, LIMITATIONS, RECOMMENDATION, AND CONCLUSION

This chapter serves as a concluding chapter and includes a brief discussion on the study's strengths and limitations. A list of recommendations that resulted from the findings of this study is then presented, followed by a conclusion.

5.1. STRENGTHS OF THE STUDY

- The fact that the current study focused on the institutionalized caregiving setting within the South African context, suggests that this study is highly relevant, as South Africa is faced with millions of institutionalized orphans.
- The findings of this study provide insights regarding the aspects of attachment-inhibiting caregiving that may be active in South African institutions. In line with the qualitative nature of the study, this information was detailed and rich in description.
- Possibly because Bowlby's (1952, 1969) attachment theory focused on the child's perspective, research has historically remained in line with this and has thus, for many years, neglected to pay adequate attention to the caregiver' s perspective regarding the relationship (Bretherton *et al.*, 1989). This was well addressed in the current study.
- A strength of the study was found to be that, based on the findings, several recommendations were made that may aid in fostering attachment security in institutionalized children.
- Furthermore, this study, along with the resultant recommendations, may be used to advocate for increased resources in child-rearing institutions.
- This research also serves to add to a growing body of literature on attachment in institutionalized children, and provides information from the unique perceptive of the caregivers, as opposed to the children, who are most commonly focused on.

5.2. LIMITATIONS OF THE STUDY

- The fact that the researcher was unable to converse with the participants in their first languages may be seen as a limitation to the study. Even though all of the participants were able to engage in conversational English, at times they experienced difficulty expressing themselves, and at other times, the researcher found participants' sentences difficult to follow.

- Thematic content analysis is subjective in nature (Braun & Clarke, 2006) and thus is it possible that researcher biases resulted during the data analysis. However, steps were taken by the researcher to avoid this pitfall. These steps entailed regular supervision sessions, and the use of a self-reflective journal.
- The research design chosen for this study was applicable to the research questions and generated a depth of understanding, but is also limiting in that it does not allow for generalizations to be drawn.
- Due to time and resource constraints, the findings of the study were not triangulated. For example, the validity of the study may have been improved by presenting the findings to the participants in order to gain feedback on the degree to which these findings resonated with them.
- This study was firmly grounded in attachment theory which informed the rationale, research questions and interpretation of the data. While attachment theory was found to be highly relevant and useful in the South African context of childcare, the need to consider more eco-systemically based frameworks was also indicated by the data. This was addressed intermittently in this report but due to the size constraints of the report and the fact that attachment theory was the focus, contextual issues were not prioritized.

5.3. RECOMMENDATIONS

Several recommendations have resulted from the findings of the study.

- It is recommended that caregivers be given some theoretical input regarding the need to form attachment relationships with the children under their care.
- It may be beneficial for caregivers' knowledge to be increased regarding the key role they play in shaping the developmental trajectories of the children under their care. It is further recommended that information be made available to caregivers, regarding caregiver behaviours that may foster good development in children.
- Institutionalized children in particular may experience various forms of caregiving and thus present with a variety of attachment difficulties. Thus caregivers may be better equipped to care for these children if they are aided in comprehending certain behaviours that may be suggestive of attachment difficulties and pathologies. It is also recommended that caregivers have access to relevant professionals, like psychologists, for guidance in cases where they have reason to believe that particular children are struggling with attachment related difficulties.
- While the above recommendations are based on increasing caregivers' knowledge of attachment theory, the findings also consistently suggested that at times, even with sufficient knowledge of

an attachment related issue, caregivers may not be able to act in ways that foster attachment security. This seems to occur because caregivers may become overwhelmed by the emotions that they experience as a result of working in a stressful and demanding environment. These 'unchecked' emotional states may undermine attachment security in the children and suggest the need for caregivers to receive some form of emotional support. This may take the form of individual or group psychotherapy or at the very least debriefings.

- In terms of offering caregivers increased support in order to enable them to have a sense of mastery and thus emotionally avail themselves to the children, it is suggested that childrearing institutions make limited adjustments to the way they operate. For example, they may offer their caregivers social support by being more involved with them and the children. The organization may also strive to help caregivers feel less isolated in their jobs and listen to the grievances that they may have. These supportive gestures may increase job satisfaction which may then positively impact on child-caregiver attachment relationships.
- One grievance that reoccurred in the data was that caregivers believed that there are insufficient nursery staff. It is thus recommended that the ratio of caregivers to children in the nursery be increased. Furthermore, input may be provided to the caregivers and possibly the institutions' management regarding the need for these additional caregivers to be permanent staff, as opposed to increasing the number of volunteers. The need for additional staff to be full-time employees is motivated by the fact that attachment relationships are more likely to form with a consistent caregiver than an inconsistent one (Dontas *et al*., 1985).
- It is suggested that research be done regarding the interventions listed above in order to ascertain the degree to which these may assist attachment formation in institutionalized children. This is important as several studies have investigated the impact of such caregiver-aimed interventions on attachment formation in children, but these studies seem to mainly have taken place internationally. These studies have also primarily focused on mothers or foster parents caring for a limited number of children, as opposed to institutional caregivers. Thus, the need for equivalent research in the context of South African orphanages is indicated.

5.4. CONCLUSION

This study aimed to investigate caregivers' general perceptions regarding child-caregiver attachment in institutionalized children. A further aim was to explore which qualities and behaviours caregivers believe should be displayed in order to foster good relationships with the institutionalized children under their care. Finally, the study endeavored to explore caregivers' perceptions regarding displays

of behaviour by children that are suggestive of attachment difficulties. The methodology employed was qualitative in nature and entailed conducting semi-structured interviews with eight caregivers from a Soweto-based orphanage. The interviews were then transcribed and resulted in 164 pages of data that was analyzed through the use of thematic content analysis. The results were then interpreted with reference to attachment theory and presented in this report as themes.

The results of the study indicate the degree to which the participants' perceptions of child development and childcare are congruent or divergent with attachment theory. In theme one, the participants were found to have a reasonable understanding of the means through which focused attachments develop. They also described these attachments as occurring in the nursery between specific children and caregivers. The participants did however, almost unanimously, state that such focused attachments should be avoided within the nursery environment. This conclusion deviates greatly from the central tenet of attachment theory, which emphasizes the need for such focused attachments in order to encourage healthy development in children (Zeanah *et al.*, 1993). These findings relate to the research question put forward regarding caregivers' general perceptions of child-caregiver attachment in institutionalized children. These findings serve to demonstrate that even though caregivers may have observed or been party to attachment relationships, and understand the means through which these relationships develop; they may also largely avoid these relationships for several reasons. These reasons seemed to primarily pertain to the emotional pain that attachment relationships can cause for both caregivers and children, as well as to the lack of knowledge surrounding the importance of such relationships for the children's development.

Themes two and three also related to the research question concerning caregivers' general perceptions of attachment. These themes served to outline additional factors that may facilitate and discourage attachment in institutionalized children. Congruent with the findings in theme one, it was illustrated in themes two and three that when caregivers become emotionally overwhelmed, which may occur as a result of insufficient resources as well as other pressures, various processes may ensue that may hinder attachment formation. Conversely, when caregivers experience positive emotions in relation to being with the children, they may be more likely to foster attachments with the children under their care. These findings resulted mainly from the participants' perceptions regarding factors that they enjoy and find difficult about their job. The participants seemed able to acknowledge that factors related to their work environments impact on them emotionally, but failed to grasp the extent to which this in turn may have negative consequences for the children. This suggested the need for increased knowledge around this possible ripple effect. The findings also

suggested that more emotional support for caregivers may be needed. This emotional support may decrease the occurrence of caregivers' unconsciously allowing their emotional states to impact on their relationship with the children. Themes two and three also indicated the need for interventions at a more organizational level. It was found that attachment formation may be encouraged through increasing the numbers of permanent staff and by providing social support for caregivers in general.

The findings in theme four spoke to the research question pertaining to caregivers' perceptions regarding caregiver qualities and behaviours that are important in relating to children. Data on this topic was primarily yielded from the participants' answers to questions regarding what caregivers should ideally be like, and why. The subthemes that resulted indicated that participants believed that caregivers should be able to communicate with children, in a loving, caring way, and should not display negative emotions when with the children. The participants also stressed the need for caregivers to be willing and able to meet children's needs, especially when these needs are indicated through crying. Within all of these subthemes, the participants' ideas were found to link to attachment theory and were thus promising in that, if applied by caregivers, these principles may encourage attachment formation in the children under their care. Caveats were however offered throughout the discussion of these findings as, at times, the participants seemed to not fully comprehend the reasons why particular caregiving behaviours are important. Instead they appeared to provide hypotheses about these caregiver behaviours based on their own instincts and internal working models. If caregivers' understandings of important behaviours in relating to children could be supplemented by an increased knowledge base, they might be aided in consistently providing the type of caregiving that fosters attachment security in the children under their care.

Finally, theme five provided a description of behaviours that the participants have observed in the children under their care, which related to the research question concerning the meaning caregivers attribute to behaviours which may reflect attachment difficulties. The participants described having observed withdrawn, indiscriminately sociable, and aggressive patterns of behaviour in the children. Throughout this section, the participants seemed to have some degree of insight into the fact that all of these behaviours can result from maternal separation, but again were unable to explain why this may occur. A major finding throughout all of the subthemes of section five was that the participants were largely unable to conceive of any of these behavioural patterns as possibly being indicative of developmental difficulties in the children. Several interventions were thus suggested for caregivers throughout this theme. Most of these suggestions emphasized the need for caregivers to have some

knowledge of the fact that attachment difficulties and pathologies in children can be identified through observing their behaviour.

Thus overall, the findings suggested that caregivers may hold some perceptions congruent with attachment theory which, if applied, are likely to aid attachment security in the children under their care. While this is positive, the findings also suggested that caregivers may benefit from a more coherent understanding of these factors which they engage in almost 'naturally'. Furthermore, many of the themes indicated that the participants hold several beliefs and engage in behaviours that may hinder attachment security, also suggesting the need for intervention in this domain.

APPENDICES

APPENDIX A: INTERVIEW SCHEDULE

1. Relevant Personal Information

Tell me a little bit about yourself:

a. How long have you been looking after children?
b. How many hours a day do you work in the institution?
c. How many children do you look after in the institution?
d. How old are they?

2. General perceptions of child-caregiver attachment

a. Tell me about what you enjoy most about your job?
b. Tell me about the parts of your job that you find difficult?
c. Why do you feel that it is important for caregivers to form close, emotional relationships with the children?
d. What do you think the children in your care need from you?
e. How do you feel about the children you care for?
f. How do you think the children under your care feel about you?
g. Do the children have favourite caregivers? (why or why not)

3. Important caregiver qualities and behaviours to foster secure attachments

a. What should a caregiver at a children's home be like (with regard to personality and behaviour)?
b. Could you please explain how the way caregivers are (based on answer to the previous question) can affect the relationship they have with the children?

4. Perceptions specifically relating to attachment behaviours

a. Explain to me what kinds of behaviours the children under your care display?
b. What do you think about these behaviours?
c. Why do you think the children may be behaving like this?

5. Perceived possible consequences of insecurely attached children

a. What do you think may cause a child to develop emotional problems?

b. Do you think that any of the children you care for or have cared for may have problems (relational, emotional, behavioural, etc) later on in life? Why?

APPENDIX B: PARTICIPANT INFORMATION SHEET



School of Human and Community Development

Private Bag 3, Wits 2050, Johannesburg, South Africa

Tel: (011) 717-4500 Fax: (011) 717-4559

My name is Julie Koursaris, and I am conducting research for the purpose of obtaining a Masters degree in Psychology at the University of the Witwatersrand. The focus of this research is caregivers' perceptions of child-caregiver relationships with children living in children's homes. That is, I am exploring what caregivers think about forming relationships with the children under their care. In order to do this I would like to talk to you about your experiences of caring for children. I would like to know what you think about what caregivers should be like and how they should behave towards the children. I would like to invite you to participate in this study.

Participation in this research will entail being individually interviewed by myself, at a time and place that is convenient for you. The interview will last for approximately sixty minutes. With your permission, this interview will be recorded in order to ensure accuracy. Participation is voluntary, and you will not be advantaged or disadvantaged in any way for choosing to participate or not participate in the study. All of your responses will be kept confidential, and no information that could identify you will be included in the research report. Direct quotes of what you say may however be included in the report, with your permission. The interview material (tapes and transcripts) will be kept by me and will be destroyed once I have qualified. You may refuse to answer any questions you would prefer not to, and you may choose to withdraw from the study at any point.

If you desire any further information, please do not hesitate to contact me telephonically during working hours.

Your participation in this study would be greatly appreciated. This research will contribute to a larger body of knowledge on caregiver perceptions of child-caregiver relationships and further our understanding of this area.

In the unlikely event that you experience any emotional disturbance as a result of the interview, you will be referred for counseling to the Emthongeni Centre at the University of the Witwatersrand. The centre's phone number is (011) 717- 4513.

Kind Regards

Julie Koursaris
(Researcher/ Masters Student)

Dr. Daleen Alexander
(Research Supervisor)

APPENDIX C: INFORMED CONSENT TO BE INTERVIEWED

I ……...……consent to be individually interviewed by Julie Koursaris for approximately sixty minutes.

I understand the following conditions:

- My participation in the interview is completely voluntary.
- I will not be in any way advantaged or disadvantaged by agreeing to be interviewed.
- The interviews are confidential.
- My direct quotes may be used, but no information that could identify me will be included in the research report.
- I have the right to withdraw from the study at any stage.
- I may refuse to answer any question/s during the interview which I would rather not answer.

……..

(Signature)

APPENDIX D: CONSENT TO BE AUDIO-RECORDED

I…….give consent for my individual interview with Julie Koursaris to be audio-recorded.

I understand the following conditions:

- The tapes and full transcripts will be in the researcher's or her supervisor's possession.
- All audio tapes will be destroyed by the researcher after she has obtained her degree.
- No information that may identify me will be included in the transcripts or research report; however my direct quotes may be used.

…….

(Signature)

APPENDIX E: SANITIZED LETTER TO THE INSTITUTION WHERE THE RESEARCH WAS CONDUCTED



School of Human and Community Development

Private Bag 3, Wits 2050, Johannesburg, South Africa

Tel: (011) 717-4500 Fax: (011) 717-4559

Dear Ms. T

As per our telephone conversation, I am writing to you regarding approaching the caregivers who work at PP Children's Home to participate in my study. I am conducting research for the purpose of obtaining a Masters degree in Psychology at the University of the Witwatersrand. The focus of this research is on caregivers' perceptions of child-caregiver relationships with children living in children's homes. That is, I am exploring what caregivers think about the relationships that are formed with the children under their care. In order to do this, I would like to talk to caregivers about their experiences of caring for children. I would like to know what they think the kinds of caregiver qualities and behaviours are that help to foster relationships with the children. I would like to invite the caregivers who work at PP Children's Home to participate in this study.

Participation in this research will entail each caregiver, who volunteers to participate, being individually interviewed by myself, at a time and place that is convenient for him/her. The interview will last for approximately 60 minutes. With the caregiver's permission this interview will be recorded in order to ensure accuracy. Participation is voluntary, and no caregiver will be advantaged or disadvantaged in any way for choosing to participate or not participate in the study. All interview responses will be kept confidential, and no information that could identify any caregiver will be included in the research report. Direct quotes of what they say, may however be included in the report, with their permission. The interview material (tapes and transcripts) will be kept by me and will be destroyed once I have qualified. Participating caregivers may refuse to answer any questions they would prefer not to, and they may choose to withdraw from the study at any point. PP Children's Home will not be named in the actual research report. All of these details will be

explicitly explained to each of the prospective participants by me, and through way of information and consent forms.

By agreeing to allow me to approach the caregivers at PP Children's Home, you will only be permitting me to invite the caregivers to participate. You are in no way binding them to participate in the study. Should you allow me to approach the caregivers, a summary of the findings can be made available to your institution upon your request.

If you have any further questions please do not hesitate to contact me.

Kind Regards

…….

Julie Koursaris

NOTE: This letter has been sanitized in order to ensure that the institution where the research was conducted remains anonymous.

***** PP and Ms. T are pseudonyms

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