Child psychology

Child psychology is concerned with understanding the development of human behaviour from before birth, through childhood, adolescence and into adulthood. It investigates how experiences in childhood affect later adult development, so focuses mainly on how children develop. Child psychology investigates a range of developmental processes, such as the development of cognition, moral development and social behaviour. In this topic, we will consider the emotional development of children, focusing specifically on the role of attachment in early infancy, and its influence on later development. It is important to consider why children attach to a caregiver, whether these attachment types differ between children and the possible impact of disruptions to this attachment on later adult development.

In this topic you will learn about:

- Bowlby’s explanation of attachment, the effects of deprivation and privation, and whether negative effects can be reduced
- Ainsworth’s research into attachment types and cross-cultural research highlighting nature-nurture issues
- research into day care
- explanations and therapies for autism, a development disorder
- factors that affect attachment, including individual differences such as child temperament
- the use of observations, questionnaires, interviews and cross-cultural research and meta-analysis when investigating development
- a classic and a contemporary study of child development
- key issues around the topic of child psychology that are of relevance to society today
- how to carry out a practical research exercise relevant to topics covered in child psychology
- wider issues and debates in child psychology (A level).

7.1 Content

Learning outcomes

In this section, you will learn about explanations and types of attachment, research and factors affecting attachment, day care and autism:

- Bowlby’s work on attachment
- Ainsworth’s types of attachment and the use of the Strange Situation Procedure
- research into the short-term and long-term effects of deprivation and how negative effects can be reduced
- research into privation, and whether negative effects can be reversed
- research into day care
- cross-cultural research into attachment, and issues that arise about the nature–nurture debate
- explanations and therapies for autism.

Throughout this topic you will consider individual differences in attachment type, responses to day care, and consider the effect on a child’s development of day care, deprivation, privation and autism.
Introduction to child psychology

Historically, children were viewed as little adults and it was only with the writings of Jean-Jacques Rousseau, in the 18th century, that it was considered how children think and act differently from adults. Rousseau described the four stages of development from infancy, through childhood, late childhood and adolescence as an unfolding and invariant sequence of development according to biological maturation, and which represented the recapitulation of man from primitive, to savage, to social and skilled human being.

Arnold Gesell (1880–1961) further developed the idea of biological maturation to explain childhood growth but also explained that a child is a product of both a biological plan and its environment. As babies grow they follow a fixed pattern of development such as learning to sit, stand and walk, that follows a biological blueprint. However, children are also born into social and cultural contexts that influence what they learn. Exposure to certain experiences from parents and carers should take account of the maturational phase of development, so a child should not be encouraged to walk until they are biologically ready to do so.

Both biological maturation and environmental influences are of key importance to child psychology today, and influence much of the research into attachment.

Attachment

Attachment is defined as a close, emotional bond between child and caregiver. Although there are several theories of why this attachment may occur, it is generally accepted that this attachment is necessary to promote proximity between child and caregiver in order to provide safety and security. Deprivation is defined as a loss of an attachment that has been formed. In this topic, we will consider both the short-term and long-term effects of deprivation, and whether day care can be considered as a form of deprivation of attachment. Privation is defined as an absence of attachment, that is, an attachment has never been formed. Privation occurs when a child is extremely neglected or in a situation where a caregiver is unable to bond with a child.
Bowlby’s work on attachment
John Bowlby (1907–1990) trained as a psychiatrist and psychoanalyst and worked for the army and later at the Tavistock Clinic in London. Importantly, he was appointed as consultant in mental health by the World Health Organization for whom he wrote many of his publications on maternal care and mental health. Beginning his work in child guidance during the 1930s, he became increasingly concerned with the disturbances presented by children who had spent time in institutional care. He observed that many children who had experienced separations from their caregiver in infancy presented with emotional problems and an inability to form close relationships with others. He hypothesised that these disturbances could be as a result of their own missed opportunity to form a close bond with their caregiver.

Bowlby’s theory of attachment

Evolutionary theory
Bowlby drew on evolutionary theory to explain why children attach to their caregiver. He explained that within our ancestral environment of ‘evolutionary adaptedness’ we existed as hunter-gatherers, often moving to search for food and at risk of predation. In order to protect their vulnerable young, ancestral humans needed to ensure that their young maintained close proximity to an adult. Such closeness is innate and so must have evolved as a mechanism to ensure survival; therefore attachment behaviours that promote proximity developed, such as crying, grasping and smiling. Initially, babies are indiscriminate in whom they grasp and whom they cry for when left alone. However, around the age of six to nine months they begin to prefer one person in particular, maintaining close proximity to this caregiver and monitoring their whereabouts.

Stages of attachment
Bowlby described three phases or stages in the development of attachment.

Phase 1: During the first few months of life a baby will respond indiscriminately towards any adult figure. The baby will orient themselves towards an adult using eye contact/tracking, grasping and smiling to promote proximity. A baby will gaze at an adult face and smiling will become a social response after several weeks.

Phase 2: A child will use social releasers, such as crying and smiling, to promote proximity, but this behaviour is directly towards the primary caregiver when the child is around three to six months old.

Phase 3: At around six months the baby will show intense attachment to the primary caregiver. The child will not only maintain close proximity to the caregiver in order to establish a safe base from which to explore the world, but they also show distress at separation and joy at reunion. They treat strangers with fear and use crying as a social releaser to raise alarm about their distress. This phase continues until the child is two or three years old.

Imprinting/attachment
Bowlby drew several parallels between his own research and that conducted on animals. In particular, Bowlby used the research into imprinting by Konrad Lorenz to explain how human babies follow a similar pattern of attachment. Lorenz conducted several experiments using greylag geese immediately after hatching. He observed that the chicks would instinctively follow the closest moving object they saw and develop to follow only this object and avoid other objects. Under natural conditions, it would be the mother goose which the chicks ‘imprinted’ on, and Lorenz tested this by dividing hatching chicks into two groups: one group imprinted on the mother goose and the second group imprinted on Lorenz himself. This process of imprinting was more likely to occur during the
first 12–24 hours of life, but if after 32 hours, the chick had not imprinted, they were not likely to imprint at all. This led to the idea that there was a critical period for imprinting after which it became irreversible.

Bowlby used Lorenz’s concept of imprinting and applied it to explain attachment in human babies. Attachment in humans is slower than in non-human animals; but the characteristics of attachment are similar to that of imprinting in that babies increasingly and selectively use social releasers towards a primary caregiver in order to promote proximity and that this occurs during the first year or so of life – so perhaps it is better described as a sensitive rather than critical period.

**Safe base**

Previous theories of attachment, such as learning theories and Freudian ideas, were dubbed ‘cupboard love’ theories because they explained attachment as occurring because of the provision of food. Learning theories described how the mother was associated with providing food which satisfied a biological need. However, Bowlby did not believe that such a complex emotional bond between child and caregiver could be explained by food alone. In particular, Bowlby drew on research by Harry Harlow that investigated attachment behaviours in rhesus monkeys.

Harlow and Zimmermann (1959) isolated eight rhesus monkeys with a choice of a cloth surrogate mother and a wire surrogate mother. Four of the rhesus monkeys were fed by the cloth mother and four by the wire mother. They observed that the monkeys preferred the cloth mother regardless of which provided food, and spent no more than two hours a day on the wire mother suckling for food. The monkeys’ preference for the cloth mother was clear, and some monkeys were observed to lean across from the cloth mother to the wire mother in order to suckle. Harlow and Zimmermann claimed that ‘contact comfort’ was critical in the development of attachment, not food. This was further reinforced when the monkeys were exposed to a fear-inducing stimulus. The monkeys clung to the cloth mother when fearful, which seemed to settle the monkey to the point where it could challenge the fearful object from its safe base. Monkeys raised with the wire mother did not seek comfort from it and continued to be fearful of the stimulus.

Bowlby suggested that human babies instinctively grasp and grip a caregiver in order to seek an embrace. This contact comfort provides a safe base for babies.
Monotropy
Based primarily on the research conducted by Mary Ainsworth (1967) discussed later in this section, Bowlby listed several behaviours that children tend to display towards one particular person – namely the mother figure or primary caregiver. The child will vocalise more and smile more when interacting with the mother, continue to cry when nursed by others but stop crying for the mother; the child cries only when the mother leaves the room, the child will fix gaze on the mother, crawl and follow her, as well as many other mother-directed behaviours.

Bowlby argued that, although multiple people may care for and be attached to a child, the principal caregiver of that child was the main attachment figure and the one to which the child formed a special bond. He also argued that the principle attachment figure was most likely, but not exclusively, to be the mother. Although substitute attachment figures could adopt the same role as the mother, he argued that they would be less able to attach than the natural mother because of hormonal influences and consistency of care following birth. Bowlby named this bias of a child to attach to one person in particular ‘monotropy’.

WIDER ISSUES AND DEBATES

Nature–Nurture
Bowlby’s theory of attachment is an evolutionary theory that explains attachment as a biological innate process based on adaptedness formed in our environment of evolutionary adaptedness. This suggests that we do not learn to attach, but that imprinting to one caregiver is a natural part of the developmental process. Prior to Bowlby’s theory of attachment, learning theories suggested that we bond with a caregiver because of the food we associate with them. Classical conditioning described a mother figure as a neutral stimulus and the milk as an unconditioned stimulus that provides pleasure as an unconditioned response. As we acquire milk from the mother figure, we learn to associate her with pleasure and she becomes a conditioned stimulus. Operant conditioning would explain that milk is a primary reinforcer that satisfies our drive for satiety. As the mother is associated with the provision of milk, she becomes a secondary reinforcer. Note how these theories contrast with one another; Bowlby’s theory suggests that we attach as part of biological maturation, whereas learning theories emphasise the role of associating the mother with food as a learned response.

Internal working model
Bowlby proposed that personality development into adulthood was defined by early attachment experiences that are mentally stored by the child. A child’s experience of a continuous, loving and sensitive mother is formed as a mental representation, a memory or template of what relationships are like. This mental representation forms a basis for subsequent romantic relationships and attachments with their offspring. A mother who provides a safe base helps to promote competence and resilience in later life. A sensitive-responsive mother builds a positive internal working model for a child to utilise in later adulthood relationships. Different experiences in childhood can have adverse consequences for later development, including less resilience and dependency.

Exam tip
When revising Bowlby’s theory of attachment, it can be useful to revise using key terms. Define each key term and then link them together:

- Evolutionary adaptedness
- Safe base
- Sensitive period
- Attachment
- Social releasers
- Proximity
- Monotropy
- Internal working model
**Evaluation**

The concept of monotropy has been debated as Bowlby claimed a child was more likely to attach to the mother figure and that, although the child has multiple attachments after a certain age, this mother–child relationship was qualitatively different from others. Rudolph Schaffer and Peggy Emerson (1964) conducted a longitudinal study of 60 Glaswegian babies at monthly intervals over the first 18 months of life. Observing the children within their family homes, Schaffer and Emerson found that 17 per cent of the babies had formed multiple attachments as soon as attachment behaviours were displayed, and by four months half of the babies had formed more than one attachment, and some up to five attachments. In fact, at 18 months only 13 per cent of children with a single attachment had maintained this exclusivity. On the face of it, this research seems to disprove the concept of monotropy as children were able to form multiple attachments at a very young age. However, Schaffer and Emerson found that the babies protested more intensely at separation from one particular attachment figure than others, so much so that the attachments could be arranged in hierarchical order. This seems to support the concept of the monotropic bond being qualitatively different from other attachments. Additionally, the principal attachment figure for babies in the Glasgow study was the natural mother; however this finding was largely a product of the sample used whereby the mother was typically the one who reared the child.

**WIDER ISSUES AND DEBATES**

**Social control**

Bowlby’s theory of attachment remains dominant as an explanation of attachment in developmental psychology; it has made positive contributions to the development of new hospital procedures ensuring that visiting times and access rights of parents to hospitalised children were increased. It has also made a positive contribution to childcare practices to avoid bond disruption. As we will see later in this section, day care now carefully considers the nature of substitute care and child–carer ratios are set by government.

However, the legacy of Bowlby is knowledge that even temporary separation can have adverse effects on attachment, which has led to working mothers feeling guilty for having to leave their children in day care. This psychological knowledge can still be felt today, as women continue to feel anxiety about using day care and balancing their home/work environments.

**Child and adult attachments**

Support for the internal working model comes from correlatory research into attachment types as a child and later adult attachments. Cindy Hazan and Phillip Shaver (1987) tested whether early attachments formed a template or model for later romantic relationships by using a questionnaire known as the ‘Love Quiz’. The Love Quiz consisted of questions related to recall of childhood relationships with parents and questions about individual beliefs about romantic relationships. The quiz was published in a local newspaper and responses invited. They classified the recall of 620 replies of child–parent relationships as securely attached or insecurely attached and related this to the individuals’ beliefs about romantic love. Respondents classified as having secure child–parent relationships were more likely to hold beliefs that romantic relationships were trusting, enduring and accepting of partners’ faults. Insecurely classified respondents tended to believe romantic relationships were either based on obsession, attraction and jealousy or that they feared intimacy and did not need love.
The correlation between early and later attachments provides evidence to support Bowlby’s idea that first relationships form an internal working model on which subsequent relationships are based. However, this correlatory evidence does not mean that early attachment causes later attachment style and people did change their attachment as they grew older. It is also based on recall of child–parent relationships which may not be reliable. Other researchers have also found an association between early and adult attachment types (Feeney and Noller, 1990; Keelan, Dion and Dion, 1994) and in a replication of the Love Quiz (Hazan and Shaver, 1993) a similar but more modest correlation was found.

**INDIVIDUAL DIFFERENCES**

An alternative explanation for the association between childhood and adulthood attachment styles suggests that the temperament of the individual, and not the internal working model per se, should be considered. Kagan’s (1984) temperament hypothesis suggests that the innate individual temperament of a child can dictate whether a secure or insecure attachment is formed, which has little to do with the formation of an internal working model. A child with a difficult temperament will impact on the quality of the relationship formed with a parent, and equally this temperament can influence subsequent relationships. It is the individual temperament and not the internal working model that affects the quality of relationships.

Bowlby based much of his theoretical work on research using animals. Harlow and Zimmermann (1959) showed that rhesus monkeys attached innately to a cloth mother to secure a safe base, and Lorenz’s research into greylag geese helped Bowlby formulate his idea of a sensitive period. However, we should be mindful that animal research, although supporting the concept of an evolutionary basis for attachment, may not be wholly applicable to human development.

**Ainsworth’s work on attachment**

Mary Ainsworth worked as Bowlby’s assistant for several years and developed his ideas from an explanation of attachment into the types of attachment that children form with their caregiver. Moving to Uganda, she studied 28 Ganda infants and their mothers in their homes. Observing the infant–mother interactions of 26 families, she discovered that securely attached children used their mother as a safe base from which to explore their world, while insecurely attached babies tended to cling to the mother and refuse to venture away from her with confidence. She also found that mothers who were sensitive to behavioural cues from their child were more likely to form a secure attachment, whereas mothers who were not able to understand these cues formed insecure attachments with their child. Insecure children tended to cry more frequently, even when held by their mother. Ainsworth suggested that attachment type was associated with maternal sensitivity.

In 1963, Mary Ainsworth began a second observational study in Baltimore, USA, using middle-class families recruited before the baby was born. She observed the parent–child interactions for four hours each month from the first few weeks of birth. She found additional evidence that sensitive-responsive parenting was associated with happier children who cried less. When the children were 12 months old, Ainsworth and her colleague, Barbara Wittig, invited the families to a laboratory environment to understand how the babies would respond to their safe base when in a strange environment.

**The ‘Strange Situation’**

Ainsworth and Wittig developed a 20-minute procedure to examine infant–parent interactions when in a strange situation. The procedure involved eight episodes which involve the mother being present or absent and the introduction of a stranger. In each episode the behaviour of the child was carefully observed.
**Eight episodes of the Strange Situation Procedure**

1. Mother and child are invited to play together in a laboratory playroom by a researcher, who then leaves the room.

2. The mother sits on a chair and the child plays on the floor with toys in the room.

3. A stranger enters the room with mother and child and talks to the mother.

4. The mother leaves the room, leaving the stranger with the child.

5. Mother returns to the room and the stranger leaves.

6. The parent leaves the room and the child is alone.

7. The stranger enters the room and tries to interact/comfort the child.

8. The mother returns and the stranger leaves the room.

**Attachment types**

The behaviour of the children was recorded, and particular attention was paid to the following occurrences:

- Separation behaviour – the behaviour of the child when separated from the mother
- Stranger response – how the child responded to the presence/comfort of the stranger
- Reunion behaviour – how the child behaved when the mother returned
- Exploring – the extent to which the child felt safe to explore the room.

Using the different ways the children responded in the Strange Situation, they could be classified into three different attachment types.

**Table 7.1 Children’s attachment types in response to the Strange Situation**

<table>
<thead>
<tr>
<th></th>
<th>Insecure-avoidant (Type A)</th>
<th>Secure attachment (Type B)</th>
<th>Insecure-resistant/ambivalent (Type C)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Separation anxiety</td>
<td>Not upset when the mother leaves the room</td>
<td>Very distressed when mother leaves the room</td>
<td>Very intense distress when mother leaves the room</td>
</tr>
<tr>
<td>Stranger fear</td>
<td>Stranger able to interact and comfort the child</td>
<td>Avoids stranger and resists stranger comfort</td>
<td>Shows signs of stranger fear</td>
</tr>
<tr>
<td>Reunion behaviour</td>
<td>Did not seek closeness of mother on her return Ignored her. When picked up by mother they avert their gaze from her</td>
<td>Seeks comfort from mother. Happy that she has returned and quick to soothe</td>
<td>Child approaches mother on her return but pushes her away angrily</td>
</tr>
<tr>
<td>Exploring</td>
<td>Able to explore the room independently but does not check mother’s presence and use her as a safe base</td>
<td>Able to explore the room from the safe base of the mother. This stopped when the mother left the room. After reunion comfort they were able to explore again</td>
<td>Clung to mother and hardly explored at all. Cries more than other types</td>
</tr>
<tr>
<td>Observations from home visits</td>
<td>Insensitive, interfering and rejecting mothering observed</td>
<td>Sensitive, responsive mothering observed</td>
<td>Inconsistent mothering observed; warm and responsive on occasion and rejecting on other occasions</td>
</tr>
<tr>
<td>Approximate % of children</td>
<td>20</td>
<td>70</td>
<td>10</td>
</tr>
</tbody>
</table>

Correlating the attachments types into which the children were classified, and observations made about the parent–child interactions at home, it was suggested that sensitive, responsive parenting encouraged trust and safety for the child, which resulted in a secure attachment type. Mothers who ignored the behavioural cues of their children and were insensitive to their needs tended to be more
independent (avoidant) because they were accustomed to rejection. Children exposed to inconsistent parenting strategies, both loving and rejecting, were more likely to be ambivalent towards the mother because they were uncertain whether they could rely on their mothers. This resulted in clingy children who did not trust the mother to stay close to them and who were angry at her on her return.

**Exam tip**

To prepare well for the exam you should be able to use your knowledge of attachment types to explain novel scenarios that you may be given. Consider the following novel scenarios and explain the behaviour of the children.

Brendan is taken to the doctor by his mother for his first injection. Brendan plays happily in the doctor’s surgery waiting room, but checks that his mother is close. A nurse takes him from his mother to receive the injection from the doctor. Brendan cries at the nurse but is quickly soothed by his mother when the nurse returns him to her.

Ellie is playing nicely when her mother introduces her to a new babysitter. Her mother and father are going out for the evening. Ellie seems unconcerned and continues to play with the babysitter near her. When her mother returns the babysitter describes how Ellie played well and was easy to put to bed.

Alisha and her mum visit some relatives that they have not seen for some time. Alisha clings to her mum and does not want to play with the toys she has been given. Alisha’s mum pops to the shop, leaving her with her relatives. When her mum returns, Alisha continues to cry and gives her mum an angry look.

**Evaluation**

The Strange Situation Procedure has been widely used and is a highly regarded standardised procedure for classifying attachment types. However, it has been criticised for lacking ecological validity as the child may behave differently in more familiar surroundings. It has also been criticised on ethical grounds as it causes distress to the child involved in the procedure. The procedure was largely based on the research by Harlow, where rhesus monkeys were exposed to threatening stimuli. In this sense it is a more natural condition for a child to experience and one a child may be accustomed to. Although the procedure does induce stress in a child, the observers are trained to recognise intense distress and stop the procedure if they feel the child will become more than momentarily upset.

Because the Strange Situation Procedure is a structured observation the episodes are highly standardised and it is conducted in a controlled environment. The behaviour of the children can be recorded and reviewed by many observers to establish inter-rater reliability. However, it may not be a useful procedure to measure attachment types in children accustomed to separation, such as those who attend regular day care.

**INDIVIDUAL DIFFERENCES**

Marina Fuertes et al. (2006) conducted research on the sensitive, responsiveness of mothers and the attachment bond secured by attentive mothers. They studied 48 Portuguese babies and mothers and observed them regularly until they reached their first birthday. They assessed the baby’s personality in the first few months and the mother’s sensitivity to the baby’s needs. When the babies were 12 months old they used the Strange Situation to categorise them into different attachment types. They found that it was not only the sensitive, responsiveness of the mother that determined the attachment type, but that the individual temperament or personality of the child had an overwhelming influence on the type of attachment that developed. This contradicts Ainsworth’s maternal sensitivity hypothesis, highlighting instead the role of individual differences in the personality of the child.
Kagan’s (1984) temperament hypothesis can be used to criticise Ainsworth’s research into attachment, in particular the association made between sensitive, responsive mothering and attachment type. He argues instead that the child’s response in the Strange Situation is a result of their temperament rather than the attachment type they have developed through interactions with their mother. Avoidant children are innately fearless and independent, rather than ignored by a parent.

**WIDER ISSUES AND DEBATES**

**Culture**
As we will discuss later in this section, the attachment type proportions found in Ainsworth’s Baltimore study are not the same patterns found in different cultures. Additionally, Ainsworth’s conclusion about sensitive, responsiveness and attachment may be seen as culturally biased as it only represents a westernised view of attachment. Some cultures encourage independence so it only applies to western child-rearing practices. It is also worth noting that the Strange Situation Procedure may be an inappropriate tool to use in cultures where separation from a parent is uncommon. In Japanese culture, for example, children are rarely separated from their caregiver, so the Strange Situation causes the child great distress and therefore becomes a meaningless tool for measuring attachment type.

**Separation and deprivation**
Bowlby’s theory of attachment argues that a child should have a close bond with a mother figure during the first few years of life. Therefore separation from the mother could have serious consequences for the emotional development of the child. He based this hypothesis on observations conducted at the child guidance clinic and those made by other researchers at the time on children in institutional care and residential nurseries.

**Short-term effects of separation: protest, despair, detachment**
Separation anxiety can be observed in children from around seven months old; they display a desire to be close to their mother and display distress when separated. This is quite clear in the research of Ainsworth using the Strange Situation. She observed distinct patterns of immediate emotional distress following separation and the reluctance to accept comfort from others.

The short-term effects of relatively temporary separation from the mother can also be seen in James Robertson’s research. Working as an observer for Bowlby in a residential nursery and hospital setting, Robertson systematically made notes on the behaviour of the children who came to the institutions. At the time, children’s distress at separation from their caregiver was rarely noted and parental visitation was very restricted. However, Robertson was able to record the distress at separation exhibited by children and this led Robertson and Bowlby (1952) to suggest three stages to the distress that children undergo.

1. **Protest:** The initial stage of separation can last several hours or days and the child is seen to cry profusely, throw himself around and seek for the mother figure. During this phase of protest the child will actively refuse comfort from other adults or displays exaggerated clinging to an adult.

2. **Despair:** Once the initial protest and screaming stops, the child no longer anticipates the return of the mother and becomes increasingly hopeless. The child will become withdrawn, apathetic and demonstrates mourning. The child self-soothes and rejects the comfort of others; often displaying rocking, thumb sucking, and cuddling inanimate objects.

3. **Detachment:** The child regains an interest in its environment and even accepts comfort and interaction with other adults. However, when the mother returns it is apparent that the child
does not display normal reunion behaviour. The child will reject the mother, turning away from her and not accepting her comfort. The child will seem to reject his mother as she has seemingly rejected them. Prolonged or repeated separations can lead to rather superficial interactions between the child and other adult figures.

Evaluation

The stages of distress have been observed in a series of observations conducted by Robertson. One small child named John was 17 months old when he was placed in a residential nursery for nine days while his mother was admitted to give birth to a second child. His father worked all day and he had no relatives to care for him, although his father did visit him while he was in the nursery. John displayed the three stages of distress while in the nursery: he sobbed and resisted comfort (protest), he played with toys and clung to a soft teddy bear (despair), and would not look at his mother when she returned, resisting attempts to soothe him (detachment).

Some psychologists argue that it is not the separation itself that causes such an acute distress response in a child, but the associated factors around the separation, such as the introduction to an unfamiliar environment or the length and nature of the separation or resilience of the child. However, research by Spiro (1958) reported a case of a boy brought up in an Israeli kibbutz who was left for several weeks while his parents were away travelling. In a familiar environment and with familiar people, the little boy still demonstrated the same distress documented in the case of John. This may question whether the unfamiliarity of the environment alone may account for the distress shown. In a study of matched children who were accompanied into hospital by their mother, or left in hospital alone (Fagin, 1966), it was found that only the unaccompanied children showed distress. Again, this highlighted that it is the absence of the mother figure that caused distress and not the unfamiliarity of the environment.

In extreme cases, the effects of separation can be severe, particularly if the separation is prolonged and at an early age. René Spitz (1887–1974) conducted research in children’s orphanages in South America during the 1940s. In one institution, babies were separated from their mothers at three months and placed into an orphanage to await fostering. In another institution, annexed to a female prison, the babies of inmates were separated from their mothers but received regular visits so their mothers could care for them. The prison babies thrived while the orphaned children displayed anaclitic depression and developmental delay.

**Key term**

**Anaclitic depression:** emotional withdrawal, loss of appetite, crying.
**The maternal deprivation hypothesis**

Bowlby proposed the maternal deprivation hypothesis to explain the adverse consequences caused by separation between a child and caregiver during the sensitive period. The negative effects could be seen in the longer term development of the mental health of the child.

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**How long are long-term effects observed?**

For the purpose of this book, we have described the short-term effects of separation over the course of around one week. However, Bowlby drew on additional research to describe the development of behavioural responses to separation over the course of the first year of life. Rudolph Schaffer (1958) studied 67 hospitalised children under the age of 12 months admitted for elective surgery or without apparent malnutrition or brain injury. The children were without their mother for the duration of the stay and received little attention from nurses in the form of social interaction. The children aged over 29 weeks cried and physically struggled around their cots. Those under 28 weeks did not exhibit the same protest, but maintained silence and showed bewilderment. It seemed that age played a significant role in the protest to separation, and this was marked at the 28-week stage. Bowlby claimed that the intensity of this protest response diminished around the third birthday.

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**Long-term effects of deprivation**

The effects of maternal deprivation on the long-term development of children was largely based on research of institutionalised children conducted during the 1940s. In 1943, William Goldfarb studied the development of children raised in institutions compared to those fostered straight from their mother. The 15 children in each group were matched on maternal education and occupation, and studied from the age of around six months to three years old. At three years old the children who remained in the institution were intellectually and social behind the fostered group, and in adolescence they maintained this development lag and showed problems with relationship formation (Goldfarb, 1947). It is clear that such research would seem to strongly suggest that early deprivation can have long-term consequences on social, emotional and intellectual development, although it could have been the very nature of the unstimulating and neglectful environment that caused these problems rather than their separation from a mother figure.

To investigate the long-term consequences of deprivation, Bowlby conducted his own research on children attending the guidance clinic where he worked. Some of the boys and girls attending the clinic had been referred by schools and parents, and some had been referred by legal services. Bowlby interviewed 44 children who had been referred because of juvenile delinquency and theft (the 44 juvenile thieves) and 44 children referred because of emotional problems (control group) but not stealing. Along with a social worker, they interviewed each child and parent and made psychiatric assessments of the children’s behaviour. Bowlby classified 14 of the juvenile thieves as having an ‘affectionless character’, as they seemed to lack affection for others and experienced no guilt, responsibility or shame for their crimes. None of the children in the control group was classified as having an affectionless character. Of the 44 juvenile thieves, 17 had experienced prolonged periods of separation from the primary caregiver of more than six months before the age of six years, compared to only two of the control group. Of the 17 juvenile thieves who had experienced maternal deprivation, 12 of them were classified as affectionless characters. This was the most important finding as it suggested that the long-term consequences of maternal deprivation were a lack of empathy, guilt and later delinquent behaviour.
Evaluation

The long-term consequences of maternal deprivation have been found to be associated with later emotional, social and cognitive difficulties. However, it cannot be firmly established that the deprivation alone led to such problems in later life. In Bowlby’s study of 44 juvenile thieves, we cannot be certain of the circumstances around the separation period or the reason for such separation. It could be that the reason for the separation itself led to later problems. Correlatory research cannot firmly establish the cause of later difficulties, just that there is a relationship between them. It must also be discussed that of the 44 juvenile thieves, 27 had not suffered maternal deprivation but were still referred to the clinic for stealing. This means that other factors must also contribute to the development of these tendencies. This does not take away from the fact that many of those suffering maternal deprivation also were classified as affectionless characters, but does highlight that other factors should be considered.

Goldfarb acknowledged that factors associated with orphanages at the time, such as emotional neglect, contributed to poor development of the children who remained in care; however he argued that it was the separation that was the most important factor. Other researchers disagree with this view. Impoverished environments lack stimulation and are associated with developmental retardation and poor language development. Therefore poor long-term outcomes could be associated with unstimulating environments rather than lack of a mother figure. Rutter (1981) extends this argument to suggest that the long-term effects of deprivation demonstrated in research involving institutionalised children may be a result of privation (lack of an attachment) rather than deprivation (loss of an attachment), as many children were for all intents and purposes emotionally neglected, which may explain negative effects in later life.

Reducing negative effects of deprivation

According to Bowlby’s theory, the short-term effects of separation can only be truly ameliorated by reunion between the caregiver and the child. However, this is not always possible as modern society requires both parents in families to be working – meaning that children are often placed in day care. Following on from his observations of children attending hospital and residential nursery care, James and his wife Joyce Robertson (1971) conducted a series of experimental trials that combined their roles as observers and temporary foster carers for four children whose mothers were going into hospital. It was their aim to understand the conditions under which negative effects of separation could be ameliorated.

The Robertsons decided to become temporary foster carers for four children, as shown in Table 7.2.

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Days to be spent in care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane</td>
<td>1 year 5 months</td>
<td>10</td>
</tr>
<tr>
<td>Lucy</td>
<td>1 year 9 months</td>
<td>19</td>
</tr>
<tr>
<td>Thomas</td>
<td>2 years 4 months</td>
<td>10</td>
</tr>
<tr>
<td>Kate</td>
<td>2 years 5 months</td>
<td>27</td>
</tr>
</tbody>
</table>

Each child was fostered separately and the Robertsons made great efforts to get to know the habits and developmental stage of each child prior to being separated from their parents. Based on observations both during their time with the Robertsons, and on their return to their parents, it was concluded that, although the stages of protest, despair and detachment could be seen in the children’s behaviour, the intensity of distress was significantly reduced when good-quality substitute care was provided.
The negative effects of separation can be reduced by the provision of a substitute mother figure with concern over the child's emotional and intellectual needs. Greater contact and comfort from a substitute carer, who provides attention and stimulation, can reduce the distress experienced by a child.

The Robertsons suggested that regular contact with the parent and reminders of them, such as photographs, could help the child cope with the separation. They also suggested that placement in an unfamiliar environment would be buffered by maintaining home life routines, permitting children to bring with them familiar toys and comforters to remind them of their home and family.

These findings can be seen in practice today in our day care centres and nurseries. Government policies for childcare provision regulate the permitted child to staff ratios for childcare providers to ensure that children receive a sufficient amount of attention and stimulation from substitute carers. This has had an impact on recent developments in childcare provision that will be discussed later in this section.

**Privation**

Privation is defined as the complete absence of an attachment figure or when an attachment between child and caregiver is never formed. This occurs in cases where children have suffered extreme neglect or have been placed in poor-quality institutional care. Psychologists know that privation can have extremely negative effects on a child’s emotional, social and cognitive development, but it is still relatively unclear whether any of these effects could be reversed or ameliorated. In this section, we will examine a number of case studies of privated (neglected) children to explore the effects of privation on a range of outcomes and also examine the effects of poor-quality institutional care.

**The case of Genie (Curtiss, 1977)**

In 1970, a case of extreme neglect came to light: a girl aged 13 years old who had spent most of her life locked in a room with nothing but a cot, potty chair and cotton reels to play with. Genie was seriously neglected by her parents, who claimed that she was diagnosed with mental retardation as a baby. She was confined to her cot or tied to her potty chair for most of her life, and only on special occasions allowed to play with two plastic raincoats. Her father repeatedly beat her for vocalising, and her mother, who was partially blind, claimed that she was also a victim of his abuse.

Although both of Genie’s parents were charged with child abuse, her father committed suicide and her mother was never convicted. The custody of Genie was given to the Los Angeles Children’s Hospital, where researchers and doctors were involved in her care and recovery. She was found with severe emotional and intellectual retardation; she was virtually mute, had an awkward gait and stooped, was seriously malnourished and often scratched and bit herself. From being tied to a potty chair, she had a ring of callus on her buttocks, frequently urinated in her clothing, and it transpired could not chew as a result of being only fed baby food; she often held solid food in her mouth until it dissolved enough to swallow.

After only a few days in the hospital, Genie began to show signs of improvement; she was able to urinate independently and form attachments with members of staff. After several months, she began to play and utter words. However, her language development, particularly the use of grammar, did not improve beyond that of a toddler. Unfortunately, Genie’s story was one of repeated foster carers and eventually she regressed into a world of silence and emotional disturbance.
### WIDER ISSUES AND DEBATES

**Ethics and socially sensitive research**
Following a period of hospital care, Genie was initially fostered by one of the researchers, Jean Butler, who was working on developing her linguistic ability. However, many speculated at the time that Butler could not provide adequate care and that her care of Genie would be in direct conflict with her research ambitions. Genie was removed from Butler’s care and placed in the family home of David Rigler, one of Genie’s therapists and head of the research team. Genie was exposed to a number of cognitive tests, brain scans and treatments to improve her emotional and social skills. Some claimed that she was overexposed to testing and this was inappropriate for a vulnerable child. Once the project funding for Genie ran out, and further grant extensions denied, the Rigler family could no longer care for Genie and she went back to the care of her mother. Genie’s mother could not cope with her so she was returned to a succession of foster care homes and was finally made a ward of the state.

There is continued speculation about whether the researchers were appropriately placed to provide both therapeutic and foster care, and whether the career ambitions of some of the researchers were placed ahead of the welfare of this child.

**The Czech twins (Koluchová, 1972)**
Andrei and Vanya, a pair of Czechoslovakian twins, lost their mother shortly after their birth and were placed into institutional care for a year. They were subsequently cared for by an aunt before returning to their father’s care at the age of 18 months. Their father had remarried and their stepmother was cruel, locking them in a small, dark room for long periods of time. Eventually discovered at the age of 6 years, the twins were malnourished and mentally retarded. Their IQ was estimated to be around 40 (the average IQ is 100), but their language development was so poor this could not be firmly established. They were taken to a children’s home for rehabilitation and two years later were fostered by two sisters who provided exceptional care for the boys. At 11 years old the boys had developed normal speech and by 14 years had attained an average IQ. At the age of 20, both boys were in relationships and had secured employment. The rehabilitative success of the boys was attributed largely to the good-quality care they received after being found.

**Institutional care**
Michael Rutter and Edmund Sonuga-Barke lead the English and Romanian Adoptee (ERA) Team, a longitudinal study which continues to investigate the development of Romanian orphans adopted into UK families, compared with adopted children born in the UK. A random sample of 165 Romanian orphans raised in appalling institutional conditions from the first few weeks of life were divided into those who were adopted before the age of six months or between six months and two years old. Their development after being fostered was compared to 52 adopted children who had not spent time in institutional care. Despite being developmentally delayed at the age of six months, the Romanian adoptees caught up in weight, height and head circumference and cognitive ability, to be on par with the English adoptees at the age of 11 years. Although the Romanian children adopted after six months old made progress, they still continued to experience significant problems, such as overactivity, difficulties forming attachments and social interaction, which warranted attention from psychological services. These difficulties persisted when followed up at the age of 15, particularly those stemming from attachment disorders. They concluded that the early privation experienced by the Romanian orphans seemed only to have a prolonged effect if they were adopted after the age of six months.

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**Taking it further**
Further information about the case of Genie and Koluchová’s research into the Czech twins can be found on the Internet. You can find video footage of the case of Genie which documents her progress and the controversies surrounding her care and rehabilitation. Investigate the progress that Genie made and carefully consider the opinions of researchers in her case. Remember that even researchers can be biased in their opinions, so try to maintain an objective view.

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Anna Freud and Sophie Dann (1951) studied and cared for six children raised in a concentration camp in Theresienstadt. Having lost their parents during the Nazi occupation, the children were raised together by prisoners at the concentration camp but this care was infrequent and the ability to form attachments was made difficult by the nature of the environment in which they were raised. These children became known as the Bulldogs Bank children, who came to the clinic for treatment at around the age of three years after enduring appalling conditions. Initially aggressive towards staff and having formed intense bonds with each other, the children began to form attachments with the staff at the clinic. Although one was later known to have sought psychiatric care as an adult, the remaining children seemed to have developed normal adult behaviours.

Jill Hodges and Barbara Tizard (1989) studied 65 children raised in institutional care that held a policy not to form attachments with the children and had a high staff turnover. This meant that the researchers could be reasonably certain that any long-term effects found were a result of privation and not deprivation as close relationships were actively discouraged. When the children were four years old, 24 were adopted into families, 15 were returned to their biological families and 26 remained in institutional care. The children were followed up at various ages, and parents and teachers asked to rate their behaviour. At the age of 16 years, the adopted children had formed attachments with their adoptive parents and were happy. This contrasted with those who were re-established with their biological parents who had difficulty showing affection and formed poor relationships. The story was rather different for relationships formed outside the family units as both adopted and returned children found it difficult to form friendships, were attention- and approval-seeking and indiscriminate in friendship selection. This disparity between home and school life could be explained by the nature of the relationships between the child and caregiver; the adoptive parents were desperate to adopt a child, whereas the biological parents were ambivalent towards their returning children and suffered economic hardship.

**Evaluation**

Case studies of privated children provide useful insights into the development of these children that could never be created under experimental conditions. Often these case studies employ a variety of methods, such as self-reports, observations, cognitive tests and EEG recordings, all of which can be triangulated to ensure valid findings. However, there are significant methodological issues associated with the information derived from such investigations. The most significant weakness is that case studies of privated children are retrospective. This means that we cannot accurately ascertain what actually happened to these children through the course of their development before being discovered. Any information about their history tends to come from accounts of family and friends or speculation as to how they were treated. This results in an uncertainty about the conditions in which they were raised and whether or not they were truly privated or were still able to form attachments and were then deprived.

This is true of both Genie and the Bulldogs Bank children. A researcher working with Genie claimed that he could not determine whether or not Genie was retarded from birth or whether her difficulties arose as a result of her treatment. A sleep spindle study recorded bursts of activity that we would normally associate with congenital retardation, but Susan Curtiss, another researcher, claimed that Genie’s developmental progress after being discovered would have been uncharacteristic of someone born with developmental difficulties.
The Bulldogs Bank children received transient care from prisoners of war, and were able to attach with one another, so the extent of their privation is unclear, and perhaps their bonds with each other buffered the effects of privation.

Similarly, the Czech twins received good-quality care at a children’s home following the death of their mother, and only suffered neglect after the age of 18 months. It is possible that the care they received prior to their neglect, and the fact that they had each other, ameliorated the effects of privation which could account for their recovery.

Case studies are unique one-off investigations; therefore we have a limited number to refer to and all have their own individual characteristics. This makes it difficult to generalise the findings and claim that privation would cause such effects for all children. There are significant factors identified to affect the outcome of children who have suffered privation, such as age, quality of relationships formed after being discovered and the availability of other individuals to bond with.

Studies of institutionalised children also present issues that make it difficult to establish the effects of privation on later development. Children who are adopted compared to those who remain in institutional care cannot be matched on every characteristic likely to affect their later development, in particular the reason why they were place in institutional care or the circumstances around their adoption. Hodges and Tizard’s research did not take account of the temperament of the child; it is possible that the children selected for adoption were more socially adept and emotionally stable compared to those who remained in the institution or were returned to their biological families. This may have explained why the adopted children formed better relationships with their adoptive parents.

**Can negative effects of privation be reversed?**

Research investigating the long-term effects of privation also helps us to understand whether these effects can be reversed and under what conditions it may be possible to overcome negative effects. Age seems a significant factor as the younger the child is rehabilitated or placed into foster care, the better the outcomes in terms of reversing negative effects. The Czech twins were discovered at the age of six, but Genie was found at the age of 13 years, which may account for the recovery of the twins but the extent to which Genie recovered was limited. This can also explain why the Romanian orphans adopted before the age of six months of age recovered from their early privation compared to those adopted into the UK after the age of six months. The length of the privation period seems to influence the extent to which early trauma can be reversed.

A further factor that may explain why some children recover from privation better than others is the nature of their isolation. The Bulldogs Bank children and the Czech twins had other attachment figures; transient adults or other children with whom bonds could be formed, Genie was held in almost complete isolation. Again this could be a factor that explains why the negative effects Genie suffered were not reversible compared to other privated children.

The quality of care following a period of privation can also ameliorate negative effects caused by early trauma. The Czech twins were cared for by two sisters who provided excellent emotional, social and intellectual support to aid their recovery, and Hodges and Tizard demonstrated that when children were adopted into loving families they fared better than those restored to biological parents. (This assumes that the biological parents may have been reluctant to have their child returned as they rated them less favourably than their children who had not been fostered.)
Day care

Day care constitutes any formal or informal arrangement to provide substitute care for a child which is not provided by the biological parent. This can be arranged in a formal setting such as nursery, with a childdminder or nanny, or informally with a relative such as a grandparent. The type of day care setting can influence the social, emotional and cognitive development of the child. Grandparents are more likely to be minding one or a small number of grandchildren and also more likely to provide greater intellectual and social stimulation and emotional support compared to a childdminder, who may have several children to care for. This section will focus on day care provided in the formal setting of a nursery/preschool environment.

Research into day care

Research into day care has focused on certain aspects of child development.

- Social development: refers to the ability of a child to interact with others (peers), this includes how independent, shy or aggressive they are.
- Emotional development: refers to the attachments they form and their ability to cope with situations.
- Cognitive development: refers to the intellectual growth of a child, which can be measured using IQ tests or referring to standardised assessment scores (GCSEs, etc.).

Bowlby would predict that children in day care would suffer maternal deprivation, particularly if they attend day care before the age of two and for prolonged periods away from their caregiver. However, research into the effects of day care has produced mixed findings: some suggest that day care can have positive effects, some no effects and some suggest that children suffer negative effects as a result.

The advantages of day care

Andersson (1992) conducted a longitudinal study in Sweden to track the development of 119 children until their eighth birthday. Children who attended day care at a young age, before the age of one, were rated as more socially advanced by their school teachers than those who attended day care at an older age or who were cared for at home. These children had more friends and were more outgoing because day care had offered them greater opportunity to develop social skills. These children also performed better at school at the ages of 8 and 13 years than children cared for at home or late-entry day care children. The positive effects of day care, both social and cognitive, were related to onset and time spent in day care. However, Swedish day care is particularly well funded and those children who started day care earliest were from families of higher socioeconomic status and whose mother had a higher educational level. Moreover, the maternity and paternity leave in Sweden is extended in comparison with the UK, meaning that children spend a longer time with their parents before the parents are required to return to work. The positive effects of day care found in children attending day care early was mediated significantly by coming from wealthy families and also limited to this particular culture.

The Effective Provision of Preschool Education project (EPPE; Sylva et al., 2004) was a longitudinal study of day care provision (home care, nurseries, preschools and playgroups) for over 3000 children in the UK. The researchers created developmental profiles for each child, from the age of three to seven years, based on SATs results, preschool staff, parents and school teachers. The researchers also recorded parental qualifications, social background, and birth weight of the child, in order to examine the interactional effects of these mediating factors. They found that children benefitted both socially and intellectually from preschool care, particularly if they started day care before the age of three years.
High-quality provision and well-qualified staff led to better social and cognitive development, and cognitive effects were still evident at the end of Key Stage 1, with children achieving higher scores in maths and literacy.

The advantages of day care seem to be largely contingent on factors such as the provision of good-quality day care, characterised by good staff to child ratios, positive interaction between staff and children, low staff turnover and staff who are highly qualified in childcare.

The EPPE study found that positive effects of day care, both social and cognitive, were related to onset and time spent in day care.

The disadvantages of day care

Other research into the effects of day care have not documented such positive effects. Jay Belsky and Michael Rovine (1988) used the findings of two longitudinal studies in America to investigate the effects of day care on attachments formed between parents and children in the first year of life. Using the data of children and their attachment types with their mothers and fathers, using the Strange Situation Procedure, they found a higher incidence of insecure-avoidant attachment types with mother (43 per cent) among children who attended more than 20 hours of day care during the first year of life compared with those attending fewer than 20 hours. They also found that boys whose mothers worked full time, and therefore attended day care for 35 hours per week, had more insecure attachments with their fathers. This suggests a negative effect of day care on the emotional development of children. However, Clarke-Stewart (1989) criticised the use of the Strange Situation Procedure as a measure of attachment for children in prolonged day care because they would be familiar with being left with other people and therefore would not respond in the same way as children who were unaccustomed to being left with other adults. Children who have regular experience of day care are routinely left with other adults and develop independent behaviour that may be interpreted as avoidant behaviour.

The National Institute of Child Health and Human Development (NICHD) followed 1364 families from birth to the first grade to examine the relationship between day care and development of American children from a range of socioeconomic and ethnic backgrounds and family structures. They found that high-quality day care was associated with cognitive development; they also found that day care
was associated with more behavioural problems, in particular aggression, compared to children cared for at home. This was particularly evident in low-quality day care provision.

INDIVIDUAL DIFFERENCES

Increasingly, researchers are examining the effects of day care on individual children, as some children are more resilient and able to cope better with separation than others. Day care may provide independent and outgoing children with social skills, but shy children may be adversely affected by a constant background of social activity.

Michael Pluess and Jay Belsky (2010) found that children rated as having difficult temperaments were affected differentially by both good- and poor-quality day care and parenting. Children rated as difficult in temperament benefited most from good-quality day care and sensitive parenting, and suffer most negative effects in poor-quality environments. It seems that good-quality care helps them regulate their emotions within a supportive and sensitive environment, but such children can become overwhelmed by poor-quality environments, leading to academic and behavioural problems and teacher–child conflicts that extend to middle childhood.

Evaluation

There are problems when investigating whether day care has advantages or disadvantages for the development of children's social, emotional and cognitive abilities. A significant issue is that children are rarely randomised to a specific type of childcare environment. A randomised controlled trial would involve children being randomly assigned to one specific type of childcare in order to distribute mediating factors such as temperament of the child, socioeconomic status, etc. Clearly this is impractical in most cases and therefore researchers have to resort to conducting a complex statistical analysis of these mediating factors in order to isolate the roles and interaction effects caused against the effects of day care. This becomes a statistical challenge, as the nature of the home environment, temperament of the child, quality of the day care and other factors often interact to have differential effects on the outcomes for each child. Not every factor that could possibly mediate or interact with the effects of day care can be measured, as they are too innumerable to investigate, so significant variables may not be recorded. Day care research is correlatory and therefore any significant associations found between day care and outcomes cannot claim a causal effect.

Comparing different types of maternal and non-maternal care environments also makes research to examine their effects difficult. Every day care provider has different qualities, such as staff ratios, staff wages, resources, and so on that make them difficult to compare with other providers. This probably accounts for the lack of agreement in the findings of research into day care.

What makes good-quality day care?

Ratios and training

Clearly the quality of day care provision is associated with better cognitive and social outcomes of children. Low staff turnover to ensure consistency of care, good staff to child ratios to help form substitute attachments and staff training and qualifications, are known to be indicators of good-quality day care provision. In a review of staff ratios, training and group size, the Thomas Coram Research Unit (2002) analysed day care literature across many countries and established firm recommendations for the Department for Education and Skills that included better standards and clear guidelines for staff to child ratios and staff training. The current Early Years Foundation Stage statutory framework (2014) requires that the manager of a day care centre should hold at least a relevant level 3 qualification and half of the staff hold a relevant level 2 qualification.
### Table 7.3 Staff:children ratios in day care in the UK and abroad (2002)

<table>
<thead>
<tr>
<th>Country</th>
<th>Age</th>
<th>Staff to child ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>UK (National standards)</td>
<td>0–2 years</td>
<td>1:3</td>
</tr>
<tr>
<td></td>
<td>2–3 years</td>
<td>1:4</td>
</tr>
<tr>
<td></td>
<td>3–5 years</td>
<td>1:8</td>
</tr>
<tr>
<td></td>
<td>5 years</td>
<td></td>
</tr>
<tr>
<td>USA (No national standards, varies state to state)</td>
<td>0–9 months</td>
<td>1:3–1:6</td>
</tr>
<tr>
<td></td>
<td>10–18 months</td>
<td>1:4–1:9</td>
</tr>
<tr>
<td></td>
<td>19–27 months</td>
<td>1:4–1:13</td>
</tr>
<tr>
<td></td>
<td>28 months to 3 years</td>
<td>1:7–1:15</td>
</tr>
<tr>
<td>Spain (National standards)</td>
<td>0–1 year</td>
<td>1:8</td>
</tr>
<tr>
<td></td>
<td>1–2 years</td>
<td>1:13</td>
</tr>
<tr>
<td></td>
<td>2–3 years</td>
<td>1:20</td>
</tr>
<tr>
<td></td>
<td>3–6 years</td>
<td>1:25</td>
</tr>
</tbody>
</table>

#### Taking it further

In 2013, Elizabeth Truss, Parliamentary Under-Secretary of State, proposed the relaxing of staff ratios and improvements in staff qualifications for day care providers. Conduct research into these proposals and consider the implications of such changes on the well-being of children in day care.

#### Key person

The Early Years Foundation Stage (EYFS) set out a statutory framework for the quality of care provided by day care provision in the UK, to include the provision of a key worker within the environment for each child. The role of this key worker was to help the child settle into the environment, provide tailored care, track progress and build relationships with parents. This substitute carer seems consistent with the work of James and Joyce Robertson to ameliorate the negative effects of separation.

#### Onset and duration of day care

Bowlby would support later and less intensive day care for children in order for secure attachment to be formed with parents before separation. This is certainly echoed in the research by Belsky and Rovine, who found that day care before the age of one for more than 20 hours a week resulted in more insecure attachment patterns. However, the EPPE project and Andersson’s research suggests that early onset day care could be both socially and intellectually beneficial for children. The lack of consistent findings is probably explained by the quality of provision, so it is perhaps safer to assume that only good-quality day care is beneficial for children at an early age for full-time working parents.

#### Cross-cultural research into attachment types

Ainsworth’s research into attachment using the Strange Situation Procedure was confined to families from Baltimore in the USA. However, the Strange Situation Procedure has become an internationally recognised tool for classifying parent–child attachment types, and therefore we can examine the outcomes across different cultures. In a meta-analysis of cross-cultural patterns of attachment, Van IJzendoorn and Kroonenberg (1988) found that attachment patterns varied considerably across cultures. You will read about this classic study later in this section, but you may find it useful to refer to this study before you read about cross-cultural issues here.

According to Ainsworth’s research, parent–child attachment types are based largely on the concept of maternal sensitivity. As childrearing practices vary greatly across cultures, according to traditions and beliefs about childhood, it is important to investigate whether attachment types differ as a result. This would help us understand whether attachment is a universal or culturally specific phenomenon.
Attachment types in Germany

Klaus and Karin Grossman and colleagues conducted a longitudinal study of attachment in Germany. The Bielefeld study in northern Germany, began in 1976–77 and 49 families were recruited at hospital before the birth of their child. The sample of children – 26 boys and 23 girls – came from typical German native families with traditional divisions of labour within the family; the mother tended to be the primary caregiver and father the provider. Researchers made extensive records from observations of parent–child interactions within the family home. At two years old the children were assessed using the Strange Situation Procedure. They found that 24 out of the 49 infants studied showed Type A insecure-avoidant attachment behaviour during the Strange Situation (49 per cent) and, consistent with Ainsworth’s maternal sensitivity hypothesis, that parental sensitivity was correlated with child–parent attachment types found.

However, the attachment types found were disproportionate to those found in America, perhaps due to childrearing practices in Germany. German children are taught to be more independent from an early age and accustomed to being left with other adults, which may have been interpreted as avoidant behaviour. The researchers recognised this, and later established a further longitudinal study in Regensburg (1980) using measures that were adapted to account for parent–child interactions being interpreted by traditional methods as avoidant. It is perhaps that the avoidant attachment types found were not necessarily a result of maladaptive parenting, but a conscious cultural belief in the independence of children. It could also be that the sample size used by the German study was not applicable to all German families. In fact, other research conducted in Germany suggests that there are as many within-culture differences as between-culture differences. For example, the difference in attachment profiles found between Berlin and Bielefeld in Germany were as different as those found between Berlin and an Israeli kibbutz. This could be a product of subcultural differences within a culture.

Attachment types in Japan

Miyake et al. (1985) and Takahashi (1986) studied attachment types of children in Sapporo, Japan. They found an absence of Type A insecure-avoidant attachment types but a greater distribution of Type C insecure-resistant/ambivalent attachment types (>30 per cent) compared to the USA. Miyake interpreted this finding as a product of childrearing practices and the temperaments of Japanese children. Japanese children are rarely separated from the mother and attachment is characterised by close and continuous physical contact. They also have fearful and irritable temperaments, making them more distressed at separation. In the Strange Situation, this distress was interpreted as resistant attachment behaviour. Specifically, Japanese children show signs of distress at episode two in the Strange Situation Procedure, which is confounded by subsequent episodes of separation and stranger activity around the child, as such they become inconsolable, a pattern misunderstood as resistant behaviour. This suggests that the Strange Situation is not a valid tool to measure attachment for Japanese children; rather than an indication of maladaptive parenting, it represents an unusual response to the procedure itself. This is further supported by the evidence that modern Japanese families often work and leave their children regularly. In these modern families, attachment distribution behaviour more similar to the USA is found.

Attachment types in Israel

Sagi et al. (1985) studied attachment types of children and their parents in a communal living environment such as an Israeli kibbutz. Children are often separated from the parents during the day; instead they are looked after in a nursery environment headed by a community member known as a metapelet. Children sleep in dormitories and are cared for collectively where childrearing is shared.
Within these communes, Sagi et al. found the highest level of Type C insecure-resistant attachment (33 per cent). They suggested that resistant behaviour was more likely because the mother was regularly absent and caregivers rotated shifts, so continuous and immediate attention could not be given by caregivers. Sagi et al. (1991) later compared kibbutz children who were raised in communal sleeping arrangements and those who slept with their biological family. They found that attachment patterns were consistent with attachment proportions found in the USA when children experienced modern kibbutz sleeping arrangements.

**Explaining attachment types across cultures (nature–nurture)**

Ainsworth’s research into attachment types and maternal sensitivity suggest a strong association between sensitive, responsive parenting and Type B secure attachments. If we take cross-cultural research on face value, we could assume that Japanese, German and Israeli children are insecurely attached due to a lack of maternal sensitive, responsiveness. However, cross-cultural research into attachment types suggest that the beliefs and values concerning childcare practices within a culture or subculture affect the way a child responds within a strange situation.

The Strange Situation Procedure was created in America and therefore reflects the values and beliefs concerning childrearing practices of that culture; as such it may not be a useful measure of attachment across other cultures. It may simply be the case that this procedure is not appropriate to use as it is not sensitive to cultural values. This leads to a misunderstanding that different cultures produce insecure-attachment types, which is an imposed etic. This imposed etic may lead us to assume that Japanese, German and Israeli parents are insensitive to the needs of their children relative to USA parenting, because they have been judged by the ethnocentric standards set by one culture being imposed on another. The fact is that these childrearing practices and attachment patterns are normal within their particular culture.

We can, however, establish that attachment is a behaviour that exists across many cultures and to an extent is determined by maternal sensitivity. This seems to support Bowlby’s position that attachment is an innate process driven by evolutionary adaptedness. However, the type of attachment formed is largely dependent on different childrearing practices in different cultures. This affects how children respond to separation and to strangers as it is a product of nurture.

**Autism**

Autism is a developmental disorder that lasts for the lifetime of the individual. It affects how people interact with others and how they make sense of the world. Autism is considered a spectrum condition, meaning that each child with autism will be affected in different ways. The frequency of autism within the population is considered to be approximately one in 100 people. Boys are five times more likely than girls to have autism, although this may be because it is under-diagnosed in girls rather than it being more common in boys.

Autism is typically detected through problems in three domains of an individual’s life. This is known as the triad of impairment and includes problems with communication, social interaction and imagination. As a result of the autism, individuals may have difficulty in interpreting the intentions or facial expressions of others, be somewhat rigid in their interests and misunderstand sarcasm. Speech can be limited, or if they have verbal communication, have difficulty in understanding the two-way style of verbal conversation. It means children with autism can have difficulty in forming and developing friendships.

Symptoms of autism are typically detected in children at approximately four years old. Behaviours are likely to include a preference for routine, sensory sensitivity, such as dislike for labels in clothes, or becoming distressed by bright lights or excessive noise, etc. They may also have specific interests,
which often emerge from a young age, which may eventually become a hobby, or an area in which they choose to work as an adult. A **learning disability** may also be present, which can range in the level of impairment.

Asperger’s syndrome is a form of autism. Individuals with Asperger’s syndrome are likely to be of average or above average intelligence, and their speech is less problematic.

**Causes of autism**
The exact cause of autism is still under investigation. It is currently considered that a combination of factors, rather than just one, can contribute to the development of autism. Some of the common explanations of autism include a genetic link, neurological factors, cognitive reasons or environmental influences. As the exact ‘cause’ of autism is still to be clarified, the above are considered ‘risk factors’, thought to increase the potential to develop autism.

**Genetics**
Twin studies undertaken by Bailey et al. (1995) report a 60 per cent concordance for autism in monozygotic (MZ) twins versus 0 per cent in dizygotic (DZ) twins. The higher MZ concordance suggests genetic inheritance as the predominant causative agent. When considering the broader spectrum of related cognitive or social abnormalities that included communication and social disorders, the concordance increased from 60 per cent to 92 per cent in MZ twins and from 0 per cent to 10 per cent in DZ pairs. This suggests that interactions between multiple genes cause autism but exposure to environmental modifiers may contribute to variable expression of autism-related traits. The identity and number of genes involved remain unknown.

Hallmayer et al. (2011) found a similar concordance between MZ and DZ twins when looking at pairs of female and male twins. For strict autism, concordance for male twins was 58 per cent for 40 monozygotic pairs and 21 per cent for 31 dizygotic pairs. Among female twins, the concordance was 60 per cent for 7 monozygotic pairs and 27 per cent for 10 dizygotic pairs. The lower number of female pairs reflects the smaller number of females diagnosed with autism. For autism symptoms, the concordance for male twins was 77 per cent for 45 monozygotic pairs and 31 per cent for 45 dizygotic pairs. Within the female twins, the concordance was 50 per cent for 9 monozygotic pairs and 36 per cent for 13 dizygotic pairs. A large proportion of the variance in liability can be explained by shared environmental factors in addition to moderate genetic heritability.

Despite information to suggest a genetic cause for autism, as documented by the relationship between autism and MZ twins, to date no specific ‘autism genes’ have been identified. The prevalence of autism in MZ twins if one has autism is not 100 per cent. This suggests that other factors besides genetics contribute to the development of autism.

**Theory of mind**
This cognitive skill is a person’s ability to understand other people’s mental states and to see the world from the perspective of the other person. When a child has theory of mind they recognise that each person they meet has their own set of beliefs, emotions, likes and dislikes that may be different from their own.

Theory of mind development begins early in life. At about five months of age, typical children can recognise different facial expressions, but understanding the meaning occurs a few months later. Once young children can reliably interpret the facial expressions of others, they begin to use this non-verbal information to guide their behaviour. Osterling and Dawson (1994) studied videotapes of first birthday parties of typical children and children who later received a diagnosis of autism. They found that the best predictor of future diagnosis was lack of attention to the face of others.
Children with autism do not tend to use the gaze of others to guide their behaviour as they fail to consider the mental state of others.

It is thought that most children without autism have a full understanding of theory of mind by around the age of four. This explains why diagnosis of children comes following this age, to have allowed the child the time to develop this skill. Children with autism develop a limited understanding or no understanding at all of theory of mind. This results in them having difficulty relating to others. It can therefore be one of the causes of their difficulties with social interaction, and particularly in engaging in pretend play. It may also provide an explanation as to the tendency to become focused on detail, rather than seeing the bigger picture.

The Sally Anne Test for Theory of Mind (Baron-Cohen et al., 1985)
A group of autistic children, children with Down's syndrome and some with no identifiable developmental disability (the 'normal' group) took part in the experiment. They were each tested individually to assess if they had theory of mind.

On a desk opposite the experimenter were two dolls, Sally and Anne. Sally had a basket in front of her, and Anne had a box. The dolls were introduced to the children (e.g. 'this is Sally') and the child's ability to name them was tested (the 'Naming Question').

Sally then takes a marble and hides it in her basket. She then leaves the room and 'goes for a walk'. While she is away, and therefore unknown to her, Anne takes the marble out of Sally's basket and puts it in her own box. Sally returns and the child is asked the key question 'Where will Sally look for her marble?' (The 'Belief Question'). The correct response is to point to or name Sally's basket; that is, to indicate that the child knows that Sally believes the marble to be somewhere where it is not. The incorrect response is to point to Anne's box.

Two control questions are also asked: 'Where is the marble really?' ('Reality Question'), and 'Where was the marble in the beginning?' ('Memory Question'). Every child was tested twice. During the second time a new location (the experimenter's pocket) for the marble was introduced.

For the children to succeed in this task they have to attribute a belief to Sally. That is, the children have to be able to appreciate that Sally has beliefs about the world which can differ from their own beliefs, and which happen in this case not to be true.

The 'naming', 'reality', and 'memory' questions were answered correctly by all the children. However, whereas at least 85 per cent of the 'normal' and Down's syndrome children gave the correct response to the belief question, only 20 per cent (4 from 20) of the autistic children did so.

The autistic children who gave the wrong response on both trials pointed to where the marble really was rather than to where Sally must believe it to be. This suggests that the children with autism have an underdeveloped theory of mind.

This explanation cannot explain all difficulties experienced by those with autism. In particular, it fails to explain why a lack of theory of mind may contribute to difficulties in the verbalisation of words and in the communication they attempt with others. This skill does not rely on interpreting the intentions of others, as the reciprocal element of communication does, and therefore cannot easily be explained by the theory of mind explanation.

Research on theory of mind has typically focused on preschool children because this is when there is an apparent rapid development of mental state understanding. Less is known about theory of mind in older children, although it is acknowledged that this area continues to develop as children mature.
Theory of mind is presented as a factor contributing to the development of autism; a lack of theory of mind limits their interactions with others. However, the absence of theory of mind may be a symptom of autism, rather than a cause. It could be that due to the autism children do not develop theory of mind and the ability to understand others. The complexity of autism, and its root causes, makes this an ongoing conundrum.

Alternative explanations
In addition to those above, other explanations for autism include the following:

1 Weak central coherence: An imbalance of integrating information at different levels. Typically, when processing information, a child can draw information together to construct higher-level meaning, known as central coherence. For example, a child may not be able to recall a full story, but they will understand the overall gist of it. Children with autism do not have this ability. This can explain the positive attention to detail in many with autism, and their inability to recognise global meanings.

2 Environmental factors: The theory is that a person is born with a vulnerability to autism, but the condition develops only if that person is exposed to a specific environmental trigger. Such triggers include being born prematurely (before 35 weeks gestation) or being exposed to the medication sodium valproate during pregnancy. There is a lack of conclusive evidence to link pollution or maternal infections in pregnancy with an increased risk of autism.

3 Neurological factors: It has been suggested that the connections between the cerebral cortex, limbic system and the amygdala within the brain are connected in such a manner that allows for overstimulation, or ‘over connection’. This can contribute to the experiences of extreme emotions or hypersensitivity often observed among children with autism.

Therapies
It is not possible to ‘treat’ autism, as it is a pervasive disorder, present for the lifetime of the individual. Therapies for children with autism are focused on supporting their needs and minimising the difficulties they present with. This can include enhancing social skills or supporting them to manage periods of change without becoming distressed.

Applied Behaviour Analysis (ABA)
Applied Behaviour Analysis (ABA) is a systematic way of observing someone’s social communication, identifying desirable changes in that behaviour and then using the most appropriate methods to make those changes. ABA can be used to improve communication and social skills among children and adults with autism. It works by demonstrating effective ways to interact with others and rewarding the improved behaviour when it is displayed. This can be achieved by providing opportunities, both planned and naturally occurring, to acquire and practise skills in both structured and unstructured situations. Behaviours that are harmful or not indicative of positive behaviour are ignored and are not reinforced. The therapist will continually analyse the effectiveness of the approach, and make changes where necessary to improve the child’s behaviour next time. This makes ABA a very reflective, evaluative and therefore dynamic therapy style.

It uses the principles of positive reinforcement (operant conditioning) to support the learning of positive behaviour, using rewards for desirable behaviour to make it more likely the child will repeat the behaviour. Therapists develop a tailored programme for each child. They customise the intervention to their skills or needs. For these reasons, an ABA programme for one child will look different from a programme for another child. This reflects the diversity of presentation among children with autism.
Evaluation

As there are many different interventions and programmes and techniques used to help children with autism that use the principles of ABA, it makes evaluation of the effectiveness of ABA complex. Additionally, the longer-term effects of ABA interventions are required, as existing studies involve only relatively short follow-up periods, although with promising results. There is a need for consistency and routine as part of the principles of ABA. Operant conditioning is effective when all positive behaviour is consistently rewarded. If this is not adhered to, the effectiveness of the reinforcement can be compromised.

Cognitive behavioural therapy

Cognitive behaviour therapy (CBT) can be useful for children who experience anxiety as a symptom of their autism. This technique, discussed in detail in other topics, works on the basis of exploring the child’s thoughts and feelings about the source of their anxiety. It provides them with skills to manage their anxiety so that stressful situations or experiences become less distressing for them.

CBT, when undertaken with children with autism, needs to be adapted slightly from its typical structure. Children with autism are able to distinguish thoughts, feelings, and behaviours, and to work on altering their thoughts, which are all skills required within CBT. However, children with autism often have difficulty in recognising emotions and working with hypothetical or abstract thoughts. To address this, CBT for those with autism places greater emphasis on repetition and visual cues. One example might be using a picture of a thermometer to encourage a child to rate their anxiety levels, rather than using a ten-point verbal rating system. This makes the content of the session more relatable to them, thereby improving efficacy.

Sofronoff et al. (2005) found that, following a brief CBT intervention, children experienced less anxiety (based on parental self-report) and an increase in the child’s ability to identify positive strategies to deal with stressful situations that would have previously been problematic for them. They also noted that if parents were involved in the treatment, this had a further positive effect on the effectiveness of the intervention.

Wood et al. (2009) found improvement in 78.5 per cent of young children with autism who undertook 16 sessions of CBT for their anxiety, compared to an improvement in only 8.7 per cent of those children in a control group, waiting to undertake treatment. The improvements made by the children were upheld when reassessed three months after completing the intervention.

Evaluation

CBT as a form of therapy has shown to have a positive impact on behaviour and psychological well-being. That it has been adapted to meet the specific requirements of children with autism is positive. CBT requires children to talk to the therapist to explain their thoughts, or to respond to the visual cues given. Not all children with autism are verbal, or have a wide understanding of language, and this treatment is therefore less accessible to non-verbal children.

Biomedical interventions are an alternative therapy that can be use alongside or instead of psychological treatments. These include restrictive diets, supplements, hormone interventions and drugs. There is limited scientific evidence demonstrating the efficacy of biomedical interventions in supporting people to directly ‘manage’ their autism, rather than to treat other conditions. Medication can be used to support symptoms such as anxiety that is associated with autism, although does not treat the autism directly.
7.2 Methods
Learning outcomes

In this section you will learn about:

- the use of observations as a research method in child psychology
- the use of questionnaires and interviews as a research method in child psychology
- cross-cultural research
- the use of meta-analysis in the study of attachment
- ethical issues when researching with children
- quantitative data analysis using measures of central tendency, frequency tables and measures of dispersion
- data analysis using inferential statistics including chi-squared, Spearman, Mann-Whitney U and Wilcoxon
- the analysis of qualitative data via thematic analysis and grounded theory.

Naturalistic and structured observations

Observation as a research method does not involve the direct manipulation of the independent variable; rather the researcher simply watches the behaviour of participants. Observations fall into two broad categories – structured and naturalistic.

Naturalistic observation involves observing the behaviour of participants within their own environment. The situation has not been created by the researcher and so allows them to gain a real insight into a person’s behaviour.

Ainsworth used naturalistic observations in Uganda to test out her strange situation hypothesis. The benefit of a naturalistic observation is that it is carried out in the person’s own environment which is familiar to them and should therefore make the observations more valid. Naturalistic observations can, however, have issues with reliability. They take place in the participants’ natural setting which can make it harder to replicate them. Ethically, with naturalistic observations of children, it is extremely important that consent has been gained and parents are fully aware of the reasons behind the observations.

Structured observations are staged observations and are normally carried out within an environment in which the researcher has some control. Subsequent behaviour can be observed behind a one-way mirror or screen. Structured observations are set to record behaviours when it would be difficult to gain information from naturalistic observations. Ainsworth carried out structured observations during her research of the Strange Situation. Structured observations normally use a coding system by which to observe and record certain behaviours in order to gain information. Structured observations are more reliable than naturalistic observations as the coding systems used allow for replicability. Ethically, structured observations must ensure that the children being observed are not put under any undue stress.

Observations can therefore produce both quantitative and qualitative data. Tallying can produce quantitative data, for example frequencies of certain behaviour. Writing down quotes or observations is more qualitative and this is more subjective, as it relies on the gathering of information that is less easy to quantify in numbers.
Using questionnaires and interviews as research methods in child psychology

Self-report methods include questionnaires and interviews and at the core of both is questioning. (See Topic 1 Social psychology for more on questionnaires.) One problem with questionnaires is that respondents may not tell the truth or answer accurately because of social desirability bias – as they want to present a more positive image of themselves and this affects the overall validity of the method.

Questionnaires may not be suitable to use with young children although they can be commonly used to assess the views of parents and teachers. The CASE (Child and Adolescent Survey of Experiences) provides an example of where questionnaires can be used with children and adolescents as a measure of stressful life experiences.

Taking it further

Use an Internet search engine to find the Child and Adolescent Survey of Experiences (CASE). Compare and contrast the details of both the child and adult versions of the questionnaire in terms of the questions asked, scales and language used.

Interviews are face-to-face situations involving a series of questions. Interviews allow the opportunity for the participant and researcher to expand on questions or clarify to gather data accurately. Interviewers in child psychology need training prior to interviewing a child and, when interviewing children, the interviewer must ensure that extra care is taken. Younger children have a short attention span and so expecting the children to sit still for a lengthy interview is inappropriate. Interviewers need to adjust their language to suit a younger, more vulnerable group of people such as children, for example the language used will change according to the age of the child. To aid the interviewer, many will record the interview and transcribe the interview to seek out common denominators of research interest.

Interviewer effect can be especially relevant in the field of child psychology. The physical appearance of the interviewer and other characteristics, such as the gender of the interviewer, could influence the way a child responds to questions depending on the topic.

Demand characteristics are also relevant here. In the case of interviews, these are subtle cues that the interviewer may give as to what and how they want to find out from interviewees. Participants may then alter their responses to conform to these perceived expectations and this will have a profound influence on the results obtained.

Cross-cultural research

Cross-cultural research allows psychologists to see if a behaviour is universal across countries or cultures. For example, within child psychology, researchers can examine if attachment behaviour is universal regardless of the country. If cross-cultural research is not carried out, then the research would be relevant only to one country and therefore culturally biased. Takahashi (1990), for example, wanted to test whether or not the Strange Situation was a valid procedure for cultures other than America. Sixty Japanese mothers and their children were observed. The study found that 68 per cent of the children were classified as securely attached (similar to Ainsworth and Bell, 1970).
No avoidant-insecure behaviour was observed, although 32 per cent were classified as resistant. Japanese children were observed to be very distressed when left alone. The study shows that there are cross-cultural variations in how children behave when left alone. This may be a result of Japanese culture teaching that avoidant behaviour, that is, avoiding interacting with other people is impolite and this is instilled in children from a very young age. It suggested that the Strange Situation does not measure attachment behaviour effectively on a universal scale.

Researchers also need to consider whether to employ a cross-sectional or longitudinal design when undertaking research. Cross-sectional designs are used to gather information on a population at a single point in time. Researchers decide on a cross-section of the population to target and their measures are compared. For example, a researcher may be interested in examining how insecure attachments change over time and could therefore compare a group of two-year-olds assessed as insecurely attached with a group of four-year-olds with the same attachment style.

Cross-sectional studies obtain immediate results and are more cost-effective as you only need to use the researcher once. They also impose fewer demands on participants, compared to longitudinal designs, and may therefore be viewed as more ethical. However, as different participants are used, participant variables may affect the results obtained. The children might have the same attachment style but they may have experienced very different upbringings and experiences that could affect the data.

Longitudinal research on the other hand, allows you to gather data from your participants over the course of time and determine whether any changes occur. If you wanted to investigate if attachment behaviours change over time, you might observe your sample at various time intervals to see if behaviours are consistent. Longitudinal studies avoid the cohort effect; the differences within social and cultural groups that change with age and time. However, longitudinal studies are more expensive and time-consuming. For this reason, they are extremely difficult to replicate. Replicating the same cross-cultural research would be extremely expensive and it is not possible to guarantee the same conditions with each study and each sample representative. Due to the time involved in carrying out a longitudinal study/cross-cultural research, participants may be lost for various reasons (attrition), which can alter the direction or aim of the study or hold the study up while another sample is found.

Much cross-cultural research is carried out through the use of meta-analysis. A meta-analysis involves combining and reanalysing the results of a number of different individual studies investigating a specific topic through a statistical technique. This allows researchers to get a better overall feel for trends across cultures as a meta-analysis combines many smaller studies into a much bigger pool of data, making overall trends more likely to be identified. Later we will discuss Van IJzendoorn and Kroonenberg (1988) who looked at attachment types in different countries; thus attempting to make their research universal. They analysed 32 studies that had used the Strange Situation to measure attachment from eight different countries and found considerable consistency in the overall distribution of attachment types across cultures.

Key terms

Cohort effect: the difference within social and cultural groups that change with age and time.

Attrition: the tendency for some participants to drop out of a study for various reasons which can threaten the validity of the study.
WIDER ISSUES AND DEBATES

Practical issues in the design and implementation of research
Meta-analyses pose several problems for researchers. Firstly, all the methodological problems and biases associated with the initial studies will transfer to the meta-analysis. Therefore, only methodologically sound studies should be included. Another pitfall is the file drawer effect. There is a bias within the scientific community to publish studies that only reveal a positive result, that is support the original hypothesis. Studies which find no significant findings are less likely to be published but instead get filed away. This is not easy to address as it is impossible for a researcher to know how many studies have gone unreported. As a result, meta-analysis can be seen to be biased or skewed and researchers should seriously consider this issue when interpreting the outcomes of a meta-analysis. A serious flaw of meta-analysis is that it can be used to support a personal agenda. Researchers may ‘cherry-pick’ studies that favourably support their hypothesis and ignore those that do not, which again can present research in a biased way.

Ethical issues when researching with children
The BPS code of ethics (2009) outlines what British psychologists must adhere to when undertaking research under the headings of respect, competence, integrity and responsibility. These guidelines protect all participants but they are particularly important where children are concerned: protection from harm, informed consent, confidentiality and deception are very important ethical considerations. Parental consent must be gained before carrying out any observations or gaining any information. A child’s consent is not the same as a parent’s owing to their vulnerability and age. It is important for researchers to understand that, although parents have the right to withdraw their child from the study, children also have the right to withdraw. Researchers must be aware that if the child becomes too distressed, they need to stop the research to avoid any damaging long-term effects. The child’s safety and emotional state must be a priority during the research. It is of the utmost importance that all details regarding the child are kept confidential and the identity of the child protected. Any information gained which may affect the child’s well-being should be referred to an expert and parents allowed to follow this up after research has finished.

Any research involving children should also adhere to the UN Convention on the Rights of the Child (UNCRC). In 1989, governments across the world promised all children the same rights by adopting the UNCRC which offers guidelines as to what countries should do to ensure children grow up as healthy as possible, can learn at school, are protected, have their views listened to, and are treated fairly. Articles governing the convention include: the best interests of the child must be a top priority, every child has the right to privacy and governments must protect children from all other forms of bad treatment. It acknowledges that children have the right to be consulted to have access to information, to freedom of speech and opinion, and to challenge decisions made on their behalf.

Under the current guidance, a fair proportion of previous research using children is now regarded as unethical. The Strange Situation experiment, for example, was criticised on ethical grounds due to the distress caused to the children on separation from their parent.
WIDER ISSUES AND DEBATES

Ethics
A key issue for researchers is balancing children’s participation in research against ethical guidelines and the UNCRC. Researchers need to consider risks or costs, for example time taken, inconvenience, embarrassment, intrusion of privacy, sense of coercion, anxiety against the benefits of taking part. This could include increased confidence for the child or knowledge for the scientific community; or even time to talk to an attentive listener. Moreover, are there risks and costs if the research is not carried out? Researchers may therefore need to stress clearly the potential benefits of their work, and take the required steps to prevent or reduce any risks. They need to respond appropriately to children who refuse or wish to withdraw, or who show signs of distress. They may wish to consider a small-scale pilot study to address these issues before engaging in full-scale research.

Link

This table shows you where you can find information on the other methods that are used in child psychology.

| Analysis of quantitative data using measures of central tendency, frequency tables, measures of dispersion (range and standard deviation) | Topic 1: Social psychology |
| Analysis of, use of, and drawing conclusions from quantitative data using inferential statistics, including use of chi-squared | Topic 4: Learning theories |
| Spearman's rho | Topic 3: Biological psychology |
| Mann-Whitney U and Wilcoxon, and issues of statistical significance, levels of measurement, critical and observed values | Topic 2: Cognitive psychology |
| Analysis of qualitative data using thematic analysis | Topic 1: Social psychology |
| Grounded theory | Topic 5: Clinical psychology |
7.3 Studies
Learning outcomes

In this section you will learn about one classic study:


and you will need to choose one contemporary study from the following:

- Cassibba et al. (2013) Attachment the Italian way
- Gagnon-Oosterwaal et al. (2012) Pre-adoption adversity and self-reported behaviour problems in 7-year-old international adoptees.

Cross-cultural Patterns of Attachment: A Meta-Analysis of the Strange Situation (Van IJzendoorn and Kroonenberg, 1988)

Traditionally in psychology, culture has been viewed in terms of a distinct dichotomy between individualistic and collectivistic cultures. Individualistic cultures value independence and emphasise personal achievement regardless of group goals, resulting in a strong sense of competition between individuals, for example, in the USA. Collectivistic cultures, on the other hand, value cooperation and working towards a family or group goal. Marinus van IJzendoorn and Pieter Kroonenberg aimed to investigate cross-cultural variation in attachment types through meta-analysis, combining statistical information from a wide range of studies to identify patterns of attachment. Van IJzendoorn and Kroonenberg analysed research studies that used the Strange Situation Procedure to examine the external validity of the attachment recorded in other cultures. Ainsworth identified three attachment types: secure attachment (Type B), anxious-avoidant (Type A), anxious-resistant (Type C). Ainsworth et al. (1978) found that the attachment type ratio in America was 20 per cent Type A, 70 per cent Type B and 10 per cent Type C. They enquired whether this result might be similar in all countries; given the fact that all countries have different childrearing strategies and beliefs about childrearing.

Aim

Van IJzendoorn and Kroonenberg wanted to investigate similarities and differences in the ratio of attachment types in different countries.

Procedure

Van IJzendoorn and Kroonenberg (1988) conducted a meta-analysis of data collected from 32 separate studies carried out in eight different countries and in total represented 1990 Strange Situation classifications. All of the studies used the Strange Situation test to measure attachment type as identified by Mary Ainsworth. Van IJzendoorn and Kroonenberg looked for similarities and differences in attachment types. In selecting data, they excluded studies which included children with special educational needs in their sample, any studies with overlapping samples and any studies where the children were over 24 months.
**Results**

A significant finding of the meta-analysis was the prevalence of secure attachment as the most common type in all eight countries. A significant cultural difference is that in countries such as Germany (individualistic), a high proportion of anxious-avoidant attachment was found. This could be because German parents place a high value on independence and so children in the Strange Situation show less distress in the absence of the mother. In contrast, in Japan (collectivistic) a high level of resistant attachment was evident. This could be due to the high value placed on dependency within the culture. Here, children are rarely away from the mother and so obviously become very distressed by being away from the mother in the Strange Situation test.

Another highly significant finding of Van IJzendoorn and Kroonenberg was that the variation in attachment types was one-and-a-half times greater within cultures than between cultures. In other words, there was a greater difference in attachment types in studies from the same culture than there were in studies from different cultures. One of the German samples was as different from another German sample as it was from a US sample.

**Conclusion**

Van IJzendoorn and Kroonenberg suggested that the universal consistency of attachment might be explained by the effects of the mass media which spread ideas about parenting so that children all over the world are exposed to similar influences.

The results suggest that the significant variations in attachment cannot be accounted for by differences or applications of the coding system used: rather childrearing practices do, in fact, vary from country to country and culture to culture. Secure attachment, as the most common attachment type in all countries illustrates that there does seem to be a key factor to raising a child in all cultures and countries. This supports the notion that secure attachment is a prerequisite for healthy social and emotional development in children. However, there were significant variations of the insecure attachment type. The reasons for such could be due to economic climate of the country, poor education, environmental and cultural factors.

**Evaluation**

A significant issue with the use of the Strange Situation Procedure in different cultures is that it was developed by an American researcher and based on the observations of American children. This could therefore be viewed as ethnocentric bias, reflecting the norms and values that American culture places on childrearing. The test suggests that attachment is related to anxiety on separation and in doing so assumes that behaviour has the same meaning in all cultures. As we have seen, Japanese infants show high levels of distress during the test as they are very rarely parted from their mother in comparison with western infants. Ainsworth interprets this as insecure attachment and in doing so is imposing western values on a different culture.

Also, the majority of data gathered came from studies in individualistic cultures. Only one study’s data was used to represent China compared to 18 from America. It is also true that many of the samples used a small or biased number of middle-class families, which cannot represent the whole culture completely. In particular, urban rather than rural families were assessed. It is likely that the studies represented distinct subcultures within the culture they attempted to represent. It is therefore an oversimplification to view one country as a single culture, as within each country there is great variation.
Attachment the Italian way (Cassibba et al., 2013)
Rosalinda Cassibba, Giovanna Sette, Marian Bakermans-Kranenburg, and Marinus van IJzendoorn set out to research attachment types within Italy, defined as an individualistic western culture with an emphasis on family and dependence characteristic of collectivistic culture. According to Cassibba et al., this was the first meta-analysis of attachment types within Italy.

Aims
Her primary aim was to investigate if the majority of Italian children and adults are classified as having a secure attachment. She was also interested to discover whether Italians, the majority of whom are Catholics, would have a lower percentage of unresolved attachments compared to other countries, and whether children and adults from clinical samples vary in attachment type distribution compared to non-clinical samples. The research additionally investigated potential gender differences in the distribution of attachment types.

Procedure
As this was a meta-analysis, data came from studies using PsycINFO, a psychology database of academic journals, using the key word search for ‘Italian’, ‘attachment’ and ‘Strange Situation Procedure’. Other research studies were obtained from Italian journals, publications and doctoral dissertations.

The selection process resulted in 627 participants within 17 studies that used the Strange Situation Procedure (SSP) and 2258 participants from 50 studies that used the Adult Attachment Interview (AAI) or similar attachment interview. Statistical tests were used to compare SSP to AAI data.

The ratios of between culture attachment types assessed using the Strange Situation Procedure were compared to American samples used in Van IJzendoorn and Kroonenberg’s analysis and Adult Attachment Interview data compared to American data gathered in Bakermans-Kranenburg and Van IJzendoorn’s analysis. Intercultural differences (within Italy) were assessed in terms of gender, ages and type of population.

Results
Non-clinical Italian children were classified as 33 per cent Type A, 53 per cent Type B and 14 per cent Type C. Compared to the USA sample, Italian children showed more avoidant attachment. Clinical and at-risk children showed attachment Type A of 40 per cent, B of 32 per cent and C of 28 per cent. There was a higher proportion of insecure attachment and fewer secure attachment types among Italian clinical (at risk) children than those from the USA. Additionally, there was a higher percentage of avoidant attachment type among the Italian clinical children than the USA clinical children sample. Italian children with clinical/at-risk mothers seems to be more avoidant and less secure in their attachments.

AAI has three classifications, D, F and E; these are similar to the Strange Situation classifications of attachment Types A, B and C. In all samples of Italian mothers the secure-autonomous (F category) was the highest with 22 per cent dismissing (Type D), 59 per cent secure-autonomous (Type F), and 19 per cent preoccupied (Type E). The combined samples of Italian non-clinical fathers showed a slight rise of dismissing fathers. Parents with children who have psychological problems were high for the E classification and often less secure and more unresolved. When violence was evident in the family, there was an over-representation of Type D at 52 per cent.

Testing gender, non-clinical fathers to non-clinical mothers, did not produce a significant difference in results.
**Conclusion**

The majority of non-clinical Italian infants were classified as securely attached. Similarly, the majority of non-clinical Italian adults were classified in the secure attachment category and therefore remarkably similar to those in the normative American group.

Although these cross-cultural similarities provide evidence for the universality hypothesis of attachment theory the meta-analysis also revealed cultural differences. Both non-clinical and clinical Italian infants’ distribution showed an over-representation of avoidant attachments. This may be explained through differences between Italian and American childrearing practices. For example, Italian mothers tend to think that child development is largely a natural process in which adults play a very small role. American mothers, on the other hand, assume they are responsible as parents in promoting their children’s development. These therefore lead to differences in how much mothers invest into parenting. Linked to this, Italian mothers display parenting styles that stimulate early independency and expect high levels of social maturity in their children. Cassibba et al. speculated that the under-representation of unresolved attachments is due to the Italians’ religious faith and their capability in times of hardship.

**Evaluation**

This was the first meta-analysis of attachment in Italy and therefore the scientific community could benefit from the insights into the distributions of infant, adolescent, and adult attachment across Italian society. It provides a useful comparison tool for analysing samples in Italy and elsewhere.

However, comparisons of the Strange Situation Procedure could only be made with 1992 data from America; thus questioning the contemporaneous validity of the data comparison. It does not address the father–child attachments within Italy and America. Similarly, this was also a limitation for Bowlby and his attachment theory. Cassibba et al. admit that a lack of the paternal attachment types still requires research but this seems to be a global issue rather than an Italian issue.

There is a potential for experimenter bias as Cassibba et al. were using a data base and specifying search words; thus they may have dismissed studies which they felt were inappropriate. Although meta-analysis studies are normally time saving and cost-effective, there is a tendency to be subjective about the data that is analysed. There is no unanimous strategy for meta-analysis sample selection and so what may be considered appropriate research practices may not correspond to that of others; therefore generalisation of results is limited. However, they did use unpublished studies, doctoral dissertations and conference papers to avoid the ‘file drawer’ effect where null findings are not published.

To avoid invalid comparisons being made between the studies used in the sample undergoing meta-analysis, the researchers were careful to ensure that studies on child–parent attachments only used the ‘gold standard’ of the Strange Situation Procedure, and that adult attachments were only assessed using interviews that were coded for an inter-rater reliability of over 0.75, to ensure good agreement, or that used accredited adult attachment interviews endorsed by those whose authors were endorsed as such by Mary Main. This control ensured accurate comparisons could be made between the samples as they employed very similar procedures and coding measures.

**Taking it further**

Compare and contrast the meta-analysis carried out by Cassibba et al. (2013) and Van IJzendoorn and Kroonenberg (1988).
Pre-adoption adversity and self-reported behavior problems in 7-year-old international adoptees (Gagnon-Oosterwaal et al., 2012)

Internationally adopted children typically display more behavioural problems compared to non-adopted children and are over-represented in mental health service statistics. These issues can be related to the adoptees’ pre-adoption environment, but may also be linked to the functioning and specific characteristics of the adoptive families that can affect the development of behavioural problems in internationally adopted children.

Aims

Noémi Gagnon-Oosterwaal and colleagues aimed to examine the effect of pre-adoption environment and parenting stress on children’s behavioural problems.

Method

The study was carried out longitudinally with a sample of 95 children (69 girls) adopted during infancy. Of these: 47 of the children were adopted from China, 28 from other East-Asian countries (Vietnam, Taiwan, Thailand, South Korea, Cambodia), 17 from Russia, 2 from Haiti, and one from Bolivia. The children had mainly been adopted from orphanages (92 per cent) and the remainder from foster care. The children’s health and developmental status was evaluated soon after arrival in their adoptive country. At this stage the children’s ages ranged from 4 to 18 months. Their behavioural problems were then assessed at age 7 years using a self-report measure, the Dominic Interactive (a computerised pictorial questionnaire to assess behavioural problems in children). The Child Behaviour Checklist (CBCL) was completed by the mothers. This is also a questionnaire used to assess children’s behavioural problems. Parenting stress was measured using the PSI or Parenting Stress Index, a self-report questionnaire used to assess the stress experienced by parents in relation to their parenting role. The adopted children were compared to a group of non-adopted children recruited from 15 nearby primary schools.

Results

Preliminary analyses revealed no significant differences according to the child’s gender or country of origin in scores of behavioural problems, for both children’s and mothers’ reports. No significant correlations between scores of behavioural problems and socio-demographic variables, for example age at arrival, mother’s level of education, or family income were found.

Correlations between pre-adoption adversity, maternal stress, and children’s behavioural problems were examined. Significant correlations were found between three risks factors (neurological signs, small head circumference, weight/height ratio), scores of maternal stress and scores of behavioural problems. The mediational effect of maternal stress was investigated further using correlational analysis against neurological signs, head circumference, and weight/height ratio. It was clear that maternal stress has a mediating effect on these variables.

Conclusion

Neurological signs, low weight/height ratio, and small head circumference at time of adoption can be considered potential risk factors for the development of behavioural problems. The child’s condition on arrival in the adoptive country was also related to higher levels of parenting (overprotectiveness and high parental control) and high level of parenting stress is related to children’s behavioural problems. Moreover, maternal stress was found to be an important mediator of the relationship between pre-adoption adversity and children’s later behavioural problems at school-age.
This supports other studies which have shown that high levels of parenting stress have a negative impact on subsequent parenting behaviours, with parents being less responsive, more authoritarian, and neglectful; which in turn impacts negatively on children’s behaviour. Parenting stress could have a particularly profound effect on parents of internationally adopted children. According to Levy-Shiff et al. (1997), parents of such children are more overprotective, intrusive, and controlling than other adoptive parents. Such characteristics have been associated with the development of behavioural problems in childhood, especially anxiety-related problems. Alleviating maternal stress could therefore have a positive impact on the psychological health of internationally adopted children.

**Evaluation**

Although the children in the current sample were adopted at a young age, it is still difficult to separate the possibility that pre-adoption conditions could yield a strong and long-lasting impact on internationally adopted children. Similarly, factors related to the post-adoption environment, such as the quality of the parent–child relationship, may also explain the development of behavioural problems in international adoptees. Due to the self-report methods used it is possible that the mothers were biased in evaluating their stress level and that of their child’s behaviour. According to Gagnon-Oosterwaal, other researchers also identified that as parenting stress levels increase, their own perceptions of their children’s behaviour diminish in accuracy and often become more negative. The present study tried to overcome this weakness by using children’s self-reports. However, it is still possible that the children’s perceptions were influenced by their mother’s beliefs, although correlational analysis showed no significant difference between the child’s and mother’s reports of behavioural issues.

A methodological problem with the study was that the control group was not large and was selected by opportunity, so there was limited ability to detect differences between the adopted and comparison groups. However, the design was longitudinal, which meant that the children could be assessed as soon as they entered the country for developmental and physical issues, and prospectively followed up during the course of the study.

**Timing of High-Quality Child Care and Cognitive, Language, and Pre-academic Development**

*(Li et al., 2013)*

Improvements in the opportunities of women to access education and employment have significantly increased alongside the provision of non-maternal childcare in the USA. Concerns have therefore been raised about the effects of childcare on children’s social and cognitive development. Evidence supports the view that higher-quality care during the first five years of life is linked to cognitive and academic achievement, but few studies have focused on differences in the quality of childcare in the infant–toddler period versus the preschool period and possible outcomes from combinations of quality care during these two periods. Weilin Li and colleagues (2013) set out to investigate the effects of high- versus low-quality childcare during infant–toddlerhood and preschool periods using data from the National Institute of Child Health and Human Development Study of Early Child Care (NICHD study).

**Aims**

Li et al. predicted that high-quality infant–toddler care would improve cognitive outcomes at the end of this period (12 months of age). However, without continuing high-quality care during the preschool period, children with high-quality infant–toddler care would not maintain higher cognitive, language,
and pre-academic scores at the end of this period (54 months of age) compared to children who have received low-quality childcare during both these periods.

Secondly, high-quality care during the preschool period would improve cognitive, language, and pre-academic outcomes at 54 months of age, and that this would be mediated by both high-quality infant–toddler care and high-quality preschool care, relative to those who receive high-quality preschool care but low-quality infant–toddler care.

Both these hypotheses led to an overall prediction that high-quality childcare during both the infant–toddler and preschool periods would be associated with higher cognitive, language, and pre-academic performance at the end of the preschool period than any other childcare quality combination during the two periods.

**Method**

A sample of 1364 families was recruited from ten sample sites around North America in 1991 from various hospitals at the birth of a child. At the age of one month, the children and families were assessed using a variety of research methods; observations were made, questionnaires and child assessment conducted, in addition to information gathered on the family background as far as possible confounding variables.

The quality of childcare being received was assessed using the Observational Record of the Caregiving Environment (ORCE) when the children were aged 6, 15, 24, 36, and 54 months in a range of settings including the home and nurseries. This involved a 44-minute observation over two days, and the quality of care was rated on a scale. A score of 3.0 was used to distinguish between low- and high-quality infant–toddler care and low- and high-quality care for the preschool period. Scores of more than 3.0 indicated higher-quality care where caregivers were sensitive to children’s needs, provided greater cognitive stimulation and fostered greater exploration.

At the end of the infant–toddler period the Bayley Mental Developmental Index was used to assess the children’s cognitive development. At the end of the preschool period the Woodcock-Johnson Cognitive and Achievement Batteries and the Preschool Language Scale (PLS) was used to measure language, memory and intelligence.

Other measures, including ethnicity, gender, birth order, child temperament, maternal attitudes on raising children, maternal age, maternal and paternal educational level, child’s health, maternal separation anxiety, maternal depression, maternal employment status and family income, were taken at varying intervals.

The children were classified into four groups according to the quality of childcare at both stages:

1. **Low-low**: children with low-quality infant–toddler care and low-quality care during the preschool period
2. **High-low**: children with high-quality infant–toddler care and low-quality care during the preschool period
3. **Low-high**: children with low-quality infant–toddler care combined with high-quality care during the preschool period
4. **High-high**: children with high-quality infant–toddler care and high-quality care during the preschool period.

Statistical analysis was employed to investigate the relationship between the key variables identified.
Results
The data suggests that there was a significant positive relationship between childcare quality during the infant–toddler period and cognitive outcomes at 24 months, supporting the first hypothesis. This first hypothesis also proposed that the positive effect of high-quality infant–toddler care would decline by the end of the preschool period if children received low- as opposed to high-quality preschool childcare. The study found support for this hypothesis except where memory was the outcome. However, this hypothesis was not supported for language and reading ability.

The second hypothesis asserted that high-quality care during the preschool period is associated with improvement in cognitive and language, reading, and maths results. This was found to be true and, in addition, those who received high-quality preschool care in addition to high-quality infant–toddler care scored better than low-high comparison children on reading and maths ability at 54 months. This suggests that high-quality preschool care improves language, reading, and maths outcomes, and is additive to infant-toddler high-quality care.

The third hypothesis predicted that high-high care would produce better 54-month outcomes than any of the other combinations and the results support this hypothesis. Therefore, the high-high pattern produced the best outcomes, the low-low pattern produced the worst outcomes, and there was little observable difference between the outcomes produced by high-low versus low-high-quality childcare. However, memory development seemed to benefit from early high-quality care in the infant–toddler period, but maths ability benefitted from high-quality care in the preschool period.

Conclusions
High-quality care during the first 24 months is important for memory development, but not as beneficial for academic skill development. High-quality preschool care prepared children for scholastic achievement, and children who were also exposed to high-quality infant–toddler care benefitted most. Early exposure to good-quality care that was not maintained did not benefit the children, but maintained high-quality care resulted in the greatest gains for children.

Evaluation
These detailed measures and assessments on the timings of specific cognitive outcomes provide rich information and also account for a number of confounding variables such as the home environment. Moreover, the study provides significant practical application in suggesting how policy makers should invest in childcare in the USA. This is important to prevent unequal distribution of childcare provision into either the early or preschool years, but to encourage provision that is equally distributed throughout childhood. However, acknowledging that high-quality day care is costly, a preference to provide better care during preschool years is probably more cost-effective.

However, the data used from NICHD Study of Early Child Care is not a representative sample which may limit generalisation. The response rate at the six-month interview was around 50 per cent and tended to be biased towards economically advantaged, white families, who do not represent the American general population. Teenage mothers and low birth weight babies were excluded altogether.

The way that quality of childcare was categorised may also be oversimplified as it did not include a wide range of quality childcare characteristics when creating the groups; they were divided into high- and low-quality care but did not distinguish between the types of care or the quantity of care received. Moreover, the current study did not look at the social benefits of quality childcare, such as attention skills and socio-emotional behaviours, including problem-solving and social skills. Research suggests that such skills are significant predictors for later achievement.
7.4 Key question

Learning outcomes

In this section you will learn about:

- one key question of relevance to today’s society
- how concepts, theories and research from child psychology can be applied here.

Is international adoption good for a child?

Daughtery-Bailey (2006) revealed that in 2001 an estimated 34,000 children from over 50 countries were adopted on an international scale, reflecting a rise of 79 per cent from previous statistics (UNICEF, 2003). However, between 2004 and 2011, international adoptions in the top 23 nations declined, from 45,299 to 23,626. The decline was linked in part to stricter international adoption laws in countries such as China and Russia. According to Selman (2009) China, Ethiopia, India, South Korea, Ukraine and Vietnam remain as major origin countries for most international adoptees. The top ten receiving countries are the USA, Spain, France, Italy, Canada, Netherlands, Sweden, Norway, Denmark and Australia. The USA is responsible for around 50 per cent of all international adoption cases. Research into this area is still however relatively recent and limited in scope compared with research into the adoption of children from the same country as the adoptive parents.

A longitudinal study: ERA

The English and Romanian Adoptee (ERA) project is a longitudinal, multi-method study of the development of 165 children adopted into the UK from Romania before the age of three and a half in the early 1990s, led by Professor Michael Rutter and Professor Edmund Sonuga-Barke. Most of the children spent their early lives in institutional care where conditions ranged from poor to abysmal. The aim of the project is to examine the extent to which children could recover when extreme deprivation in early life is followed by a middle childhood within a safe family environment. The children were studied at the ages of 4, 6, 11 and 15 years and compared to a control group of adopted children from the UK who had not lived in institutions.

To date, the study has shown that these children have made huge improvements in psychological functioning following successful adoption; although a significant minority of those adopted after the age of six months will continue to experience significant problems. One-third of the Romanian children placed for adoption after the age of six months experienced problems that required the intervention of educational, psychological or psychiatric services.

Quantitative studies

A proportion of the Romanian children adopted after the age of six months demonstrated autistic-like qualities, difficulties in forming appropriate attachments and social functioning. The study has concluded that the vast majority of families made a success of the adoptions from Romania, despite many of them being considered unacceptable for domestic adoption. Research has largely focused on the adoptive parents as information from biological parents is rare, obviously because of the anonymity considerations that characterise adoption. Very little information is available, if any, regarding the biological mother. This is particularly noticeable in foreign adoptions and so the biological origins of many foreign children who have been adopted are simply unknown. Research has therefore focused on teenagers and young adults who have been adopted in addition to the experiences of teachers, doctors and other health service personnel. The majority of research projects have been carried out as interview surveys. Only a few have utilised in-depth interviews to
gather qualitative data. A number of quantitative studies, for example questionnaires, have focused on foreign adoptees’ living conditions, schooling and demographic information about themselves and their families.

This is advantageous as results can be generalised to the wider population. Increasingly, longitudinal studies have been used and these provide useful insight into new chapters of the children's lives. A Norwegian study by Dalen and Sætersdal (1992) examined teenagers who had been adopted from Vietnam. Several children in their sample were considered to have serious identity problems. They commonly expressed a desire to be Norwegian and to be perceived as Norwegian. Many were anxious about being associated with immigrants and refugees. However, the sample was followed up ten years later and the problems that were most important in late adolescence were no longer so important to them. They were now more interested in issues related to their partners, establishing a family, their education and careers (Sætersdal and Dalen 1999).

**Behavioural problems**

A disproportionally large share of adoption research is based on parents or children who have sought psychiatric or psychological help (for example Brinich, 1990, Brodzinsky, 1990). Several surveys indicate that adoptees are over-represented among such clinical populations. Moreover, in a comparison with non-adopted children, international adoptees seem to have more behavioural problems at home and in school, and many are referred to mental health services twice as often as with non-adopted children (Juffer and Van Ijzendoorn, 2005). Juffer (2006) indicated that children adopted from Sri Lanka and Colombia seemed to have more behaviour problems than domestic adoptees. Moreover, children in middle childhood seemed to understand the concept of adoption and this awareness made these children especially vulnerable to stress. As a result of these stressors, it can be argued that parents and internationally adopted children should be adequately supported by adoption agencies and social services.

Scandinavian studies suggest that children who have been adopted from abroad are adopted into relatively stable families with divorce among their adoptive parents being relatively low. Botvar (1999) found that 15 per cent of the foreign adoptees between the ages of 15 to 19 years state that their parents are divorced. The equivalent figure for Norwegian-born teenagers is 25 per cent. This study also found that there are twice as many only children among foreign adoptees (14 per cent) compared with Norwegian-born children (6 per cent).

The majority, 57 per cent, state that they have adopted siblings, 10 per cent have both adopted and non-adopted siblings, while 19 per cent only have Norwegian-born siblings (Botvar, 1999; Dalen and Rygvold, 1999). This is a positive trend as these parents are more likely to have prior experience of working with children and be educated in subjects such as psychology. Parents should also have relatively good financial and educational prospects.

**Children who need additional help**

Many international adoptions take place when the child is under one year old. According to Scandinavian research only around 10–15 per cent of adopted children were in bad or extremely bad physical shape. Adoptions from countries affected by war and extreme suffering will naturally have a higher percentage of children suffering from poor health. Many studies from the 1980s and 1990s suggested that the children had a very difficult time (Hallden, 1981; Cederblad, 1982; Blucher-Andersson, 1983; Berntsen and Eigeland 1987; Dalen and Sætersdal, 1992). Many children found it difficult to sleep and some children did not want to eat at all, while others overate and were completely focused on food. Most of the children showed signs of anxiety and insecurity. They became anxious every time their mother disappeared from sight and reacted with fear to strangers.
Their adoptive parents often described them as clingy. Some displayed extreme emotional reactions, for example anger or crying fits, or being inconsolable and rejecting parental contact. Grotevant and McRoy and Jenkins (1988) coined the term ‘elbow children’ to describe the fact that they commonly pushed their parents away. Some problems were also linked to language and communication, but most of the children found it easy to make themselves understood with the help of gestures and simple words and phrases. Many studies found that between three and twelve months these adjustment difficulties diminished. It is important to remember that these studies were carried out a while ago and so adoption associations were still developing their professional and specialist work. In recent years there has been much greater commitment to information, teaching and guidance of adoptive parents.

In 2013, Feast, Grant, Rushton and Simmonds published a longitudinal study on the long-term effects and outcomes for 72 girls adopted from orphanages during the 1960s via the UK Hong Kong Adoption Project. The women were mostly abandoned as infants and spent between 8 and 72 months in orphanages in Hong Kong. Although they experienced a reasonable quality of physical and medical care, they lacked consistent one-to-one care and stimulation. The study used qualitative analysis of face-to-face interviews with the women. The findings on the whole were very positive showing that ‘family life that can provide nurture, care and stimulation can counteract the negative impact of a poor start in life’. The psychological outcomes for the adoptees 50 years on were found to be commensurate with matched groups of adopted and non-adopted women born in the UK. Their well-being and life satisfaction did not appear to be significantly different from comparison women; neither was there evidence of severe difficulties in adult social relationships or poor self-esteem. However, virtually all the women reported some experience of racism or prejudice in both childhood and adulthood, ranging from playground name calling during childhood to serious racist attacks. The authors concluded that the quality of the adoptive home is an important contributor to well-being as adults. As the orphanages in Hong Kong seem to have provided a much better level of care than, for example those in Romania, this may explain why this group of women seem to have fared much better. It does suggest however that ‘the challenges and complexities of inter-country adoption should not be underestimated’.

Support for families

A recent report entitled ‘A Changing World’ (2013) collated information from 1500 adoptive parents, adoption professionals in the USA and other ‘receiving’ countries and countries of origin, as well as interviews with senior policymakers in 19 nations. It reveals a far from positive view of international adoptions. It found that more children are remaining in orphanages for longer periods of time, thereby incurring increased developmental and psychological harm. Many countries of origin, including the largest ones such as China, are increasingly allowing the inter-country adoption of children who have special needs, who are older, and/or are in sibling groups (to be adopted together). It has meant that many adoptive families are struggling to cope with their adopted child’s needs and do not know where to turn. The report strongly recommends that countries of origin should provide more-complete and accurate diagnoses/records on medical and mental health issues and receiving countries should offer more training and resources to help countries of origin improve their child welfare and adoption systems. Receiving countries should also provide preparation, services and support for adoptive families.

It can be difficult to give a definitive picture of international adoption research, since studies have been carried out in very different contexts. Moreover, adoption practice and legislation vary from country to country and the historical, social and political context also impinges on the overall picture. It is clear, however, that internationally adopted children fare better when adoptive parents are adequately supported by adoption agencies, social services and other key organisations.
7.5 Practical investigation

Learning outcomes

- To conduct a study into child psychology using an interview, questionnaire or observation
- To include a hypothesis, research method, appropriate sample and discussion
- To apply ethical considerations in the design of the study
- To analyse and present the quantitative data gathered
- To analyse research findings using a chi-squared test, Mann-Whitney U, Wilcoxon or Spearman’s rho
- To consider the strengths and weaknesses of the practical and suggest possible improvements.

Can day care provide positive experiences for young children?

Day care has been shown to have positive and negative experiences for children. Psychological research often establishes positive and negative effects as being concerned with social, emotional and cognitive development. In this practical investigation, we will be examining parental views about the positive experiences of young children in day care. This practical could use an observation of children’s behaviour in a day care centre, an interview with parents and/or day care staff, or a questionnaire. This practical investigation has used a parental interview to gather quantitative data about their children’s experiences. You may wish to use a different research method and gather qualitative data for your own practical investigation. Through interviewing parents you will be able to examine whether parents believe that day care provides positive experiences for children and can help them to develop social and cognitive skills.

Research question/hypothesis

The aim of your study is to examine the positive experiences of using day care for parents with children under three years old. This practical will explore whether parents believe their children have more positive experiences in a nursery compared to a preschool environment. There are several key differences between nursery and preschool care that may mediate parents’ responses, in particular:

- Preschools operate at certain times of the day, typically alongside mainstream education, so children attending a nursery may be more likely to experience longer times in day care
- Preschools often require a child to be of a certain age or developmental stage (being potty trained for example), whereas nurseries accept children from a very young age
- Although preschools may be associated with greater emphasis on academic development, nurseries are also required to provide learning opportunities in line with preschool provision
- There is a tendency for preschool staff to be more highly qualified than nursery staff.

Based on these differences it may not be possible to predict whether children will have more positive experiences in a nursery or preschool, so a non-directional (two-tailed) hypothesis will be stated here. There will be a difference in the degree to which parents report positive experiences of their children in nursery compared to preschool. The null hypothesis will be that there will be no difference in parental reported positive experiences of day care in a nursery compared to a preschool.
Research method

This practical investigation uses an interview as the research method; this interview will be structured. The type of questions you pose will influence the type of data attained. Closed questions provide people with a fixed set of responses and yield quantitative data which is easier to measure and test for reliability. Qualitative data can be attained by using open questions and allowing the parents to expand on the question. It is advisable to have an interview schedule which is a series of prepared questions designed to be asked exactly as worded. This standardisation means that the same questions are asked to each interviewee in same order. However, open questions will allow flexibility in parental responses and will not be as structured as closed questions. Previous research has focused on the cognitive and social benefits of day care and questions could therefore be based around these topics by asking parents if they feel their child has benefitted socially, intellectually and emotionally from day care provision.

Structured interview schedule example

<table>
<thead>
<tr>
<th>questions</th>
</tr>
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<tbody>
<tr>
<td>1 On a scale of 1 to 5, how would you rate the experiences of your child in day care (1 being not positive and 5 being very positive)?</td>
</tr>
<tr>
<td>2 How often does your child come home from day care happy?</td>
</tr>
<tr>
<td>3 Do you believe that your child has benefitted intellectually/academically from being in day care?</td>
</tr>
<tr>
<td>4 Do you feel that your child has benefitted socially from day care?</td>
</tr>
<tr>
<td>5 Is your child more able to play with other children as a result of being in day care?</td>
</tr>
<tr>
<td>6 Do you feel that your child has become more independent from their experience in day care?</td>
</tr>
</tbody>
</table>

Interview construction

It is important that the wording of the question reflects the background of interviewees such as their age, educational background, social class, ethnicity, etc. You will also need to consider how the data will be recorded. You may wish to write notes as the interview progresses, although an obvious disadvantage of this is that you may not actually transcribe all of what is being said. Therefore, quite often interviews will be recorded and the data written up as a transcript, that is, a written description of interview questions and answers which can be analysed later. Remember that any qualitative data gathered from the interview can be turned into quantitative data for the purpose of analysis later. It will be useful to think through the way in which you are going to score the responses that you gather from parents, so that your analysis is easier.

Scoring of responses

<table>
<thead>
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<tr>
<td>1 On a scale of 1–5, how would you rate the experiences of your child in day care (1 being not positive and 5 being very positive).</td>
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</tr>
</tbody>
</table>

Question 1 uses a scaled response, so a low score will indicate less positive experiences and a high score will indicate more positive experiences.

Questions 2–6 will elicit short or lengthy responses from parents. This can be quantified as either a yes/no response based on their overall answer to each question and given a score of zero for a no response and a score of 1 for a yes response. These can then be totalled up to give an overall score for positive experiences. However, you may wish to rate each response of a scale if parents provide more detail.

Example responses

Parent 1: question 1 = 3, question 2 = 1, question 3 = 0, question 4 = 1, question 5 = 1, question 6 = 1.
Total score 7
Parent 2: question 1 = 5, question 2 = 1, question 3 = 1, question 4 = 0, question 5 = 0, question 6 = 0
Total score 7

These responses are equal in total, suggesting that both parents believe their children to have reasonably positive experiences of day care. However, you may wish to break this down further and analyse the type of responses given. For example, parent 1 believes that their child benefits more academically from day care but not socially, whereas parent 2 believes their child has benefitted socially but not academically from day care.

Interviewer effects can bias the results of the study and make them invalid. As the interview is a social interaction the appearance of the interviewer may influence how the interviewee responds. This includes the interviewer’s age, gender, ethnicity, body language and social status. As you are interviewing parents, it may be useful to approach people who you are familiar with, because asking strangers about their children’s experiences of day care may result in an uncomfortable situation. You need to be mindful that parents often feel guilty about having to place their child in day care, so you should be sensitive to this and brief them fully on the aims of your study.

**Sampling**

Selecting your sample is an important issue to consider as it will determine how representative of the population the findings are. A number of sampling techniques are available to researchers although not all would be suitable here. Volunteer sampling could be used to ask parents to take part in response to an advert, for instance. This method is quick and relatively easy to do and can potentially reach a wide variety of participants, depending on where you advertise. However, you should be aware that the volunteers may not be representative of the target population for a number of reasons. For example, they may be more motivated to take part or they may have a gripe that they wish to air. Nevertheless, this sampling method may allow you to gain a pool of parents who actually are interested in the study and willing to offer their opinions.

Sometimes samples of people are difficult to access unless you have friends and family that you know. In such cases a snowball sampling technique may be more useful; gaining access to a single participant in the target population can permit access to other participants that they may know. You will also need to consider what might be a realistic target number for your sample, given that interviews are time-consuming.

For this practical investigation, an opportunity sample of family and friends who are parents of three-year-old children will be used; five parents with a child in preschool and five parents with a child in a nursery. Either the mother or father (or guardian) will take part in the interview, depending on their availability.

**Ethical considerations**

As we have seen earlier in the topic, adhering to ethical guidance is of the utmost importance when using children in research. You need to ensure that your study adheres to the relevant ethical guidelines that have been presented including:

- briefing and debriefing your participants
- gaining informed consent
- allowing for the participant to withdraw at any time from the study
- competence
- avoiding deceiving your participants
- privacy and confidentiality.
Because this interview is focusing on the positive aspects and experiences of children in day care, it is potentially less problematic than asking questions about negative experiences of children in day care, as the overall assumption is reassuring for parents rather than trying to highlight the negative effects on children. However, it is still critical that the interviews are approached with sensitivity as many parents can feel guilt about leaving their child in non-maternal care. It is also critical that all the information gathered is treated with confidentiality in mind, as any identification of a particular child or indeed the day care provider could be problematic. Asking intrusive questions should be avoided as most parents will be sensitive to the needs of their child. You should also ask your teacher to check your interview schedule or questionnaire as they are more a competent judge of ethical issues.

Example brief
Thank you for agreeing to take part in an interview to investigate the experiences that you believe your child to have in their day care centre. This interview is designed to record the different positive experiences of children who attend a nursery compared to a preschool. You should try to be as honest as possible in your answers. You will be asked a series of questions and be given time to express your own opinions. The interview should last around 10 minutes and all of your answers will remain confidential and your child, you and the day care provider will be anonymised. You can choose to not answer any of the questions that are asked or decide to not take part in the interview at any point.

My research supervisor is my teacher at school, who can be contacted by phone or email on:

Again, thank you for taking part in my investigation, the findings will be written up and available at your request. Following my A-level examination, the results gathered for this investigation will be destroyed.

Data collection tools
It is important that the data gathered from your interview is recorded accurately. This could be via handwritten notes or by tape recording each interview and writing up as a transcript. Closed interview questions, for example ‘How many friends has your child made at nursery?’ will yield quantitative data such as the number of friends. This can be easily counted up. If you choose to use open-ended questions, such as ‘What are the social benefits of sending your child to nursery?’ it will yield more qualitative data and a variety of different and personal responses as to what parents see as the social benefits. Thematic analysis typically involves the analysis of repeated themes in the data. It could be the case that parents commonly mention ‘a number of friends at nursery’, ‘my child is more sociable’, ‘my child engages more with adults’. These could then be ‘counted up’ as instances of the social benefits of attending day care.

Data analysis
You will need to decide how to analyse your data in relation to your initial hypothesis, so you will need to decide how to measure positive experiences. For example, this could be analysed quantitatively by counting up the number of positive experiences reported by the parents or devising a scoring system for yes/no responses.

Results
As we are interested in the difference between nursery and preschool provision and positive experiences, a Mann-Whitney U test would be an appropriate test for significance in this particular instance. Results can be presented in a table and a graph to visually represent the data gathered.
Table 7.4 The total score for positive experiences (socially and academically) rated by parents of children in nursery and preschool day care

<table>
<thead>
<tr>
<th>Participant</th>
<th>Preschool care (Total rating/10)</th>
<th>Nursery care (Total rating/10)</th>
<th>A. Rank for preschool care</th>
<th>B. Rank for nursery care</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>9</td>
<td>6</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>7</td>
<td>7</td>
<td>6.5</td>
<td>6.5</td>
</tr>
<tr>
<td>3</td>
<td>5</td>
<td>8</td>
<td>1.5</td>
<td>8</td>
</tr>
<tr>
<td>4</td>
<td>6</td>
<td>6</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>5</td>
<td>10</td>
<td>1.5</td>
<td>10</td>
</tr>
</tbody>
</table>

Sum total of ranks 22.5 32.5

The formula for the Mann-Whitney U can be applied to the sum total of ranks as follows.

Note that Ra is the sum total of ranks for list A and Rb is the sum total of ranks for list B.

\[
U_a = N_a \times N_b + N_a \times (N_a +1) /2 - R_a \\
U_a = 5 \times 5 + 5 \times 6 /2 - 22.5 \\
U_a = 25 + 30/2 - 22.5 \\
U_a = 17.5 \\
U_b = N_a \times N_b + N_b \times (N_b +1) /2 - R_b \\
U_b = 5 \times 5 + 5 \times 6 /2 - 32.5 \\
U_b = 25 + 30/2 - 32.5 \\
U_b = 7.5 \\

The lowest value of \( U_a \) or \( U_b \) is the U value taken. In this case the U value is 7.5. This should be compared to the table of critical values for a two-tailed test at p 0.05.

Table 7.5 Extract of a Mann-Whitney U table of critical values for a two-tailed test at p 0.05

<table>
<thead>
<tr>
<th>( N_b )</th>
<th>( N_a )</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>2</td>
<td>3</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>5</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>–</td>
<td>–</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

The calculated value must be equal to or less than the critical value in this table for significance to be shown.

The U value = 7.5, which is less than the critical value of 2 for a one-tailed test (which we will assume in this instance), therefore the results are not significant at the p 0.05 level of significance (p>0.05) and the null hypothesis should be accepted. This means that there is no difference in the positive experiences of children who attend nursery or preschool day care.

Discussion

The final section of your practical investigation is the discussion. The overall aim of this section is to interpret your findings in relation to previous research and to critically reflect on your study. This part of your practical investigation should include the following sections.

Offer an explanation of your findings

Explain what was found in relation to your hypothesis. In this particular instance, you could say that the alternative hypothesis was not supported as the difference between the positive experiences...
of nursery and preschool children was not significant and could be due to chance factors. It is also useful to provide a summary of your descriptive statistics; in this case no real differences between nursery and preschool children emerged from the data.

**Explain how your findings relate to previous research**

Reflect on whether your research supports, disputes or extends the knowledge of previous research and theory. Think about whether the theory or other studies could be reconsidered as a result of your findings. Studies such as Vandell et al. (1988) found a positive correlation between children's positive interactions with adults and ratings of peer acceptance, social competence and empathy four years later. There seemed to be no difference between children attending preschool or nursery, which is perhaps predicted from the congruence in governmental policy between the different providers.

**Limitations of your practical investigation**

You should be critical of your research and suggest possible limitations of your current study. For instance, was your sample representative? Were there any potential biases or confounding variables that could have affected the data? If relying on parents' self-ratings of quality, for example, there may be an element of bias involved. You should suggest how such issues could be resolved and suggest improvements for any further research.

In this practical example it is likely that parents reported their children having more positive experiences because they would not wish to appear to place their children in day care where they would have negative experiences. It is also likely that parents would be more favourable about day care choices that they have made for their own children. The motivation behind self-reported responses must be explored fully to establish whether the findings are valid or not.

The sample used can also be criticised for being based on a small number of parents recruited by opportunity sample. This sample is not only unlikely to represent the views of all parents but is likely to be biased towards those parents who are willing to discuss day care experiences of their children; these are more likely to be positive experiences as parents may not wish to participate in such an interview had their children had negative experiences of day care.

You should also consider the way in which your questions were constructed, in order to assess the validity of your findings. Questions can often be leading or generate socially desirable answers.

**Strengths of your practical investigation**

You should also consider the strengths of your practical investigation. Here it is useful to consider the ethical guidelines that you adhered to and the methodological considerations that made your study reliable or valid. You may also wish to consider the implications of your findings as this can also be a strength of the research.

In this practical investigation, parents were fully informed about the nature of the research aims, the procedure and were also given the right to withdraw and access to the report findings. Data protection was taken into account as the findings were destroyed after use. None of the questions asked in the interview violated a right to privacy and the results were anonymised to ensure confidentiality was not breached.

Although an interview was the research method used, it was a structured interview and a strict schedule was followed to ensure that all participants were asked the same questions in the same format. This standardised procedure was used to ensure the study could be repeated and improves the reliability of the research.
Identifying the strengths of your practical investigation can sometimes be difficult. It can be useful to compare your research method and procedure with alternative choices, such as a questionnaire or observation, and discuss why your design choices were better.

**Suggestions for improvement**

Review the weaknesses of your practical investigation to highlight possible areas for improvement. It could be argued that a larger and more diverse sample of parents with children aged three years would have produced more reliable and generalisable findings. As it is important to develop your suggestions for improvement, you need to explain exactly what you would have done to implement your ideas. For this practical, it would have been better to have accessed a range of nurseries and preschools, perhaps conducting background research on the quality of day care provided by reading their Ofsted reports. A random sample of three-year-old children could be gathered by assigning each child a number and using a random number generator to select a random sample. The parents of these children could have then been contacted for their agreement to participate.

**Exam tip**

Suggestions for improving your practical investigation need to be well developed. Follow this format to explain your suggestions better:

- State your suggested improvement.
- Explain why the improvement is needed.
- Describe how you intend to implement your improvement ('how' is a process, so detail each stage of this process).
- Explain the implications of your suggestion, how it will improve the practical.
7.6 Wider issues and debates

Issues and debates (A level only)

Learning outcomes

In this section you will learn about issues and debates relevant to clinical psychology.

You should have already noticed that issues and debates have been mentioned throughout this topic, this section will draw together the main themes and ideas related to child psychology as a whole.

Ethics

Child psychology can pose specific ethical issues that need special consideration. The capacity of children to understand what is happening and consent to research is limited, so they should always be treated as vulnerable individuals. Psychologists go to great lengths to ensure consenting participation, even from babies; they are trained to recognise non-participative behaviours and are sensitive to the needs of children. The United Nations Convention on the Rights of the Child (1989) protects the rights and welfare of children involved in psychological research, with particular emphasis on protection of human rights.

However, some research raises questions about the ethical participation of children in psychological research; one such case is the study of Genie. It is argued that the psychological knowledge gained from this study was put before the well-being and rehabilitation of the child. Although this argument still stands, it is important in that it highlights the potential problems that can occur from such research. Research into children who have suffered neglect can pose particular issues associated with confidentiality and privacy. These cases are rare and as such tend to be high-profile cases which attract media attention. Anonymity of these children is therefore difficult to establish and maintain.

The use of the Strange Situation Procedure also raises ethical issues, as it deliberately places children in a situation where they become distressed. Some may say that this is unacceptable, whereas others might argue that it is only momentary and the procedure is stopped if the child becomes too distressed.

Practical issues in the design and implementation of research

Different research methods can be used to investigate child development. Observational research can be subject to observer effects, where the behaviour of the child and parent may change as a result of being observed, resulting in unnatural behaviour. Similarly, the observational data may be open to observer bias, making the findings subjective. Attempts to reduce subjectivity can involve stringent controls, such as the development of specific coding that operationalises behavioural categories precisely, or the use of more than one observer/rater. Inter-rater reliability involves establishing agreement between different observers coding the same child behaviour. This agreement is often represented as a correlation coefficient, of which a coefficient of around 0.75 or above indicates good agreement.

Meta-analyses are often used where research in one area of psychology has produced a wealth of studies but perhaps demonstrate inconsistent findings. In such cases a meta-analysis is a useful tool to get an overall picture of trends and patterns found (called effect sizes). Because a meta-analysis is a study of studies, it uses secondary data in its analysis, and therefore does not collect primary data. This means that the research has been conducted by other researchers and these often vary in procedure, sample, design and data analysis. This can pose difficulties as studies that are different in
methodological design are not really useful to compare to one another. Although researchers exert significant effort to ensure studies are comparable, they will never be identical, so the procedural differences themselves may account for the different outcomes under comparison. Also, meta-analyses can over-rely on published and peer-reviewed studies.

This research has a tendency to show positive, rather than negative/null, findings. Research studies with null findings are often not published because they do not demonstrate interesting findings, so they are filed away. This is known as the file drawer effect. However, many meta-analyses try to use unpublished doctoral dissertations, journals and conference papers to avoid the file drawer effect so that the effect size found is not skewed to positive findings.

**Reductionism**

Reductionism is not a significant debate in child psychology because much of the research takes account of the interaction of many variables on the developing child. For example, research into day care often considers the complex mediational effects of the biological disposition of a child, rearing strategies, quality of day care and family background, among other variables. Therefore, most developmental research cannot be accused of being reductionist in the methodology or explanations of behaviour. However, research into attachment types can be argued only to consider the nature of the parent–child relationship, ignoring childhood temperament as an interactional influence on how children are raised and subsequently attached to a parent.

**Comparisons between ways of explaining behaviour using different themes**

Explanations of attachment from learning theory used to be considered a good explanation of attachment, seeing the mother as associated with the provision of food. However, Bowlby, making use of many research studies into both animal and children’s attachment, quickly demonstrated that children do not attach because of food, but instead that attachment was a complex, emotional bond with psychological and evolutionary benefits. In his theory, Bowlby draws together many themes in explaining behaviour to help understand why attachment occurs. He used the evolutionary concept of adaptedness and natural selection to describe how children use proximity-promoting behaviours that encourage proximity and a safe base in order to survive. Bowlby also drew on cognitive themes to explain how children use their early relationships as a template for later adult attachments, and psychodynamic themes to describe how early childhood experiences affect later psychological development. Developmental theorists often take an integrative approach to understanding child development using many themes that explain behaviour.

**Psychology as a science**

Science demands many elements in the methodological process of scientific enquiry, such as falsifiability, reliability, empirical findings and hypothesis testing. Many of these standards are met (or researchers try to meet them) when investigating childhood development. The Strange Situation is a procedure that adopts many procedural elements consistent with being scientific: children’s behaviour is coded and confirmed using inter-rater reliability, the procedure is highly standardised and controlled, and only observable behaviours are recorded.

Evolutionary theories of attachment are, however, largely speculative and therefore lack direct empirical evidence or the ability to be falsified. We cannot go back in a time machine to directly gather evidence for the evolution of attachment behaviours, directly observe the necessity of attachment to avoid predation, or any other speculative ideas put forward by the evolutionary approach. So we cannot prove or disprove (falsify) any evolutionary account of behaviour.
However, it is possible to use evidence from comparative animal studies to suggest a plausible account of attachment, and we can even test hypotheses about the evolution of behaviour, therefore meeting some, but not all, standards of being truly scientific.

**Culture**

Different cultural practices across countries vary considerably, as different beliefs about childhood and development are evident. We have seen that childrearing practices in Germany encourage independence while in Japan they encourage dependence. Although these children are judged to be insecurely attached, this etic is one that is created by inappropriately using American western standards about maternal sensitivity. It is important to judge theories and research according to the culture in which they have been formulated and not impose the same expectations on to other people.

**Nature–Nurture**

The universality of attachment is well recognised in cross-cultural research. All children seek a ‘safe base’ typically of a primary caregiver who may be the mother, father or significant other. However, the universality of the different forms of attachment type does not follow the norms found in America. The distribution of attachment types vary considerably from country to country and even within countries, suggesting cultural and subcultural differences in childrearing strategies that result in differential attachment distributions. Attachment itself may be founded largely in nature, but the qualities of attachment formed between child and parent differ according to nurture.

**An understanding of how psychological knowledge has developed over time**

John Bowlby’s research into attachment has shaped our understanding of children’s emotional, social and cognitive development today. In fact, most research exploring the nature of attachment, deprivation and separation largely stems from Bowlby’s early research and publications. He helped to develop an understanding of why children may experience problems in later life based on their early childhood experiences, and today a great deal of research into day care is formulated from his writings.

**Issues of social control**

Many issues discussed in child psychology have the potential to be used as a form of social control. This is particularly evident in the work of John Bowlby. Bowlby’s theories of attachment and maternal deprivation became public knowledge after the Second World War. During the war men were conscripted into the armed forces and female labour was necessary on farms and factories. Women embraced the liberation of employment that they had previously been denied. But after the war as the importance of mother–infant attachment was stressed, and the consequent dangers of bond disruption emphasised, many women felt pressured to give up their jobs and return to the family home. Although this was not Bowlby’s direct intention, the knowledge was used to force women out of the labour market so that returning soldiers could take up positions of employment once again. Bowlby’s legacy still persists today, as many women can feel pressured to extend their maternity leave or resign from employment in order to raise their children, while also worrying about the financial costs; and those parents who use day care often feel guilty about leaving their children in non-maternal care. This is a particularly salient issue in today’s society, where two incomes are often essential to meet the financial commitments of a family.
The use of psychological knowledge within society

Attachment theory, and in particular the work of James and Joyce Robertson, has informed hospital practice around parental visitation rights. The Robertsons recorded the distress experienced by very young children who were separated from their parents and championed the increase in visitation times that were very restricted in hospitals during the 1940 to 1960s. Many hospitals at the time only permitted parental visits of an hour a week, and some only allowed parents to see their child behind a partition. Today, parents have almost complete access to see their child in hospital and some have parent apartments so that they can stay with their children throughout the duration of their stay.

This knowledge has extended into day care practice and current guidelines ensure that children are familiar with the day care provider, have a key worker as a substitute primary caregiver and limit the staff–child ratios to ensure that children receive enough attention and care.

Issues related to socially sensitive research

Research considered to be socially sensitive has negative implications for the participants involved in the research and for the groups that these participants represent. Research into day care, particularly research that suggests day care can have negative effects on children or which concludes that certain children are more likely to be harmed, such as those of lower socioeconomic status, can have negative implications for those families and day care users. This may create guilt about using day care provision, and parents will feel responsible in case there are any negative effects on their children. Research concluding that day care is damaging for children is often exacerbated by media coverage, perpetuating the idea that parents are deliberately harming their children and often not documenting the methodological problems with such research.

Similarly, research into attachment types based on the western proportions of secure and insecure attachment stresses the influence of maternal sensitivity in creating secure attachments and blames rejecting or inconsistent parents for creating insecure attachments through poor bonding. It effectively blames the parents for poor attachments being formed. This is particularly salient for mothers who experience postnatal depression following the birth of their child, which can mean that the bonding process is affected – and possibly leading to poor attachment.
Knowledge check

Content

• Are you able to define attachment, deprivation and privation?

• Can you describe and evaluate Bowlby’s research into attachment?

• Can you describe and identify attachment types and discuss Ainsworth’s research into attachment types?

• Can you describe the short-term and long-term effects of deprivation and how negative effects might be reduced?

• Can you describe and evaluate research investigating short-term and long-term effects of deprivation?

• Are you able to describe and evaluate research into the effects of privation, and whether these effects can be reversed?

• Are you able to discuss research into the advantages and disadvantages of day care?

• Can you describe cross-cultural patterns in attachment types and explain this variation using the nature–nurture debate?

• Can you outline the characteristics of autism as a developmental disorder?

• Are you able to explain autism using one biological and one other explanation?

• Can you describe two or more therapies for helping children with autism?

Methods

• Are you able to describe how observations are designed and conducted?

• Can you explain how qualitative data collected from observations can be gathered and analysed?

• Can you explain how quantitative data collected from observations can be gathered and analysed?

• Can you describe the difference between participant and non-participant observations?

• Can you describe the difference between overt and covert observations?

• Can you explain how questionnaires can be used in child psychology to gather both qualitative and quantitative data?

• Can you explain how interviews can be used in child psychology to gather both qualitative and quantitative data?

• Do you know the difference between semi-structured, structured and unstructured interviews?

• Can you explain how a sample could be achieved for self-report methods such as questionnaires and interviews?

• Can you explain the difference between open and closed questions in interviews and questionnaires?

• Can you identify and explain issues surrounding the use of interviews and questionnaires such as social desirability bias and demand characteristics?

• Can you describe how and why cross-cultural research is conducted in child psychology? Can you explain and evaluate relevant nature–nurture issues in cross-cultural research?
• Can you evaluate the strengths and weaknesses of cross-sectional versus longitudinal designs in cross-cultural research?

• Can you describe how a meta-analysis can be conducted using cross-cultural research? Can you identify the strengths and weaknesses of such a method in drawing conclusions about the universality of attachment types?

• Are you able to identify and describe ethical issues of researching with children, including children’s rights and the UNCRC (1989)?

• Can you identify the different measures of central tendency and explain how they are calculated?

• Can you construct a frequency table?

• Can you describe and evaluate the different measures of dispersion? Can you calculate the range and standard deviation?

• Can you select an appropriate inferential test?

• Can you carry out an inferential statistical test, for example chi-squared, Spearman, Mann-Whitney U and Wilcoxon and draw appropriate conclusions from the data?

• Can you define what is meant by the term levels of measurement? Can you identify and explain the four levels of measurement used in psychology?

• Do you understand levels of significance ($p \leq .10$, $p \leq .05$, $p \leq .01$) and are you able to use these to interpret the results of an inferential test?

• Can you compare observed and critical values on a critical values table to check whether results are significant?

• Can you explain how qualitative data can be analysed via the use of thematic analysis and grounded theory techniques?

**Studies**

In the studies section you are required to describe, evaluate and apply your knowledge of one classic and one contemporary study of child psychology.

To check your evaluation skills, refer to the introduction section of this book and review ‘how to evaluate a study’. Remember that you may be asked to consider issues of validity, reliability, credibility, generalisability, objectivity and subjectivity in your evaluation of studies.

• Can you describe the classic study by Van IJzendoorn and Kroonenberg (1988) Cross-cultural patterns of attachment: A Meta-Analysis of the Strange Situation in terms of its aim(s), method, procedure, results and conclusions?

• Are you able to evaluate the Van IJzendoorn and Kroonenberg (1988) study in terms of strengths and weaknesses?

• Are you able to identify and describe the aims, method, procedure, results and conclusions of a contemporary child psychology study from the following list and evaluate the study in terms of strengths and weaknesses?
  - Cassibba et al. (2013) Attachment the Italian way
  - Gagnon-Oosterwaal et al. (2012) Pre-adoption adversity and self-reported behavior problems in 7 year-old international adoptees
Li et al. (2013) Timing of High-Quality Child Care and Cognitive, Language, and Pre-academic Development.

Key question

- Are you able to identify and describe a key question in child psychology that is relevant to today's society?
- Can you explain this key question using concepts, theories and research that you have studied in child psychology?

Practical investigation

- Have you designed and conducted a questionnaire, interview or observation to investigate an area of child psychology?
- Can you explain the process of how you went about planning and designing your questionnaire, interview or observation and justifying your decision making for your choice?
- Can you write a report of your investigation including a hypothesis, a description of the research method, the sampling process, ethical considerations, data collection tools, data analysis, results and discussion?
- Can you describe and analyse the qualitative and/or quantitative data that you gathered as a result of your investigation?
- Can you use an inferential statistical test to analyse your data such as chi-squared, Mann-Whitney U, Wilcoxon or Spearman's rho?
- Can you explain the strengths and weaknesses of your investigation into a child psychology issue and suggest possible improvements that could have been made?

Issues and debates (A level only)

Remember that issues and debates are synoptic. This means you may be asked to make connections by comparing issues and debates across topics in psychology or comment on issues and debates within unseen material.

- Can you identify ethical issues associated with theory and research within the child psychology?
- Can you comment on the practical and methodological issues in the design and implementation of research within child psychology?
- Can you explain how theories, research and concepts within child psychology might be considered reductionist?
- Can you compare and contrast theories and research within child psychology to show different ways of explaining and understanding attachment?
- Are you able to discuss whether theories, concepts, research and methodology within child psychology are scientific?
- Are you able to discuss the concepts of culture and gender within the context of child psychology and how they may impact on observed differences?
- Are you able to discuss the nature–nurture debate in the context of child psychology, in terms of which theories emphasise the role of nature or nurture?
- Do you understand how child psychology has developed over time?
• Do you understand what is meant by social control and how research within child psychology may be used to control behaviour?

• Can you show how the theories, concepts and research within child psychology can be used in a practical way in society?

• Are you able to understand what is meant by socially sensitive research and explain how research in child psychology might be considered to be socially sensitive?

**References**


