Signs of Attachment Disturbances in Institutionalized Children in Kinshasa

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Abstract

Objective: To determine whether signs of attachment disorder were more pronounced in children abandoned in institutions than in children living in families with parents, and to evaluate the cognitive level of children with regards to attachment disorders.

Methods: Two groups of children were studied by means of the attachment test and structured interviews with caregivers and parents. 42 children, aged 4 to 7 years, abandoned in institutions, were individually observed for 3 months. A second group consisting of 42 children, not abandoned in families, was chosen in the school attended by the children abandoned. Attachment representations were assessed using the ASCT, while the presence of disorders of attachment disorder was assessed using semi-structured questionnaire.

Results: Children living in institutions had significantly more signs of excessive attachment than children living in families. We found a rather pronounced association between the group of children in institutions and disturbances of attachment (desinhibited and inhibited) and lower scores on cognitive tests.

Conclusions: Institutional life does not spare children from the risk of attachment disorder. If the institution physically protects abandoned children, it does not spare them from mental problems caused by abandonment. It is important to pay particular attention to the cognitive, emotional and relational development that the child needs to build itself.

Keywords: Attachment Disorders; Children in Institutions; Disinhibited Attachment; Inhibited Attachment

Introduction

Attachment is an emotional bond to another person. John Bowlby, the first attachment theorist, described attachment as a "lasting psychological connectedness between human beings". According to Bowlby, the earlier bonds between children and their parents or caregivers have a huge impact on their development, and this impact continues throughout life. The central theme of attachment theory is that mothers or caregivers who are available and responsive to their infant's needs establish a sense of security in their children [1].

The presence of parental figures is crucial to achieving these objectives [2]. An early separation, an inappropriate educational style or growing up in a residential institution can undermine the building of good relationships with others [3].

In the acquisition process of attachment, the interaction between parent or caregiver and child contributes greatly to the quality of the attachment. The quality of attachment is the key element that seems to play in this early relationship between parent and child. Neg-

ative experiences in the parent-child relationship caused attachment disorders. Attachment Disorder is a rare but serious condition in which young children do not establish healthy bonds with parents or caregivers. It is characteristically the result of a bad childcare given in the first 5 years of a child's life. The disturbance of attachment can cause behavioral disorder in children, a set of aberrant behaviors and other behavioral abnormalities that are thought to be the result of poor care. Children at risk of developing attachment disorder are mostly those who grew up in institutions (orphanages, group homes). The Prolonged separation from or abandonment by the birth mother, the multiple caregivers, the mental health problems in the birth parents, such as depression, psychosis are all situations that expose children to developing Attachment Disorder. This is the case particularly in abandoned children living in institutions or in dysfunctional families [4]. These children are prone to developing various forms of disrupted or disorganised attachment. Their psychological vulnerability results in the emergence of psychopathological problems [5].

There are two types of attachment disorder: Inhibited Type and Disinhibited Type. In the Inhibited Type, the predominant disturbance in social relatedness is the persistent failure to initiate and to respond to most social interactions in a developmentally appropriate way. In the Disinhibited Type, the predominant disturbance in social relatedness is indiscriminate sociability or a lack of selectivity in the choice of attachment figures.

This study was carried out in Kinshasa, the capital of the Democratic Republic of Congo, whose socio-economic and political context triggered the birth of various phenomena, including that of "abandoned children". The numerous children "in difficult conditions", who are seen mostly in Kinshasa, are considered to be at a high risk of being psychopathological. The abandoned child experiences the condition of being lost as a result of being separated from its parents. To this condition of separation, to the trauma that every loss causes, are generally associated, difficulty, grief and pain. The child, who loses its mother or its attachment figure, experiences a sense of loss, worry and frustration which always comes with every separation in life. The context of abandon further exposes the child to a condition of vulnerability – that is, to conditions that negatively interfere with his psychic and social wellbeing, and inhibit his development.

To tackle these growing problems that abandoned children face, initiatives sprang up, amongst which are institutions that offer them a setting for a life filled with benevolent solicitude.

In addition, some studies conducted in this area indicates that children raised in institutions are exposed to developing behavioral problems and even attachment disorders. Several authors have conducted studies on attachment disorders in children in institutions [6]. Our study conducted in 2012 in Kinshasa also carried out that there was a difference between abandoned children in institutions and children living with their families. The latter had more abilities than abandoned children [7]. The aim of this study is to evaluate signs of attachment disorders and the cognitive abilities of abandoned children in institution. The question we asked is to know if there are signs of attachment disorder in children raised in institution. Are there differences between children living in the institution and those living in families compared to attachment? Finally, according to attachment, what are the cognitive abilities of children?

There is a presumption that the care of children in institutions may in some cases, be responsible for the disturbed behavior of children. We hypothesized that the chances of developing a positive attachment are far reduced in institutions than in families.

Method
Context

We observed two groups by assessing their quality of attachment and the behavior they tend to adopt in relation to their attachment figures. Attachment was assessed through the Attachment Story Completion Task (ASCT), and behaviors were assessed through interviews with adults who were asked to describe children's reactions. This interview with caregivers has also allowed us to assess the quality of relationships that are formed with children in institutions or in family.

Sample

Our sample was performed in Kinshasa, a city in to the Democratic Republic of Congo. Kinshasa has human rights to protect children, but besides that, life is difficult there and many parents are forced to abandon their children. Hence, they are exposed to abuse, sexual, physical and psychological [8]. The emergence of NGOs to work with children has provided the opportunity to give them a chance by moving to a residential institution. The relations that children maintain with the institution are the main concern of this research, e.g. affection to their caregivers, seeking comfort, attention and social problems. Some studies, in particular the study conducted by , Izendom and *et al*. showed that children living in institutions are more vulnerable to psychopathology, and that violence in these institutions is the main cause of disorganized attachment [9].

Data were collected from 84 children from Kinshasa, capital of the Democratic Republic of Congo. We selected two groups of participants, 42 children from residential institutions (experimental group) and 42 children living with their parents in families (control group). The age of the children are between 4 and 7 years.

Instruments and descriptive analysis

In this section, we briefly discuss the contribution of descriptive analysis to each of our scales and describe how they work.

Attachment Story Completion Task (Bretherton., *et al*. 1990)

This scale evaluates the representation of attachment of children through a series of seven stories. Each story is based on one of four themes: (1) parental authority, (2) the security function and comfort of parents, (3) separation and (4) return of temporary parental figures. The aim is to activate their internal models of attachment to categorize the attachment of the child to his caregivers.

Disturbances Attachment Interview

It is an interview semi-structured with 12 items that explore the signs of attachment problems regarding their caregivers. There are eight subscales, the first five pertinent to 'Inhibited Type' and the subscales V1, V6, V7 and V8 linked to 'Uninhibited Type'. Note that the subscale V1 is taken into account for two types of attachment.

Raven's Progressive Matrix Test

It is an intelligence test based on the g factor, factor that dominates all cognitive skills. There are three versions but, in this paper, we have selected the simplest and shortest, the colourful scale comprises three subscales (A, B and AB), each of which has 12 items, giving a total score of 36.

In our sample, we take as a benchmark a score of 18. This score gives a good cognitive level for these children and we will find under which an unfavourable level with respect to the mean. The percentage of children with a score below 18 on this scale is of 58.33% (19.04% belongs to the family group and 39,29% belongs to the institution group) while the percentage of children who have a score higher than 18 is above 41.67% (10.71% belongs to the institution group and 30,96% belongs to the family group).
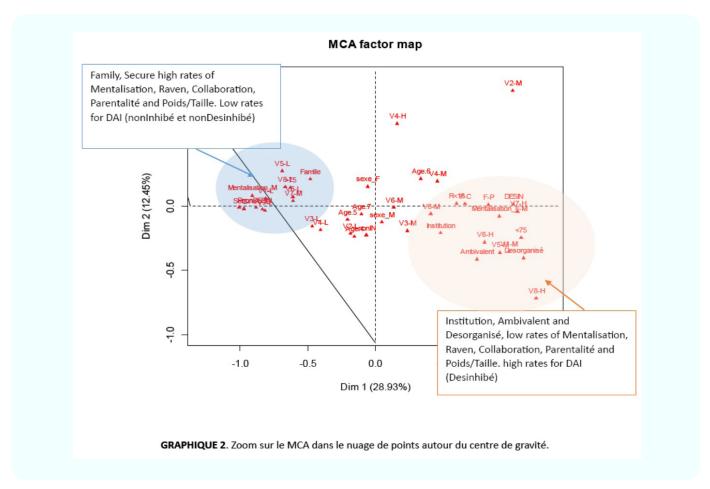
Data analysis

In this section, we will perform three different analyses to check our hypothesis. First, we will perform a multiple correspondence analysis to evaluate the relationship between our variables. Second, we will make a clustering analysis HPCP on MCA to discover the existence of natural groups. Third, with the aim of finding the natural groups of CPA and ASCP, we will perform a clustering about the CPA on ASCP analysis.

Result

Clustering

In order to detect the number of natural groups in our dataset that allow us to accept or reject the hypothesis, we made a clustering after MCA. A priori, the number of cluster is unknown. We chose the number of groups manually with the help of the dendrogram. We used the 98.54% of the variance with the first 10 dimensions of MCA, obtaining more stable results than those with less dimensions. Note that the number of dimensions should not be larger than 15, always that the 80% of the variance is taken into account.

GRAPHIQUE 2. Zoom sur le MCA dans le nuage de points autour du centre de gravité.

A summary of the results for each cluster is shown in table 1.

Cluster 1	Cluster 2	Cluster 3
Family	Institution	Evitement
Secure	Disorganised and ambivalent	Inhibited
	Disinhibited	High rates in DAI for Inhibition
Low and medium rates in DAI	Medium rates in DAI	
High rates in Raven	Low rates in Raven	

Table 1: *Information and profile of natural groups.*

In the analysis of dimensions, the Dim1 is significant in the clusters 1 and 2, while cluster 3 is significant for Dim2.

In the cluster 1, the relationships with low and medium scores of the different subscales of DAI, especially with V1, V2 and V5, V7 and V8 are found.

Cluster 2 shows the relationships with the average scores linked to V1, V2, V3, V4, V5, V6 and with the high of V7. Moreover, this cluster is linked with the group disinhibited, disorganised and ambivalent attachment style and institution group. Also associated with lower scores in Raven.

Discussion and Conclusions

In this work we investigate the differences in profiles of children living in home institutions and with those living in families. Children living in families generally have a good internal model of attachment. These children show that there are no problems when they are temporarily separated from their parents or when the parents will provide security and comfort. This is essential to building a favorable attachment development. Also, these children maintain a level in weight, height and intelligence according to the average.

From the DAI, the attachments have a normal development. The results of its subscales show that either does not exist or there is occasionally a problem of attachment but do not represent part of their normal behavior. We found reluctance to face the stranger (V7-M), the lack of response to parental comfort (V3-M) and the absence of adult verification (V6-M).

Children living in institutions are, however, more related to attachment issues. In this group, profiles of ambivalent, avoidant and disorganised attachment are found.

We also found that 11 children have low cognitive and anthropometric index below average. On top of that, an attachment, sometimes inhibited and sometimes uninhibited must be added. Specifically, the latter is regularly found in 28 cases. These cases have shown to have problems with the strange reluctance (V7-H) and to have occasional problems when having an adult of preference (V1-M), regulate their emotions (V5-M), go with a stranger (V8-M),

The group institution is linked positively to different types of negative attachment (disorganized, avoidant or ambivalent, inhibited and uninhibited). We hypothesized that the chances of developing a positive attachment are far reduced in institutions than in families. Mainly we aimed to evaluate how the family group differs from the institution group and if this group has a particular profile in relation to the different types of attachment.

The results showed that there is a difference between the two groups. We find more attachment disorders in children in institutions. These results are consistent with what is stated in the literature about attachment disorders. In effect, the attachment disorder is a mental condition that can occur in children who have a break in the link between mother and child. It is rooted in traumatic events or experiences such as in infancy (before the age of 4 - 5 years, but especially 2 - 3 years), or in life in utero.

RAD type withdrawal/inhibited the emotional, is readily apparent in young children living in institutions and those which have been placed in foster care because they have suffered abuse, but they are found rarely among samples of adopted children who were not staying in an institution.

However, the type of social RAD/uninhibited without distinction are found in institutionalized and post-institutionalized abused children. And type uninhibited ended up mostly in children in our study.

In addition, we discussed children who maintained a profile different from what we expected, showing that, despite living in an unfavorable situation, they have been developing normally. Future research needs to study under which conditions these cases occurs in

order to promote and enable these children to have a life as normal as possible. Similarly, knowing that institutionalized sample comes from the same two institutions in Kinshasa, a study about resilience would be of interest to know if they have gone ahead, because of their internal skills or the immediate environment (caregiver's preferences, external support…).

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