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Observation of Attachment Behaviors in an Ecuadorian Orphanage

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OBSERVATION OF ATTACHMENT BEHAVIORS
IN AN ECUADORIAN ORPHANAGE

by

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ABSTRACT

Observation of Attachment Behaviors in an Ecuadorian Orphanage

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Attachment bonds are assumed to exist in nearly all non-institutional settings (Bowlby, 1958, 1983), with strength of the attachment being the most significant variable. However, these attachments may not have the opportunity to form when caregiver presence is inconsistent. This often occurs within orphanages or other institutional settings (Dozier & Rutter, 2008). In the current study the author observed behaviors among infants, caregivers, and external figures within an Ecuadorian orphanage over a six week period. Minimal requirements for attachment within institutional care were explored through qualitative analysis of these observations. In this particular orphanage, although physical, structural, and immediate emotional needs were largely met, infants did not express behaviors typical of children who have formed attachment relationships. The formation of attachment, therefore, may be more strongly associated with the consistent presence of specified caregivers and caregiver exclusivity than the quality of the care received.

KEYWORDS: Normative Attachment Formation, Institutional Care, Orphanage Care, Indiscriminate Friendliness, Peer to Peer Attachment
# TABLE OF CONTENTS

Table of Contents.......................................................................................... iv  
List of Figures.................................................................................................. v  
Acknowledgements......................................................................................... vi  
Chapter One- Introduction.............................................................................. 1  
  Background.................................................................................................. 2  
  Attachment within a non-institutional setting.............................................. 2  
  Attachment hierarchies............................................................................. 6  
  Security of attachment relationships....................................................... 7  
  Attachment within an institutional setting............................................. 9  
Chapter Two- Method.................................................................................... 15  
  Subjects.................................................................................................... 15  
  Procedure................................................................................................. 16  
  Plan of analysis....................................................................................... 18  
  Limitations............................................................................................... 18  
Chapter Three- Results............................................................................... 20  
  Context.................................................................................................... 20  
  Themes of attachment........................................................................... 23  
    Presence of caregiver behaviors typical or atypical to attachment formation........ 23  
    Caregiver connection to infants.......................................................... 24  
    Presence of infant behaviors typical or atypical to attachment formation ....... 25  
    Phase II of normative attachment formation: Hierarchy of preference ........ 26  
    Phase III of normative attachment formation: Indiscriminate friendliness .... 27  
  Peer to peer attachment......................................................................... 28  
Chapter Four- Discussion.......................................................................... 30  
Chapter Five- Conclusion........................................................................... 34  
Appendices................................................................................................... 35  
  Appendix A............................................................................................ 36  
  Appendix B............................................................................................. 37  
References................................................................................................... 38
LIST OF FIGURES

Figure 1: Distribution of Age for Observed Infants ................................................. 15
Figure 2: Schedule of Shifts for Permanent Workers .............................................. 22
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CHAPTER ONE

Introduction

Virtually all infants form attachments within their first years of life as long as there is a stable individual present to interact with and form a bond (Bowlby, 1958, 1983). Even in extreme cases such as abuse, while the relationship may not be secure, attachment persists (Bowlby, 1956). Although considered relatively universal, there are minimal requirements that must be met in order for attachment relationships to form, and infants may remain unattached in cases without exposure to a stable caregiver (Dozier & Rutter, 2008). Children in institutional care, therefore, may not have the opportunity to form an attachment relationship if there is an inadequate amount of interaction with specific caregivers.

In the current study the author observed behaviors among infants, caregivers, and external figures within an Ecuadorian orphanage. The observations were analyzed to examine the nature of attachment formation within an institutional setting. Specifically, the following questions were explored through a qualitative analysis: What are the minimal requirements for children in institutionalized care to form attachment relationships? Does the infant/caregiver interaction within this particular orphanage fulfill those requirements to provide an opportunity for attachment?

The study of infant attachment in institutional settings is a new and growing field of research. The question of whether or not there is an opportunity to form attachments remains largely unstudied. While it is currently unclear what specific constructs allow children in institutional care to form attachment relationships, it is an important question to be considered. There are an estimated 163 million children throughout the world
without permanent parents (Leiden Conference, 2012), and while orphanage institutions in the United States and United Kingdom have become rare over the past 50 years, they are still widely used throughout most other countries (Dozier & Rutter, 2008; Leiden Conference, 2012). In addition, most children adopted internationally in the United States have spent at least some time being cared for in an institution (Dozier & Rutter, 2008). Infants that are deprived of the opportunity to attach hold a greater risk for a significant number of maladaptive problems including deficits of motor development, social skills, coping mechanisms, cognitive function, and language development, as well as future mental health and behavioral implications (Carlson & Earls, 1997; Groark, Muhamedrahimov, Palmov, Nikiforova, & McCall, 2005; van Ijzendoorn et al., 2011). Consequently, since orphanages have a direct impact on so many families throughout the world, understanding how they promote or limit attachment is a critical question.

**Background**

Attachment theory has generally been applied to the relationship of a child and his or her caregivers in a familial environment. Still, there is a growing body of research regarding attachment in nontraditional settings such as orphanages and other institutions. Examination of current literature will provide a general overview of normative attachment and development of attachment hierarchies within non-institutional care. Attention will then turn to differences in attachment security and, finally, potential for attachment in institutional settings.

**Attachment within a Non-Institutional Setting**

The definition of attachment encompasses a child’s desire to seek proximity or contact with a specific figure (Bowlby, 1983). The figure of attachment is generally
referred to as the “mother-figure” per Bowlby’s (1958) initial definition of the theory. However, the term describes any individual who provides the most stable primary care for the infant (Ainsworth, 1979; Cassidy, 2008). Attachment, the yearning for proximity, has frequently been described as an evolutionary component to the behavioral system (Bowlby, 1958, 1983; Cassidy, 2008). Human infants have adapted to a specific environment in which they interact with primary caregivers, often in a familial setting. The overall safety and survival of an infant, being relatively defenseless, is dependent upon caregivers maintaining closeness with the child (Bowlby, 1983). In non-institutional care, familial homes, and multiple caregiver settings, to which infants are adapted, nearly all children will develop an attachment relationship (Bowlby, 1958, 1983; Cassidy, 2008). The formation of this bond is generally believed to develop initially with the primary care provider, regardless of whether this individual is actually meeting the physiological needs of the infant (Cassidy, 2008, Schaffer & Emerson, 1964). The criteria in order for a relationship to be considered an attachment bond, as described by Ainsworth (1989), include: the persistence of the bond over time, lack of interchangeability within the relationship, emotional significance for the child, the demonstration stress signals during periods of involuntary separation, and comfort sought with this particular individual.

Attachment behaviors, actions that display a desire for proximity to the caregiver, indicate the presence of an attachment relationship. These include actions that directly increase proximity such as approaching, clinging, or following and behaviors that are used as signaling such as smiling, crying, or calling the caregiver near (Ainsworth, 1979; Ainsworth & Bell, 1970; Bowlby, 1958, 1983; Cassidy, 2008; Russel, Lamb, &
Ainsworth, 1976). Per the situation, attachment behaviors can be increased or decreased as the system is activated (Bowlby, 1983). Although attachment behaviors may not be constantly activated or observed, once a primary attachment bond is formed it is always present (Ainsworth, 1989), both in times of distress and non-distress.

Beyond proximity, attachment to a primary caregiver allows for exploration of both the physical and social environment. In times of distress the attachment system is activated and the infant is less likely to explore. However, when the child feels safe the attachment system is in stasis; they are less likely to strive for comfort through contact and have the freedom to explore their external environment (Ainsworth, 1979; Ainsworth & Bell, 1970; Cassidy, 2008). Some behaviors, seeming similar to attachment behaviors, may be expressed toward individuals who are not attachment figures. These behaviors are often displayed during the activation of the exploratory or social systems (Cassidy, 2008; Lamb, 1977; Tracy, Lamb, & Ainsworth, 1976). For example, a child may routinely display behaviors such as approaching and smiling to a close friend, though it may not be an attachment relationship at all. The loss of this relationship will not likely have severe emotional consequences for the child (Cassidy, 2008).

In Bowlby’s (1983) description of normative formation of attachment, three phases are defined within an infant’s first two years of life (Marvin & Britner, 2008). The first of these phases begins at birth. Every infant instinctively responds to stimuli in a manner that will increase their proximity to other humans; this results in such outcomes as contact, nutrition, and warmth. These natural behaviors expressed by infants allow for predictable outcomes rather than specific goal-corrected behaviors. As these predictable outcomes are repeated over time, the pattern of infant initiation and caregiver response
becomes established. If the caregiver is in sync with the needs of the infant and predictably responds, a stable pattern of interaction develops. In a majority of cases this phase will last for the first eight to twelve weeks of life. In less favorable conditions, however, in which a caregiver does not predictably respond to the child’s needs, this phase of signal without discrimination could last much longer (Bowlby 1983; Marvin & Britner, 2008). The lengthening of this phase is of particular relevance within institutional care.

Phase two of attachment gives rise to a higher level of control by the infant. In contrast to phase one in which the caregiver was initiating the actual physical contact, in phase two the child begins to seek this reaction rather than merely responding to it. This can be observed as a child reaches toward a caregiver or grasps their clothes as a means of increasing proximity. Following the repetition of predictable interaction, the child’s developing cognition allows for these patterns to be directed toward a specific caregiver (Bowlby, 1983; Marvin & Britner, 2008).

Within the third phase, beginning around six to nine months of age, the infant expresses a greater definite discrimination toward their primary attachment figure. By a child’s first birthday, nearly all infants in non-institutionalized settings will have developed a primary attachment relationship, and throughout this next year, attachment behaviors are activated readily in any uncomfortable, frightening, or strange situation (Ainsworth, 1979; Bowlby, 1958; 1983; Lamb, 1977). This behavior change may be correlated with the increased cognitive processing and communication skills that allow for discriminative interaction. There is also a heightening of systems of exploration, sociability and wariness. Throughout this third phase of normative attachment, an
attached child’s wariness of strangers tends to increase over time. There is a development of awareness that strangers do not display the predictable behaviors as shown to them by their attachment figures. During this phase, infants reach what is deemed a ‘sensitive period’ in which the formation of a primary attachment relationship nearly always occurs (Cassidy, 2008). This period, however, is not absolute, and children may be able to form a primary attachment after the age of 18 months. This is particularly the case if the opportunity to attach is unavailable during this time and the other phases of attachment are delayed. While the potential to form this bond may persist beyond this sensitive period, the more time without formations of this primary relationship, the less likely the child will be to form a secure attachment later on (Bowlby, 1983; Cassidy, 2008; Marvin & Britner, 2008).

**Attachment hierarchies.** Following exhibition of attachment toward a primary caregiver, infants typically begin directing these behaviors to other caregivers as well. Bowlby (1983) suggests that by the time a child reaches about 18 months of age, he or she will be attached to at least one and often several other individuals beyond their primary caregiver. With this, the model of attachment hierarchy is formed. This model describes preference to the primary attachment figure, however, secondary figures have the ability to provide a secure base in the absence of the primary (Ahnert, Pinquart, & Lamb, 2006; Ainsworth 1979; van IJzendoorn, Sagi, & Lambermon, 1992). These figures do not necessarily need to be caregivers, in fact, in some circumstances a child may attach to a peer in the case that more appropriate figures are unavailable. An important factor of this hierarchy is lack of interchangeability among attachment figures (Bowlby, 1983; Cassidy, 2008). For example, an infant may be securely attached to both
of his or her parents, however, in a time of distress, in the presence of both parents, he or she will generally be more likely to seek one or the other (Lamb, 1977). Furthermore, a greater number of attachment figures is not correlated with a lowered preference for the principle attachment figure or a diminished intensity of the relationship (Cassidy, 2008). Certain factors that may influence the hierarchy include the amount of time each figure spends caring for the child, the quality of care they provide, their individual emotional investment in the child and the social cues that the caregiver provides to the infant (Colin, 1996).

**Security of attachment relationships.** While nearly all children in non-institutional settings have the opportunity for attachment, individual differences correspond with the differences in the intensity and security of this relationship. Infant attachment security is generally classified in categories of “secure,” “avoidant,” “resistant,” or “disorganized” (Ainsworth, Blehar, Waters, & Wall, 1978; Lyons-Ruth & Jacobvitz, 2008; Weinfield et al., 2008).

A secure attachment is one in which the infant is able to predictably rely on the particular caregiver as a source of protection and comfort in times of distress. Secure infants do not generally express attachment behaviors in periods of lessened threat. They express a confidence in the availability and responsiveness of the caregiver and, therefore, do not need consistent reassurance from them. In fact, infants that are securely attached often show some friendliness toward strangers while maintaining a clear preference toward attachment figures (Weinfield et al., 2008).

Infants that are avoidant are unlikely to exhibit an interest in interacting with the caregiver and are less likely to protest if the figure leaves. These children seem to treat
caregivers and strangers in a similar manner, sometimes even being more responsive toward strangers (Weinfeld et al., 2008).

Resistant children do not feel strong security in the relationship with their attachment figure and often will attempt to make contact prior to normal activation of the attachment system. When they are actually separated from this figure, they exhibit intense distress and cannot be calmed by a strange individual. Upon reunion, they may seek some contact but generally exhibit more passive behaviors and anger and are not readily consoled (Weinfeld et al., 2008).

Infants that are classified as disorganized display an array of odd and conflicting behaviors that often encompass some behaviors described throughout the other categories of attachment security (Ainsworth et al., 1979; Lyons-Ruth & Jacobvitz, 2008; Weinfeld et al., 2008). This category most often affects infants with limited stability and support within their care setting (Vondra et al., 2001). The presence of indiscriminate behaviors is observed in this category, often expressed by children who have been cared for in an institutional setting (Lyons-Ruth & Jacobvitz, 2008).

Studies suggest that security of attachment is dependent on the care provider's sensitivity to the needs of the individual child (Ainsworth, Blehar, Waters, & Wall, 1978; Weinfeld et al., 2008). Bowlby (1976) describes security of a child’s attachment being relative to the stability and predictability of the routine. This ‘law of continuity’ describes “the more discontinuous and unpredictable the regime, the more anxious [a child’s] attachment” (Bowlby, 1976, p. 221). If a child has developed a secure attachment relationship and is in a familiar environment, there are usually expectations of the primary attachment figure’s responsiveness and accessibility. This is present even
through temporary absences, which leads to a greater sense of security (Bowlby, 1976; van IJzendoorn, Sagi, & Lambermon, 1992).

**Attachment within an Institutional Setting**

As previously discussed, nearly all cases provide for the opportunity to attach. In these cases the quality of the relationship was discussed as the factor that varies among individual children (Weinfield, Sroufe, Egeland, & Carlson, 2008). In some cases however, such as when an infant does not experience adequate interaction with a stable caregiver, they may not develop a primary attachment (Dozier & Rutter, 2008; Bakermans-Kranenburg et al., 2011; van IJzendoorn et al., 2011).

Throughout the history of most countries, children without permanent parental figures have been cared for in institutionalized settings; this practice is still common in most countries, particularly throughout Asia, Africa, Latin America, and Eastern Europe (Leiden Conference, 2012). Institutions represent a setting in which infants are not naturally adapted (Bowlby, 1983). Children in these situations have most commonly shown signs of unfulfilled attachment. They are less likely to exhibit an organized system of attachment behaviors as shown by other infants (Chisholm, 1998; Groark et al., 2005; Rutter et al., 2007; Zeanah, Smyke, Carlson, Koga & Bucharest Early Intervention Project, 2005). In these circumstances, the question becomes the extent to which infants are able to form attachment relationships. In certain cases, if the children have a chance to interact heavily with caregivers, they will select a “special” caregiver as their own and form a primary attachment with them (Freud & Burlingham, 1944). However, in a majority of institutions, the opportunity to form a primary attachment does not appear to be available. A study implemented in Romania found only 3% of children raised in
Romanian orphanages exhibited clear attachment behaviors compared with 100% of children raised in non-institutional settings (Zeanah et al., 2005).

Whether a child is a true orphan without living parents or the parental figures are unable or unwilling to care for them, infants in institutionalized care have expressed significant disadvantages in nearly all areas of development. They often display delayed physical growth, even within institutions that offer proper nutrition and medical care (Groark et al., 2011; van IJzendoorn, 2011). There are also correlated deficits with cognitive function, hormonal development, social skills, language development, and motor skills (Smyke et al., 2007; Leiden Conference, 2012; van IJzendoorn, 2011). Furthermore, long term effects associated with children who have spent the first years of their lives in institutional care include behavioral problems and mental health issues (Berument, 2013; Carlson & Earls, 1997; Groark et al., 2005; Groark & McCall, 2011). These disadvantages are positively correlated both with children who experienced disrupted attachment and children raised in institutional setting (Dozier & Rutter, 2008; Egeland & Sroufe, 1981).

Throughout the world, orphanages vary greatly in the environment they provide in regards to the facility, sanitation, nutrition, and medical care. Despite these variations, the common feature among all institutions is, arguably, the lack of a stable socioemotional environment due to inconsistency of caregivers (Dozier & Rutter, 2008; Groark & McCall, 2011; Groark, McCall, & Fish, 2011; Leiden Conference, 2012). Many institutions actually discourage caregivers from becoming committed to the children and instead promote a form of impersonal and non-individualized care. (Chisholm, 1998; Dozier, Zeanah, Wallin, & Shauffer, 2012; Rutter et al., 2007). This
practice may have a deleterious effect on the second stage of attachment, there is
generally a pattern present in which the child has developed a cognitive control in
directing behaviors to a specific caregiver. Without individualized care, an infant may
not have the ability to determine a pattern in his or her care. Furthermore, in order to
increase sterility within some orphanages, infants are handled very little and are allowed
insignificant amounts of interaction with peers or caregivers (Dozier & Rutter, 2008;
Groark et al., 2005). Each of these factors may further contribute to the inability of
children within these institutions to form meaningful relationships with the caregivers.

A high child to caregiver ratio also tends to be a common variable, seen ranging
from 8:1 to 31:1 (Chisholm, 1998; Groark, McCall, & Fish, 2011; van IJzendoorn et al.,
2011). This factor limits the one-on-one opportunities that would allow an infant to form
an attachment relationship with a particular caregiver (Groark & McCall, 2011; Dozier et
al., 2012). In fact, it is estimated that by their third birthday an individual raised in an
institution will have experienced up to fifty different caregivers, usually without
developing any meaningful bonds (Bakermans-Kranenburg et al., 2011). With this
instability and high frequency of variations of caregivers, potential for enduring
attachment is limited and often impossible. Chisholm describes this context, in which
children lack opportunities for attachment, as “structural neglect” (Chisholm, 1998).

There are two extreme patterns of behaviors that are generally seen throughout
institutions. Children are often either withdrawn from other individuals or, more
commonly, exhibit indiscriminate friendliness which is also referred to as disinhibited
attachment (Bakermans-Kranenburg, 2011; Dozier & Rutter, 2008). Disinhibited
“attachment” is actually considered a disorder that occurs as a result of inhibitions on
attachment formation (Dozier & Rutter, 2008). After each caregiver ultimately leaves without an attachment bond being able to form, over time trust and affection will diminish and infants will commit less and less to care figures. When a child reaches this state, he or she will not show signs of discontent when caregivers change or leave, will be approached easily, and will be unafraid of new individuals (Bowlby, 1983). This behavior is relative to the third normative phase of attachment in which infants would normally become wary of strangers. This indiscriminate friendliness is the most common behavioral attribute expressed by children raised in institutional care (Chisholm, 1998; Groark, McCall, & Fish, 2011; Lyons-Ruth & Jacobvitz, 2008; Rutter et al., 2007; Zeanah et al., 2005). Bowlby describes it as “socially superficial” as the child does not appear to care for anyone particularly (Bowlby, 1983). While children that have undergone other patterns of deprivation, such as abuse, may exhibit withdrawn behaviors, disinhibited attachment is relatively examined only in situations in which children are deprived of commitment from their caregivers without other factors of neglect (Dozier & Rutter, 2008; Engeland & Sroufe, 1981).

Several studies have implemented interventions within institutions in attempt to improve the development and stability of the involved children (Berument, 2013; Dozier et al., 2012; Groark et al., 2005; Groark & McCall 2011). Currently, the most effective approach to implementing interventions in orphanages has been aimed at the existing staff in order to “promote warm, caring, sensitive and responsive caregiver-child interaction” (Groark et al., 2005, p. 102; Groark & McCall, 2011). Studies have suggested that changing the infant-staff interaction has the greatest impact on socioemotional development; actual conditions of the facility are now thought to play a
much less substantial role in attachment and development (Groark et al., 2005; Groark, McCall, & Fish, 2011; Leiden Conference, 2012; Rutter et al., 2007; van IJzendoorn et al., 2011).

Within the studies providing interventions to institutions, the most important factors are thought to be increasing one-on-one interactions and implementing limitations on the total number of caregivers (Berument, 2013; Dozier et al., 2012; Groark et al., 2005; Groark & McCall 2011). In some orphanage settings, infants are left in their cribs for extended periods of time and, in order to save time, will have bottles “propped up” rather than being held (Dozier et al., 2012; Groark et al., 2005; van IJzendoorn et al., 2011). It might be beneficial to limit these instances in order to increase interactions between caregiver and infant throughout normal caregiving routines, such as feeding and changing (Groark et al., 2005; Leiden Conference, 2012; van IJzendoorn et al., 2011). Attachment formation may also benefit from a sequential system in which each child becomes aware of his or her place in the order of one-on-one care (Groark et al., 2005). It could also be crucial to limit the number of caregivers and ensure similar interactions on regular schedules (Berument, 2013; Dozier et al., 2012; Groark et al., 2005; Groark, McCall, & Fish, 2011; Leiden Conference, 2012; Rutter et al., 2007; van IJzendoorn et al., 2011). Part time volunteers and other temporary providers are discouraged from caring for the children due to the challenges associated with greater numbers of different caregivers and associated instabilities (Groark et al., 2005). It is suggested that when these principles are met, there is a relative increase in opportunities of attachment formation among children in institutional care and an overall improvement in levels of
cognitive, physical, social, and emotional development (Berument, 2013; Groark et al., 2005; Groark & McCall, 2011).

Through the examination of the current literature, it is possible to analyze the types of attachment patterns that may be observed within this particular Ecuadorian orphanage. Furthermore, basic requirements for attachment can be assessed and can be used to examine the potential for attachment formation at this orphanage.
CHAPTER TWO

Method

Subjects

There were 15 infants observed at this orphanage, ranging from three to 26 months of age as demonstrated in Figure 1. These infants had each been in the orphanage for a different period of time, with over two thirds of them having been there since birth. Common reasons for being placed in the orphanage were parental abandonment or death, familial poverty preventing proper care, and criminal litigations in which the infants were taken away from their biological parents. Physical and cognitive disabilities also existed among the infants observed. These included one infant with fetal-alcohol syndrome, an infant with cerebral palsy, and at least two individuals that expressed some cognitive impairment.

Figure 1.

*Distribution of Age for Observed Infants*
I also observed interactions of these children with the four paid workers. These workers were 19, 26, 29, and 63 years of age and had worked in the orphanage for 26 months, 10 months, 2 months, and 27 years, respectively. Two of the four workers had one biological child, and one of the workers had two. These paid caregivers had on the job training and were relatively flexible with their duties and routine. The individuals that had been in the orphanage for a longer period of time had greater dictation over other caregivers' behaviors.

Many volunteers were also observed at the orphanage. These volunteers were all provided by a United States based program that arranges individuals to serve in ten different Ecuadorian orphanages. These volunteers remain in the country from one month to six months on average, though each was present in this particular orphanage once or twice per week throughout the duration. All volunteers observed were female, from the United States, and ranged in age from 18 to 24 years. While all paid caregiver spoke only Spanish, nearly all volunteers were native English speakers with very little knowledge of the Spanish language.

No individuals were excluded from the observation. This was done to ensure no components or factors contributing to the nature of attachment were disregarded.

**Procedure**

A case study design was used to examine attachment behaviors within a multiple caregiver orphanage. This observational study was implemented in one particular Ecuadorian orphanage through a six-week volunteer experience in which I, the observer, was also participating in the general care of the children. The design of this study follows the participant observer method in which my presence became a part of their
normal routine (Kawulich, 2005). New volunteers are consistently interacting with the children, and, therefore, my observation implemented little manipulation to the children’s regular situation. My presence ultimately provided an effect in the manner of a participant rather than an observer.

Observations were recorded daily; they included general observations of behavior and interaction as well as more specific behaviors and interactions of each child and caregiver. To ensure the anonymity of these individuals, names were not recorded in the data. These observations were made, on average, for 6 to 6.5 hours per day: either from infant waking to midafternoon, from late morning to the infant bedtime, or occasionally throughout the entirety of the day. The total time per day was dependent on the daily circumstances and the number of external care figures on any given day. Throughout the six weeks of observation, about 180 to 195 hours were spent observing in total.

In addition to observations, I was able to casually converse with the paid workers and volunteers in order to get a better understanding of them, their lives, and their interaction with the infants. I also presented each of the four paid workers with a questionnaire addressing their feelings of attachment toward the children they interact with. This survey was administered during the final week of observations. This was done to ensure the results did not provide distortion to the observations. The survey asked a series of questions to determine how long the workers have been a part of the orphanage, their feelings toward the children, such as whether they feel attached to them and their feelings of the infants’ attachment, if they had children of their own and how their relationships with the infants of the orphanage were in comparison to their
biological family. All four workers completed this survey which can be found in full in Appendix A and Appendix B.

Plan of Analysis

The context within the orphanage will be examined initially. This will include the overall environment of the orphanage, the basic daily routine of the infants, the schedules of the paid workers, and description of variations among volunteers.

In order to analyze the observations I implemented thematic analysis of qualitative data. This is a method in which patterns are developed from relevant literature and then data are reported and analyzed within these themes (Braun & Clarke, 2006). In addition, observations allowed for the development of further themes. Within this study, several themes emerged; they included: 1. Presence of caregiver behaviors typical or atypical to attachment formation, 2. Caregiver connection to infants, 3. Presence of infant behaviors typical or atypical to attachment formation, 4. Phase II of normative attachment formation: Hierarchy of preferences, 6. Phase III of normative attachment formation: Indiscriminate friendliness, and 8. Peer to peer attachment.

Following the development of themes, data from the observations and surveys were divided within these major contexts. These groupings allowed for later interpretation against literary theories of attachment to evaluate potential correlations.

Limitations

The limitations based on this purely observational research include the lack of knowledge of behavior of these children in environments and situations outside of their normal orphanage environment. In addition, although this is a longitudinal study, it is provided within a limited scope of time. Therefore, there is a lack of further knowledge
on how the patterns influenced by this orphanage environment will affect each child and their behaviors as they age.

The study is also limited by potential observer bias. As a participant observer, caring for the children I was observing, I naturally developed bonds with the infants over the six week period. In order to combat this bias, I recorded by observation with as little specific emotional attachment as possible and was intentional in the attempt to leave personal feelings out of the written observations. Some bias in this situation was inevitable as bonding was a natural reaction to my care of these children over this time. Furthermore, my own life experiences act as a lens to filter the information observed. I grew up in my mother’s home daycare and, therefore, have extensive experience interacting with children in a multiple caregiver context. This may have provided an increase in experience in examination of the nuances of care providers. It may also have contributed to a bias toward a multiple caregiver environment rather than being completely objective to multiple caregivers within this institution. Through my personal observer bias, it is crucial to be aware that observations and their interpretation can only be interpreted as they are perceived and despite intentional effort to minimize bias, some will naturally occur.

In addition, despite research and preparation prior to the observation experience, lack of credentials as an observer did limit my ability to provide in depth analysis within my observations. This may have incorporated discrepancies in data that would not have been present in the observations of a more qualified individual.
CHAPTER THREE

Results

Context

Understanding the atmosphere and routine of the orphanage is a necessary component in understanding behaviors of attachment. The infant section of the orphanage is known as Cunas, which translates to cradles in English. This section is for children under the age of two and older children that are unable to walk or feed themselves. We observed one child over two years of age with fetal alcohol syndrome who was unable to walk and, therefore, unable to leave this section of the orphanage. There are two bedrooms; the smaller room contains six cribs for infants who are unable to crawl and get around on their own. The larger bedroom has 13 total cribs for the children who are able to walk or crawl, yet unable to move out of Cunas.

The daily routine does not vary greatly from day to day. Each day the children wake between 6:00 am and 7:00 am. As they wake they are taken individually to the kitchen by workers and volunteers to eat breakfast. There are three highchairs in the kitchen; some infants are held while they eat. After each child has eaten, they are taken back to their cribs and left until all children have been fed. Following breakfast, three days per week- Monday, Wednesday and Friday- the infants are bathed by the workers and volunteers. While each child is being bathed, the remaining infants remain in their cribs. After each has been bathed or on days when bathing is not in the schedule, the children have their diapers changed and are changed from pajamas to clothes and shoes for the day. They are then allowed to be out of their cribs and can play in the bedroom until 11:00 am. At this time they are each placed back into their cribs for a nap. They
generally wake between 12:30 pm and 1:00 pm. As they wake, the infants are taken
individually to the kitchen to eat lunch, in the same manner as breakfast. The order of the
children being fed is based on the children who wake first and those who seem to be
more upset at others being fed before them. After all children have eaten, their diapers
are changed. The children in the larger bedroom are then taken to the playroom, called
the Sala which directly translates to living room. Here they are able to play under the
care of volunteers. If there are enough volunteers, the younger infants in the smaller
bedroom are laid on a mat in the small bedroom where a volunteer plays with and does
infant “therapies” (i.e. working on sitting up, ‘tummy time’ to build neck muscles).
These therapies are dictated by those who run the orphanage and each volunteer has a list
of exercises to follow. If there are not enough volunteers, these younger immobile
infants are left in their cribs. This normally occurs at least two or three days per week,
particularly on weekend when less caregivers are present.

Between 4:30 and 5:00 pm, the children are taken individually from the Sala to
the kitchen for their third meal. After each is fed, they are brought individually to the
large bedroom where they remain until all children have eaten. Once all have eaten, the
volunteers change them into pajamas and each child’s teeth are brushed. As each infant
is ready, they are placed in their bed for the night. Usually this is between 6:00 and 6:30
pm. Subsequently, volunteers then leave and one paid worker remains until 9:30 pm.
Throughout the night, the children are cared for by the nuns that run and live at the
orphanage. Unless they are in danger, they are not removed from their cribs during the
night. The relative consistency of the children’s’ routine allows for a sense predictability;
however, discontinuity of permanent caregivers and volunteers provide some contradiction to this expectedness.

There are four paid workers, with one or two being present at most times, as shown in Figure 2.

Figure 2.

Schedule of Shifts for Permanent Workers

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Although these workers have a consistent weekly schedule, their interaction with the children during these shifts is relatively unpredictable. Caregivers do not have designated tasks or children they are specifically assigned to care for. The amount of interaction they have with the children is variant based on the number of volunteers and the different tasks that particular volunteers are willing to perform.

In this orphanages' Cuna section there are two volunteers that assist from 7:30 am to 11:00 am, and two different volunteers that assist from 2:30 pm until the children are
all in their beds. Each week, a single volunteer will work in Cuna an average of three shifts per week.

Themes of Attachment

Presence of caregiver behaviors typical or atypical to attachment formation.

In this orphanage, volunteers and paid caregivers perform a similar amount of the primary caregiving tasks such as feeding and changing. For example, as a volunteer, the first day I was there I fed one 3 month infant a bottle and spoon fed lunch to three other children. Over the course of six weeks, each day I fed an average of four infants the noon meal and four others the evening meal. Throughout this time, there were no days in which I fed the same combinations of infants, due simply to the order in which the infants wake or express the immediate desire to eat. Furthermore, clothes and diapers are changed primarily by volunteers. Since volunteers change daily and are generally not repeated within the same week, no child is usually changed or fed by the same individual more than two or three times per week.

The youngest infants are usually held while being fed bottles in the afternoon, either before or after the older children have eaten. Since only one paid worker is present for the evening meal, compared with three at the noon meal, all caregivers generally feed the older children while the bottle-fed infants are laid in their beds as their bottles are propped up by blankets. All caregivers are discouraged from maintaining excessive physical contact with the children except during times of feeding. For example, one afternoon I was holding a three month old female infant because she had been crying. One of the paid workers then came and told me to leave her on the ground in order to build muscle, develop motor skills, and to prevent her from becoming too dependent on
the physical contact. Additionally, when children are ill, they are kept in their cribs; they are not held by caregivers and are not allowed to interact with peers. This practice is in place with the hopes of keeping the illness from spreading. Sometimes this quarantine regime can last several days. Therefore, since caregivers are consistently changing and unable to maintain a great deal of physical closeness, children have little opportunity to maintain a pattern of physical contact with any specific caregiver.

**Caregiver connection to infants.** Although their contact is limited, the paid caregivers seem to express a great deal of connection to the infants. This correlated to the answers given by these workers on the written surveys. On a ten point scale, with one being a feeling of no connection and ten being a feeling that the infants are like part of their families, two of the workers marked nine and two marked ten. The workers that had marked nine had both been there for greater than a year, while those that marked ten had worked there for less than a year.

Both workers that had been there for less than a year mentioned having a “favorite” child that they felt the closest with. In fact, they both pointed out the same 10 month male. They described him saying, “Se robó mi corazón con su sonrisa (He stole my heart with his smile)” and “Es un niño tierno y muy amigable (He is a tender and very friendly boy)”. The two workers that had been there for a greater amount of time said that they do not feel more significance toward any child and consider each infant with an equal amount of love.

Each of the workers described their general relationships with the children of the orphanage in a slightly different manner. One described her relationship in the context of the caregiving activities; she included giving them love and affection, playing with them,
telling stories, singing songs, doing their hair, bathing, feeding, and giving medicine. One worker described her relationship as being completely unique with each child at the orphanage. Another described how she loves sharing her life with them and teaching them new things while they teach her things as well. She went on to state, “Me siento como si ellos fueran parte de mí, en realidad es mi trabajo (I feel as if they are a part of me, but in reality it is my job).” Each of the paid caregivers, therefore, express a clearly distinctive dynamic with the children, while they all feel a similar sense of closeness to the infants.

Presence of infant behaviors typical or atypical to attachment formation.

The children of the orphanage all displayed similar proximity seeking behaviors regardless of age. If any infant were to wake up without the presence of a caregiver, they often would sit or lay in their beds without crying. If they were not able to perceive a caregiver’s presence outside of the room, they did not provide further proximity-seeking behaviors. This was observed multiple times, as I often would arrive as they were waking up from their morning naps and could view through a small window if any infants were awake. As soon as a caregiver would enter the room, a majority of infants would begin to cry and put their arms up as if they wanted to be held. If a child was crying in his or her bed and a caregiver approached and rubbed his or her back, the protest would generally cease. If the caregiver would then walk away without picking up the infant, the crying would resume. When a caregiver would enter the room and leave without picking up a child, they would begin to cry louder. Furthermore, if a child was not crying and was held by a caregiver and then put back down, crying would begin.
Most children expressed a similar interaction with caregivers. During play, if a caregiver was sitting on the floor, infants would consistently approach them, bringing them toys to play with or trying to engage them in some type of interaction. They generally aimed at getting the attention of a caregiver, and many would protest if another child was sitting on the lap or getting a greater deal of attention from any one caregiver. Some infants, however, showed very little positive or negative expressions toward the caregivers and would more likely play on their own with little caregiver interaction. One child that demonstrated this behavior was the 10 month old boy that two of the paid workers mentioned as being their “favorite.”

Among the patterns of interaction, it is important to note that little difference was seen among children of different age groups. The infants that showed little attention-seeking behaviors were 10 months and 14 months; all other children consistently sought caregiver interaction.

**Phase II of normative attachment formation: Hierarchy of preference.** Within the first phase of attachment, recall that predictable patterns of care lead to the likelihood of the infant developing a secure attachment to the caregiver. Throughout this phase, though, it is normal for the infant to show little discriminatory behavior (Bowlby, 1983). However, by phase II of attachment, which normally begins around eight to twelve weeks, a child tends to discriminate toward a primary caregiver and begins to develop a hierarchy of preference (Bowlby, 1983).

All infants observed within this orphanage, seemed to remain in this first phase. All infants showed this lack of discrimination and were very unlikely to show preference to any caregiver at any given time. One prominent theme of attachment is the expression
of an attachment hierarchy. However, the indiscriminate behaviors of these infants suggested no preference toward any particular caregivers whatsoever. In the presence of paid workers, volunteers, or strangers, none of the children would show preference toward one or another. Infants seemed to generally seek whichever individual would likely give them a greater deal of attention. Even the infant who was named the “favorite” by two of the workers, did not show a preference toward them over the other care providers, or even strangers.

*Phase III of normative attachment formation: Indiscriminate friendliness.* The third phase of attachment occurs as the child becomes more wary of strangers and the hierarchy of presence becomes much more distinct (Bowlby, 1983). Despite some similarities and differences among individual infants’ behaviors, a common theme expressed among all children was the indiscrimination to whom they directed these behaviors. All children, regardless of age, did not show preferential treatment from one caregiving figure to another, even in times of stress and activation of attachment behaviors. Although the four permanent caregivers have an advantage on the amount of time they are present in the orphanage, no favoritism was shown toward these individuals compared with behaviors toward the ever changing volunteers and strangers who also participated in the care of the children.

Indiscriminate friendliness was one of the first observations made on the initial day of volunteering. Having had no contact with any of the children before, I entered the playroom and sat in the center of the floor. Within minutes, several children had come up and given me hugs and kisses, sat on my lap, and brought me toys. These actions did not become heightened or diminished if other caregivers were also present in the room.
Another significant example of this was displayed following four weeks of observations. After I had spent each day interacting with the children for this period of time, I would no longer be considered completely strange to the infants. After these weeks, my mother joined in volunteering. The initial day she was there, despite the children never having had interacted with her before, they expressed the same behaviors toward her as they did toward me. In times of stress, hunger for example, the infants did not show any preference toward one caregiver compared with another.

**Peer to peer attachment.** Throughout developing themes of the observations, a more unique pattern of behaviors emerged. This distinctive interaction suggested signs of peer to peer attachment. An 18 month old female infant and an 18 month old male infant were both cared for at this orphanage since birth, with their birth dates actually being within a couple of weeks. Throughout their year and a half at this institution they were around one another at almost all times. During the first three weeks of observation, a bond between these two infants was more evident than any other children’s relationship. During play time they frequently interacted and would consistently be near one another, even while engaging in different play. Midway through the third week of my observations, the male infant was adopted. His adoptive parents spent a day with him in the orphanage and then gained custody and took him home. The day this male infant left, there was a very clear change observed in the female infant. Before the separation she was generally content, smiled and laughed frequently, and cried only when challenged with stressors; following the separation she showed little positive emotion, no periods of smiling, and for much of the first week she cried unless she was sitting on the
lap of a volunteer or other caregiver. This case was unique, and no other relationships among children within the orphanage showed signs of a peer to peer attachment.
CHAPTER FOUR

Discussion

This study was aimed at determining what requirements are mandatory in order for children within institutional care to develop attachment relationships and whether or not this particular orphanage provided opportunity for this attachment to exist.

The results of this observational study did not suggest that attachment formation was able to take place between any of the infants and their adult caregivers. All children expressed indiscriminate behaviors normally displayed before an attachment relationship form. Infants did not display any of the normative features expressed by individuals that have reached the second or third phases of attachment, such as a hierarchy of discrimination toward caregivers or a wariness of strangers. Therefore, this study suggests that the caregiving environment, as observed in this orphanage, did not meet the minimal requirements for attachment to form.

The infants demonstrated behaviors unique to children who have not been able to attach to a primary caregiver. The most striking contrast is the description of observed behaviors in comparison to the normative phases of attachment. The first phase, being generally characterized by instinctive responses, predictable outcomes, and indiscrimination toward individuals willing to meet the child’s needs, often fades from about eight to twelve weeks as attachment formation begins (Bowlby, 1983). However, all of the observed children in the orphanage environment, regardless of age, seemed to express this indiscriminate behavior, suggesting that they were indefinitely suspended in the first phase of attachment formation. In the second phase of normative attachment formation, children begin to perceive a hierarchy among caregivers (Bowlby, 1983),
showing a clear order of preference among available caregivers. This, however, was not observed. None of the infants showed signs suggesting preference of a single caregiver to another. The third phase, in which children normally become more and more wary of strangers over time (Bowlby, 1983), also failed to be observed within this orphanage. All infants displayed identical behavior toward permanent caregivers and strangers they were meeting for the first time. Each of these observations suggest that none of the infants had the opportunity to move beyond the first phase of normative attachment formation regardless of age.

An unexpected observation was the presence of proximity-seeking behaviors, generally a signal of the attachment system, despite the lack of attachment toward caregivers. Proximity increasing behaviors are generally directed toward attachment figures, however, in this case, the direction was toward any caregiver without discrimination. This may be further reiteration of infants who have not begun further phases of attachment formation. These infants would express specific behaviors and become aware of the pattern of proximity increasing over time. In normative formation of attachment children would begin to direct these behaviors more particularly, however, with the lack of this availability, the general pattern still remains present without this discrimination. Another possibility may be related to development of group attachment in which their working model may direct them to any available caregiver rather that specified caregivers. This would suggest the infants have moved beyond phase I but are developing incompatible working models with future dyadic relationships.

The method of caregiving seemed to be a contributing factor to the inability of attachment to occur. The physiological needs of the infants were consistently met, and
the structured routine provided stability within the caregiving regime. An outside observer would likely view the setting as fulfilling the physical and emotional needs of the infants; the permanent caregivers and infants were consistently holding, smiling, and interacting with the children, seemingly fulfilling emotional needs as well as physical ones. Strong personal connections that permanent caregivers reported feeling with the infants provides further evidence that there is a general feeling that the overall care is sufficient for the successful growth and development of the infants. However, regular contact with the same caregiver, a component crucial for attachment formation, was notably lacking. The permanent caregivers were reliably present in the orphanage, however, their interaction with the infants was limited. Volunteers, who were extremely varied and widely inconsistent, provided a greater deal of the infant/caregiver interaction. In addition, the lack of physical closeness within caregiving further diminished the opportunity for any infant to become attached to any particular caregiver.

A unique perspective obtained from this orphanage was the sincere connection that the permanent caregivers felt toward the children, considering them like a part of their own families. These strong feelings of affection and care naturally give more attention toward the emotional needs of the infants, along with fulfilling their physical needs, while this may be lacking in institutions in which the care is entirely impersonal.

These observations lead to the discussion on the singular importance of exclusivity. The physical needs of the infants were always being met, the caregiving routine was relatively consistent, and, to an extent, the affection displayed by caregivers addressed the emotional needs of the infants. Despite these factors, attachment formation was not observed to have taken place. This demonstrates the high importance of having
an exclusive, primary caregiver. The inconsistency of having many different caregivers providing individual infant care prevented the infants from forming any special bonds and essentially contributing to a complete lack of opportunity to form an exclusive relationship, and therefore attachment.

Although there was no observation of caregiver attachment, the unique bond between two infants suggested peer to peer attachment. This implied that the presence of everyday, consistent contact is more important that the quality of contact when considering the minimal requirements for attachment to take place. Despite the fulfillment of physical and emotional needs, the caregivers were unable to provide enough consistent exclusive interaction for an attachment bond to form. In this case, the infants provide each other with little emotional or physical care. However, the peers have an enduring and predictable presence in each other’s everyday lives. With their physiological needs being met, the two infants seemed to form an attachment with each other in order to fulfill the exclusivity that they were lacking otherwise. In this case, the quality of this attachment relationship is not addressed, however, the observation that attachment has likely taken place is notable.

These case study observations are limited, since this data was presented from a case study, it is important to consider the limitations on generalizability as the context may provide specifics not present in other institutions. Furthermore, the data is provided within a restricted scope of time and future patterns cannot be examined. Further studies may address children raised in similar environments within a greater frame of time to determine what effect, if any, the inability to attach to caregivers will have on them.
cognitively, developmentally, or behaviorally. In addition, note that within any observations, a natural observer bias is present and can act to skew data and analysis.

While the results of this study may not be generalizable in whole, some points bring up questions that could provide a hypothesis for future research. Much current research addresses the question of quality of attachment rather than general formation of attachment. This study suggests that a crucial element for attachment to form is the issue of caregiver exclusivity; further studies should be implemented with this hypothesis in question.

**Conclusion**

This study suggests that this orphanage did not provide the minimal requirements in order for attachment relationships to form. This was observed through the lack of expression of characteristics of normative phases of attachment, including discrimination of caregivers.

This particular orphanage was unique, in that it showed very little neglect, both physically and structurally. In fact, data also suggests that the institution met, at least in part, the immediate emotional needs of the infants. The key factor that was not present within this orphanage was the exclusivity in one-on-one care. Therefore, it can be concluded that allowing for an exclusive child/caregiver relationship to form is a minimum requirement to the formation of attachment within institutional settings.
APPENDIX A

Survey for Permanent Workers (Original Version)

¿Cuánto tiempo ha trabajado en [estos orfanatos]?

¿Cuál es la parte más agradable del trabajo? ¿Cuál es la parte menos agradable?

¿Tienes hijos? En caso afirmativo, ¿cuántos años tienen?

Describa su relación con los niños de este orfanato.

Por favor marcar con un círculo el número que describe cómo siente su relación con los niños de [este orfanato].

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| No me siento unido a ellos, solo son parte de mi trabajo | En el medio | Siento que ellos son parte de mi familia.

¿Siente un cariño diferente hacia algún niño? ¿Tiene favoritos? En caso afirmativo, describa cómo estas relaciones son diferentes.

¿Siente que algunos niños se sienten más unidos a usted? En caso afirmativo, describa los comportamientos de los niños que se sienten más unidos a usted.
APPENDIX B

Survey for Permanent Workers (Translated Version)

How long have you worked at [this orphanage]?

What is the most enjoyable part of your job? What is the least enjoyable part?

Do you have children? If yes, how old are they?

Describe your relationship with the children of [this orphanage].

Please mark the number that describes how you feel about your relationship with the children of [this orphanage].

1  2  3  4  5  6  7  8  9  10
I do not feel attached to the children; they are only part of my job.

In the middle

I feel like the children are a part of my family.

Do you feel differently toward any of the children? Do you have favorites? If yes, describe how these relationships are different.

Do you feel that the children feel attached to you? If yes, describe the behaviors of the children that make you feel their attachment to you.
REFERENCES


