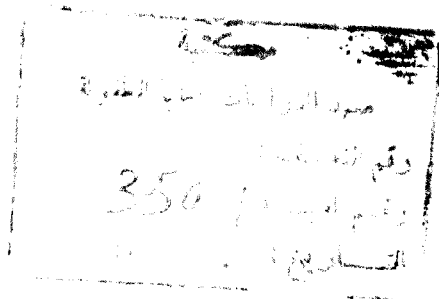


Ain Shams University
Institute of Childhood Studies



**PSYCHOLOGICAL ASSESSMENT
OF ORPHANAGE'S CHILDREN
AND THEIR CARETAKERS**

Thesis
Submitted in Partial Fulfilment
for the Degree of Mastership in
Childhood Studies

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LIST OF TABLES

No.	Page
1 Age and sex distribution of the foundlings having psychiatric disorders... ..	90
2a Psychiatric disorders of the foundling in orphanages with family pattern and with classical pattern	92
2b Conduct disorders in the foundlings of orphanages with family pattern and with classical pattern	94
2c Overanxious disorder in the foundlings of orphanages with family pattern and with classical pattern.. ..	96
2d Functional enuresis in the foundlings of orphanages with family pattern and with classical pattern	98
2e Developmental expressive language disorder in the foundlings of orphanages with family pattern and with classical pattern.	100
2f Adjustment in the foundlings of orphanages with family pattern and with classical pattern.. ..	102
3a Educational state	104
3b Educational state, comparison between the foundlings and the control group... ..	105
4a Low self concept, comparison between the foundlings in orphanages with family pattern and that in orphanage with classical pattern... ..	107
4b Low self concept, comparison between the foundlings and the control group	108
5a The academic dimension of self concept	109
5b The academic dimension of self concept, comparison between the foundlings and the controls.	110

6a	The physical dimension of self concept.	112
6b	The physical dimension of self concept, comparison between the foundlings and the controls..	113
7a	The social dimension of self concept...	115
7b	The social dimension of self concept, comparison between the foundlings and the controls ...	116
8a	the anxiety dimension of self concept.. . . .	118
8b	The anxiety dimension of self concept, comparison between the foundlings and the control. . . .	119
9a	Description of the caretakers..	121
9b	Description of the caretakers and the mothers, comparison between the foundlings and the controls..	122

CONTENTS

	Page
INTRODUCTION AND AIM OF THE WORK... ..	1
REVIEW OF LITERATURE... ..	3
- Normal psychological development of the child ...	3
- Importance of child-parents relationship on his psychological development	14
- Importance of child-caretaker relationship on his psychological development	28
- Role of orphanage's caretakers... ..	39
- Effect of institutional life on child psychologi- cal development and health... ..	49
- Effect of psychotic caretaker on psychological health of the child.. ..	68
- Psychiatric disorders of orphanage's children ...	80
SUBJECTS AND METHODS... ..	85
RESULTS	89
DISCUSSION.	125
RECOMMENDATIONS	135
SUMMARY	137
REFERENCES.	139
ARABIC SUMMARY.	-

CHAPTER [I]
INTRODUCTION
AND
AIM OF THE WORK

Introduction

Institutionalized children form one group in the child population, who are affected by various forms and degrees of deprivation, not only by their antecedent experiences, but also by the simple fact of being away from their homes (Somen, 1986).

More than a century ago, physicians and others observed that scrawny anatomy, motivational apathy, and developmental retardation in behaviour were exceedingly common in children being reared in understaffed orphanages. Because the views of Herbert Spencer and Francis Galton then prevailed, these defects in development were attributed not to the conditions of rearing, but to the biological nature of the infants who usually came from families of poverty, here and there, however, someone noted that developmental defects could be reversed merely by transferring infants from institutions to family homes. On the basis of such clinical observations, Chapin (1908) a pioneering paediatrician, devised about 1910 a boarding system for the care of neglected children (Hunt *et al.*, 1976).

The environmental circumstances available to an infant must influence his informational interaction with these circumstances. The role that variations in informational interaction can play in the development of cognition or intellect in the very young remains problematic. To be sure, marked retardation associated with orphanage

rearing has been reported. This retardation has been indicated by low developmental quotients on the Kuhlmann tests (Skeels and Dye, 1939), on the Hetzer-Wolf baby test (Spitz, 1945), and on the Cattell infant scale (Dennis and Najarian, 1957) and by delays in the appearance of locomotor abilities (Dennis, 1960 & John and Hunt, 1971).

There is accumulating evidence that the quality of child rearing and ensuing intra- and extra-familial relationships influence an individual's current and future mental health (Rolins and Rutter, 1990).

Aim of the Work

The aim of this work is to:-

- (1) assess the self concept in the orphanage's children,
- (2) estimate the relationship between the orphanage's children and their caretakers, and estimate the psychiatric disorders in them.
- (3) evaluate the educational state of the orphanage's children.
- (4) review of psychological condition of the orphanage's children.

CHAPTER [I I]
REVIEW OF LITERATURE
NORMAL PSYCHOLOGICAL
DEVELOPMENT OF THE CHILD

The Normal Child

A knowledge of normal psychological development must be the basis for the appreciation of psychological disturbance in childhood. A child is regarded as normal if his behaviour conforms to that of his peers, but there are wide variations in childhood behaviour and it is often hard to decide where abnormality begins. Age, sex, intelligence and environment must all be considered before labeling a child as deviant (Connell, 1985).

The normal baby today is regarded as a competent executive who not only becomes rapidly familiar with his habitual environment, but also learns to gauge the qualities and qualifications of the people around it. He "reads" his environment and its potential for meeting his needs, relieving his discomforts, or diminishing his frustrations (Anthony, 1983).

Human Development

1. Biological, Psychological, and Social

It is convenient to consider a child's development as occurring simultaneously in these areas and there is generally close correlation between them. The mentally subnormal child is often physically and emotionally immature and lags behind in social skills. Physical and psychological development depend upon both hereditary and environmental factors. Body development may be stunted, because nutritional needs are not met, and if the environment fails to give the child adequate stimulation,

psychological stunting may occur. Socialization, is based primarily upon learning. Parents consciously teach good manners and how to behave in certain situations, but because of the child's inherent drive to imitate, much is learned from them without active teaching, including often, types of behaviour they would prefer the child not to copy. During growth, critical periods occur when the environment must supply specific types of stimulation, if these are lacking, not only does development go astray but it is very difficult for the child to catch up if the needs are met at a later period. Thus, in the first 3 years, a child learns to trust others "basic trust" if he receives consistent and affectionate parenting. If he does not, he may grow up handicapped by an inability to form satisfying emotional relationship (Connell, 1985).

2. Personality

This relates to the distinguishing qualities of an individual which are displayed persistently in a wide variety of situations, especially social situations. It is the unique result of the interaction of the individual's genetic constitution and his environment. The child's personality has considerable potential for growth and change, in contrast to adults in whom personality traits are almost unalterable. Theories of personality development involve intrinsic factors "biological drives, hereditary temperamental differences" and extrinsic "environmental" factors. Most emphasize the effect of early childhood experience upon adult adjustment and behaviour (Connell, 1985).

3. Intellectual Development

Piaget's theory of cognitive development has an important influence on child psychology. Intelligence

grows in a series of stages of increasingly complex patterns of thought and behaviour and a succession of new mental organizations or structures (mental schemata) develop which in turn become foundations for the emergence of new abilities (Mussen, 1973).

This process of mental growth starts at birth, is based upon simple reflexes and reaches full development in early adolescence with the ability to use formal logic. Mental schemata are developed by the processes of assimilation (is taking in knowledge from the environment, to be incorporated into the child's existing body of knowledge) and accommodation (a modification of existing knowledge by the new elements after they are taken in) intelligence is the process of adaptation of the organism to its environment, and the environment must supply certain needs (aliments) for it to develop satisfactorily (Connell, 1985).

Factors Affecting Child's Development

Child's development is influenced by:

1. Physical Events

These relate to the mother's health during pregnancy infections, drugs and malnutrition all affect the fetus. Placental insufficiency and ante-partum haemorrhage, reduce the oxygen supply to the developing brain (Connell, 1985).

2. Psychological Influences

Sanson *et al.* (1991), have reported three classes of variables that are essential in determining an individual's risk status with respect to adolescent or adult mental health:-

- (a) Within-child variables such as temperament and biological/physical status.
- (b) family environmental variables such as family structure background and socioeconomic status.
- (c) Significant relationships in the child's life with parents and mentors.

Their own and other studies indicate the cumulative nature of childhood adversities, such as poor child rearing, in determining mental health status both concurrently and prospectively (Rutter and Sandberg, 1992). Intimate, proximal situations within the genetic environment, more than heredity, determine child development and achievement. Stresses the need to compensate for skill deficiencies among children from disadvantaged environments through early training for language acquisition and personality development (Hunt, 1982).

A. Factor Enhancing Psychological Development

Hunt (1961; 1965 and 1966), formulated a series of hypotheses about the nature of the experiences of importance for early psychological development. He considered development to be a function of the exercise of sensorimotor systems and of the modifications in them coming from adaptive coping with environmental circumstances. Even though life itself is dependent upon the gratification of such homeostatic needs as those for food, water, comfort, etc., his hypothesis attributed greater importance to experiences obtained through the distance receptors, the eyes and the ears (Hunt, 1965), than that imputed to them in other theories of motivation. During the early months following birth, he stressed the importance of variations in auditory and visual inputs to maintain alertness through evoking the orienting response. Next,

he stressed an increase in the attractiveness of inputs repeatedly encountered. To this attractiveness from recognitive familiarity he attributed the earliest efforts of infants to maintain or regain perceptual contact with objects, persons, and places. Later, he conceived what is novel in a familiar context or discrepant from memories to be attention eliciting. At this point, he considered it highly important for the infant to have access to an optimum of novelty, complexity, and challenge in environmental circumstances. The importance of such an optimum gives rise to what he calls "the problem of the match". Since caretakers and parents and teachers all too seldom know enough about an infant's history to provide the optimal circumstances for further development, he contended that it is important for the infant to have considerable control of the auditory and visual inputs through his own actions. Such control, he presumed, would lead to a sense of mastery and an inner locus of control. As the infant's development continues, the hypothesis demanded that the environmental circumstances which an infant can encounter through his own actions should increase in variety and complexity. The information stored in the brain as memories of situations encountered and the adaptive modifications in the sensorimotor organizations mediating skills would presumably build one upon another cumulatively to produce a sequential hierarchy of behavioural achievements (Hunt *et al.*, 1976).

Child's Ability to Learn

From our own research (Papousek, 1967 and 1977), as well as from a review of other studies, we can conclude now that the newborn is able to learn from the first week of life and is born with an innate capacity to respond to

specific stimuli from the environment with adequate forms of learning or cognitive operations (Papousek, 1977).

This capacity improves significantly with each month of age (Papousek, 1967).

In addition to age differences, striking individual differences in this capacity appear among newborns. A further potent determinant of learning is the behavioural state preceding a learning trial (Papousek, 1977).

Learning is most successful during waking connected with vivid and well coordinated movements and/or quiet vocalization excluding fussing or crying (Papousek and Papousek, 1983).

Importance of Stimulation

There has been mounting evidence in the psychological literature that the organism has a "need for stimulation" and that variations in the quantity and quality of stimulation received can have a significant effect on many aspects of development (White and Held, 1963).

Additional reports indicate that, not only does the infant require stimulation, but that excessive or chaotic dosage of stimulation can be highly disruptive of normal functioning (Murphy, 1962).

Furthermore, there appear to be substantial individual differences in the stimulation that is needed or in the extremes that can be tolerated. As the infant gets older he becomes somewhat capable of regulating the stimulation that is assimilated (Moss, 1970).

However, the very young infant is completely de-

pendent on the caretaking environment to provide and modulate the stimulation he experiences. It is in this regard that the mother has a vital role (Moss, 1970).

Emotional Interaction

Emotional signaling is important in early infancy for guiding caregiving interventions. As development proceeds and as the infant becomes capable of anticipation and of understanding means-ends relationships, emotions guide more complex instrumental activity and what can be referred to as intentional behaviour in the infant (Emde and Sorce, 1983).

Cognitive Development

Tape-recorded music and mother talk and special mobiles, provided they are at least partially graded in difficulty and contingent on infant activation, can contribute usefully to cognitive development during infancy. This is not to say that mechanical enrichment should ever be considered a substitute for human contact and care (Hunt, 1986).

Language Acquisition

Ability to imitate the sounds of a word does not immediately result in semantic mastery of the symbolized objects. Presumably, achieving such semantic mastery in a second language would require a number of such imitative achievements and a learning set, not unlike the one "that things have names", taking the form of "things may have two names". Such learning sets (Harlow, 1949), appear to be crucial in language acquisition (Hunt *et al.*, 1976).

Social Activity

Children in the second year of life responded pro-socially (Cummings *et al.*, 1981), and that children's pro-

social initiations toward victims of distress were associated with their mothers' rearing attitudes, empathic care giving, affective explanation, or moralizing, was positively associated with children pro-social respondings (Waxler *et al.*, 1979).

All but a minute fraction of the human infants born have the genetic potential necessary to acquire the knowledge, motives, and skills required for full participation in any culture on this earth. It is not that all have the genetic potential to join the ranks of such illuminators of human history as Aristotale, Francis Bacon, Einstein, and Leonardo da Vinci, but they have the potential to develop the competence to live independently and to contribute productive labour to the social order (Hunt *et al.*, 1976).

Sex Difference in Social States

Evidence that suggests males are more subject to inconsolable states comes from studies (Stechler, 1964), which indicate that males have less well organized physiological reactions and are more vulnerable to adverse conditions than females. The relatively more efficient functioning of the female organism should thus contribute to their responding more favourably to maternal intervention (Moss, 1970).

B. Factors Hindering Psychological Development

Mode of Child Rearing

As long ago as 1621, Richard Burton catalogued some of the consequences of defective child-rearing practices: "Bad parents too rigorous and too severe, or too remiss or indulgent on the other side, are often fountains and furtherers of this disease (melancholy)

parents offend many times in that they are too stern, always threatening, chiding, brawling, Whipping or striking; by means of which their poor children are so disheartened and cowed that they never after have any courage, a merry hour in their lives, or take pleasure in anything" (Anthony, 1983).

Types of Child's Psychological Traumas

Infants have been a cynosure for centuries, but it is only after a Spitz (1949), or a Bowlby (1973), among other pioneering infant observers, had drawn attention to the explicit and undeniable ways in which they suffer from premature or traumatic weaning, from disturbing jealousies, from shifts in daily routine, from changes in familiar surroundings, from maternal separations, from the manifold stresses of hospitalization, and from a host of other damaging experiences that the professional world became aware of the obvious and rendered it perceptible to the laity (Anthony, 1983).

Child Abused by Parents

Over the centuries parents have been permitted so much leniency in the rearing of their young that extremes of aggressive and sexual reaction on their part toward their children had largely gone un-noted until Kempe and Helfer (1974), among others, pointed to the substantial evidence of murderous battering and erotic manipulation that existed and alerted physicians all over the world to the risks to which infants and young children were exposed, given certain predictable antecedents, circumstances, and environments (Anthony, 1983).

Role of Mother's Psychological Health

Severe or prolonged stress in the mother may affect fetal body size, adrenal size and levels of activity (Sontag, 1962).

Attitudes toward pregnancy are influenced by the mother's adjustment to her feminine role, the parenting she received and her relationship with the baby's father. The puerperium is a critical point for maternal-infant bonding and that maternity hospital conditions often militate against this (Klaus and Kennell, 1976).

Mothers whose infants have been separated from them in early days often complain of a feeling of the child not belonging to them (Connell, 1985).

Role of Family Environment

In conceptualization of environment, Erikson (1968), has written of a "communality of egos" linking the family egos in a mutual activation, presumably, although he does not say so directly, of both positive and negative, constructive and destructive elements. We were concerned to what extent a lack of communality could hinder the "reaching out" and "sending out" capacities of the developing infant and child, and his drive to "actively master" his environment (Anthony, 1983).

Role of the Society

Social factors such as depriving, hostile and rejecting parental attitudes may adversely affect both intellectual development and emotional stability. Instability has been found to be commoner in the families of retarded children than in other families (Barker, 1988).

Role of Sensory Stimulation

It is well established that lack of appropriate

levels of visual, tactile, auditory, and social stimulation may result in lower physical and psychological development of children (Clarke and Clarke, 1976).

Observational and research evidence to refute two widely held beliefs about psychological development; the belief in predetermined development and the belief in the simultaneous development of all behavioural systems. Studies suggesting the plasticity of development through environmental deprivation and intervention are described. Jensen's concept of heritability is challenged with evidence from studies indicating the range of reaction available to children from a wide range of environmental backgrounds. Evidence from studies of orphanage children in Greece and Iran is included in this discussion. Observational and research evidence refuting the belief in global development is also presented. These studies highlight the inadequacy of reliance on the IQ as a measure of overall ability and indicate the value of ordinal scales for measuring achievement in specific areas of development. Evidence for retardation in certain areas of development and concurrent progress in others is said to suggest specific rather than global development. Intervention studies in an orphanage in Tehran are described to provide further evidence for asynchronous development. A discussion of the educational implications of these results is included (Hunt, 1977).

**IMPORTANCE OF
CHILD-PARENTS RELATIONSHIP
ON HIS PSYCHOLOGICAL
DEVELOPMENT**

Mother-Child Relationship

The establishment of interpersonal relationships within the family, starting with the mother. The development of the mother-child relationship is not a one-way process but a steady interaction of two personalities, each calling out responses in the other and this process begins at birth. In the second year of the child's life (the toddler stage) the bond between mother and child becomes intense and the child strongly resists separation. He clings to mother in strange surroundings or in the presence of strangers (stranger anxiety) (Connell, 1985).

Early mother-infant contact affects the character of maternal behaviour, which may in turn affect the child's later development (Kennell and Klaus, 1983).

Many influences on the behaviour of the mother are determined, although not fixed, before she become a mother for example, the mothering she received herself when she was an infant, her relationship with her own mother and with the father of the baby, and the influences of her culture. Let us consider recent evidence that the mother's behaviour with her infant may be altered by what is done to mother, father, and baby in the period immediately after delivery (Kennell and Klaus, 1983).

The process of attachment of mother to infant often begins before fetal movement. The onset of fetal

movement will often make women accept previously unwanted infants (Kennell and Klaus, 1983).

This attachment is crucial to the survival and development of the infant. Its power is so great that it enables the mother or father to make unusual sacrifices necessary for the care of the infant, day after day, night after night, responding to his cry and protecting him from danger. Throughout his lifetime the strength and character of this attachment will have an influence on the quality of all future bonds and links to other individuals (Kennell and Klaus, 1983).

Beginning of Mother-Child Contact

There may be a special period in the first hours and days of life during which mothers are especially affected by contact with their babies. There may also be effects on the father. Lind *et al.* (1973), noted that paternal caretaking in the first three months of life was greatly increased when the father was asked to undress his infant twice and to establish eye-to-eye contact with him for one hour during the first three days of life (Kennell and Klaus, 1983).

The infants of mothers with early contact cried significantly less and smiled significantly more than infants of control mothers of routine contact with their infants (Johnson, 1976; Sosa *et al.*, 1976).

The effects of increased mother infant contact in these seventeen studies may be due in part to a recapitulation of what was previously normal human maternal behaviour. Increasing mother-infant contact any time during the first three postpartum days may trip an innate system in women that has been present in our genetic make

up for centuries. The remarkable effects of increasing mother-infant contact may in part make up for the marked deprivation that is a part of current routines in modern hospitals (Kennell and Klaus, 1983).

Importance of Mother-Child Contact

In as much as the mother-infant attachment is essential for the survival of the human infant, it seems unlikely that such a life sustaining relationship could be dependent on a single process. Keeping the mother and baby together soon after birth is likely to initiate and enhance the operation of known sensory, hormonal, physiologic, immunologic, and behavioural mechanisms that probably attach the parent to the infant (Kennell and Klaus, 1983).

A cascade of interactions between mother and baby occurs during this period (first three postpartum days). Locking them together and ensuring the further development of attachment (Kennell and Klaus, 1983).

Thus, at the present time we have several large pieces of the jigsaw puzzle about the effect on the mother of early contact with her baby-increased responsiveness to the baby's cry; increased readiness to pick up, hold and soothe the baby, increased attention to the infant, greater affectionate behaviour such as looking en face, fondling, kissing, smiling and talking, and less failure to thrive and abuse. It seems logical that if early postpartum contact has an effect on the mother and her behaviour that this behaviour in turn will have an effect on the infant and his behaviour (Kennell and Klaus, 1983).

Throughout most human history, the mother-infant

relationship provided infant nutrition, warmth, protection, and social stimulation (Kennell and Klaus, 1983).

From the infant's side, expressing a range of emotions is important for engaging the mother (and father). This includes not only positively toned emotions of happiness, interest, and surprise but also negatively toned ones such as distress, anger; fear, sadness, and disgust. The infant's emotional signaling allows the caregiver to appraise both the current state of contentment or need, and the readiness for learning. For adaptive functioning, it is important that the infant be emotionally responsive to the mother, signaling where he is at, how she is doing, and communicating the fact that she is needed and appreciated. Optimally, the infant's expressiveness allows for interchanges which are varied, interesting, dynamic and on the whole rewarding. Thus, in a sense, emotional signals confirm that mother is loved, and that learning and development are taking place (Emde and Sorce, 1983).

The infant responds not only to his/her own internal emotional activity but to the emotional activity of others. Thus, the infant comes to make use of or to reference emotional signals of others, especially mother, in order to regulate his/her own affect. Many have pointed to the mother's crucial role in determining the extent of the infant's exploration and affective engagement with new objects and people (Ains-Worth *et al.*, 1978).

Mothers are viewed as a "secure base" from which the infant is more likely to deal with uncertainty by deciding in favour of interest, approach, and exploration

as opposed to fear, withdrawal and inhibition (Campos and Stenberg, 1980; Klinnert *et al.*, 1982).

Infants must develop confidence in recognizing uncertainty, in knowing mother's face can provide valuable cues, in responding emotionally to her emotional signals, and then in making use of these signals and the information they provide in guiding instrumental activity (Emde and Sorce, 1963).

A number of research paradigms have assumed that mother's physical presence is sufficient to promote exploration in later infancy (Ains-Worth and Wittig, 1969 & Kagan, 1978).

We hypothesize that more is required, not only mother's physical availability but her emotional availability. By this, we mean that mother communicates through her behaviour that she is aware of the infant's emotional expressions and is monitoring ongoing activity in such a way that she is available to respond empathically and to offer her own emotional expressions as information when the infant is uncertain and looks to her (Emde and Sorce, 1983).

We believe that maternal emotional availability plays a crucial role in infant development since it helps to create an atmosphere that fosters enjoyment, curiosity and enhanced opportunities for learning (Emde and Sorce, 1983).

Maternal ratings of child behaviour are strongly associated with the mother's psychological aspects. Most likely, maternal ratings of child behaviour reflect the child's temperament, maternal characteristics, and a con-

founding complex combination of both (Lancaster; Prior and Adler, 1989).

Werkman (1972), emphasizes that under no circumstances should mothers leave the majority of mothering of their children to anyone else. Caretakers can be used judiciously but under the careful and watchful eye of the mother. We know that in the absence of mothering some form of maternal deprivation occurs even with the help of the best caretaker.

The protest responses of the infant compel the mother to respond and engage in caretaking activities, and in turn, contingent maternal responsiveness can lead to an increase in protesting behaviour. The infant's smiles, vocalizations, and visual behaviour are important modes for interacting which are also subject to modification through social learning. Thus, the mother's and infant's instigation and reciprocal shaping of one another's social behaviours are two of the primary factors that contribute to establishing attachment behaviour (Moss, 1970).

Schaffer and Emerson (1964), found that the intensity of the infant's attachment behaviour toward the mother was simply a function of the quantity of stimulation that he received from her and they suggest the possibility "that the infant's need for the proximity of other people is not primary but arises, in the course of development, from his need for stimulation in general", and that his attachment to humans is facilitated, since "the most interesting object in his environment is the human object, with its high arousal potential and most varied stimulation propensity".

Through a series of home observations with mother-

infant pairs, Yarrow (1963), found that the infant's developmental progress during the first six months, based on IQ scores, appeared to be highly influenced by both the amount and quality of maternal stimulation. An additional finding of Yarrow's study was that those infants who were shown spontaneous expressions of positive feelings by the substitute mothers tended to exhibit a greater degree of social initiative.

The mother is necessarily highly instrumental in mediating much of the stimulation that is experienced by the infant. Her very presence in moving about and caring for the infant provides a constant source of visual, auditory, tactile, kinesthetic and proprioceptive stimulation. In addition to the incidental stimulation she provides, the mother deliberately uses stimulation to regulate the arousal level or state of the infant and to evoke specific responses from him (Moss, 1970).

It is common knowledge that mothers in attempting to quiet upset infants, often resort to such tactics as using rocking motion, waving bright objects or rattles, or holding the infant close and thus providing warmth and physical contact (Moss, 1970).

We propose that maternal behaviour initially tends to be under the control of the stimulus and reinforcing conditions provided by the young infant. As the infant gets older, the mother gradually acquires reinforcement value which in turn increases her efficacy in regulating infant behaviours. Concurrently, the earlier control asserted by the infant becomes less functional and diminishes. In a sense, the point where the infant's control over the mother declines and the mother's reinforce-

ment value emerges could be regarded as the first manifestation of socialization, thus, at first the mother is shaped by the infant and this later facilitates her shaping the behaviour of the infant, according to this reasoning, the more irritable infants (who can be soothed) whose mothers respond in a contingent manner to their signals should become most amenable to the effects of social reinforcement and manifest a higher degree of attachment behaviour. The fact that the mothers responded more contingently toward the female infants should maximize the ease with which females learn social responses (Moss, 1970).

Another aspect of infant behaviour which is significantly affected by maternal behaviour is the infant's response to stress, highly related to the infant's capacity to maintain equilibrium and avoid disorganization under stress is the quality of relationship with the mother, as reflected in the following variables. Emotional involvement, physical involvement, sensitivity, adaptation to the individuality of the infant, and acceptance (Yarrow, 1970).

The development of security and trust derived from a close and satisfying relationship with the mother in infancy strengthens the capacity to cope effectively with frustration and stress situations (Yarrow, 1970).

Although we can point to some fairly direct relationships between some aspects of the maternal environment and infant characteristics, it has become increasingly clear that we must also take into account what the infant imposes on his environment. There is a complex interactive relationship between the mother's behaviour towards the infant and the infant's basic response pat-

terns predispositions, and individual sensitivities and vulnerabilities (Yarrow, 1970).

Mother as expressive leader, is supposed to be more sensitive to children's feelings. She is supposed to model and teach such qualities as love, trust, and reciprocity. Because these are basic to all human relations, this way of thinking implies that mother-child relations are more basic and more similar for girls and for boys than father-child relations (Johnson, 1963 and 1975).

Infants arrive at birth capable of feeling discomfort and with a ready response to distress, namely crying. The more promptly caregivers respond to the behavioural signs of distress, the less infants cry (Bell and Ainsworth, 1972 & Mowrer, 1938), and the more likely infants are to develop secure attachments to their mothers or caregivers (Ains-Worth; Bell and Stayton, 1971 and 1972).

Failure of Mother-Child Relationship

Positive and secure attachments to caregivers decrease the likelihood that infants will develop into children who manifest emotional problems upon entering kindergarten (Sroufe, 1983).

Conversely, when caregivers delay in responding to infant distress, infants cry louder and louder. If such delays are repeated, infants learn to cry loud at the first signs of distress and to develop into loud-voiced, demanding children with anxious or defensive attachments to the mothers or caregivers (Ains-Worth; Bell and Stayton, 1972).

Such early patterns of attachment are also prone to persist and to be manifested in kindergarten as emo-

tional problems and as various unattractive behavioural traits (Sroufe, 1983).

If the delays in caregiver response to infant distress are further prolonged, the child ceases to cry, or is said "to cry it out". If this occurs repeatedly, as in the case of infants in understaffed orphanages, infants appear to give up crying, to wear glum expressions with no sign of interest in surrounding events and with no initiative. The absence of interest and initiative in the glum lumps that many orphanage reared infants become appears to be a human form of "learned helplessness". In cases where the food and care that infants receive is uncontingent with their strivings, as is the case in many under class homes, infants fail to learn that their efforts can bring relief from hunger, discomfort, boredom, etc., and acquire instead what Julian (1966), has termed an "external locus of control" (Hunt, 1982).

Father-Child Relationship

As instrumental leader, father is concerned with the future and with his children's place in adult society. He takes a less family centered view of the socialization process than mother and puts more emphasis on education (Stoltz, 1967), because sex role is basic to life outside the family, he is more concerned with the development of sex appropriate behaviours for both girls and boys (Johnson, 1975).

Freda and Cheryl (1971), put microphones on ten babies for 24-hour periods every two weeks from the time the babies were 2 weeks old until they reached 3 months. The average father rarely spoke to his baby. Fathers averaged 2.7 vocal interactions per day, lasting a total

of only 37.7 seconds! unlike the mothers, the fathers did not spend more time talking with baby as baby grow older during this period. Father-baby interaction most likely becomes more common and grows with baby's age during later infancy, when baby starts doing more (Clarke, 1978).

Father is often a play specialist with children between 6 months and 3 years, more of his interaction is playful (mother spends relatively more time in feeding, washing, and other care giving activities). He does more rough-housing and physical play. Mother's play is about as common but more often is verbal and with toys (Lamb, 1976 & Clarke, 1978).

Father's kind of play may be more fun for older babies and toddlers. At 30 months children were averaging more play periods per day with father than with mother in one study (Clarke, 1978).

Father's economic support obviously makes it easier for mother-child relations to go on smoothly, and perhaps his emotional support is just as important. Like his paycheck, it is most obvious when it is gone. For example, mother's ability to cope effectively right after divorce correlates with the amount of emotional support from fathers (Hetherington *et al.*, 1978).

Failure of Father-Child Relationship

Usually in an Indian family, it is the father or the eldest male member who is the most dominant and respected person. The present study also appears to reflect this pattern of behaviour as the incidence of unmarried motherhood was much higher amongst the group of girls who did not have father or any other elder male member in the family. Mother alone did not seem to prevent

them from indulging in such as act of violation of social norms (Gulati *et al.*, 1977).

Child-Parents Relationship

In parent interaction with older children: mother does more, both parents engage in about the same range of child-rearing activities; but the proportions vary. By the 1960's it was clear that in the United States mother did more of the disciplining and instrumental activities, along with much more of the loving expressive ones (Clausen, 1966).

A recent english study suggests a similar picture of fathers participation today. Less than mothers' but proportionately more instrumental (Newson and Newson, 1976). Interaction with older children is more sex typed. Fathers do more with boys (Clausen, 1966 & Newson and Newson, 1976).

Mothers and fathers have more of a companion relationship with children of their own sex. With children of the opposite sex they tend to be warmer and more indulgent emotionally (Newson and Newson, 1976).

On the parental side, the father's role has received more attention, thus altering the earlier view of the mother as the exclusive direct caretaker (Lamb, 1976 & Parke and O'Leary, 1976).

We believe that "primary parenting" deserves much more attention. The parent-infant interaction is a specific form of an interaction between two partners having extremely different amounts of experience. This difference gives the parent infant interaction the character of a didactic interchange in which the adult caretaker must adjust to the infant's integrative constraints in or-

der to facilitate the development of the new born's cognitive capacities and arrange learning situations appropriate to the infant's further course of integrative development (Papousek and Papousek, 1983).

According to Erikson (1950), overall, parents create the expectation that "good things will happen" in other words; they set up a rewarding atmosphere that leads to a sense of basic trust in the infant. For sure, parents reward infants by satisfying needs of hunger, thirst, warmth, and comfort (Emde and Sorce, 1983).

Parents also reward infants by encouraging exploration and by ensuring opportunities for mastery and for being effective (Yarrow *et al.*, 1975).

Parents also reward infants by talking, smiling and laughing and by engaging in rhythms of eye-to-eye contact, reaching, holding, touching, postural adjustment, facial and hand gestures, and by comings and goings (Emde and Sorce, 1983).

Parents play an important role in inculcating a flexible and workable sense of reality for the child, they play an important creative role in permitting themselves to regress in the service of the child's interests to primary process thinking. If the balance, however, is disturbed or chronically lopsided, the sense of reality suffers. The baby takes in the parent's reality and rationality (good enough or had enough as it may be) as he takes in their milk. Their food, their language, their rules and regulations, and their attitudes and behaviour. It is all grist for his developmental mill (Anthony, 1983).

The human parent, "the picture of a totally

rational" human being is a caricature, it certainly does not represent the highest degree of adaptation accessible to man". The good enough parent has combinations of attitudes and behaviour that include elements of the irrational and unreal, and the baby soon learns to recognize that he is not living in the best of all possible worlds but only one determined by reasonably consistent and reliable parents. When the environment is predominantly rational and realistic, the attitudes of the infant will be generally positive toward the world outside. When, however, there is a "failure of environment", to use Winnicott's term (1954), the primary positive responses may undergo devolution and the infant may turn away from the outer environment and become "embedded" (Anthony, 1983).

Events in a parent's childhood may indeed relate to their reports of individual differences in the control of aggression in their children (particularly in the under control of aggression toward family members) even when the parents appear to have emerged from their childhood loss relatively unscathed. It is likely that these reports reflect true differences in the children's behaviour since maternal perception is the best predictor of children's behaviour in non clinic groups (Griest *et al.*, 1980).

**IMPORTANCE OF
CHILD-CARETAKER RELATIONSHIP
ON HIS PSYCHOLOGICAL
DEVELOPMENT**

The problem for caregivers, parents and teachers is to provide infants and young children with situations that make demands that match the ability of a child to cope. This is what I have been calling "the problem of the match". In our present state of ignorance about the hierarchy of achievements in early childhood, the behavioural signs of interest on the part of a child provides the best criterion I know of for having achieved an appropriate match. Yet, if the caregiver, parent or teacher can discern the nature of the child's coping difficulty and help him or her to cope, this not only facilitates development, but endears helper and child to each other (Hunt, 1982).

The infant who has been given to, who has experienced rewards, is more likely to be rewarding for caregivers. Correspondingly, parents who have been rewarded by their infant are more likely to feel better about themselves and continue caregiving in a rewarding manner. But a parent has also been parented, thus, there is a three - generational interactive influence. A parent who can draw upon good parenting experiences from the past, re-experiences that parenting, and is more apt to feel rewarded and be rewarding to her infant. By virtue to re-experiencing and identification, a mother, in giving to her infant, may be giving to herself, that parenthood is a developmental phase in its own right is also appreciated (Benedek, 1959 & Erikson, 1959), and with adap-

tive functioning, parenting gives self fulfillment. Finally, we are coming to appreciate that there are inherent rewards in reciprocal functioning itself, with participants feeling pleasure in back- and forth rhythms and in expectable sequences of social interaction (Sameroff, 1982).

If there is interruption, pleasure ceases and distress may result (Emde and Sorce, 1983).

Where the infant-caretaker ratio was reduced to 2/1, each infant belonged to a given caretaker. Moreover, these caretakers became strongly attached to their infants. Several remarked that they could not love children of their own more than they loved the two or three infants in their care. Also, after each adoption, tears were observed in the eyes of the infant's caretaker on the day or days following. Such evidences of close affectional ties did not appear among the caretakers of infants whom got extra untutored human care. Thus, the evidence may also be consonant with a belief in high causal importance of affectional relationships. It should be noted, however, that strong affection of parents for their own children does not guarantee that the parents will provide the environmental circumstances that foster optimal development along the several branches. Affection needs to be supplemented with knowledge of how to foster development with a dependable educational technology for infancy and early childhood (Hunt *et al.*, 1976).

A highly interesting and important aspect of the work by Yarrow (1963), is the observation that the foster mother's behaviour can be influenced by characteristics of the infants, so that the same mother may exhibit grossly

different behaviours toward different infants. This supports the point of view advanced by Bell (1968). Concerning the effects the child may have on the mother. Variations in patterns of maternal care within the normal range are reflected in the behaviour and development of infants during the first six months of life (Yarrow, 1970).

**EFFECT OF CHILD'S SEPARATION
FROM HIS FAMILY
ON HIS PSYCHOLOGICAL HEALTH**

Parental Deprivation

Effects of parental deprivation on mental health state:- Poor mental health was found to be associated with parental deprivation. Children who were completely deprived of parental care (absence of both father and mother) scored lower mental health states. Followed by those who were partially deprived (absence of either father or mother) when compared to the non-deprived children (presence of both parents). Further, children who were subjected to severe parental deprivation possessed a lower mental health status than those who were mildly or moderately deprived. These findings are in perfect agreement with the previous studies such as that of Goldfarb (1944 and 1945); Spitz (1945) & Bowlby (1956), and others. Another interesting finding is that the mental health status of paternally deprived and maternally deprived children were found to be the same. With respect to the deprivation of the same sexed parent, it was found that boys and girls were equally affected by paternal deprivation, whereas, in the case of maternal deprivation, girls were more affected than the boys (Suman, 1986).

Despite the well documented negative effects on children of parental conflict, divorce or death, some children do not appear to be negatively affected by such events. Under the worst combination of circumstances -a poor parental marital relationship and a poor relationship between the child and both parents- about 10 % of children do not manifest deviant behaviour. Under most other cir-

cumstances 50 % or more of children do not manifest deviant behaviour (Rutter, 1971).

Even after the early years, intergenerational effects of given life events such as separation from or loss of a parent, may depend on the developmental stage at which the parents experienced the events (Sigal *et al.*, 1988).

Rutter (1979), believes that the acute distress syndrome shown by babies on admission to hospital is probably largely due to interference with attachment behaviour but other syndromes usually attributed to separation involve other factors. Intellectual handicap is seen as the result of a lack of meaningful experiences, conduct disorders are associated with family discord and disturbed interpersonal relationships, and affectionless psychopathy the outcome of abnormal early bonding. Although the first few years are of special importance for the formation of bonds and social development, separation experiences at all ages have impact. To what extent the effects of early emotional deprivation are reversible is uncertain but the longer deprivation exists, the greater the chance of character defects developing. Overall, research suggests that if the parent figure is:-

- *Completely absent, the infant's development may be seriously retarded physically, intellectually and socially, subsequently, a cold affectionless psychopathic personality may develop.
- *Present for a while, but later leaves the child, disrupting affectional bonds, the child becomes anxious, insecure and may show a variety of behaviour disturbances often antisocial in character.
- *Present, but the quality of care is poor, because of the

parents' own personality difficulties, the child may show personality deviations resultant to this. and will often prove a poor parent in his turn.

(Connell, 1985)

Paternal Deprivation

The effect of absence of a father figure on the personality of boys has been studied (Biller, 1970), and the following conclusions reached. Impulsive and aggressive behaviour are common. This seems to result from attempts to prove masculinity in a female dominated home and from lack of discipline. Cognitive development suffers, probably through lack of stimulation and because of social and economic difficulties. School work may be regarded as "too feminine" since teachers, at least in early grades, are usually female and the boy rebels against it. There may be difficulties with peer relationships because of a lack of sex appropriate behaviour. Obviously the mother's adequacy in filling a dual role, and the availability of adult male companionship outside the home is important. Andry (1971), among others, has shown a relationship between delinquency in boys and the lack of a father. A common finding is that the boy, seeking male company, becomes involved with a street gang whose behaviour is far from ideal (Connell, 1985).

The children growing up in homes without fathers have more than their share of troubles, but it is hard to tell if those problems should be thought of as resulting from the father's absence. Often it is as reasonable to explain the children's problems as an outgrowth of poverty and/or living in homes with special stresses and fewer support systems (Hetherington, 1979).

For example, a single mother is more likely to have a job that takes her out of the home, even though a job raises more child care problems for her. If the father's absence puts children at risk, it most likely is because of reduced parent-child contact and greater financial hardship and anxiety (Shinn, 1978).

The quality of the relationship with the surviving parent and the parent's healthy adaptation toward the loss of a spouse are critical protective factors for determining the child's well-being in adulthood (Breier *et al.*, 1988).

Maternal Deprivation

Change in mother-figures is an event which can be considered traumatic, it is associated with immediate disturbances in behaviour, such as blunted social responsiveness, excessive clinging to the mother, excessive crying, unusual apathy, disturbances in adaptation to routines, sleep, and feeding, and developmental regression, e.g., a drop in IQ or loss of abilities previously present. The severity and pervasiveness of disturbance increases with increasing age (Yarrow, 1970).

Bowlby (1953), review of the effects of maternal deprivation in early life and his emphasis on the importance of attachment behaviour and the need for the child to form lasting bonds with adults, has been of very great value in drawing attention to the emotional needs of young children and to the often deplorable conditions which obtained in orphanages in the past. Next to the syndrome of "maternal deprivation", new syndromes, of "maternal rejection" causing psychosocial dwarfism (MacCarthy and Booth, 1970), or child abuse have been reported by

paediatricians and infant psychiatrists. Mild forms of neurotic disorders resulting from interactional failures on one or the other side of the parent-infant dyad are relatively frequent (Papousek and Papousek, 1983).

We have been able to clarify some of the mechanisms of interactional failures by documenting how the infant rejects the mother if she has become incomprehensible to the infant, in an experimentally controlled mother-infant sequence in which the mother repeatedly disappeared and reappeared in an "incomprehensible" way, the infant gradually rejected the renewals of contact, turned away from the mother, and sometimes protested with cries to her approaches (Papousek and Papousek, 1975).

Reaction of the Child to Maternal Deprivation

Balbernie (1974), writes, the mother in nurturing and care, provides regular, ordered, complete experiences of well being through which a child learns that it does survive separation, lacking this experience, children act out their anxiety, do not feel guilt, lack regard for other's feelings and fail to value themselves.

For optimal attachment to develop, it seems that sensitive maternal care, which should be neither too highly involved with the child, nor too uninvolved, is best. The former may tend to produce avoidant infants, and the latter anxiously attached ones. An intermediate degree of involvement may be the one most likely to lead to secure attachment (Belsky *et al.*, 1984).

The basis for separation anxiety is in a sense derived from attachments, since an infant first has to develop an attachment to someone before separation from

that person can have any meaning to him. Bowlby (1960), noted that when children between fifteen and thirty months of age were hospitalized, and thus separated from their mothers, they tended to go through a predictable sequence of behaviour. First they protested, then they went through a period of despair, and finally they exhibited a quality of detachment. Each of the phases in this sequence is regarded by Bowlby as a reflection of anxiety specifically associated with separation from the mother. However, when his mother visits, he seems strangely impersonal in his behaviour toward her and shows little reaction to her leaving. It is as if the child is in the process of undoing his attachment to his mother. Bowlby adds, if a child loses a succession of mother figures, his capacity to form attachments is diminished, and he becomes increasingly egocentric and shifts his interests from people to material things (Moss, 1970). Bowlby stated that "when deprived of maternal care the child's development is almost always retarded physically, intellectually and socially and that symptom of physical and mental illness may appear" (Bowlby, 1966).

Rutter (1979), noted that emotional deprivation adversely affects children's psychological development. He points out that such deprivation involves a heterogeneous group of experiences of which separation from the primary parent figure is only one. He distinguishes between the tendency of infants to seek multiple attachments with adults in their environment (attachment behaviour) and bonding or the selective attachment to one figure, generally the caretaker, who shows a sensitive responsiveness to his needs; in the latter relationship

the reciprocal nature of parent-child interaction is emphasized (Connell, 1985).

Children need dependable love, reasonable and consistent discipline, and identity figures upon which to model their behaviour. If parents are unable to supply these, then understandably character development may be affected. Obviously, a parent's feelings toward him will affect a child's self esteem (Connell, 1985).

From a clinical perspective, the infant-parent interaction can play a twofold role. On one hand, it can effectively contribute to the infant's optimal development and lessen the influence of various noxious factors. A certain behavioural plasticity and compensatory adjustment within social interchanges may act as a buffer. For instance, the unfavourable outcome of an unwanted pregnancy may be overcome if a mutually rewarding interaction can be established. On the other hand, the same deviation can disturb the mother's primary parenting and contribute directly to secondary deviations in the infant's behaviour that may lead ultimately to reciprocal failures that are repeated over and over in the form of vicious circles and implicated in the aetiology of clinical problems (Papousek and Papousek, 1983).

The deviations eventually causing serious interactional disorders are manifold. The parents may lack adequate models of child rearing from their own childhood, they may suffer from somatic or psychic disorders or come from adverse socioeconomic circumstances, their relation to the infant may be ambivalent due to an undesired pregnancy, their marital conflicts may be redirected toward the infant, and so on. Similarly, the infant may irritate

his caretaker with disturbances of sleep or appetite, frequent cries, or decreased integrative capacities of various origins (Papousek and Papousek, 1983).

For instance, preterm infants have been more frequently involved in interactional failures, over represented in samples of abused children (Fontana, 1973), and in divorced populations (Leiderman and Seashore, 1975).

Mothers often describe the care of preterm infants as less rewarding and connected with difficult decisions (Goldberg, 1977).

Interestingly, preterm infants, independently of the presence or absence of respiratory distress, have been found to be slower learners in our studies than controls matched for either chronological or gestational ages. This alone may make them less adjustable and predictable and thus difficult to rear, as suggested in recent studies (Field, 1977 & Beckwith and Cohen, 1978).

Their early environmental conditions can also cause a pronounced deficit in information processing, particularly in visual recognition memory (Rose, 1980).

Winnicott (1949), has made us conscious of the extent to which even the ordinary infant can tax and often overwhelm his ordinary devoted mother: demanding her complete attention at all times, treating her ruthlessly when she failed him, sometimes biting her and sometimes loving her but only for what she gave, making her anxious with his refusals to eat, and altogether undermining her confidence until she not only doubted herself and her capacities as a mother but even sometimes bated him (Anthony, 1983).

ROLE OF ORPHAN'S CARETAKERS

Studies of children reared in institutions and in foster homes (Skeeles, 1966), show that for healthy mental development a young child needs a constant parent figure (not necessarily his biological mother), who supplies sensory and emotional stimulation (talking and singing to him, carrying him around) as well as teaching the give and take necessary for successful close and affectionate relationships (Connell, 1985).

The prevalence of contingent responsiveness by both human caregivers and inanimate materials shows positive correlations with amount of development (Wachs, 1976 and 1978).

Adult caretakers are called upon to mediate between the environment and the infant in such a way as to gratify biological needs, to provide variety of visual and auditory input, and to respond to the effort of the infant to change his situation. Such are probably at least among the kinds of ways in which caretakers influence the development of those representative central processes upon which object construction is based and those stages of recognitive processes which probably provide the intrinsic motivation for the imitative process. Both appear to be basic for the later developments of thought and language (John and Hunt, 1971).

It is quite clear that the more infants for which a single caretaker is responsible, the less time she must have for interacting with each individual infant. Clearly also, the higher this infant-caretaker ratio, the slower the consequent rates of development in the infants. Un-

fortunately, this infant-caretaker ratio is relatively unspecific from the psychological standpoint about the nature of the experiences concerned. While this infant-caretaker ratio is nicely objective and does serve to demonstrate that the environmental circumstances with which an infant interacts during his early development make large differences in the rates at which object construction and vocal imitation develop, it fails to show clearly the nature of what proximal infant experiences are important for each line and step of development (Hunt *et al.*, 1976).

The most obvious effect of reducing the infant-caretaker ratio from 10/1 to 10/3 with supplementary attention to the infants from the students of nursery nursing was a surprisingly marked increase in the rate of development for posture and locomotion (Hunt *et al.*, 1976).

Holding the infants and carrying them about. Being carried about would be expected to provide infants with an opportunity to utilize their balancing mechanisms and thereby hasten their development and enable them to sit up earlier. Later, these infants were put in strollers where their legs could reach the floor. Using their legs in the stroller helped to develop leg muscles and the standing scheme and enabled them to stand earlier than could those left continuously in their beds (Hunt *et al.*, 1976).

The importance of affectional relationship in the causation of intellectual, linguistic, and motivational development in human infants may well have been overemphasized in much of the theorizing about psychological

development. The maturation of mechanisms and sensorimotor systems is augmented with use and retarded by lack of use. The development of sensorimotor organizations comes about through modifications made in the course of adaptive efforts to cope with the demands of situations encountered. Viewed externally, these modifications imply knowledge, and associated aspects of behaviour imply emotion in the infant. Internally, they must consist of sub-microscopic modifications of neural and somatic anatomy. Because central processes can run off faster than events, the knowledge gleaned from past encounters with the environment yields expectations which get confirmed or denied in new encounters with environmental circumstances. Disconfirmations result in modifications in the infant's own neurophysiological being in the course of its physical and informational interaction with its environmental circumstances. The environmental circumstances elicit activities that provide the use of existing systems and their creative modification only when expectations meet with optimally dissonant informational input. Thus, environmental circumstances are only indirect in their influence, the affection of caretakers, parents, older siblings, and others is but one category of environmental conditions. The importance of the affection of others for an infant probably resides largely in helping to guarantee a concerned presence, a consistent responsiveness based on knowledge of what the infant has done in given situations in the past and what would be expected therefrom, and a provision of circumstances more nearly matched to the infant's developmental needs (Hunt *et al.*, 1976).

The fact that the infants in wave 4 (infants were received the traditional human care plus the audio-visual

enrichment and the caretakers were instructed to provide them with such reactive inanimate materials) were appreciably ahead of those in wave 3 (infants received human enrichment which consisted of whatever come naturally for the caretakers, but without instructions to the caretakers in how to foster infant development). In achieving the intermediate steps of all seven scales of Uzgiris and Hunt, and continued to be ahead in achieving the top steps on five of the seven scales is interesting. It may be that the opportunity of the infants to control when they would hear music and mother talk, plus the experiences of manipulating a variety of responsive toys (including paper), encourage visual and auditory exploration and, in turn, led to knowledge of the orphanage environment despite the infants of wave 4 being kept in cribs more than those of wave 3 which reduced their locomotor exploration. The fact that the infants in wave 5 (infants received human enrichment in which the caretakers were taught how to foster early psychological development, and with infant -caretaker ratio 2/1 or 3/1) achieved top - level vocal imitation and gestural imitation earlier than did the homereared infants of Worcester while being four weeks behind them in the spontaneous naming of objects suggests that perhaps the focus of their caretakers on imitative aspects of vocal and gestural play may have been excessive. It is conceivable that these infants in wave 5 may have spent too much of their time in such interaction with their caretakers, and that they lacked opportunity to inspect and to interact with responsive inanimate materials. Such interaction might have raised questions motivating them to use their semantic mastery more often for information seeking and social control. It would appear not unlikely that competence at age 2 years might

possibly be increased over that obtained with wave 5 by having an audio-visual program well executed in a situation where infant-caretaker ratio might be as large as 10/1 for the first six or eight months. During these early months, the caretakers should of course, supplement the audio-visual enrichment with imitations of the infants' own vocalizations during caretaking contact. Thereafter, the infant-caretaker ratio should be reduced to at least 5/1. and caretakers should be well tutored in keeping their charges occupied with reactive inanimate materials of appropriate complexity to keep them interested. The caretakers should also be well tutored in fostering vocal and gestural imitation and in talking about caretaking operations while they conduct them. It should also be possible to devise teachable ways to encourage the use of language for social communication (Hunt et al., 1976).

According to a hypothetical scenario for language acquisition, gleaned from the literature and MtCormel-Worcester findings, the phonetic aspect of language is acquired chiefly via vocal imitation. The semantic aspect is acquired through a combination of vocal imitation of the sounds heard in temporal connection with objects felt or seen and syntax starts when a child makes creative use of her or his semantic attainments in the interest of an attempt to communicate. Yet, it is shaped by a combination of imitation and parental tutelage toward the grammatical rules of the language. Vocal imitation has its own developmental epigenesis (Uzgiris and Hunt, 1975).

On the basis of this hypothetical scenario, therefore, we taught the caregivers to start by imitating the cooings of their foundlings as soon as they could in order to get vocal games going. We also taught them to watch

for a series of infant attainments that would serve as cues for modifying the educational treatment while solving what I have called "the problem of the match" (Uzgiris and Hunt, 1985).

Once an infant had begun to produce three different vocal patterns, the first attainment cue, the caregivers were to enter into the leadership rather than the mere imitation of the infants' sounds. They were to employ pseudo-imitation in order to start a vocal game with one of the child's existing vocal patterns, play it back and forth, and then shift to another, play it back and forth, shift to another, and so on. Along the way, the caregiver was to shorten the number of interactions with each separate vocal sound as the number of interactions with each separate vocal sound increased. Once their charges could follow directly as the caregiver shifted from one familiar vocal sound to another, the caregiver had a second cue for a change in the educational treatment. At this point, the caregiver was to try modeling phonemes from the Farsi language that she had never heard her charge produce (Hunt, 1986).

As more and more of the interaction involved unfamiliar vocal patterns, and as her infant charge or charges became more and more adept at producing good copies of these unfamiliar phonemes, the caregiver was to watch for the cue for a third change of treatment. This came when her charge could produce good copies of almost any phonemic pattern of no more than two syllables immediately without going through a series of successive approximations. With this cue, the caregiver was to introduce yet another change of experiences designed to facilitate the acquisition of expressive semantic mastery,

or the naming of things involved in the caregiving process. Believing that nothing is more palpable than feeling a part of the body touched, my paradigm concerned ear-washing. The caregiver was to say, "now I am going to wash your ear", and as her vocal emphasis came on the word ear, the washcloth was to make contact with the infant's ear, similarly, labeling was timed to coincide with washing other parts of the body, with different forms of attention to pieces of clothing, utensils, and so on. It is this that we called "tutored human enrichment", and with this procedure for facilitating the acquisition of semantics, the special tutelage of the caregivers terminated (Hunt, 1986).

The other effects of the tutored human enrichment received by the foundlings are, first, the caregivers claimed that they could not have loved these foundlings more if they had been their own children, the second effect concerned the contrast in appearance and in such personality characteristics as trust and initiative between the foundlings who did not receive tutored human enrichment, on the one hand, with those who received the tutored human enrichment, on the other, they were frightened by strange people and they manifested almost no initiative. In contrast, the foundlings, who received the tutored human enrichment, wore happy expressions, came forward to be picked up even by a strange person, were continually engaged in activities of their own choosing, and yet would wait politely for their turn to get my attention if I was engaged in interaction with someone else (Hunt, 1986).

The infants receiving audio-visual enrichment, achieved the intermediate steps on the ordinal scales of Uzgiris and Hunt, earlier than did the infants who

received untutored human enrichment. Here the 3/1 ratio of infants to caretakers might be expected to provide more affectionate care than the 10/1 ratio. Moreover, the development of the infants with institutional caretakers taught to provide experiences theoretically calculated to foster psychological development surpassed that of home-reared infants in predominantly professional families (Hunt *et al.*, 1976).

The circumstances of the children defined in terms of the caretaker-child ratios do influence substantially the ages at which children achieve the levels of object construction and vocal imitation, and less so the ages for the levels of gestural imitation (John and Hunt, 1971).

Definite limits exist, however, in the information to be derived from this "experiment of nature". Defining the independent variable in terms of number of infants per caretaker tells us little about what is important in infants' informational interaction with their environment for fostering or delaying their development. Psychologists and educators have been highly uncertain about this matter of the utmost importance for early education (John and Hunt, 1971).

Many of the caretakers expressed dissatisfaction with what they could do for the children under their care because 10 babies were simply too many to allow for individualized attention. In consequence, some children tended to become favourites who received considerably more attention than did others. Occasionally, becoming a favourite started with an illness of the child that led on to his becoming unusually adapt in eliciting attention and also unusually attractive from the caretaker's standpoint.

Occasionally, the looks of an infant make him especially attractive to his caretaker. Whatever the basis, inequality of care and attention is the rule where a large number of children are under the care of a single nurse-teacher (John and Hunt, 1971).

Infants, seem to have acquired the prosocial behaviour "helping", "giving", "nurturing", and "comforting", by having experienced care or comfort from caregivers (mothers); or by observing caregivers and peers tending to an infant's basic needs and comforting them when they are distressed (Hay and Rheingold, 1983).

The maximum number of effective learning situations has been found to occur in the infant's social interactions with his caretakers and in play situations (Papousek and Papousek, 1983).

Contingency of caregiver responses to such distress free actions as facial expressions and vocal cooing is highly important for development of trust, initiative and confidence (Hunt, 1982).

Only a very small percentage of the caretakers were adequately knowledgeable regarding the behaviour problems of children. Nearly one-fourth of the caretakers were wrongly informed and/or were unaware of these aspects. The aspects on which they lacked adequate knowledge were: the seriousness of the different types of behaviour problems, causes of these problems and their prognostic implications, treatment facilities available and the methods of dealing with these problems. They also made use of punitive methods to handle the problems of children. Another important finding with respect to the knowledge base of the caretakers is that those who had

training, especially in counseling and in dealing with the "mental health problems" of children, possessed sound knowledge regarding the mental health problems of children. They were also found to have made use of therapeutic methods to handle the problems of children (Somen, 1986).

EFFECT OF INSTITUTIONAL LIFE ON CHILD PSYCHOLOGICAL DEVELOPMENT AND HEALTH

Institution

Refers to the child care institutions or orphanages where normal children with no parents, one parent dead, and/or destitute and neglected children, are taken care of the world orphanage and institution are used interchangeably (Somen, 1986).

Family life is basic to the wholesome development of a child, and when the child is deprived of healthy family care, his emotional development will be thwarted institutionalised children form one group of the child population which is affected by various forms of deprivation, the most important being the absence of an intimate, consistent interaction with an adult figure. Their basic needs for individual care, attention, love, warmth and security are not adequately met in the institution as a result of which the children grow up with poor mental health and they may also develop various mental health problems. research evidence, both Western and Indian, strongly indicates that institutional life is harmful to the normal development of children and that children in institutions grow up with various handicaps-social, emotional, intellectual, and physical (Katri, 1970).

In contrast to the general trend, it was found, that the institutionalised and non-institutionalised children had the same mental health status. However, this contradiction is not uncommon in literature since a few studies have not observed any difference between the institution and home-reared children on various aspects of

development such as intelligence, personality development and concept formation (Rheingold, 1956; 1961).

This finding, tends to suggest that both groups of children might have been subjected to various types of deprivation of different intensities. It may be that, in certain cases, the absence of an intimate relationship with an adult figure in the case of institutionalised children is compensated by the presence of some other supportive factors. It is also possible that the positive impact, for example, the influence of home care which the non-institutionalised children were subjected to, might get vitiated under the pressures of economic deprivations. It may also be true that some non-institutionalised children were subjected to the deprivation of parental care in various degrees even in the presence of their parents. Some institutionalised children, on the other hand, might have received substitute parental care through institutional living (Somen, 1986).

The mental health status of children in the small institutions was found to be higher than the mental health status of children in the big institutions. It was not necessarily the size of the institution that contributed to the low or high mental health status of children, but various other factors such as the type of children who were admitted in the institutions, the caretaker-child ratio, and the commitment of caretakers toward creating a family atmosphere. With respect to the other variables, it was observed that those children who were institutionalised very early in life, who had no family contacts and who were disinterested in visiting their homes, possessed poor mental health. These children were the children of unwed mothers, complete orphans, partial or-

phans and homeless children. These findings strongly indicate that the impact of parental deprivation and institutionalisation are very much intertwined. Nevertheless, the impact of parental deprivation seems to be the single most important factor that overrides the impact of other factors on the mental health status of children (Somen, 1986).

Limited sensory-motor stimulation and the lack of appropriate emotional relationships with adult figures were probable reasons for such deficiencies in orphanages children (Boostani and Tashakkori, 1982).

A conclusions from studies on institutional care that stimulus deprivation in early infancy is an aetiological factor in developmental retardation. The most impressive aspects of the institutional environment are the low level of stimulation toward achievement, and the lack of individualized care. The findings on stimulus-adaptation would suggest that the lack of individualized stimulation might be as significant in the aetiology of the institutional syndrome as sheer stimulus deprivation (Yarrow, 1970).

Audio-visual experiences may be almost as effective in fostering development during the first six or eight months as human enrichment. It may, therefore, be a useful aid in institutional rearing especially during the first year (Hunt *et al.*, 1976).

Voluntary opportunities to listen to music and mother-talk that became progressively more complex as these infants developed helped to foster their vocal imitation and their use of language and naming at least as

much as did the association of those infants with untalkative human caretakers (Hunt *et al.*, 1976).

The success of audio-visual enrichment in hastening the development of the intermediate steps on the ordinal scales of Uzgiris and Hunt (1975). Suggest that such experiences combined with opportunities to manipulate responsive materials of increasing complexity can be quite helpful in fostering sensorimotor development during the first year. Caretakers properly trained to employ such aid supplemented with vocal play could probably care adequately for as many as ten through the first eight or nine months without seriously damaging their capacity for subsequent development. As will appear from the results for the infants received human enrichment in which the caretakers were taught how to foster early psychological development, however, the utility of audio-visual aid in institutional rearing is probably limited to about the first eight or nine months of life (Hunt *et al.*, 1976).

Vocal and gestural imitation should not be regarded as one system. It takes but minimal analysis to note that gestural imitation is dependent on visual motor experience, while vocal imitation must come via auditory-vocal experience. Thus, vocal imitation demands considerable experience of vocal interaction, which is largely absent in orphanage rearing because caregivers seldom talk to or with their charge (Hunt, 1986).

Home reared infants are generally engaged in vocal interaction, but those in institutions have fewer such opportunities (Hunt, 1982).

Where development in vocal imitation occurs through encounters with the environment through the

auditory channel. development in gestural imitation occurs with encounters through the visual channel. Since there is little tendency for caretakers to vocalize to their infant charges as many mothers are wont to do, orphanage reared infants are relatively deprived of such auditory experience. On the other hand, orphanage reared infants can see the actions of their caretakers almost as well as home reared infants can see those of their mothers. As might be expected in the light of such considerations, orphanage rearing limits visual experience with gestures less than it limits auditory experience with vocalization and language (Hunt *et al.*, 1976).

Orphanage experience appears to be more deleterious for the development of object permanence and for vocal imitation than for gestural imitation (Hunt, 1986).

For object construction, the children living in the orphanage with the 10 to one ratio achieved the upper levels of object permanence about a year later than did those in the orphanage with a three to one ratio, and the latter orphanage averaged older, but not significantly older, than home-reared children. For vocal imitation, the children living under the high infant-caretaker ratio averaged older but not significantly older than those living under the low infant-caretaker ratio, and both averaged from 9 months to 1 year older than home-reared children at the upmost level. For gestural imitation, similar but non significant trends in age exist. The standard deviations in age at the higher levels of development for children living under the 10 to one ratio are about twice those for children living under the three to one ratio, but they are largest for home-reared

children. The intercorrelation among the level scores for object permanence, vocal imitation, and gestural imitation are high (John and Hunt, 1971).

The wide range of reaction reflected in the large variation in outcomes resulting from differences in the type and quality of early experience suggests the untapped potential for development from environmental influences. The pattern of outcomes across institutions, cultures, and populations further indicates the potential for cognitive development. The long-term potential for development from enriched early experience is indicated by how quickly prospective parents adopted the orphaned infants given selectively enriched cognitive and language experiences. As was the case in the classical study of Skeels (1966), infants in orphanages given high-quality care, which includes stress on cognitive and language processes, developed a good cognitive foundation that made them desirable for adoption into caring homes that would ensure continued high-quality care for later development. The apparent ease with which modestly educated caregivers from different cultures could be trained to adopt cognitively enriched forms of infant care underscores the potentials for extending such opportunities to children of all classes and cultures (Hunt, 1986).

Also significant is the correspondence between variations in types of cognitive domains of care administered and the patterns of competence acquired. Most notable among the effects of specific types of influence was the effect of attention to the quality of language experience. Improving child-care ratios, furnishing infant contingency-operated tape recordings and mobiles, and training caregivers to provide infants with spatial

manipulative toys all resulted in important perceptual motor cognitive gains, but only training caregivers to focus specifically on language brought large gains in language development. The importance of language for abstract symbolic development appears in the contrast between the large gains in perceptual motor cognitive gains and the continued low Binet IQ scores (70 to 80) of poor children in day care who were given extensive perceptual motor but little language experience. Variations in the types of perceptual motor gains also appeared, as was illustrated by the development of postural and locomotor control of infants who had received special experiences of being carried by their caregivers and moving in walkers (Hunt, 1986).

Institutionalization can adversely affect both intellectual development and emotional growth. The adverse effects of the environment in some children's institutions was well demonstrated by the sociological studies reported by King *et al.* (1971).

It would appear that variations in early experience, beginning at birth, can make very great differences in intellectual equipment and in such personality characteristics as trust, initiative, and even appearance (Hunt, 1986).

Perhaps the most important of these is the regularity with which changes in the quality of early child care altered the rates and levels of intellectual development in children. Improvements in care of any type brought improvements in development in both residential and group day-care settings, and multiple efforts at improvement further enhanced development. Simply improving

child-care ratios in institutional settings, for example, which enabled care-givers to devote more attention to fewer infants, made substantial differences in outcomes, as did the addition of mechanical forms of enrichment such as mobiles and tape recordings of music and mother-talk contingent on infant activation. The combination of improving ratios and furnishing special training to caregivers resulted in highly dramatic gains, matching or even surpassing the development of children reared in advantaged middle class homes (Hunt, 1986).

Adverse effects of living in institutions on the intellectual, emotional, and psychomotor development of children have been reported by many investigators (Spitz, 1946; Dennis and Najarian, 1957; Dennis, 1960 and 1973; Yule and Ravens, 1972; Hunt *et al.*, 1976; Tizard and Hodges, 1978). These children, especially those reared in orphanages, have been shown to lag considerably behind those living in families with respect to psychological and physical developments (Bohman and Sigvardsson, 1974).

Unfortunately, there were no systematic measures of the emotional and/or intellectual development of the orphanage subjects. Anecdotal observations indicated intense attention-seeking behaviour, aggressiveness, and temper-tantrums. The teachers frequently complained about the difficulties in dealing with the children's emotional needs and problems (Boostani and Tashakkori, 1982).

Schiff *et al.* (1978), have studied the evidence from all of the abandoned French children of parents without higher education or professional status for whom adequate records existed. Those who were adopted into families of high socioprofessional status attained IQS

averaging 108.7, but their older siblings being reared by their biological parents attained IQS averaging only 94.9, a difference which approximates the aggregate difference between middle-class and working-class (McNemar, 1942).

The rate of school failure for the adoptees was only 23%, but that expected from the social status of their biological parents was 69 %. Both of these studies indicate that the higher development-fostering quality of the experience received in homes of the better educated professional class can prevent the downward drift in competence reported by various investigators for children raised in the homes of the poorly educated lower class (Heber *et al.*, 1968).

The IQS attained by black and mixed-race children adopted by educated white parents of the middle-class averaged 106, whereas the mean IQ for black children of the north central region was only 90. Moreover, the IQS of those adopted during their first year averaged 111, and those adopted later averaged only 97.5. This effect of early adoption is probably due to the need to establish the language acquisition skills before children seem too mature for the vocal games through which these skills are acquired. Without provision of special compensatory experiences, adoption in the first half year appears to effect an increase of 10 points in IQ scores, which approximates two-thirds of the standard deviation of IQ scores in the total population (Scarr and Weinberg, 1978).

Those foundlings who remained in the orphanage to adolescence had IQS averaging only 50, while those who were adopted attained IQS inversely related in size to their age of adoption. Those adopted during their first

year attained IQS that approximated the average for the social class of their adoptive parents (Dennis, 1973).

The reversibility or permanence of retardation in the development of object construction and imitation and their influence on subsequent psychological development call for investigation. The most relevant evidence of reversibility consists in marked increases in the developmental quotients of infants with changes in circumstances (Dennis and Najarian, 1957).

On the other hand, infants who lived within an institutional setting for at least three years showed residual defects at adolescence. The institutional groups, as compared with the foster home group, averaged 23 IQ points lower, had some three times as many instances of problem behaviour, and were substantially less likely to resume uncompleted tasks (Goldfarb, 1943).

In the studies by Goldfarb, no special corrective experiences were provided to overcome the defective institutional development. In all likelihood, the longer an infant remains within circumstances of any given development-fostering level, the more difficult it is to change the rate and course of his development (John and Hunt, 1971).

Little can be said about the social interaction in the families of the home-reared children. Although it is sentimentally typical to place a very high value on home rearing, it can probably vary over the whole gamut of any continuum of care of infant-environment interaction that one can identify (John and Hunt, 1971).

Young orphans reared by nurses with many other children seem to have learned prosocial behaviours through

observing nurses comforting other children in distress, and through their own experience being nurtured, comforted, and helped. Since the orphans experienced group living, they frequently encountered situations in which other children were crying or in distress. Therefore, it is possible that "comforting" and "nurturing" behaviours shown by orphans may occur earlier and more frequently than those of home reared children (Kaneko and Hamazaki, 1987).

In the orphanage children there is an increase in their social retardation as they grow older. One of the variables that could account for such deficiencies is the length of stay in the institution. It could be argued that the longer the duration of institutionalization, the more severe were the effects of the depriving environment on the social competence of the children (Boostani and Tashakkori, 1982).

Some of the variables that could account for orphanage children's relatively lower social maturity are as follows: lack of behavioural independence and freedom to go out of designated rooms most of the time, restrictions on the type of activities they could perform during the day, lack of interaction with appropriate adult figures who could function as models, lack of adequate environmental stimulation, and limited experience with the social world outside the institution (Boostani and Tashakkori, 1982).

Some events in the first and second generation that have been shown by others to contribute to distress in the second generation also had a negative impact on the third generation, though they may not have affected our

sample of parents adversely. Institutional placement of the second generation under the age of six, which affects more children negatively, than placement later, affected the children of the third generation in the opposite way. The two sets of findings might not be discrepant. It might be that those placed when they were six or older had memories of an unhappy home, and those who were placed later had memories of a happy home, regardless of the reason for placement. An analysis failed to reveal a relationship between these two variables (Sigal *et al.*, 1988).

The difference we noted between the relative functioning of men and women whom we did contact. However, is worthy of further study as it contradicts Wolkind (1974), conclusion that girls suffer more than boys from long-term institutional care. If both sets of observations are accurate, they would suggest that the differential effects of long-term institutional care on males and females may vary from one developmental stage to the next (Sigal, 1988).

In addition to this developmental explanation, it is also possible that there were differences in the respective home environments of the two samples, boys have been shown to be more vulnerable than girls to the negative influences of home environment (Rutter *et al.*, 1974).

If we assume that our findings are representative, two other factors might also explain these differences in the level of functioning of the men and the women. First, the different sex-role expectations and training given to the girls in the orphanage, the girls having received a better preparation for later domestic roles and second,

the different environments in which the boys and girls found themselves as teen-agers, since favourable post-stress environments are known to have significant positive effects (Rutter, 1971).

Childhood adversities had a powerful indirect influence on parenting as a result of their effect on the choice of spouse. But very little direct influence provided that there was marital support. Childhood adversities lead to poor parenting through two main mechanisms. The first concerns the process by which they set in motion a train of events which predispose the women to the experience of poor social circumstances and lack of marital support. This arises through various happenings that limit opportunities by virtue of teen-age pregnancies, early marriage to someone from an equally disadvantaged background, lack of educational qualifications for occupational advancement, and other features of a similar kind. The second mechanism concerns some type of increased vulnerability or decreased coping skills which make it more likely that the women will succumb when faced with poor social circumstances or lack of marital support. Only a minority of women with a stable harmonious pattern of upbringing exhibited poor parenting when subjected to chronic stress and disadvantage in adult life, but a majority of those who lacked good rearing in childhood did so. It seemed that the experience of childhood adversities had no necessary effect on parenting, as shown by the good parenting of the institutional women with supportive spouses, but it left the individuals less well prepared to deal with adult adversities (Quinton *et al.*, 1988).

Rearing patterns were associated with parenting

independently of social circumstances, but that social conditions exerted an additional effect. However, because institutional rearing was associated with an increased likelihood of poor social circumstances, part of the effect of poor living conditions was an indirect outcome of the pattern of upbringing (Quinton *et al.*, 1988).

There can be no doubt that adverse experiences in childhood did indeed predispose to poor parenting and poor social functioning generally in early adult life. Furthermore, this association was a strong one - poor parenting was several times more common in the institution-reared group than in the general population comparison group reared by their own families, and overt parenting breakdown was confined to the institution-reared group. Moreover, the evidence from all sources (historical, interview and observational) was consistent in showing the higher rate of parenting difficulties in the institution-reared group. Women who suffer current parenting breakdown are almost entirely drawn from among those who had markedly adverse childhoods. But, although strong, the association between early adversity and marked parenting difficulty was far from inevitable. About a quarter of the institution-reared sample showed good parenting, in spite of all their adverse experiences in early life. It is clear that, with respect to both poor parenting and poor psychosocial functioning, emotional/behavioural disturbance during childhood and early adolescence played an important mediating role. The outcome was substantially worse for the young people already showing difficulties at that stage. But it was not simply a matter of disturbed children becoming disturbed adults (Quinton *et al.*, 1988).

An institutional rearing (as a result of parenting

breakdown) predisposed to poor parenting, even in the minority of individuals who seemed to be free of notable psychosocial problems in childhood (Quinton *et al.*, 1988).

The institution-reared girls who returned to discordant families were more likely to have babies early than those who remained in the institution or who returned to harmonious families, teen-age pregnancy, in turn, was then associated with an increased risk of a poor social outcome (Rutter *et al.*, 1983).

Similarly, the institutional-cared women were more likely than those in the comparison group to marry spouses with psychosocial problems, the presence of a deviant spouse then further predisposed to poor parenting. In this way, substantial intergenerational continuities arise. However, because the continuities depend on a multitude of links over time, each link being incomplete and subject to modification, there are many opportunities to break the chain. Such opportunities continue right into adult life as shown by the powerful effect on parenting of the spouse's characteristics (Quinton *et al.*, 1988).

Certainly, the findings run counter to the view that early experiences permanently and irrevocably change personality development. Very few experiences have long-term effects that are independent of intervening circumstances (Rutter, 1981).

Orphanage placement under the age of six, and the loss of a parent due to divorce or separation have respectively, been shown to increase the likelihood of disturbed behaviour in children more than placement after the age of

six (Rutter, 1972), or loss through death (Rutter and Madge, 1976 & Kulka and Weingarten, 1979).

Clinically we had noted that when more than one child in the family was in an orphanage, the youngest ones fared better because they received care from older siblings and staff (Sigal *et al.*, 1988).

Eighty orphanage children, 6-10 years old, were matched with children in normal homes and tested for recognition of emotion in speech. Recognition scores were higher for (a) negative than positive emotions, (b) female than male voices and (c) educated and uneducated speech, though these effects interacted with age (Cheyne and Jahoda, 1971).

To study effects of early intervention on children, an experimental group of 13 subjects (aged 7 to 30 months, IQ 35 to 89) was transferred from an orphanage to the intense stimulation of a mother surrogate at an institution for the mentally handicapped. A contrast group of 12 subjects (aged 11.9 to 21.8 months, IQ 50 to 103) remained at the orphanage. Two years later, those in the experimental group scored an average gain of 28.5 IQ points. And those in the contrast group scored an average loss of 26.2 IQ points. In a follow-up study 2½ years later, 11 experimental group children who had been placed in adoptive homes had increased their gains in intelligence, but two experimental group children not placed had declined in rate of mental growth. Contrast group subjects had made some slight gains in IQ but were still considered mentally retarded. After 21 years all cases were located, and the two groups had maintained their differences. All 13 in the experimental group were self-

supporting or functioning adequately as housewives. Educational and occupational achievement and income compared favourably with 1960 US. Census figures of the contrast group, one had died in a state institution, one was in a mental hospital, three were in institutions for the mentally retarded, and the rest were employed. In educational attainment, the experimental group had completed a median of grade 12, but the contrast group had a median below grade 3, the contrast group had a significantly lower educational level (0.001 level, T-test), analysis using the means of the two groups on the warner index of status characteristics measuring occupational status revealed the contrast group was significantly lower (0.01 level, T-test). The cost to IOWA for the contrast group was approximately five times that of the cost of the experimental group. With additional cost to the state continuing for the four institutionalized subjects (Skeels, 1966).

Program for institutionalized children, funded under the elementary secondary education act of 1965, involved approximately 2181 children in 35 institutions in the New York City metropolitan area. Children were institutionalized for a variety of reasons: they were orphaned, neglected, dependent, in need of supervision, or emotionally disturbed. For each child selected to participate in the program, there was a demonstrable need for extra help in reading and/or mathematics. Participants were expected to improve their reading and/or mathematics abilities. The program was designed to provide regular after school tutorial learning experiences for the children in reading and/or mathematics. The tutors were all licensed teachers. Tutoring took place in the

child's place of residence. Personal, individual relationships between the tutors and each of their students were established. The program operated from September 1, 1974 through June 30, 1975, the analysis of the test score data indicate that the program did increase the reading and/or mathematics ability through the children's participation in after school tutorial and small group sessions. The data from site visits and observations also indicate that the program was successful (Ramsay, 1975).

Theoretical considerations indicating the effects of bereavement and orphanhood and offered to explain the relationship between achievement and parental loss as well as that between the genius and the disturbed psychotic (Eisenstadt, 1978).

The North American Council on adoptable children (NACAC) released this report in response to recent calls for a return to institutionalized care for children. The response is based on NACAC's long held position that: (1) every child deserves a family, (2) institutionalization is not an acceptable substitute for a family, and (3) many important, more cost-effective, and human options to institutionalization have not been tried. The report notes that infants and young children, many with medical complications and physical and mental limitations due to prenatal drug exposure, comprise the fastest growing group of children entering substitute care. It is estimated that 375,000 of the infants born in 1988 had been exposed to drugs before birth. Many successful maternal health and prenatal care programs bring about favourable outcomes for mother and child. These programs offer a variety of options, such as client oriented scheduling, integration of key services, and in-

clusion of the family in client services. However, a large and growing number of women do not have access to adequate public health services, prenatal care, or drug treatment. As for the call for a return to orphanages, it is maintained that long term institutionalization in childhood leads to recurrent problems in later life, it is noted that a return to orphanages would be in clear violation of public law 96-272, the federal adoption assistance and child welfare act of 1980 (Ford and Kroll, 1990).

The children in residential schools project of the Cleveland public schools is designed to provide additional instructional and supportive services to orphaned, neglected, and delinquent children in residential institutions. Test results from the Harry L. Eastman School showed that in reading, the students on average reached the expected achievement level, while in math they were just under the expected achievement level. In both reading and math, however, students continued to score in the lower percentile range. At six of the seven other institutions, services were provided at or above the proposed levels and focused primarily on reading and math (Taylor, 1983).

**EFFECT OF PSYCHOTIC CARETAKER
ON PSYCHOLOGICAL HEALTH
OF THE CHILD**

Infants who are being brought up in the crazy environment generated by a psychotic mother, especially a chaotic and intrusive one, are at risk, and a number of them begin very early to manifest problems in the construction of internal and external reality. Some schizophrenic mothers, at least, seem to be able to handle the emotional and rearing tasks of the first six months (unless affected by an immediate postpartum psychosis or depression). I have been struck by certain significant factors: the presence or absence of constitutional givens, of the infant - mother mutuality in the first six months (critical in postpartum cases), and of the support systems (as represented by the father in particular) helping to infuse the milieu with some degree of constancy, permanence, organization, and predictability. When all these are inadequate, the infant lacks the means for putting reality together and remains "embedded" and undifferentiated. Reality is constricted not imaginatively constructed (Anthony, 1983).

More recently, "imperceptibly obvious" area has come to light in the influence of psychotic and borderline parents as "fountains and furtherers" of deviant development in their offspring. Close and systematic observations of the infants brought up in settings pervaded by irrational and uncontrolled thinking, feeling, and acting have led to the conclusion that they too can become "disheartened and cowed" and cease to "take pleasure in anything", especially if they are vulnerable to the in-

coherent, inconsistent, but exacting, interactional processes that begin to "manacle" the infantile mind even in its earliest stages of development (Anthony, 1983).

At one time it was thought that these immature organisms were all equally permeable to discordant and disturbing elements around them, but recent work has indicated how physically and psychologically resilient many of them can be, and how able to withstand grossly unpropitious conditions of care. Babies do not, therefore, inevitably succumb to mismanagement by a psychotic parent, and as a corollary to this, psychotic parents do not inevitably mismanage their babies. Baker *et al.* (1961), found that with careful supervision, infants (but not older children) do better when their hospitalized schizophrenic mothers continue to care for them and that the relapse rate for the mothers is lowered (Anthony, 1983).

The heaviest load added to the mother's readily available system of guilt is to hold her solely responsible for the mental adjustment of her offspring and label her "schizophrenogenic" and so on. Hartmann (1954), advised us not to hold a mother responsible for all the ills that beset her infant because she had not been constantly and consistently "good" toward it. He encouraged us instead to consider an interactional complex of constitutional, maturational, and ecological factors, all of which had prognostic importances for normal and abnormal behaviour in the developing child, and to disregard simplistic, linear causal connections between infant and ambience. Both maternal and infantile reactions are embedded in a psychobiological, mutually influencing unit, and the reactions become increasingly individuated for

mother and child as the symbiosis is dissolved and the twin processes of individuation and internalization combine to make the child-mother reactions specific reactions emerging from each psychic structure. At this point Winnicott (1961), dicta that "the child's illness belongs to the child" and that the child can then find "some means of healthy growth in spite of environmental factors", begins to hold true. During the symbiotic phase, however, the "illness" belongs to the "potential space" between the partners. Yet, at the same time, a maternal depression can generate a depressogenic proclivity in the baby who can only, as Freud (1965), has said, "achieve a sense of unity and harmony with the depressed mother by producing the mother's mood in himself". Subsequently the child's sensations and perceptions combine to create the anlage of the child's own illness" through the continuous and subtle intermediation of imitation, internalization, identification, and superego formation. Even the very young infant, however, should by no means be looked upon as a passive receptacle of external forces and events. He is already selectively attentive and able to reject unfavourable portions of the environment, and his alertness is an index of his beginning "ownness". If he is "too good" or too passively accepting of both good or bad ministrations, one can suspect organic damage, excessive constitutional passivity, or some developmental deviation. Under such circumstances, the infant becomes vulnerable (Anthony, 1983).

Cataclysmic events in the lives of some of the children made us wonder about the nature of psychotic family life and the gross stimulations that invaded it. Infants, Toddlers, and school children were all constantly in contact with acute, chronic, or intermittent craziness

and needing to come to terms with these experiences in order to achieve some degree of workable equilibrium (Anthony, 1983).

How was it possible for these small ones to survive psychologically such damaging and depriving impingements? Hartmann's ideas need research and amplification to answer this question more adequately. Brazleton (1969), often quoted aphorism that "babies are different" also applies to differences in vulnerability and resistance. Systematic observations have suggested a spectrum of psychophysiological immunity with highly stress-sensitive and highly stress-resistant poles (Anthony, 1983).

The neonate already offers clear evidence of an inherent stress-sensitivity or stress-resistance in its capacity to master unusual circumstances (Anthony, 1983).

We have found a spectrum of both good and bad respondents, depending on the psychotic status of the schizophrenic mother during the period of infancy and early life. Some showed a normal or even superior adjustment "superphrenic", some were mildly maladjusted, some were moderately disordered, and some severely undifferentiated. The range was puzzling unless one took into account Freud's theory of the "complementary series" (1916) suggesting a sliding scale of internal and external influences (Anthony, 1983).

We also wanted to learn something about the mutuality of recognition between family and infant and the ways in which parents are able or unable to represent to the child "a deep, almost somatic conviction that there is a meaning in what they are doing" (Erikson, 1968). Within

a milieu of irrationality, the absence of sustained meaningfulness might generate the mystification so often associated with the genesis of schizophrenia (Anthony, 1983).

All environments in infancy, Winnicott (1953), said, are full of persecutors, but under the conditions of ordinary healthy development the "attacks" are mostly neutralized by the mother's loving care, her holding, her understanding, her empathizing, and her sensitive adapting. When, however, one has a psychotic mother, an incompetent and grossly inadequate mother, a disorganized and tantalizing mother, a failure of environment occurs and the milieu becomes increasingly crazy. The persecutions multiply and there is no one to neutralize them. The baby responds to the external victimization by refusing to put himself together, to get himself together and to create, as it were, a complete "environment individual set-up". This kind of unexpectable world is highly detrimental to the development of autonomy, integration, and a firm sense of reality. It is a world of magic, as Winnicott (1953), put it, "and one feels mad to be in it" (Anthony, 1983).

The infant in this ambience of psychosis often seems unable to play creatively or make use of all the nuances of circular reactions to explore objects and environment. Circularity becomes an end in itself rather than a means toward further discoveries. It never begins and never ends anything. There is no patterning except in a monotonous repetitiousness. It never relinquishes its activities without interruption from the outside (Anthony, 1983).

More than other babies the ones born to a

schizophrenic mother have this Humpty-Dumpty status, precariously poised between partness and wholeness, between disintegration and integration. It is not what the mother does but what she cannot do that upsets the balance. It is what she cannot prevent, "parental psychosis does not produce childhood psychosis, aetiology is not as simple as all that. It is not passed on to a baby by the nursing mother in her milk. It is not a disease (Winnicott, 1961).

All of us, at this critical moment in our early developments, have negotiated, with the help of good mothers, the precarious passage into wholeness, and so there is something within us that can empathize with this particular situation even without the help of memories. Deep within each developed individual, there is a resonant response to this precariousness, intimately bound up with feelings of security, safety, trust, and integration, so it is not surprising that observers within the psychotic milieu experience a loss of equilibrium and a threat of disintegration. Fathers, in general, have an important role to play, once the infant has traversed this perilous passage, in providing a more realistic orientation to the environment. However, because of homogamous mating, the spouse of a psychotic mother is not infrequently maladjusted and bordering on psychosis himself and may abandon the home during active psychosis to maintain his own tenuous hold on reality, returning at the time of remission when the danger has passed (Anthony, 1983).

Can an infant survive psychotic handling or does one need to separate mother and child? as mentioned earlier, many schizophrenic women seem to retain a mothering capacity even when the greater part of the ego is pervaded

by psychosis, but this "diplomatic immunity" offered the child is good only for about six months. Until the process of individuation begins to evolve (Anthony, 1983).

The schizophrenic mother intuitively knew her own limitations. As long as the baby was a part of her, she could give it loving care. At the point of the Humpty Dumpty crisis, she realized that her usefulness was exhausted. She could do no more, she could either devour the infant and thus make it herself or separate herself from it by throwing it away but seeing to it that it would be rescued. But the baby had experienced a sufficiency of primary mothering, and separation allowed it to maintain an ideal image of the mother (Anthony, 1983).

I may inadvertently be suggesting that the baby is developing (or at times failing to develop) coping skills to deal with the mother's illness, but it should not be overlooked that the psychotic mother is not only mobilizing her own inner resources in an effort to control her illness, she is also harnessing this effort to the concomitant task of managing her baby as effectively as she can. By responding positively to her ministrations, the infant not only supports her maternal drive but indirectly helps her to cope with the disintegrating process within her. Here the baby acts as an integrating force for the mother. Once again, it is an exercise in mutuality (Anthony, 1983).

In disturbed families, the mothers function largely in response to their immediate impulses, they are unable to see the infant as a separate entity or, most of the time, to see, hear, or appreciate its cues. Consequently the infant is fed, fondled, or put to bed with

no consideration for its own state. Because the families lack of a sense of time, there is no organizing of the infant's rhythms (David, 1983).

In disturbed family, the infant's needs and demands awaken in the parents unmastered archaic anxieties which are manifested in acute outbursts of aggression. The danger here is that the aggressive outbursts might be acted out on the infant. Or the mother will unconsciously protect the infant by isolating it, leaving it alone for long periods of time. The baby's needs for contact, for food and cleansing and the like, are thus neglected, or the mother may attempt to have the baby hospitalized or to be hospitalized herself. For the infant, the end result is an experience of deprivation, confusion, and a total lack of what Winnicott (1960), has called the "holding environment". The infant experiences an unpredictable alternating succession of abandonment and clinging (David, 1983).

The infants of disturbed families are exposed to three sorts of dangers:

- (1) early pathology, though quite obvious, is not identified and builds up silently;
- (2) somatic illnesses during the first months of life lead to repeated hospitalizations and result in disruptive discontinuity; and
- (3) family problems and ill treatment or neglect of the infant lead also to multiple child placements and together with hospitalizations, contribute to reinforcing the early pathology and precipitating the child into the same devastating state of early emotional deprivation experienced by its parents (David, 1983).

It is true that these infants often gave an appearance of being in satisfactory health. Only a thorough observation of the child in interaction with its parents and an attempt to relate to these infants and play with them revealed the depth and seriousness of the ongoing pathological processes. We observed how the unpredictable handling of these infants by their mothers elicited in them the arousal of archaic harmful defenses such as "emptying oneself", flight into compulsive hyperactivity, or withdrawal of interest in food, their own bodies, and the outside world. This leads in turn to pathology which may differ from one child to another but which has its roots in the absence of progression in a defective individuation process: inner emptiness, lack of mental capacity, a state of confusion, and a lack of investment in their own bodies and the outside world which are as yet undifferentiated from one another. Their activity remains stereotyped, meaningless, and impoverished, but this is covered up by the benign appearance of the child. The discrepancy between the absence of symptoms and the seriousness of this pathology is striking indeed and requires emphasis because, if unidentified and disregarded, it builds up slowly and silently until it reaches a point where the impoverishment of the total personality and mental disorder are so severe as to make treatment difficult and precarious, whereas during the first year there is still some flexibility and the possibility of mobilizing defenses (David, 1983).

Children of 2-year old with manic-depressive parents showed more aggressive and less prosocial behaviours toward peers than children with normal parents (Zahn Waxler *et al.*, 1984).

Consistent with the predictions derived from clinical observations of the impact of parental preoccupation, parents' having memories of an unhappy home life and parents thinking that there was an alternative to placement were both correlated with a higher level of problematic behaviour in the children. Contrary to the prediction, negative memories of life in the orphanage and being visited by relatives correlated with less problematic behaviour in the children (Sigal *et al.*, 1988).

Conflict with siblings has often been noted in contexts in which there is evidence for parental preoccupation. High levels of it have been found in families of depressed mothers (Weissman *et al.*, 1972), alcoholic fathers (Cork, 1969), of families in which a child had an acute, severe physical illness (Sigal, 1974), and of concentration camp survivors (Sigal, 1971 & Sigal, 1973). Cork (1969); Sigal *et al.* (1973; 1974 and 1975), offer evidence for the preoccupation of at least one parent in the last three of these four studies, few would question that a depressed mother is preoccupied (Sigal, 1988).

In the present study, conflict with siblings was correlated with some variables (for example, age of entry, person(s) closest to in orphanage) for which there is no obvious link with parental preoccupation. Parents' complaints of sibling rivalry between their children, thus, may be a sensitive, but nonspecific indicator of distortion in parenting caused by a variety of non-normative stressful events in the parent's childhood. The fact that it also shows a strong relationship to a rating of psychiatric impairment suggests that clinicians would be

well advised to examine the parent's background closely when such complaints occur (Sigal, 1988).

That the parents' memory of being closer to surrogate parents (the staff) than to siblings in the orphanage should be the most consistently predictive of a greater degree of problematic behaviour in the children, is striking. On the basis of the literature, we had expected that the protective effect of siblings might be extended to the next generation. The only information we have that might throw some light on this finding is that the orphanage staff were generally perceived as being rigid and demanding, rather than caring (Sigal, 1988).

Psychotic caretakers have their own ups and downs, their lucid moments. These moments may be brief or they may be of very sizeable lengths. In the latter instances, we may postulate with Anthony that the infant had a good start. This, in turn, of course, affects the prognosis and was a factor operating in favour of the infant (Van Dam, 1983).

Anthony also made clear that there may be other caretakers who substitute for the psychotic one, if such substitutes are available, the prognosis for such infants again may be much improved. In addition to the spouse and grandparents, are older siblings, friends, relatives, and neighbours, the positive influences of which we are also familiar with (Van Dam, 1983).

In infants whose egos are "good enough" one can observe the capacity to recover from trauma (Van Dam, 1983).

Sir Keith Joseph introduced his concept of "a cycle of transmitted deprivation" and made an overt link

between parenting problems in one generation and their reappearance in the next. He argued that "people who were themselves deprived in one or more ways in childhood become in turn the parents of another generation of deprived children (Joseph, 1972).

These findings on the positive effects of supportive marital relationships are of considerable importance in their suggestion that conditions in adult life may modify the long-term effects of adverse experiences in childhood (Quinton *et al.*, 1988).

We may conclude that a supportive marital relationship had a markedly positive effect on the social functioning of the institutionally cared women, even when they had been showing emotional or behavioural problems in their earlier years. The choices or chances that lead to more satisfactory circumstances in adulthood constituted major breakpoints in the continuity of adversity across generations. However, as noted above, the institutionally cared women were much less likely than the original family cared women to experience the beneficial effects of a supportive relationship with a husband or man friend (Quinton *et al.*, 1988).

**PSYCHIATRIC DISORDERS
OF ORPHANAGES' CHILDREN**

Psychiatric disorder was defined as an abnormality of behaviour, emotions, or relationships continuing up to the time of assessment, and sufficiently marked or sufficiently prolonged to cause handicap to the child himself and distress or disturbance in the family or community (Rutter *et al.*, 1970).

A most useful definition of psychiatric disorder in childhood formed the basis of the Isle of Wight studies. If a child showed abnormality of behaviour, emotions or interpersonal relationships sufficiently marked and prolonged to cause persistent suffering or handicap to himself and/or distress or disturbance in his family or the community, this was regarded as evidence for psychiatric disorder. Transient disturbances are common among children; most psychiatric conditions differ quantitatively only from normal states in terms of severity and persistence; minor manifestations of the same behaviour can be found in many essentially normal children. Only a very few psychiatric conditions in childhood constitute diseases in which behaviour differs qualitatively from normality (Cox and Rutter, 1977).

Childhood psychiatric disorder in general practice: a family doctor's list will contain 15 % of patients who have obvious psychiatric problems and a further 10 % will have hidden psychiatric morbidity (Shepherd *et al.*, 1966).

Other estimates are similar, e.g., Goldberg and Blackwell (1970), using a patient questionnaire found 20 %

had conspicuous morbidity; in addition to these some had "hidden morbidity", the overall figure for the practice being 25 % of all patients. Obviously numbers reported will depend upon the orientation and discernment of the doctor and the population the practice serves (Connell, 1985).

We had found that a large proportion of children, that is one-third of the sample population manifested one or the other kind of behavioural problem. The most prevalent problems were aggressive conduct disorder, adolescent adjustment reaction and the problem of stealing, lying and truanting. The features of depression, affectionless character, anxiety and other anxiety symptoms such as bedwetting, thumb-sucking and nailbiting were noticed only among a few children. Sexual problems, epilepsy and hysterical behaviour were noticed only among a very few children. Indeed, these were the problems observed among institutionalised children by various researchers (Berman, 1979).

The problem of scholastic backwardness was reported among many children, but it is not treated as a separate category since it was found to be always associated with other problems which have more serious implications (Somen, 1986).

Almost an equal proportion of children had difficulties in their peer-group relationships. However, only a lesser proportion of children had problems with their caretakers, the peer-group problems were a lack of friends, difficulty in interacting with others and bullying and ill treatment by elder children. Problems with caretakers included the excessive punishment by

caretakers, biased and prejudiced treatment, open favouritism and unfair comparisons made by them. A majority of the children (61 per cent) with behavioural problems had also relationship problems, either with their peer groups, or with their higher authorities. A small proportion of them suffered from a combination of all these problems. Another important finding of this study is that, all the three categories of children possessed lower mental health status. Compared to the children who had no problems, the prevalence of behavioural problems was found to be more among children living in big institutions than those living in the small institutions. The reason for the increased prevalence of problems among children living in big institutions is again attributed to the type of children who live there than any other factors (Somen, 1986).

Children with organic brain dysfunction showed psychiatric disturbance three times as commonly as children with chronic physical handicap. This suggests that the high rate of psychiatric disturbance in the first group was due to brain dysfunction itself, rather than being reactive to physical handicap, though the latter cannot be entirely excluded (Graham and Rutter, 1968).

Head injury and infections such as encephalitis may be followed by disturbed behaviour. It is often difficult to know to what extent this relates to brain damage. Studies of premature babies and others at risk during the peri-natal period do show a higher rate of behaviour problems than normal controls, but parental anxiety in having a delicate child may affect their methods of management (Connell, 1985).

It seems that although children vary greatly in temperamental attributes which basically relate to polygenic influences, there is continual interaction between these biological factors and psychosocial experiences. All influences interact in an intricate and unique way to an individual's development and predictions about how the adult personality will develop are hard to make (Chess, 1978).

The extent to which personality traits are inherited is less certain. A longitudinal study by Thomas and Chess (1976), has shown that babies display marked individual differences from birth and that these traits persist. It is easy to see how these could interact unfavourably with the environment to produce disturbance (Connell, 1985).

Psychosocial disadvantage has been shown to be associated with childhood psychiatric disturbance (Rutter *et al.*, 1974).

Inadequate housing has been found to be associated with psychiatric disturbance in preschool children (Richman *et al.*, 1982). Apart from emotional disorders which show a roughly equal sex ratio, almost all psychiatric disorders are commoner in boys (Rutter *et al.*, 1970), and during the primary school years, many more boys than girls are referred for help. Boys show a wider range of biological variation than girls and there is a strong male preponderance (4:1), in all disorders which involve a specific delay in development e.g., language problems or specific reading retardation. There is also evidence that boys are more sensitive to psychosocial stresses as well (Rutter, 1970).

The concept of the psychologically vulnerable child, that is, one who is more at risk than his peers for the development of psychiatric disorder is of importance, since early recognition may offer opportunities for prevention. Vulnerability is seen by Anthony (1974), as a result of the interaction of many factors, as constitutional (hereditary) influences, physical problems, parents' attitudes, lack of mothering and absence of a father figure, which have the potential to affect personality development (Connell, 1985).

The Isle of Wight study showed that only one in ten of the children with psychiatric disorder was under specialist psychiatric care. Others were being treated by family doctors or seeing probation officers or in residential schools for the maladjusted. Overall only one in five children with psychiatric disorder was having treatment. Half the parents of these youngsters thought their child was disturbed, but most were unaware of services available. Middle class families tend to utilize child psychiatric services more than do those in poor socioeconomic circumstances, yet follow-up studies show that the latter are more in need of help (Connell, 1985).

SUBJECTS AND METHODS

Subjects

The sample composed of 60 orphanage's children (34 males and 26 females). The age range is from 6 years to 14 years old. All of them are students, 30 children are collected from family pattern orphanage (17 males and 13 females), and the other 30 children are collected from classical pattern orphanage (17 males and 13 females).

The control composed of 30 normal children of intact families (17 males and 13 females), they are the classmates of the orphanage's children with the same age and sex. Their families are with no apparent troubles such as separation, divorce, death, or neglect for the child from his parents, and with no psychiatric disorder in the family members. They are of the same socioeconomic level of orphanage's children.

The caretakers of the 60 orphanage's children are compared with the mothers of the controls group. The caretakers are constantly living with the orphanage's children.

N.B.: The family pattern orphanage comprises of 20 families. Each family contains from 3 to 9 children of both sexes, they are living with a caretaker in a separate fully furnished house, the age range of the children is from 1½ years to 24 years old. while in classical pattern orphanage, the boys or the girls of the same age are living with a caretaker in a separate ward.

Methods

Each child from the sample group is examined psychiatrically and physically. Also the controls are examined psychiatrically and physically to select them free from any psychiatric or physical disorder:-

- (1) A full psychiatric interview is done for each child, with the help of his or her caretaker, using the psychiatric sheet which is applied in Ain Shams Psychiatric Department. The psychiatric diagnosis is done according to DSM III-R (1987).
- (2) Questionnaire for description of the caretaker or the mother (El-Mahallawi and Seif El-Dawla, 1992) is applied on the cases and the controls.
- (3) An interview with the teachers of the cases and of the controls to estimate the educational state of the children using a questionnaire for educational state (Adbel Baky *et al.*, 1991) based on the teacher's remarks.
- (4) Self concept test (El-Ashwal, 1984) is applied on the cases and the controls.

The caretakers of the sample are interviewed and a full psychiatric examination is applied on them to detect any psychiatric disorders. Also a complete physical examination is done.

Statistical Test

To study the difference between the groups of this works we used:-

$$\chi^2 = \frac{(O-E)^2}{E}$$

$$\chi^2 = \frac{(O-E-\frac{1}{2})^2}{E} \text{ (with correction factor for small numbers)}$$

where;

O = is the observed value.

E = is the expected value.

(Pipkin, 1984)

RESULTS

Psychiatric Disorders

All the studied sample of children are foundlings, 26 cases out of 60 foundlings (43.3%) have psychiatric disorders, and they are distributed as follows, 3 cases (11.5%), have conduct disorders, 5 cases (19.2%) have overanxious disorder, 12 cases (46.1%) have functional enuresis, 5 cases (19.2%) have developmental expressive language disorder and one case (3.8%) has adjustment disorder.

The 26 cases composed of 14 males (53.8%) and 12 females (46.2%), 18 out of 26 cases (69.2%), their age group was from 6 years to less than 11 years, and 8 out of 26 cases (30.8%), their age group was from 11 years to 14 years (Table 1).

Table (1) Age and sex distribution of the foundlings having psychiatric disorders (Results in Per Cent).

Age Group	Conduct Disorder			Overanxious Disorder			Functional Enuresis			Developmental Expressive Language Disorder			Adjustment Disorder			Total		
	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total
6 yr -<11 yr	33.3	0	33.3	50	33.3	40	100	66.7	83.3	100	100	100	0	0	0	71.4	66.7	69.2
11 yr- 14 yr	66.7	0	66.7	50	66.7	60	0	33.3	16.7	0	0	0	100	0	100	28.6	33.3	30.8
Total	100	0	100	100	100	100	100	100	100	100	100	100	100	0	100	100	100	100

The Types of Orphanages

Eleven cases from 30 foundlings (36.7%) in orphanage with family pattern have psychiatric disorders. Fifteen cases from 30 foundlings (50%) in orphanage with classical pattern have psychiatric disorders. But there is no significant difference as regards the psychiatric disorders in the orphanage with family pattern and in the orphanage with classical pattern (Table 2a).

Table (2a) Psychiatric disorders of the foundlings in orphanages with family pattern and with classical pattern.

<i>Orphanage</i>	<i>Total</i>	<i>Males</i>	<i>Females</i>	<i>X²</i>	<i>P-Value</i>
With family pattern	n=30	n=17	n=13		
	11	6	5	0.0322	P>0.05 insignificant
	36.7%	35.3%	38.5%		
With classical pattern	n=30	n=17	n=13		
	15	8	7	0.135	P>0.05 insignificant
	50%	47%	53.8%		
Total	n=60	n=34	n=26		
	26	14	12	0.148	P>0.05 insignificant
	43.3%	41.2%	46.2%		

N.B.: By comparing the foundlings who have psychiatric disorders in orphanage with family pattern with that in orphanage with classical pattern, $X^2 = 0.004$ and $P > 0.05$ (insignificant).

Conduct Disorder

One case from 30 foundlings (3.3%) in orphanage with family pattern has conduct disorder. Two cases from 30 foundlings (6.7%) in orphanage with classical pattern have conduct disorder, but with insignificant difference (Table 2b).

Table (2b) Conduct disorders in the foundlings of orphanages with family pattern and with classical pattern.

<i>Orphanage</i>	<i>Total</i>	<i>Males</i>	<i>Females</i>	<i>X²</i>	<i>P-Value</i>
With family pattern	n=30	n=17	n=13		
	1	1	0	0.811	P>0.05 insignificant
	3.3 %	5.9 %	0 %		
With classical pattern	n=30	n=17	n=13		
	2	2	0	1.685	P>0.05 insignificant
	6.7%	11.8%	0 %		
Total	n=60	n=34	n=26		
	3	3	0	2.424	P>0.05 insignificant
	5 %	8.8 %	0 %		

N.B.: By comparing the foundlings who have conduct disorders in orphanage with family pattern with that in orphanage with classical pattern, $X^2 = 0.2848$ and $P>0.05$ insignificant.

Overanxious Disorder

Two cases from 30 foundlings (6.7%) in orphanage with family pattern have overanxious disorder. Three cases from 30 foundlings (10%) in orphanage with classical pattern have overanxious disorder, but with insignificant difference (Table 2c).

Table (2c) Overanxious disorder in the foundlings of orphanages with family pattern and with classical pattern.

<i>Orphanage</i>	<i>Total</i>	<i>Males</i>	<i>Females</i>	χ^2	<i>P-Value</i>
With family pattern	n=30	n=17	n=13		
	2	0	2	2.858	P>0.05 insignificant
	6.7 %	0 %	15.4%		
With classical pattern	n=30	n=17	n=13		
	3	2	1	0.136	P>0.05 insignificant
	10 %	11.8%	7.7 %		
Total	n=60	n=34	n=26		
	5	2	3	0.62	P>0.05 insignificant
	8.3 %	5.9 %	11.5%		

N.B.: By comparing the foundlings who have overanxious disorder in orphanage with family pattern, with that in orphanage with classical pattern, $\chi^2 = 2.461$ and $P>0.05$ insignificant.

Functional Enuresis

Five cases from 30 foundlings (16.7%) in orphanage with family pattern have functional enuresis. Seven cases from 30 foundlings (23.3%) in orphanage with classical pattern have functional enuresis, but with insignificant difference (Table 2d).

Table (2d) Functional enuresis in the foundlings of orphanages with family pattern and with classical pattern.

<i>Orphanage</i>	<i>Total</i>	<i>Males</i>	<i>Females</i>	<i>X²</i>	<i>P-Value</i>
With family pattern	n=30	n=17	n=13		
	5	3	2	0.0271	P>0.05 insignificant
	16.7%	17.6%	15.4%		
With classical pattern	n=30	n=17	n=13		
	7	3	4	0.714	P>0.05 insignificant
	23.3%	17.6%	30.8%		
Total	n=60	n=34	n=26		
	12	6	6	0.271	P>0.05 insignificant
	20 %	17.6%	23 %		

N.B.: By comparing the foundlings who have functional enuresis in orphanage with family pattern with that in orphanage with classical pattern, $X^2 = 0.3504$ and $P > 0.05$ insignificant.

Developmental Expressive Language Disorder

Two cases from 30 foundlings (6.7%) in orphanage with family pattern have developmental expressive language disorder. Three cases from 30 foundlings (10%) in orphanage with classical pattern have developmental expressive language disorder, but with insignificant difference (Table 2e).

Table (2e) Developmental expressive language disorder in the foundlings of orphanage with family pattern and with classical pattern.

<i>Orphanage</i>	<i>Total</i>	<i>Males</i>	<i>Females</i>	<i>X²</i>	<i>P-Value</i>
With family pattern	n=30	n=17	n=13		
	2	1	1	0.0412	P>0.05 insignificant
	6.7 %	5.9 %	7.7 %		
With classical pattern	n=30	n=17	n=13		
	3	1	2	0.751	P>0.05 insignificant
	10 %	5.9 %	15.4 %		
Total	n=60	n=34	n=26		
	5	2	3	0.62	P>0.05 insignificant
	8.3 %	5.9 %	11.5 %		

N.B.: By comparing the foundlings who have developmental expressive language disorder in orphanage with family pattern with that in orphanage with classical pattern, $X^2 = 0.1997$ and $P > 0.05$ insignificant.

Adjustment Disorder

One boy [this boy was exposed to recurrent changes in the caretaker (4 times per $1\frac{1}{2}$ years) and in the family group (3 times per $1\frac{1}{2}$ years)] from 30 foundlings (3.3%) in the orphanage with family pattern has adjustment disorder with depressed mood. No child in orphanage with classical pattern has adjustment disorder. But with insignificant difference (Table 2F).

Table (2F) Adjustment disorder* in the foundlings of orphanages with family pattern and with classical pattern.

<i>Orphanage</i>	<i>Total</i>	<i>Males</i>	<i>Females</i>	<i>X²</i>	<i>P-Value</i>
With family pattern	n=30	n=17	n=13		
	1	1	0	0.811	P>0.05 insignificant
	3.3 %	5.9 %	0 %		
With classical pattern	n=30	n=17	n=13		
	0	0	0	0.0333	P>0.05 insignificant
	0 %	0 %	0 %		
Total	n=60	n=34	n=26		
	1	1	0	0.7874	P>0.05 insignificant
	1.7 %	2.9 %	0 %		

N.B.: By comparing the foundlings who have adjustment disorder in orphanage with family pattern with that in orphanage with classical pattern, $X^2 = 1.00$ and $P > 0.05$ insignificant.

* Adjustment disorder with depressed mood.

Sex Difference as Regards the Psychiatric Disorders

There is no significant difference ($P > 0.05$) between the males and females foundlings in either orphanages with family pattern, or with classical pattern (Table 2a).

Conduct disorders (Table 2b), overanxious disorder (Table 2c), functional enuresis (Table 2d), developmental expressive language disorder (Table 2e), and adjustment disorder (Table 2f), have no significant difference ($P > 0.05$) between the males and females foundlings in either types of orphanages.

Educational State

There is no significant difference ($P > 0.05$) between the foundlings in orphanage with family pattern, and the foundlings in orphanage with classical pattern in either male or female groups (Table 3a). But there is significant difference ($P < 0.001$) between the foundlings and the controls in both male and female groups (Table 3b).

Table (3a) Educational state.

<i>Educational State</i>	<i>Orphanage With Family Pattern</i>			<i>Orphanage With Classical Pattern</i>		
	<i>Males</i>	<i>Females</i>	<i>Total</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Above average	2	2	4	1	0	1
	11.8%	15.4%	13.3%	5.9%	0%	3.3%
Somewhat above average	7	2	9	4	2	6
	41.2%	15.4%	30%	23.5%	15.4%	20%
Average	4	6	10	5	6	11
	23.5%	46.1%	33.3%	29.4%	46.1%	36.7%
Somewhat below average	3	2	5	4	3	7
	17.6%	15.4%	16.7%	23.5%	23%	23.3%
Below average	1	1	2	3	2	5
	5.9%	7.7%	6.7%	17.6%	15.4%	16.7%
Total	17	13	30	17	13	30
	100%	100%	100%	100%	100%	100%

N.B.: By comparing the distribution of the educational state among the boys in orphanage with family pattern, with that in orphanage with classical pattern. $X^2 = 3.225$ and $P > 0.05$ insignificant.

As regards the girls:-

$X^2 = 5.363$ and $P > 0.05$ insignificant.

As regards the children (boys and girls):-

$X^2 = 6.971$ and $P > 0.05$ insignificant.

Table (3b) Educational state, comparison between the foundlings and the control group.

<i>Educational State</i>	<i>Foundlings</i>			<i>Control Group</i>		
	<i>Males</i>	<i>Females</i>	<i>Total</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Above average	3	2	5	2	2	4
	8.8%	7.7%	8.3%	11.8%	15.4%	13.3%
Somewhat above average	11	4	15	8	5	13
	32.3%	15.4%	25 %	47 %	38.5%	43.3%
Average	9	12	21	3	3	6
	26.5%	46.1%	35 %	17.6%	23 %	20 %
Somewhat below average	7	5	12	3	3	6
	20.6%	19.2%	20 %	17.6%	23 %	20 %
Below average	4	3	7	1	0	1
	11.8%	11.5%	11.7%	5.9%	0 %	3.3%
Total	34	26	60	17	13	30
	100 %	100 %	100 %	100 %	100 %	100 %

N.B. : By comparing the distribution of the educational state between the foundlings (boys), and that in the control group.

$X^2 = 174,868$ and $P < 0.001$ significant.

As regards the girls:-

$X^2 = 708.0128$ and $P < 0.001$ significant.

As regards the children (boys and girls):-

$X^2 = 579,285$ and $P < 0.001$ significant.

Self Concept

There are 4 foundlings (13.3%) in orphanage with family pattern have low self concept, and 26 foundlings (86.7%) have high self concept. In orphanage with classical pattern, 6 foundlings (20%) have low self concept and 24 (80%) have high self concept. In the control group, there are 3 children (10%) with low self concept and 27 children (90%) with high self concept. As regards the low self concept, there is no significant difference ($P > 0.05$) between the foundlings in orphanage with family pattern, and the foundlings in orphanage with classical pattern in either male or female groups (Table 4a). Also, there is no significant difference ($P > 0.05$) between the foundlings and the controls in either male or female groups (Table 4b).

Table (4a) Low self concept, comparison between the foundlings in orphanages with family pattern and that in orphanage with classical pattern.

<i>Low Self Concept</i>	<i>Orphanage With Family Pattern</i>	<i>Orphanage With Classical Pattern</i>	<i>X²</i>	<i>P-Value</i>
	n = 17	n = 17		
Males	3 (17.6%)	4 (23.5%)	0.925	P >0.05 insignificant
	n = 13	n = 13		
Females	1 (7.7%)	2 (15.4%)	0.266	P >0.05 insignificant
	n = 30	n = 30		
Total	4 (13.3%)	6 (20%)	0.430	P >0.05 insignificant

N.B.: By comparing the low self concept of the males in the two orphanages, with that of females in the two orphanages $X^2 = 0.2166$ and $P > 0.05$ insignificant.

Table (4b) Low self concept, comparison between the foundlings and the control group.

<i>Low Self Concept</i>	<i>Foundlings</i>	<i>Control Group</i>	<i>X²</i>	<i>P-Value</i>
	n = 34	n = 17		
Males	7 (20.6%)	2 (11.8%)	0.547	P >0.05 insignificant
	n = 26	n = 13		
Females	3 (11.5%)	1 (7.7%)	0.0607	P >0.05 insignificant
	n = 60	n = 30		
Total	10(16.7%)	3 (10%)	0.212	P >0.05 insignificant

The academic dimension of self concept in the children:- There is no significant difference ($P > 0.05$) between the foundlings in orphanage with family pattern, and in orphanage with classical pattern in either male or female groups (Table 5a), also, there is no significant difference ($P > 0.05$) between the female foundlings and the control of the female group, but there is significant difference ($P < 0.02$) between the male foundlings and the control of the male group, and significant difference ($P < 0.05$) as a total between foundlings and control group (Table 5b).

Table (5a) The academic dimension of self concept.

<i>The Academic Dimension</i>	<i>Foundlings of Orphanage with Family Pattern</i>			<i>Foundlings of Orphanage with Classical Pattern</i>		
	<i>Males</i>	<i>Females</i>	<i>Total</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Low	3 17.6%	1 7.7%	4 13.3%	4 23.5%	3 23%	7 23.3%
Moderate	7 41.2%	3 23%	10 33.3%	6 35.3%	4 30.8%	10 33.3%
High	7 41.2%	9 69.2%	16 53.3%	7 41.2%	6 46.1%	13 43.3%
Total	17 100%	13 100%	30 100%	17 100%	13 100%	30 100%

N.B.: 4-8 degrees: low academic dimension of self concept.

9-13 degrees: moderate academic dimension of self concept.

14-18 degrees: high academic dimension of self concept.

- By comparing the distribution of the academic dimension of self concept among the boys in orphanages with family pattern and with that in classical pattern, $X^2 = 0.162$ and $P > 0.05$ (insignificant).
- As regards the girls, $X^2 = 1.678$ and $P > 0.05$ (insignificant).
- As regards the children (boys and girls) $X^2 = 1.096$ and $P > 0.05$ (insignificant).

Table (5b) The academic dimension of self concept, comparison between the foundlings and the controls.

<i>The Academic Dimension</i>	<i>Foundlings</i>			<i>Control Group</i>		
	<i>Males</i>	<i>Females</i>	<i>Total</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Low	7 20.6%	4 15.4%	11 18.3%	2 11.8%	0 0%	2 6.7%
Moderate	13 38.2%	7 26.9%	20 33.3%	1 5.9%	4 30.8%	5 16.7%
High	14 41.2%	15 57.7%	29 48.3%	14 82.3%	9 69.2%	23 76.7%
Total	34 100%	26 100%	60 100%	17 100%	13 100%	30 100%

N.B.: 4-8 degrees: low academic dimension of self concept.
9-13 degrees: moderate academic dimension of self concept.

14-18 degrees: high academic dimension of self concept.

- By comparing the distribution of the academic dimension of self concept among the boys in the foundlings, with that in control group $X^2 = 8.288$ and $P < 0.02$ (significant).
- As regards the girls, $X^2 = 2.188$ and $P > 0.05$ (insignificant).
- As regards the children (boys and girls) $X^2 = 6.641$ and $P < 0.05$ (significant).

The Physical Dimension of Self Concept

There is no significant difference ($P>0.05$) between the foundlings in orphanage with family pattern, and the foundlings in orphanage with classical pattern, in either male or female groups (Table 6a). Also, there is no significant difference ($P>0.05$) between the foundlings and the controls in either male or female groups (Table 6b).

Table (6a) The physical dimension of self concept.

<i>The Physical Dimension</i>	<i>Foundlings of Orphanage with Family Pattern</i>			<i>Foundlings of Orphanage with Classical Pattern</i>		
	<i>Males</i>	<i>Females</i>	<i>Total</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Low	3 17.6%	1 7.7%	4 13.3%	2 11.8%	1 7.7%	3 10%
Moderate	7 41.2%	2 15.4%	9 30%	5 29.4%	5 38.5%	10 33.3%
High	7 41.2%	10 76.9%	17 56.7%	10 58.8%	7 53.8%	17 56.7%
Total	17 100%	13 100%	30 100%	17 100%	13 100%	30 100%

N.B.: 2-6 degrees: low physical dimension of self concept.

7-11 degrees: moderate physical dimension of self concept.

12-16 degrees: high physical dimension of self concept.

- By comparing the distribution of the physical dimension of self concept among the boys in orphanage with family pattern and that in orphanage with classical pattern $X^2 = 1.007$ and $P > 0.05$ (insignificant).
- As regards the girls, $X^2 = 1.747$ and $P > 0.05$ (insignificant).
- As regards the children (boys and girls) $X^2 = 0.162$ and $P > 0.05$ (insignificant).

Table (6b) The physical dimension of self concept, comparison between the foundlings and the controls.

<i>The Physical Dimension</i>	<i>Foundlings</i>			<i>Control Group</i>		
	<i>Males</i>	<i>Females</i>	<i>Total</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Low	5	2	7	1	0	1
	14.7%	7.7%	11.7%	5.9%	0%	3.3%
Moderate	12	7	19	4	2	6
	35.3%	26.9%	31.7%	23.5%	15.4%	20%
High	17	17	34	12	11	23
	50%	65.4%	56.7%	70.6%	84.6%	76.7%
Total	34	26	60	17	13	30
	100%	100%	100%	100%	100%	100%

N.B.: 2-6 degrees: low physical dimension of self concept.

7-11 degrees: moderate physical dimension of self concept.

12-16 degrees: high physical dimension of self concept.

- By comparing the distribution of the physical dimension of self concept among the boys in the foundlings, with that in control group, $X^2 = 2.055$ and $P > 0.05$ (insignificant).
- As regards the girls, $X^2 = 1.899$ and $P > 0.05$ (insignificant).
- As regards the children (boys and girls) $X^2 = 3.783$ and $P > 0.05$ (insignificant).

The Social Dimension of Self Concept

There is no significant difference ($P > 0.05$) between the foundlings in orphanage with family pattern, and the foundlings in orphanage with classical pattern in either male or female groups (Table 7a). Also, there is no significant difference ($P > 0.05$) between the female foundlings and control of the female group, but there is significant difference ($P < 0.05$) between the male foundlings and the male control group, and significant difference ($P < 0.01$) as a total between the foundlings and the control group (Table 7b).

Table (7a) The social dimension of self concept.

The Social Dimension	Foundlings of Orphanage with Family Pattern			Foundlings of Orphanage with Classical Pattern		
	Males	Females	Total	Males	Females	Total
Low	1 5.9%	4 30.8%	5 16.7%	5 29.4%	3 23.8%	8 26.7%
Moderate	7 41.2%	4 30.8%	11 36.7%	8 47.8%	5 38.5%	13 43.3%
High	9 52.9%	5 38.5%	14 46.7%	4 23.5%	5 38.5%	9 30.8%
Total	17 100%	13 100%	30 100%	17 100%	13 100%	30 100%

N.B.: 9-14 degrees: low social dimension of self concept.

15-20 degrees: moderate social dimension of self concept.

21-26 degrees: high social dimension of self concept.

- By comparing the distribution of the social dimension of self concept among the boys in orphanage with family pattern and that in orphanage with classical pattern $X^2 = 4.615$ and $P > 0.05$ (insignificant).
- As regards the girls, $X^2 = 0.1788$ and $P > 0.05$ (insignificant).
- As regards the children (boys and girls) $X^2 = 1.914$ and $P > 0.05$ (insignificant).

Table (7b) The social dimension of self concept, comparison between the foundlings and the controls.

<i>The Social Dimension</i>	<i>Foundlings</i>			<i>Control Group</i>		
	<i>Males</i>	<i>Females</i>	<i>Total</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Low	6	7	13	1	3	4
	17.6%	29.9%	21.7%	5.9%	23%	13.3%
Moderate	15	9	24	3	1	4
	44.1%	34.6%	40%	17.6%	7.7%	13.3%
High	13	10	23	13	9	22
	38.2%	38.5%	38.3%	76.5%	69.2%	73.3%
Total	34	26	60	17	13	30
	100%	100%	100%	100%	100%	100%

- N.B.*: 9-14 degrees: low social dimension of self concept.
 15-20 degrees: moderate social dimension of self concept.
 21-26 degrees: high social dimension of self concept.
- By comparing the distribution of the social dimension of self concept among the boys in the foundlings, with that in control group $X^2 = 6.608$ and $P < 0.05$ (significant).
 - As regards the girls, $X^2 = 4.139$ and $P > 0.05$ (insignificant).
 - As regards the children (boys and girls) $X^2 = 10.186$ and $P < 0.01$ (significant).

The Anxiety Dimension of Self Concept

There is no significant difference ($P > 0.05$) between the foundlings in orphanage with family pattern, and the foundlings in orphanage with classical pattern in either male or female groups (Table 8a). Also, there is no significant difference ($P > 0.05$) between the foundlings and the control group in either male or female groups (Table 8b).

Table (8a) The anxiety dimension of self concept.

<i>The Anxiety Dimension</i>	<i>Foundlings of Orphanage With Family Pattern</i>			<i>Foundlings of Orphanage With Classical Pattern</i>		
	<i>Males</i>	<i>Females</i>	<i>Total</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Low	2	3	5	0	2	2
	11.8%	23 %	16.7%	0 %	15.4%	6.7%
Moderate	11	5	16	10	8	18
	64.7%	38.5%	53.3%	58.8%	61.5%	60 %
High	4	5	9	7	3	10
	23.5%	38.5%	30 %	41.2%	23 %	33.3%
Total	17	13	30	17	13	30
	100%	100%	100%	100%	100%	100%

N.B.: 2-7 degrees: low anxiety dimension of self concept.

8-13 degrees: moderate anxiety dimension of self concept.

14-19 degrees: high anxiety dimension of self concept.

- By comparing the distribution of the anxiety dimension of self concept among the boys in orphanage with family pattern, and that in orphanage with classical pattern $X^2 = 2.839$ and $P > 0.05$ (insignificant).
- As regards the girls, $X^2 = 1.322$ and $P > 0.05$ (insignificant).
- As regards the children (boys and girls) $X^2 = 1.425$ and $P > 0.05$ (insignificant).

Table (8b) The anxiety dimension of self concept, comparison between the foundlings and the control group.

<i>The Anxiety Dimension</i>	<i>Foundlings</i>			<i>Control Group</i>		
	<i>Males</i>	<i>Females</i>	<i>Total</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Low	2	5	7	2	0	2
	5.9%	19.2%	11.7%	11.8%	0%	6.7%
Moderate	21	13	34	9	7	16
	61.8%	50%	56.7%	52.9%	53.8%	53.3%
High	11	8	19	6	6	12
	32.3%	30.8%	31.7%	35.3%	46.2%	40%
Total	34	26	60	17	13	30
	100%	100%	100%	100%	100%	100%

N.B.: 2-7 degrees: low anxiety dimension of self concept.
8-13 degrees: moderate anxiety dimension of self concept.

14-19 degrees: high anxiety dimension of self concept.

- By comparing the distribution of the anxiety dimension of self concept among the boys in the foundlings with that in control group $X^2 = 0.648$ and $P > 0.05$ (insignificant).
- As regards the girls, $X^2 = 3.054$ and $P > 0.05$ (insignificant).
- As regards the children (boys and girls) $X^2 = 0.920$ and $P > 0.05$ (insignificant).

Description of the Caretakers

There is significant difference ($P < 0.001$) between the male foundlings in orphanage with family pattern, and the male foundlings in orphanage with classical pattern. Also, there is significant difference ($P < 0.01$) between the foundlings as a total in orphanage with family pattern, and the foundlings as a total in orphanage with classical pattern, but there is no significant difference ($P > 0.05$) between the female foundlings in orphanage with family pattern, and the female foundlings in orphanage with classical pattern (Table 9a). There is significant difference ($P < 0.001$) between the foundlings and control group in both male and female groups (Table 9b).

Table (9a) Description of the caretakers.

<i>Description of Caretakers</i>	<i>Foundlings of Orphanage With Family Pattern</i>			<i>Foundlings of Orphanage With Classical Pattern</i>		
	<i>Males</i>	<i>Females</i>	<i>Total</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Kind hearted	15	11	26	13	10	23
	88.2%	84.6%	86.7%	76.5%	76.9%	76.7%
Domineering	0	0	0	0	0	0
	0 %	0 %	0 %	0 %	0 %	0 %
Passive	1	0	1	2	1	3
	5.9%	0 %	3.3%	11.8%	7.7%	10 %
Indifferent	0	1	1	1	0	1
	0%	7.7%	3.3%	5.9%	0%	3.3%
Aggressive	1	1	2	1	2	3
	5.9%	7.7%	6.7%	5.9%	15.4%	10 %
Total	17	13	30	17	13	30
	100%	100%	100%	100%	100%	100%

N.B.:By comparing the distribution of description of the caretakers by the foundlings, among the boys in orphanage with family pattern, and with that in orphanage with classical pattern, $X^2 = 22.192$ and $P < 0.001$ (significant).

- As regards the girls, $X^2 = 5.213$ and $P > 0.05$ (insignificant).
- As regards the children (boys and girls) $X^2 = 14.068$ and $P < 0.01$ (significant).

Table (9b) Description of the caretakers and the mothers, comparison between the foundlings and the controls.

<i>Description of Caretakers and Mothers</i>	<i>Foundlings</i>			<i>Control Group</i>		
	<i>Males</i>	<i>Females</i>	<i>Total</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Kind hearted	28 82.3%	21 80.8%	49 81.7%	15 88.2%	13 100%	28 93.3%
Domineering	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
Passive	3 8.8%	1 3.8%	4 6.7%	1 5.9%	0 0%	1 3.3%
Indifferent	1 2.9%	1 3.8%	2 3.3%	0 0%	0 0%	0 0%
Aggressive	2 5.9%	3 11.5%	5 8.3%	1 5.9%	0 0%	1 3.3%
Total	34 100%	26 100%	60 100%	17 100%	13 100%	30 100%

N.B.: By comparing the distribution of description of the caretakers among the boys in the two orphanages, with that of the boys in control group, $X^2 = 78.302$ and $P < 0.001$ (significant).

- As regards the girls, $X^2 = 705.673$ and $P < 0.001$ (significant).

- As regards the children (boys and girls) $X^2 = 401.355$ and $P < 0.001$ (significant).

The psychiatric and physical examination of the caretakers:- In this study, the examination of the caretakers revealed no psychiatric or physical disorders.

N.B.: The age range of orphanage caretakers is from 30 years to 58 years old, with variable educational level, and they are either single, widow, or divorced. The mothers of the control group their age range is from 28 years to 51 years old.

DISCUSSION

Psychiatric Disorders

a. Types of Orphanages

Although half of the foundlings in the orphanage with classical pattern have psychiatric disorders, there is no significant difference between the two types of orphanages (orphanage with classical and orphanage with family patterns). It may be due to the low socioeconomic status and poor social competence of the foundlings in both orphanages. This agrees with McGee *et al.* (1992), who found an association between the low socioeconomic status and poor social competence, and the onset of psychiatric disorders.

b. Age Group of the Foundlings

The younger age group (6 years to <11 years) (69.2%) are more liable to psychiatric disorders than the older age group (11 years to 14 years) 30.8%. The children in the younger age group are more dependent physically and psychologically on the caretaker, so they may be more liable to psychiatric disorders if they are neglected.

c. Sex Difference as Regards the Psychiatric Disorders

Although 35.3% of the male foundlings, and 38.5% of the female foundlings in orphanage with family pattern have psychiatric disorders, and 47% of the male foundlings, and 53.8% of the female foundlings in orphanage with classical pattern have psychiatric disorders, there is no significant difference between the two sexes in either orphanages, it may be due to the exposure of the

foundlings (either boys or girls) to the same life stresses in the orphanages.

d. Types of Psychiatric Disorders

Twenty Six of 60 foundlings (43.3%) have psychiatric disorders, this high ratio may be due to the poor psychological development of the children as a result of the absence of parental-child relationship and adverse life circumstances, which are characterizing the institutional life.

Conduct disorder, overanxious disorder, functional enuresis, developmental expressive language disorder, and adjustment disorder with depressed mood, are reported among the foundlings. This agree with Berman (1979), who reported that aggressive conduct disorder, adolescent adjustment reaction, anxiety and other anxiety symptoms such as bed wetting were among the problems observed in institutionalized children.

Also, with Bowlby (1966) who stated that, when the child was deprived of maternal care, the symptoms of physical and mental illness may appear.

1. Conduct Disorder

Conduct disorder is defined by Shaffer and Krug (1993), as "it is the repetitive and persistent pattern of conduct (lasting at least 6 months) whose core symptom is that the basic rights of others and social norms are violated. Physical aggression, breaking and entering crimes, cruelty to animals and stealing are common".

Five per cent of the foundlings have conduct disorder. It may be due to disturbed interpersonal relationship between the children and their caretakers in addition to the adverse life circumstances. This agrees with An-

gold and Costello (1993) who found, an association between the chronically adverse life circumstances and the conduct disorder. Also, Rutter (1979) found that, conduct disorders are associated with disturbed interpersonal relationships. Connell (1985) reported that, if the parent figure is present for a while, but later leaves the child, disrupting affectional bonds. The child becomes anxious, insecure and may show a variety of behaviour disturbances often antisocial in character.

2. *Overanxious Disorder*

According to Shaffer and Krug's (1993) definition, anxiety is subjectively experienced and accompanied by (1) motor symptoms of tension, e.g., tremor, restlessness, (2) autonomic hyperactivity, dyspnea, palpitations, sweating, cold clammy hands, dry mouth, dizziness, gastrointestinal distress, polyuria, (3) vigilance and scanning: "on edge", restless, exaggerated startle response, concentration problems, sleep problems, irritable. Also, according to Bernstein's (1990), definition, in overanxious disorder there is excessive anxiety and fearful behaviour not focused on a specific situation or object and not resulting from a recent stressor. These children are (worriers) they worry about future events, about the past events and may harbour guilt that they have done something wrong. Eight point three per cent of the foundlings have overanxious disorder, it may be due to poor caring for the child by the caretakers, and interactional failure in the child-caretaker relationship. This agrees with Angold and Costello (1993), who reported an association between chronic adverse life circumstances and anxiety disorders, and Birtchnell (1993), who found that neurotic symptoms are significantly linked with poor maternal care. Also,

with Papousek (1983), who stated that, mild forms of neurotic disorders resulting from interactional failures on one or the other side of the parent-child dyad.

3. Functional Enuresis

The definition of functional enuresis according to Shaffer and Krug (1993), is "in non-retarded, non brain dysfunctional children, after age 3, especially if diurnal as well as nocturnal wetting. Males more than females, can be intentional", also, Garfinkel (1990), mentioned that, functional enuresis can be defined by four primary features: (1) the release of urine either at night, during the day time, or both into one's clothing or bed, either unwittingly or purposefully, (2) for children between the ages of 5 and 6 there must be two documented involuntary voiding per month and for older children at least one involuntary voiding per month, (3) the child must be at least 5 years of age or have a mental age of 4, (4) there can be no identifiable physical ailment such as diabetes, seizure disorder, or urinary tract infection that can explain or be causative of the wetting.

Twenty per cent of the foundlings have functional enuresis, it may be due to failure of emotional support by the caretakers, and poor individual training for the child for bladder control.

4. Developmental Expressive Language Disorder

The definition by Baker (1990), is "the primary feature of developmental expressive language disorder is a specific deficit in the development of expressive language abilities. The areas of expressive language that may be affected include vocabulary, morphology, grammar, word or-

der, and language usage". Eight point three per cent of the foundlings have developmental expressive language disorder. It may be due to poor individual caretaker-child interaction in talking.

5. Adjustment Disorder

It is defined by Shaffer and Krug (1993), as "it is an acute maladaptive reactions to an identifiable psychosocial stress (or multiple stressors)", and defined by Weller and Weller (1990), as "children with adjustment disorder with depressed mood present with tearfulness and feelings of hopelessness as a reaction to identifiable psychosocial stressor. This reaction occurs within 3 months of the onset of the stressor and results in impairment in school functioning, in usual social activities, or in relationships with others. The duration of the disorder is less than 6 months. Persons with adjustment disorder with depressed mood should not meet criteria for any specific mental disorder in the D.S.M. III-R. One point seven per cent of the foundlings have adjustment disorder with depressed mood. It may be due to change in the caretaker (mother figure) and peer groups (change in home of living in the orphanage). This agrees with Yarrow (1970) who stated that, change in mother figures is an event which can be considered traumatic, it is associated with immediate disturbance in behaviour, such as disturbance in adaptation to routines.

Educational State

There is significant difference between the foundlings (in both orphanages) and the control group. This can be explained by the presence of appropriate environment to study, for the control children at home, in addition to the support and encouragement of the family mem-

bers. These factors are absent as regards the foundlings. This agrees with Somen (1986) who stated that, the problem of scholastic backwardness was reported among many institutionalized children.

Self Concept

It is defined by Barker (1988), as "it is a sense of self-worth, and it is an important factor in determining people's behaviour, how they relate to others, and whether they develop psychiatric disorders. Positive self concept develops as the child has the experience of mastering the environment in ways which provide feelings of satisfaction and appropriate, affirming feedback from the environment".

As regards the global self concept, there is no sex difference, this agrees with Hutchinson *et al.* (1987), who found no significant difference in self concept as regards the sex distribution. There is no significant difference between the foundlings and the controls, and no significant difference between the foundlings in orphanages with family and classical patterns. Although Antony and Broota (1991) found that, institutionalized children of leprosy patients had a more negative self concept as compared with children of leprosy patients living with parents. This low self concept is attributed to (1) parents' negative self image and shame, (2) social seclusion and (3) societal attitudes.

As regards the subscales of self concept, in the academic and social dimensions of self concept, there is significant difference between the male foundlings and the controls. It may be due to the absence of father figure in the orphanages, upon which children model themselves,

this agrees with Connell (1985) who said that, children need dependable love, reasonable and consistent discipline, and identity figures upon which to model their behaviour, if parents are unable to supply these, then understandably character development may be affected, obviously, a parent's feelings towards him will affect a child's self esteem. Also, agrees with Boostani and Tashakkori (1982) whom stated that, in the orphanage children there is an increase in their social retardation as they grow older. Although, boys are affected in the academic and social dimensions of self concept, girls are not affected, it may be due to the boys are affected by the absence of father figure more than girls.

The academic and social dimensions of self concept are affected among the boys but not the physical and anxiety dimensions. It may be due to the physical and anxiety subscales of self concept are more influenced by the physical diseases and handicaps of the children, which causes disability and fear of death. These factors are not presented in our sample of the foundlings and the controls. Lavigne and Faier (1992) found that, the self concept of children with physical disorders across all studies appears significantly lower than that of healthy children, also Abdel Baky *et al.* (1993) reported that, low self concept in children suffering from congenital heart disease. The significant difference in the academic and social dimensions of self concept, between the foundlings as a total and that of controls as a total, is attributed to the significant difference between the male foundlings and that of the controls.

Although we expected to find a difference between the classical and the family pattern orphanages. We could

not prove, it may be due to the failure of the caretakers to provide the experience of well-being to the foundlings in both orphanages. This agrees with Balbernie (1974) who stated that, the mother in nurturing and caring, provides the experience of well-being, lacking this experience, children fail to value themselves. Also the absence of the father figure which is most probably had bad effects on the foundlings. The family components are not complete without the father, so it is important to have a father figure in the family pattern orphanage.

Description of the Caretakers

There is significant difference between the male foundlings in orphanage with family pattern, and the male foundlings in orphanage with classical pattern. Also there is significant difference between the male foundlings and the male controls, where boys of classical pattern orphanage are more describing the caretakers as passive and indifferent. It may be due to the boys in classical orphanage are more demanding to the caretakers' attention and interest in satisfying their physical and psychological needs.

There is significant difference between the female foundlings and that of the controls, where the female foundlings are more describing the caretakers as aggressive, it may be due to their need to kind and warm emotions from the caretakers, in their process of caring.

The Caretakers

As regards the caretakers, there are no physical disorders or psychiatric criteria fulfilling the D.S.M.IIIR. diagnostic criteria. This result may be because every lady wants to work as a caretaker in any or-

phanage, she was examined physically and psychiatrically before she started her job, to exclude the persons affected with physical disease or psychiatric disorders.

RECOMMENDATIONS

The researcher advice to:-

- (1) Supply the children with a fixed caretaker for a small group of them, and they should not move from the caring of a caretaker to the caring of another one.
- (2) The caretakers must be supplied with the instructions to build good interpersonal relationship with their children, and with the factors that enhancing the psychological development of the children.
- (3) The orphanage children should be supplied with a father figure, who share in caring and guiding of the children, and upon whom the children can model their behaviour.
- (4) The orphanages children and their caretakers must be regularly examined psychiatrically and physically.

SUMMARY

This study examined orphanage's children of both sexes, with age range from 6 years to 14 years, 30 children from the family pattern, and 30 children from the classical pattern orphanages. Thirty children of the classmates were the control group. The caretakers and the mothers of the children were included in the study.

Each child was psychiatrically interviewed and diagnosed according to DSM III-R (1987) criteria. Also subjected to questionnaire for description of the caretakers or the mothers (El-Mahallawi and Seif El-Dawla, 1992), and subjected to self concept test (El-Ashwal, 1984), and his or her teacher was interviewed to estimate the educational state by using a questionnaire for educational state (Adbel Baky *et al.*, 1991), the results were collected, tabulated, and treated statistically by using χ^2 test. We found that all the orphanage's children were collected in this study, were foundlings. Thirty six point seven per cent of the foundlings in orphanage with family pattern and 50% of the foundlings in orphanage with classical pattern had psychiatric disorders. These psychiatric disorders were conduct disorder (11.5%), over-anxious disorder (19.2%), functional enuresis (46.1%), developmental expressive language disorder (19.2%), and adjustment disorder with depressed mood (3.8%). There was no significant difference between the family pattern and classical pattern orphanages, as regards the distribution of psychiatric disorders.

As regards the educational state of the children, there was no significant difference between the foundlings in family pattern and classical pattern orphanages. But,

there was significant difference ($P < 0.001$) in the educational state between the foundlings in both orphanages and the controls, where the foundlings were more distributed on average and below average educational states. In global self concept there was no significant difference between the foundlings in family pattern and the foundlings in classical pattern orphanages. And also no significant difference between the foundlings in both orphanages and the controls. As regards the subscales of self concept. There was significant difference between the male foundlings and the male control group, in the academic dimension ($P < 0.02$) of self concept, where the male foundlings were more distributed on the moderate score of the academic dimension of self concept, and in the social dimension ($P < 0.05$) of self concept, where the male foundlings were more distributed on the low and the moderate scores of the social dimension of self concept. As regards the description of the caretakers by their children, there was significant difference ($P < 0.001$) between the male foundlings in family pattern and the male foundlings in classical pattern orphanages, where the boys in classical pattern orphanage were more describing their caretakers as passive and indifferent, also there was significant difference ($P < 0.001$) between the male foundlings and the male controls in describing their caretakers, where the male foundlings were more describing their caretakers as passive and indifferent. There was significant difference ($P < 0.001$) between the female foundlings and the female controls, where the female foundlings were more describing their caretakers as aggressive. The study revealed no psychiatric or physical disorder among the caretakers.

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ARABIC SUMMARY

الملخص العربي

هذه الدراسة فحصت أطفال الملجأ من كلا الجنسين، في مرحلة عمرية من ٦ إلى ٤ اسنة، ٣٠ طفلاً من ملجأ بنمط الأسرة، و ٣٠ طفلاً من ملجأ بنمط كلاسيكي، ٣٠ طفلاً من زملاء الدراسة بالفصل كمجموعة ضابطة. كما تضمنت الدراسة على مشرفات الرعاية وأمهات هؤلاء الأطفال.

أجريت مقابلة نفسية لكل طفل وتم تشخيصه حسب خصائص الدليل التشخيصي والأحصاني للأضطرابات العقلية - الطبعة الثالثة المنقحة (١٩٨٧). أيضاً خضعوا لاستبيان عن وصف مشرفات الرعاية أو الامهات (المحلاوى - وسيف الدولة، ١٩٩٢)، وخضعوا لاختبار مفهوم الذات (الاشول، ١٩٨٤). وتمت مقابلة مدرس الطفل أو الطفلة لتقييم الحالة الاكاديمية مستخدماً استبيان للحالة الاكاديمية (عبد الباقي، وآخرين، ١٩٩١). وتم تجميع النتائج، وجدولتها، وعولمت احصائياً باستخدام اختبار (χ^2).

ووجدنا ان كل أطفال الملجأ الذين انضموا في هذه الدراسة كانوا مجهولي النسب.

٧، ٣٦٪ من مجهولي النسب في الملجأ ذات نمط الأسرة، و ٥٠٪ من مجهولي النسب في الملجأ ذات النمط الكلاسيكي يعانون من اضطرابات نفسية. هذه الاضطرابات النفسية هي اضطراب السلوك (٥، ١١٪)، اضطراب القلق الزائد (٢، ١٩٪) السلس البولي (١، ٤٦٪)، اضطراب التعبير اللغوي التطوري (٢، ١٩٪) واضطراب في التكيف مع مزاج اكتئابي (٨، ٣٪).

لا يوجد فرق ذو دلالة ما بين الملجأ ذات نمط الأسرة والنمط الكلاسيكي بالنسبة لانتشار الاضطرابات النفسية. بالنسبة للحالة الاكاديمية للاطفال لا يوجد فرق ذو دلالة ما بين مجهولي النسب في الملجأ ذات نمط الأسرة والنمط الكلاسيكي. ولكن هناك فرق ذو دلالة في الحالة الاكاديمية، ما بين مجهولي النسب في الملجأ ذات نمط الأسرة والعينة الضابطة، حيث مجهولي النسب كانوا أكثر إنتشاراً على الحالات الاكاديمية المتوسطة والاقبل من المتوسطة.

في مفهوم الذات الشامل، لا يوجد فرق ذو دلالة ما بين مجهولي النسب في الملجأ ذات نمط الأسرة وذات النمط الكلاسيكي. و أيضاً لا يوجد فرق ذو دلالة ما بين مجهولي النسب في كلا الملجأين والعينة الضابطة.

وبالنسبة لمتدرجات مفهوم الذات - هناك فرق ذو دلالة ما بين مجهولى النسب من الذكور والعينة الضابطة من الذكور، فى البعد الاكاديمى لمفهوم الذات، حيث مجهولى النسب من الذكور كانوا أكثر انتشاراً على التسجيلات المتوسطة للبعد الاكاديمى لمفهوم الذات. وفى البعد الاجتماعى لمفهوم الذات، حيث مجهولى النسب من الذكور كانوا أكثر انتشاراً على التسجيلات الصغرى والمتوسطة للبعد الاجتماعى لمفهوم الذات. بالنسبة لوصف مشرفات الرعاية بمعرفة اطفالهن. هناك فرق ذو دلالة ما بين مجهولى النسب الذكور فى الملجأ ذات نمط الاسرة ومجهولى النسب الذكور فى الملجأ ذات النمط الكلاسيكى، حيث الاولاد فى الملجأ ذات النمط الكلاسيكى كانوا أكثر وصفاً لمشرفات رعايتهم كسلبيات وغير مكثرثات، وأيضاً هناك فرق ذو دلالة ما بين مجهولى النسب الذكور والعينة الضابطة من الذكور فى وصف مشرفات رعايتهم، حيث مجهولى النسب الذكور كانوا أكثر وصفاً لمشرفات رعايتهم كسلبيات وغير مكثرثات.

هناك فرق ذو دلالة ما بين مجهولى النسب الاناث والعينة الضابطة من الاناث، حيث مجهولى النسب الاناث كن أكثر وصفاً لمشرفات رعايتهن كعدوانيات.

لم تستدل الدراسة على اضطرابات نفسية أو جسمانية فيما بين مشرفات الرعاية.

شكر

أشكر السادة الأساتذة الذين قاموا بالاشراف وهم:-

١- الاستاذ الدكتور/ عادل صادق عامر

أستاذ الطب النفسى -

كلية الطب - جامعة عين شمس.

٢- الدكتور/ علوية محمد عبد الباقي

أستاذ مساعد دراسات الطفولة

معهد الدراسات العليا للطفولة - جامعة عين شمس.

ثم الاشخاص الذين تعاونوا معى فى البحث وهم:-

١- الدكتور/ نجلاء ناجى المحلاوى

أستاذ مساعد الطب النفسى

كلية الطب - جامعة عين شمس.

وكذلك الهيئات:

١- مدير ومشرفات وأطفال قرية الاطفال أس.أو.أس بمدينة نصر.

٢- مدير ومشرفوا وأطفال قرية الامل بمدينة نصر.

لجنة المناقشة والحكم

والقى الأستاذ الدكتور/ نائب رئيس الجامعة لشئون الدراسات العليا والبحوث بتاريخ ٢٠/٢/١٩٩٥.
على تشكيل لجنة لمناقشة الطالب/ نشأت نجيب بنيامين.
من السادة الأماتذة:

١- الأستاذ الدكتور/ عادل صادق عامر -
أستاذ الطب النفسى -

كلية الطب - جامعة عين شمس..... رئيساً

٢- الامتاذ الدكتور/ زينب بشرى عبد الحميد
أستاذ الطب النفسى -

كلية الطب - جامعة عين شمس..... عضواً

٣- الأستاذ الدكتور/ ضيائى محمد حسين

أستاذ طب الأطفال..... عضواً

بيان بحالة الباحث

- الاسم: نشأت نجيب بنيامين
قسم: الدراسات الطبية
موضوع الرسالة: التقييم النفسى لاطفال الملجأ والقائمين على رعايتهم.
للحصول على درجة: الماجستير
الوظيفة: طبيب بشرى.
مكان العمل: وزارة الصحة.
الشهادات الحاصل عليها الطالب:
١- بكالوريوس الطب والجراحة.

تاريخ التسجيل: ١٩ / ١١ / ١٩٨٥
تاريخ المناقشة: ٨ / ١ / ١٩٨٦
التقدير: محار

رسالة ماجستير

اسم الطالب: نشأت نجيب بنيامين. غالي
عنوان الرسالة: التقييم النفسي لأطفال الملجأ والقائمين على رعايتهم.
إسم الدرجة: ماجستير

لجنة الإشراف

- ١- الاسم: الاستاذ الدكتور / عادل صادق عامر
الوظيفة: أستاذ الطب النفسي - كلية الطب - جامعة عين شمس.
- ٢- الاسم: الدكتور / علوية محمد عبد الباقي
الوظيفة: أستاذ مساعد دراسات الطفولة - معهد الدراسات العليا للطفولة - جامعة عين شمس.

تاريخ البحث: ١٩ / ١١ / ١٩٩٠

الدراسات العليا

ختم الاجازة:

اجيزت الرسالة بتاريخ ١٩٩٥ / ٢ / ١٩

موافقة مجلس الجامعة

١٩ / /

المدير
موافقة مجلس الكلية

١٩٩٦ / ٧ / ١

جامعة عين شمس

معهد الدراسات العليا للطفولة

صفحة العنوان

إسم الطالب: نشأت نجيب بنيامين حاي

الدرجة العلمية: ماجستير

القسم التابع له: قسم الدراسات الطبية

أسم المعهد: معهد الدراسات العليا للطفولة

الجامعة: جامعة عين شمس

سنة التخرج: يونيو ١٩٨١

سنة المنح: ١٩٩٦

التقييم النفسى لأطفال الملجأ والقائمين على رعايتهم

رسالة مقمة من

الطبيب/ نشأت نجيب بنيامين

ترطنة للحصول على درجة الماجستير فى
"دراسات الطفولة"

تحت إشراف

الأستاذ الدكتور/ عادل صادق عامر

أستاذ الطب النفسى

كلية الطب - جامعة عين شمس

الدكتور/ علوية محمد عبد الهادى

أستاذ مساعد دراسات الطفولة

معهد الدراسات العليا للطفولة

جامعة عين شمس