

The Disconnected; Attachment Theory: The Ultimate Experiment

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On a bright, cold day in February, at a clinic in the mountains outside Denver, a mother sits with her arms folded across her chest and a polite, bewildered smile on her face. She is talking about her adopted son, the boy whose troubles have brought her here to the Attachment Center at Evergreen, where she hopes he can be taught to love her. It's just that the boy is so "strange," she says, his emotions so "artificial." When she and her husband brought him home from Romania in June 1991, the boy was 4 and his sister, whom they also adopted, was 8. Their mother was dead, the Romanian adoption broker had said, and their father was an alcoholic and nearly blind. When he wasn't forcing them to beg in the streets or looking for ways to fob them off on childless foreigners, he neglected them.

"We knew all that," the mother says, "so don't think for a minute that we headed down this path naively." She was well into her 30's when she traveled to Bucharest, and though she had been unable to conceive children, she and her husband had been foster parents for "difficult" children from the States. They weren't wealthy people -- he drove a truck for a living and she kept house -- but they came from a small town in Ohio where they felt they could rely on their friends and neighbors and where they were deeply involved in their church.

And yet everything was so much harder than they had imagined. While the girl seemed to settle in and find some comfort in the ordinary routines of domestic life, the boy could neither accept his new family nor control his overwhelming anxiety. He was clumsy and awkward and subject to night terrors and at the same time oddly reckless. He would deliberately ride his bike in front of cars, darting into traffic at high speed. He lied -- instinctively, it seemed, and extravagantly. He couldn't stand it when his mother touched him, but he sought creature comfort in more oblique ways -- sneaking into the refrigerator in the middle of the night to "steal" food, for instance. He was rarely invited twice to a schoolmate's house, and the boys he called his best friends never seemed to think they were friends at all.

Yet his mother knows that in some ways they are lucky. Her son is unusual in that he was never in a Romanian orphanage, one of those warehouses where, so she has heard, babies lay in their cribs for 18 or 20 hours a day, curled against feeding bottles, their heads flattened and their faces peaked. So many of the children here at Evergreen did come out of such places, and she has heard some of their stories. There was, for instance, the woman whose 5-year-old daughter, adopted from a Moscow orphanage, arrived at her new home in the States so angry at herself and everyone else that she crawled around on the floor for three months until her knees were bloody, refusing to stand up when anyone was looking. One night, the girl threatened to kill her new mother and father and her three new siblings while they slept. This boy, on the other hand, is not violent and can even show genuine

tenderness. He loves to hold babies; he loves the marzipan softness of their skin and their buttery smell; his tactile remoteness seems to dissolve in their presence.

At times, his mother sounds solicitous, motherly. She wouldn't allow me to use her family's name or too many identifying details because she worries that her son will read this some day and she wants to save him from embarrassment. She is pale and mild-looking, with rimless glasses and eyes the color of milky blue marbles. Over her pink dress, she wears a parka, which she seems too shy or preoccupied to remove, though the room is overheated. But there is something obdurate about her too. Now that her son's problem has been diagnosed -- attachment disorder -- much of what he does seems to strike her as pathological, "oppositional." And when I ask her if she loves her son, she says, "That's hard to say."

For every theory of human behavior, there is a diabolically perfect experiment that can never be performed -- not, anyway, by ethical scientists in a democratic society. To test human tolerance of extreme cold, you cannot immerse a naked human subject in freezing water. To test the effects of maternal and sensory deprivation on infants, you cannot take a population of newborns and confine them to cribs in a gloomy, ill-heated orphanage with a small, rotating staff of caretakers who might spend an average of 10 minutes a day talking to them or holding them. But let's say that such an experiment has already occurred -- in nature, as it were, far from the laboratory. And let's say that assessing its impact on the children who endured it would not only help them but might also shed light on an issue that has long intrigued developmental psychologists and tormented so many working mothers.

This is precisely the experiment being carried out today with many children adopted from eastern Europe -- chiefly Romania -- and the former Soviet Union since the collapse of Communism in 1989. There are more than 18,000 of these adoptees in the United States now, and the most traumatized among them -- roughly 20 to 30 percent, according to researchers -- are becoming one of the most scrutinized and therapeutically manipulated populations in the annals of psychology. This is in part because they, or rather their adoptive parents, have proven to be such cooperative subjects. "To some degree it's a class issue," says Victor Groza, an adoption specialist at Case Western Reserve University who has conducted several studies on the emotional and behavioral development of Romanian adoptees. "Most of the eastern European kids here were adopted by upper- or middle-class families, and those families tend to respond to studies at a very high rate."

But beyond that, many of the adoptees constitute a unique sample group: babies who were surrendered to the kind of institutional care that few other countries practice on a large scale anymore and then adopted, usually as toddlers and usually by people prepared to lavish on them the kind of affection and sensory stimulation they had almost entirely lacked. By comparison, even the most wounded children adopted out of the foster system in the United States have had at least some history of family life and one-on-one attention. And most babies adopted from China, the other rapidly growing source of foreign-born adoptive children, are both younger -- less than a year old on average -- and receive better institutional care.

The orphans from Romania and the former Soviet Union are "by far the biggest group of deprived babies" available for study so far, Michael Rutter, a child psychiatrist at the London Institute of Psychiatry, told Science magazine. Or, as Groza put it in a recent paper, "The children adopted from Romanian institutions represent an opportunity to examine the effects of deprivation on child development" comparable to "experimental research conducted on primates." Which is to say, those studies familiar to all psychology undergrads demonstrating that infant monkeys, separated for six months from their mothers, became anxious and then remote and as adults showed persistent signs of psychological distress.

Above all, the eastern European orphans have become Exhibit A in the emotional debate over the body of thought known as attachment theory. It might seem self-evident that human babies, notoriously helpless creatures that they are, need mother love or something much like it in order to thrive and develop emotionally and cognitively. "Continuity of affectionate care by one or a small number of caregivers who can give of themselves emotionally, as well as in other ways, originates the development of the child's love relationships," wrote Linda Mayes and Sally Provence, both professors of child development at Yale University. "Having repeated experiences of being comforted when distressed," for instance, "is a part of developing one's own capacity for self-comfort and self-regulation, and later, the capacity to provide the same for others."

But the fact is that in certain hands, a bland and clinical phrase like "continuity of affectionate care" can be loaded. If that continuous affectionate care is to be provided primarily by a mother, as so many attachment theorists seem to think, can she be a working mother? Does day care count as a discontinuity? How small is "a small number" of caretakers?

The original attachment studies found a startling consistency in the psychological and even physical reactions of very young children separated from their parents. But those studies -- done by people like the British psychiatrist John Bowlby and the French psychoanalyst Rene Spitz in the late 40's and 50's -- were of modest scale, conducted in a foundling home here or a hospital there. It was the aftermath of World War II, and a child's longing for parents during a brief separation -- a frightened child hospitalized, say, for a routine operation -- must have seemed a rather small thing in the grand scale of sorrows. Moreover, Bowlby and Spitz were publishing their findings at a time when there were fewer working mothers with whom they might resonate.

Now, though, many more of us want to know what happens to children for whom the bonds of attachment have snapped, because many more of us fear that those bonds are being pulled and stretched. Mother-child separations are part of the warp and woof of life these days, and so are our worries about them. The research on eastern European adoptees matters not only to them and their parents but also to many of the rest of us as well.

Some of the more fervent attachment therapists do not hesitate to draw these connections. "Child care -- especially when it's not the best -- going back to work at 6 weeks, these are all risk factors" for insecure attachment of the kind, if not the degree, that the orphans display, says Paula Pickle,

the soft-spoken, rather somber director of the Attachment Center at Evergreen. "You know, I think we forget that the hand that rocks the cradle really does rule the world." But even if you regard such statements as ideologically suspect, even if you recognize that a vast gulf separates the experience of a baby in an orphanage from that of a toddler in day care, there may still be observations that apply to both. As studies on post-institutionalized children help to isolate precisely which aspects of orphanage life hamper a child's development, it becomes possible to consider how these factors, in more moderate form, might affect young children who spend many hours in poor-quality day care or who have a frequently shifting cast of parental surrogates in their early years. And it also becomes possible to think anew about what it is that good parents and caretakers do to nourish children emotionally.

Feminists have long criticized attachment theory as a sentimental scheme for shooshing mothers back home. But to write it off at that would be to misconstrue it. Above all, the theory argues that emotional engagement is the necessary precursor to healthy development, engendering trust in the world and the ability to make sense of it.

"Without someone specifically oriented to his needs," wrote the psychoanalyst D.W. Winnicott, whose work helped inform attachment theory, "the infant cannot find a working relation to external reality. Without someone to give satisfactory instinctual gratifications, the infant cannot find his body, nor can he develop an integrated personality. Without one person to love and to hate, he cannot come to know that it is the same person that he loves and hates, and so cannot find his sense of guilt, and his desire to repair and restore." Without what the prominent psychologist Mary Ainsworth called a "secure base" -- a reliably loving person to whom a toddler can return periodically for emotional refueling -- he will not feel free to explore. Relaxing into his dependency is, paradoxically, the first step to independence. And though attachment theorists generally assume that the person with whom a baby is figuring all this out will be her mother, nothing in the theory excludes a loving father from filling the same role.

It is certainly true that John Bowlby took a dim view of day care, and indeed of almost anything else that kept mothers apart from their babies and toddlers. Bowlby's own early research had been with children who had undergone traumatic separations from their parents -- delinquents in foundling homes and child-guidance clinics, young evacuees from the London blitz and otherwise happy children confined to the hospital in an era when visiting hours, even for mothers and fathers, were normally restricted to once a week. In all of these cases, Bowlby detected an initial stage of protest, followed by a kind of passive grief or dejection that could sometimes appear to be cooperative behavior to busy nurses or social workers, followed by a deeper and lasting emotional detachment -- the child might be cheerful with others, but defensively reject his mother when she appeared again.

"This whole business of women going to work," he told the psychologist Robert Karen in 1989, a year before he died, "it's so bitterly controversial, but I do not think it's a good idea. I mean women go out to work and make some fiddly little bit of gadgetry, which has no particular social value, and

children are looked after in indifferent nurseries. . . Looking after your own children is hard work. But you get some rewards in that. Looking after other people's children is very hard work, and you don't get many rewards for it." For Bowlby, attachment was monotropic; that is, it occurred with a single other person. But later attachment theorists have argued that young children live comfortably within a hierarchy of attachments. Maybe an 18-month-old's mother is the apple of his eye, but an affectionate father is a close runner-up, followed by other relatives, a nanny or a particularly attentive day-care worker. The important thing is that these be empathetic people, consistent presences "attuned," as the attachment theorists like to say, to babies in general and to one baby in particular.

If further refinements of the theory have made some feminist objections irrelevant, they have hardly shut down the criticisms. The psychologist Diane Eyer (the author of "Mother-Infant Bonding: A Scientific Fiction") has made a career of denouncing attachment theory and its more simplistic variants as a new and ingenious version of an old game: pinning the blame on Mom when a child grows up insecure or worse. Placing too much emphasis on the early relationship between mother and child, she argues, allows society to abdicate responsibility for its role in shaping children. "Children are profoundly affected by an array of people who interact with them," Eyer writes, "by the foods they eat, by the music they hear, by the television they watch, by the hope they see in the adult world and by the institutions -- especially schools -- they attend."

From another angle, critics like Jerome Kagan, a Harvard University child psychologist, have argued that while attachment theory is intuitively appealing -- it sounds right to parents who find it agreeable to their own style of child-rearing -- it is extremely difficult to measure the emotional content of relationships. Inborn temperament, Kagan contends, is at least as important as early experience in determining whether an infant will morph into a happy and secure adult or a miserable one. Some children are simply more susceptible to separation and loss than others.

It doesn't exactly help that on its pop-psych fringes, attachment theory has spawned more than its share of wild-eyed one-noters. In the 70's and 80's, as Eyer points out, there were the "experts" who insisted that immediate skin-to-skin contact between mothers and their newborns acted almost as a vaccine, inoculating children against future psychological woes and antisocial tendencies. These days, there are the crude Cassandras who speak darkly of legions of "unattached kids" who cannot love and who grow up to be charmers, con artists and, yes, psychopathic killers. One example is the overheated 1987 best seller "High Risk: Children Without Conscience," which blithely equates the trauma of day care with the trauma of child abuse. Even more disturbing is the idea that some version of attachment disorder could be warped into a legal defense in child abuse cases: the lawyers for a woman named Renee Polreis, who was convicted in Colorado last year of beating to death her Russian adopted son, argued that the 2-year-old was so traumatized by his orphanage experience that he had inflicted the beating on himself.

With overwrought examples like these out there it might be tempting to dismiss attachment theory altogether. After encountering a few of them myself, I had the vague impression of a faddish and

slightly histrionic diagnosis and a handful of questionable therapies to go with it. Yet after talking to some of the parents of eastern European orphans I felt otherwise. What they told me about the ways their children seemed to struggle every day with the legacies of early deprivation -- "it's like the grooves were cut in the orphanage and that's the music he's playing now," said the mother of a 9-year-old -- made the tenets of attachment theory real in a way they had not quite been for me before.

Consider, for example, a woman named Thais Tepper. Tepper is an adoptive mother who turned herself into an advocate -- "the Ralph Nader of attachment," a friend calls her -- and like a lot of advocates she can be blunt and ornery and single-minded. Some of the adoptive parents she claims to represent consider her an alarmist. But there is no doubt that she knows the research in this field intimately, and she has talked to hundreds of parents who, like her, adopted children from institutions in eastern Europe. "You know, you read in the newspaper all the time about mothers who locked their kids in the basement in a crib, and somebody found them and lo and behold the kids turned out to be eggplants," says Tepper, who brought her son Drue home from a Romanian orphanage in 1991 when he was 18 months old. "Well, think of that on an industrial scale."

Tepper is 45, a former Pennsylvania State health inspector with a degree in environmental science. She is an energetic, choleric sort who boiled over when she discovered that her son suffered from all sorts of health problems that she felt the adoption agency should have warned her about. (One difficulty with some of these children is sorting out what might be a result of medical conditions like fetal alcohol syndrome, lead exposure or malnutrition from emotional and psychological damage.)

"His head was flat as a pancake and his neck flopped over," she says. "At 18 months, he couldn't walk, he couldn't talk, he couldn't hold a baby bottle and he couldn't make eye contact." A year after they brought him home to the suburbs of Pittsburgh, when he still didn't talk and darted away from her every chance he got, she began to read Bowlby and others on the behavioral and biochemical fallout of early neglect -- the rocking and other self-comforting behaviors that reminded researchers of autistic children, the tangle of cognitive delays, the distrust of new caretakers, often accompanied by an inappropriate charm and effusiveness with strangers.

In 1993, Tepper founded a support organization called the Parent Network for the Post-Institutionalized Child, which now has about 1,500 members. "These kids don't just have psychological problems," Tepper says. "They have cognitive problems. If you don't have a mother to sit there and read to you, or coo at you, or, if you're in Pango Pango, to plop him down next to a hole in the ground and show you how to eat termites off a stick, then you're going to be way, way behind cognitively."

Across the country, in a prosperous Los Angeles suburb called Rolling Hills Estates, a woman named Nancy Beck has helped to start a smaller support group for adoptive parents of eastern European and Russian children. She is an altogether different sort of person than Tepper -- a 50-

year-old full-time mother with three grown children and a soft, almost girlish voice -- but what she says doesn't sound so different at all. Five years ago, when Beck brought Alexander, 4, and Natasha, 5, home from Moscow, her biological children were 11, 18 and 21. "I feel embarrassed and a little trite telling people why I adopted," she says. "I live in an upper-middle-class area, and at that point in my life, I was supposed to go play tennis. But I didn't have a career that was all-consuming. I didn't have a niche in the world. I looked around and said, What do I do best? Well, I have three wonderful children."

From the beginning, though, it seemed to Beck that nothing she had learned or felt as a mother applied to the rearing of these two children. The first night in the hotel room in Moscow, Natasha rocked back and forth so violently that the bed shook. On the plane home, she talked to herself in a low, soft voice that got louder and louder and more and more frantic, until other passengers started saying, "Can't you stop her?" "Maternal deprivation," Beck says, "just matters so much -- not getting fed when you need to be fed, not hearing language come back at you when you begin to babble. In that case, I think there is hard-wiring that is meant to happen and doesn't, and there are these little places in the brain that are dead. Maybe if the orphanages had one caretaker for every two or three babies. But hers had one caretaker for every 10."

Natasha is well enough now to talk sometimes about her memories of the orphanage, but getting to this point has taken years of therapy, special schools, the sale of the family home to pay for it all and, Beck says, her own willingness to put nearly everything else in her life aside. "And what she remembers is being in a crib -- she calls it her cage -- with another child. A nurse would walk into the room and put a bottle in each cage. Then she'd turn around, walk out and close the door. 'Some people didn't know how to feed themselves, Mommy,' Natasha will say, 'but I did.'"

The mere existence of a place like the Attachment Center at Evergreen -- where the clientele of formerly abused and neglected children includes a growing proportion of eastern European orphans -- is a kind of index of the lengths to which parents will go in seeking therapy for these children. The efficacy of the center's unorthodox stock in trade, a method known as holding therapy, has never been demonstrated by any large-scale study. And holding therapy has plenty of fierce detractors. It requires a child to lie prone across the therapist's lap, with the therapist's arms wrapped around him tightly enough so that he will feel "secure" while he shouts out his anger at the people who neglected or abused him. Some critics contend that holding therapy is a form of restraint that risks traumatizing children all over again.

To charges like this, Neil Feinberg, a social worker who treats patients at Evergreen and practices holding therapy regularly, replies simply that "it is my experience that these kids are already re-experiencing their trauma all the time, but without any effective resolution."

The day I spent at Evergreen I saw a videotape, made five years ago, of a holding treatment in which Feinberg cradled a 10-year-old Korean boy. "How could you do that to me?" the boy screams -- at Feinberg's prompting -- at his pretty blond adoptive sister, who wanly acts the part of the teen-

age mother who abandoned the boy to the Korean foster system. At the end of the session, the boy's real adoptive mother enters the room, and Feinberg urges the boy, his face now gleaming with tears, to climb into her lap, which the boy does, and then says, genuinely enough: "I have been treating you like [expletive]... I want to love you." "I think you've got to learn how," his mother says softly. "I know how," the boy replies. "The guy told me."

Later, I ask Feinberg, an intense man with an indelible Brooklyn accent, what had happened to the boy. Unable to live with his adoptive family, he is in a residential placement center in another state. "It's a measure of our success," Feinberg says, "when a kid doesn't end up in jail for having committed violent crimes."

The handy label "attachment disorder" favored by the diagnosticians at Evergreen strikes many other doctors and therapists who work with post-institutionalized children as inadequate. "I don't think we have the proper diagnostic codes to describe these kids," says Laurie Miller, a pediatrician at the New England Medical Center's International Adoption Clinic. "I saw one kid who had been in a Russian orphanage till he was 2 and then was adopted by a single mom in the U.S. They moved several times, and he'd see new doctors in each new city, and each one would have a new diagnosis: attention-deficit disorder, schizophrenia, autism, Tourette's syndrome, obsessive-compulsive disorder. None of them was accurate, but each had a grain of truth. I'd diagnose it as complex neuropsychological behavior disorder of the post-institutionalized child. Only insurance doesn't cover that one."

The truth is that the damage caused by early neglect -- or even by physically adequate but emotionally indifferent care -- can be deeply intractable, not least because it may have neurological as well as psychological dimensions. Harry Chugani, a neurologist at the Children's Hospital of Michigan, has been comparing PET scans of the brains of eight apparently healthy Romanian children adopted by Americans with a control group of children reared in normal family settings. Although the results are very preliminary (and unpublished), all eight orphanage children show evidence of abnormal metabolism in a specific area of the brain's temporal lobe thought to be involved in social functioning. "I think we can hypothesize," Chugani says, "that what we saw in these scans is related to neglect, to a lack of maternal-infant interaction at a critical phase."

In the absence of more physiological studies like Chugani's, the handful of doctors and researchers who have worked with post-institutionalized children are left to reach conclusions as much by hunch as with hard data. "It's clear to me that not only lack of nutrition, but also of stimulation and of emotional contact, can inhibit the development of brain systems," says Ronald Federici, a developmental neuropsychologist in Alexandria, Va., who has evaluated about 1,000 adoptees from eastern Europe and the former Soviet Union. "Can those effects be undone? Many times, yes. Many times, no. It depends in large part on the age of the child." Federici believes in "moving slow and easy" in treating these children, "almost as if you were rehabilitating a brain injury." They have to be taught the ability to recognize emotions by visual and auditory cues, he argues, before they can learn to feel them. "Love is an abstract concept," he says.

And they may have cognitive impairments -- visual problems, sensory-integration deficits, trouble processing language at the pace at which it is usually spoken -- that make the learning process especially difficult. So Federici teaches emotions with the aid of charts, pictures and role-playing: Who's smiling? Who's frowning? What's sad? What's happy? "The emotions of the children may always be," he says, "a little off" -- a little rote -- "but their behavior will change. They may not be so defensive or afraid."

There are, to be sure, important caveats to this pessimistic picture. In a study of 229 American families who adopted Romanian children, Victor Groza found that 78 percent of the parents rated the "overall impact of the adoption on the family" as "very positive," and 97 percent said they "never thought" about relinquishing the child. Moreover, using the parents' own assessments of their children, Groza divided the adoptees into three distinct groups, each with a fairly different prognosis. About 20 percent of the adoptees in his study were what he called "challenged children" - those who had been "severely affected by their institutionalization" and continued to have alarming emotional problems and marked developmental lags up to four years after their adoption. Another 60 percent were what he called "wounded wonders" -- those who clearly fell behind their peers in social and developmental growth but who had managed to make big leaps forward in their adoptive homes. And a third group, the "resilient rascals," haven't displayed any obvious ill effects of their institutionalization at all. Perhaps, Groza speculates, they had been "pets" in the orphanage, charming the staff into giving them more attention.

Moreover, in what many researchers in the field say is the most thorough study yet of Romanian children adopted in North America, a group headed by Elinor Ames at Simon Fraser University in British Columbia concluded that all 46 of the orphanage children in the sample had been able to form some sort of attachment to their adoptive parents. Nonetheless, 60 percent of the parents reported that three years after the adoption they still worried about their children's "overly friendly" attitude toward adult strangers, and a third of the children displayed what the study called "atypical insecure attachment patterns."

All of these studies have found that the earlier a child was adopted -- which is to say, the less time he or she spent in an orphanage -- the likelier he or she was to develop normally. In the Ames study, a control group of Romanian infants adopted from homes and institutions before they were 4 months old did better on virtually every measure than the children adopted at 8 months or older, though the two groups had a similar history of prenatal care, environmental stresses and so on.

"Orphanage experience tends to dampen all areas of intelligence," concluded the Ames study, which found that 78 percent of the Romanian orphanage children it evaluated (on the basis of standardized tests and parental assessment) were delayed in "fine motor, gross motor, personal-social and language" skills when they were adopted. Groza's study specified two sensitive windows -- the second half-year of life and the period between 25 and 36 months -- when institutionalization was especially likely to cause delays in both emotional and cognitive development.

But no legitimate researcher will say that there is an age beyond which a child cannot be helped. And though there is a general feeling among doctors and researchers that certain ages are more sensitive than others, and a rough consensus on what those ages are, that's not to say that there is unanimity on these points. "If kids are adopted from an orphanage before 6 months of age, the data are pretty good that they do comparably to birth children," says Dana Johnson, co-director of the International Adoption Clinic at the University of Minnesota, who has examined about 300 eastern European adoptees. "At 6 to 12 months, you have some kids who start to fall behind in certain areas, particularly in language development, and by 1 year nearly all are behind. Still, if you adopt a child from an orphanage before he's 2, most of the evidence would suggest that his recovery could be pretty good. After 2, it just depends on the individual child and the situation they are in." Jerri Jenista, a pediatrician who works with foreign adoptees at St. Joseph Mercy Hospital in Ann Arbor, Mich., and who is the mother of five adopted children herself, paints a similar picture, but in broader strokes: "I'm most worried about kids who are over 5, least worried about those under 6 months. But there is no single turning point. So much depends on the personality of the child."

There are always children who astound their parents with their capacity to rebound. When Julie and Joseph Ferenc decided to adopt from Russia, they knew they did not want to take on any children with more than the usual allotment of childhood difficulties. Julie, who is now 36 and a high-school history teacher in Lacey Township, N.J., and Joseph, 40, who runs a bridge-and-storage-tank-inspection company, had not been able to conceive, and they dearly wanted "healthy, normal" children to love. Before they adopted 2-year old Anastasia and 3-year-old Alex in 1994, they had already adopted a 2-year-old boy, Joey, who had been in foster care in Guatemala. "With Joey, we had no problems," Julie says. "We wanted to adopt from abroad, not domestically, because we were really afraid of having someone come back and challenge the adoption, like in the 'baby Jessica' case. We just didn't want to risk that."

As it turned out, Alex was not normal and healthy. He had always looked "a little strange" to Julie, and when the Ferencs took him to a doctor in New Jersey, he was found to suffer from microcephaly, a condition in which the skull fails to grow normally and the brain is correspondingly smaller. (The Ferencs are suing their adoption agency.) "We love Alex," Julie says, "but this has caused our family some major, major difficulties." The surprise has been that through it all, Anastasia has been "a comfort and a joy, a gorgeous child." She might be one of the "wounded wonders." And who would have thought so? When the Ferencs first brought her home, Anastasia cried "so hard and so often that she got black-and-blue marks under her eyes," Julie says. "It was a depression -- just the depth of it -- that you wouldn't think was possible in a child that age." Now she is in a special developmental kindergarten, but she is not depressed. "I feel she's past that," Julie says. "I feel we came out the other side with her."

"A lot of these kids are really doing a lot better than expected," Groza says. "A lot of them have made great strides. But I think if you adopt such a child you at least have to be prepared for someone with special needs that may last a lifetime. You have to be able to say, 'Well, I'd really like to have a brain surgeon, but if I get a kid who grows up to be a McDonald's worker who needs to be

living in some sort of supportive-living setup, I'll love him just as much." And when you ask how the eastern European adoptees are faring as a group, the relevant question is always, Compared with whom? As the Ames study concluded, when the comparison is with "children left behind in the orphanages, the answer is very clear. All of them are doing much better than they would have if they had never been adopted -- in health, intelligence, having parents to whom they can attach."

Although it is easy to imagine the orphanages of eastern Europe as uniformly forbidding places, the kind that fill middle-class Americans with a particular dread, not all are chillingly primitive. Some of them, Linda Crumpecker says, are "quite clean, well equipped, even cheerful"; these less-extreme environments also have a place in the attachment-theory debate.

Crumpecker and I are sitting cross-legged on the den floor in the pleasant, brick, split-level house in Falls Church, Va., where she and her family live. On the TV is a video that shows Crumpecker and her husband, Bill, playing with their adopted son, Nicholas, in Moscow Orphanage No. 13, which is where Nicholas spent the first four years of his life. In the video, he is wandering among a pyramid of stuffed animals, a tricycle or two, a red plastic car big enough to accommodate a toddler. There is a little wooden table painted with a profusion of vines and flowers; a beautiful, intricately woven rug covering most of the linoleum floor; even an upright piano.

His mother and I watch Nicholas in silence for a while. It is easy to see why she wanted to take him home. He is a beautiful boy, with deep-set eyes as dark and shiny as coffee beans and bangs that might have been cut with pinking shears. He has an angry-looking scab on one ear, and he is small for a 4-year-old -- 28 pounds. But when he isn't giggling or giving a clenched-toothed imitation of a grin, his gaze conveys a kind of gravitas -- wary and somber and intelligent. So appealing is he to watch that it is some time before I notice that Crumpecker and her husband are, for much of the time, the only adults in view.

The video, which was shot by a Russian TV crew, does show a middle-aged attendant setting bowls of grayish soup on the little wooden table. Later, you see her lifting each child into bed. Briskly and efficiently, she pulls the covers over them, occasionally offering a pat on the wrist or the head. But for the most part, Nicholas seems to exist in a world of other children his age. In the play area where five or six of them are cordoned off, they eventually form themselves into a frozen tableau -- a statue garden in which they each stand alone and intermittently tearful, unable to comfort one another. "There were plenty of toys," Crumpecker says. "There just wasn't enough one-to-one contact with adults."

Which is a telling observation if you are trying to think about the relative weight of sensory as compared with emotional deprivation in the lives of orphanage children. What baby Nicholas seems to have lacked were people particularly attuned to baby Nicholas. This did not produce in him a florid attachment disorder -- he is not violent, and he has never shown the earmarks of indiscriminate affection, his mother says -- but did, she thinks, make him skittish and distrustful, hypersensitive to physical touch (for the first two years, he couldn't stand the heightened sensation

of being barefoot) and learning disabled. And yet unlike children left in the orphanage by alcoholic or mentally ill parents, Nicholas does not seem to have been dealt a particularly bad hand, genetically speaking; the Crumpeckers were able to find out that his birth mother was a university lecturer in philosophy, a single mother who felt that she couldn't rear him on her own.

Nicholas at 9 loves to watch nature shows on TV, asks his parents all kinds of questions about the weather and the natural world ("What's the wind, Mom?"), plays soccer and street hockey with friends in the neighborhood every afternoon until dusk and, most of the time, gets along just fine with his 10-year-old sister, Lauren. But he is also in second grade when he should be in third, on medication for hyperactivity and in special-education classes for reading and writing. When I meet him he won't make eye contact or say hello but flails his arms in my direction and then runs away. When his mother asks him to do something, she has to repeat it several times -- not because he wants to defy her, she says, but because it takes him a while to understand what she is asking. He'll stand rooted beside her, eyes on the ground, wiry arms tensed at his sides. "Nick," she'll say gently. "Nick, look at me."

"To get him to this point has been hard, hard won," says Crumpecker, who works part time as a program coordinator for the National Speech/Language Therapy Center. "There are times when I felt that what I was doing was getting his soul back. And there are times when I've felt like Anne Sullivan, having to teach Nicholas everything about his world. This was a kid who at 5 didn't seem to have any cause-and-effect thinking, who didn't know that plants were alive but furniture wasn't." Upstairs, as we wait out a fierce, late-spring thunderstorm, Crumpecker shows me a little crucifix the orphanage sent home with Nicholas. "You know," she says, "it really wasn't such a bad place. It just wasn't a good place for children."

Let us say, then, that we agree on this: that for a very young child, the lack of an emotional connection with a consistent caretaker can be deeply damaging. Let us even say that we can agree with the proposition John Bowlby put forward in 1951, namely that "the prolonged deprivation of the young child of maternal care may have grave and far-reaching effects" on a child's "character and so on the whole of his future life." (Note that he said "may" and that he described the deprivation as "prolonged.") We are still left with the question of what, if anything, this tells us about the emotional lives of children who undergo separations from their parents but not the stark sensory deprivations of an orphanage. We are still left wondering whether there is anything at all to what one writer has called the "implicit Bowlbian argument" that "since absent mothers lead to disturbed children, ever-present mothers will produce happy children."

For two decades now, attachment researchers have most often chosen to address this question through their classic experiment, the miniature melodrama known as the Strange Situation. As trained observers look on behind two-way mirrors, a mother (or in some versions a father) and her 12-month-old baby are led into a room where there is always an inviting heap of toys to distract him. Twice during the 20-minute-long experiment, the mother leaves the baby in the room -- once with a researcher whom the baby has never seen before, once all alone. Twice she comes back. The

idea -- and for many people it is a stretch to accept -- is that what can be observed in these closely choreographed separations and reunions is a capsule history of the relationship between parent and infant.

Over the years, the Strange Situation has been criticized for being too artificial or too dependent on the mood of the child that day, or for assessing the temperament of the child but not the quality of the child's relationships. But it remains, as Phillip Shaver, a University of California at Davis psychologist and attachment researcher, puts it, "the gold standard in attachment research." Jay Belsky, a professor at Pennsylvania State University and a leading attachment researcher, says: "It may be artificial, but so is a treadmill test for the heart. That's a physical stress test -- this is an emotional stress test. They're both artificial, but they're both diagnostic too."

What matters most, according to the logic of the Strange Situation, is not what happens in the separations but what happens in the reunions. If the baby is upset, as most are, when his mother leaves him in this strange place, but if he also seeks comfort from her when she returns, then he is considered securely attached. If he isn't particularly upset, but still pads over to her or looks up at her and smiles when she comes back into the room, then he is considered secure too. Insecure children, on the other hand, fall into two main categories. The "avoidant" types scarcely seem to notice their mother when she's in the room, show few overt signs of distress when she leaves it and mostly ignore her when she returns. And the "ambivalent" types often wail inconsolably when she leaves -- but are not pacified by her return; they may reach for her to pick them up but once in her arms will typically stiffen and arch away and sometimes sob all the harder, as if despairing of ever getting the comfort they seek.

It was the insight of Mary Ainsworth, the University of Virginia developmental psychologist who in the late 60's devised the Strange Situation, that these different ways of coping with separation could be traced to particular patterns of maternal care. "Sensitive" mothers -- those who had been observed in the first three months of their babies' lives responding quickly when they cried, handling them deftly and affectionately and reading their signals of pleasure and distress accurately -- were most likely to have babies who were deemed securely attached at 1 year. The mothers of children labeled "insecure-avoidant" at 1 year were more gruff and dismissive; they seemed to enjoy physical contact with their babies less, and were sometimes mocking or sarcastic with them. "Insecure-ambivalent" children had mothers who sometimes responded to their distress, but usually didn't, and who seemed especially anxious and overwhelmed.

It was a child-rearing theory with a particular bias -- one not at all attractive to the many parents then and now who believe that responding promptly to a crying baby will spoil her. But it wasn't, strictly speaking, a cultural bias; Ainsworth conducted her original research, in which she first identified the different styles of mothering, with a population of Ugandan villagers and later replicated it with a sample of middle-class families in Baltimore.

Though attachment theorists haven't always liked to say so, this link between sensitive care and security of attachment actually undermined pure Bowlby-ism, with its blanket injunctions against mother-child separations. For if it is true that, as Ainsworth once put it, "it's very hard to become a sensitively responsive mother if you're away from your child 10 hours a day," it is also true that responsiveness is not an attribute only of mothers and certainly not of all mothers. It is not hard, for instance, to picture a stay-at-home mother who is physically present but emotionally distant. And it is not hard to imagine a father, a grandparent or a baby sitter who would be more attuned to a particular child -- more maternal, if you like -- than the child's own mother. If sensitivity is the key, then maternal omnipresence cannot be construed as a good in itself.

Moreover, the most recent and reliable studies that have looked at the attachment security of children in child care have found that while there are some negative effects, they are quite small -- statistical flutters. The ambitious National Institute of Child Health and Human Development Study of Early Child Care released in October concluded, for example, that "there were no significant differences in attachment security related to child-care participation." Even when children were in day care for especially long hours, or at especially early ages, even if they were in "unstable, or poor-quality care," they were no more likely to be insecurely attached to their mothers. The study did find, however, that children were somewhat more likely to be insecurely attached if they had mothers whose own care was deemed to be insensitive and if they were also in poor-quality or unstable child-care arrangements. In other words, no feature of child care by itself predicted insecurity, but in combination with certain parental shortcomings it might.

However small such effects might be, it may not do to ignore them. For one thing, there is evidence that the categories of attachment -- secure and insecure -- tend to persist and to shape the personalities of older children and young adults. In an extensive longitudinal analysis known as the Minnesota Studies, two researchers, Alan Sroufe and Byron Egeland, followed up on a group of 267 babies who had been labeled securely or insecurely attached in Strange Situation experiments (and other diagnostic tests) conducted in the mid-70's. On nearly all psychological measures -- from ego resiliency to independence to empathy to the capacity for fun -- the children who as babies had been securely attached scored highest. Teachers who knew nothing of these labels and were asked simply to evaluate the children tended to like the secure ones best. They described the avoidant ones as obnoxious and arrogant and the ambivalent ones as clingy and ineffectual. These findings do not establish a causal link, only a correlation, between security of attachment and later personality traits, and it may still be, for example, that the insecure children were simply born more aloof or fretful. But the results are suggestive, especially since they have been replicated in other studies and at later ages. And if they are accurate, then anything that increases the number of anxiously attached children ought to concern us.

It sometimes seems that the kind of caretaking that attachment theory advocates and yes, sentimentalizes -- the tender, tedious ministrations of what the psychoanalyst D.W. Winnicott called "the ordinary devoted mother" -- have little place and even less prestige in the current debate about how we ought to rear children. It sometimes seems that we are in the midst of a mini-backlash

against the notion that children require a sacrifice of convenience and ambition, that getting to know and understand a new infant can be like a slow courtship that ambles along to its own rhythm. In the popular, tough-love advice of the Christian family counselors Ann Marie and Gary Ezzo, for instance, you will find new arguments for keeping babies on rigid feeding schedules, letting them cry it out so that they don't develop a "predisposition for immediate gratification" and training them to sleep through the night as early as 5 weeks so that they don't disrupt their parents' schedules any longer than necessary. And from some working parents and some feminists, you hear the steely insistence that child care is just fine for every child, thank you very much, and don't go singing the praises of maternal love like some besotted Irish tenor.

Maybe there is no way to acknowledge publicly what an ordinary devoted mother -- or father or baby sitter -- does every day without sounding hopelessly soppy. Maybe it will always hover below the radar of any policy debate, in the dailiness where most of us do for our children what goes without saying. Then again, if you have devoted yourself to a child for whom such things were never done -- a child who as a baby was not held and jostled just so, or fed just when he wanted to be, or calmed when all the strangeness of the world seemed too much -- maybe you can be forgiven for thinking that the ordinary things matter a great deal.

Those thoughts occurred to me as I was sitting in Linda Crumpecker's kitchen one day while she poured tea and gave Nicholas his medication so he could go out and join the neighborhood street hockey game. A few minutes earlier, he had dashed in to tell her, haltingly but happily, that he had just found a leftover Easter egg in the backyard. And a few minutes before that, Crumpecker had been saying that she would "go to the ends of the earth" for him. "In some ways I feel I have, and I feel he knows that, and that has brought us closer." But now what we are talking about, in effect, is what somebody didn't do for Nicholas. "If nothing else," she says, "these past five years have made me think about parenthood anew. They've given me an appreciation of all the ordinary, everyday things that mothers do for ordinary infants. I just can't say enough how much those matter."

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