Seven Institutionalized Children and Their Adaptation in Late Adulthood: The Children of Duplessis (Les Enfants de Duplessis)

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War, societal and familial upheaval, disease, and natural disasters have resulted in orphaned children throughout time. One societal response to providing care for orphans has been institutionalization or the orphanage. We studied a sample of adults, known as *les enfants de Duplessis* or Duplessis's children, who were raised in Quebec institutions from birth onward and followed up in late adulthood. Systematic study indicated a high prevalence of adverse outcomes and found high levels of gross psychological trauma and adversity which, moderated by the childhood strengths of the individuals, had adverse effects on adult outcome (Sigal, Perry, Rossignol, & Ouimet, 2003; Perry, Sigal, Boucher, Paré, & Ouimet, 2005a; Perry, Sigal, Boucher, Paré, Ouimet, Norman, & Henry, 2005b). This report describes the experiences of seven individuals in the institutions and their subsequent life history and current functioning. The individual cases reflect a wide range of childhood strengths and experiences of trauma and other adversity in relationship to adult caretakers. While the group overall appears to have had seriously diminished functioning in late adulthood, several individuals had positive outcomes. We hope that by highlighting the potentially adverse effects of institutional rearing on subsequent development into late adulthood, these stories may inform those concerned with the care of orphans.

Dickens was a popular and powerfully influential writer concerned with the fate of orphans and disadvantaged children. When his family fell into debt, he left school at age ten to work with other children in a shoe polish factory. When the father returned from debtors prison a year or so later, his circumstances allowed him to go back to school and eventually to enter the field of journalism. This abrupt period of penury and deprivation left him with an exquisite sense of personal injustice from a child's point of view. Through the lens of his own experiences, he serialized the tribulations and distress of orphans and unfortunate children as they navigated the interruptions in their lives due to abandonment, ne-

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glect, exploitation, and a myriad of inequities. Yet a combination of the innate strengths of his young characters and the occasional intervention of good and righteous people permitted him to conclude his stories with happy endings, to some extent like his own life. Dickens has left a lasting imprint on our fears and wishes for orphans, yet the very long–term experiences of real orphans is little known. How influential are the child's innate strengths, traumas and other adverse experiences, and the adults who intervene during childhood as precursors to the chapters of late adulthood? We explore this question by describing the lives of seven orphans whose early experiences are reflected in their unique adaptations later in life.

These stories were gathered in the course of a systematic study of a group of adults who had been raised in orphanages from birth. Preceded by a pilot study (Sigal, Rossingol & Perry, 1998), the larger study from which these histories are taken examined in a systematic way the childhood strengths and experiences (Perry et al., 2005a), adult health and economic outcomes (Sigal et al., 2003), and the relationship between early experiences and late adult functioning (Perry et al., 2005b). The individuals were selected from our study of Duplessis' children (*Les Enfants de Duplessis*) to give individual faces and meaning that complement the statistical reports on the larger study group. The present report portrays the interplay of the above three domains of childhood experiences—childhood strengths, attachments, and adverse or traumatic experiences—through their unique stories, which, since they were gathered in a systematic way, allows ready comparison among individuals and to the general population for some adult outcomes.

It is not surprising that institutional living would have negative consequences, especially for those placed at birth or before age six, viewed in the context of attachment theory. Beginning with Bowlby's (1969) exposition and Ainsworth's empirical studies (Ainsworth, Blehar, Waters, & Wall, 1978), this theory holds that attachment is a basic human need beginning in infancy. When attachment is not fostered or is disrupted, lasting negative consequences include anxiety (Bowlby, 1973), depression (Bowlby, 1980; Parker, 1994), difficulties in interpersonal relationships (Bowlby, 1969; Feeney & Noller, 1990; Hazan & Shaver, 1987; Sperling & Berman, 1994), and a broad range of physical illnesses (Kotler, Buzwell & Romeo, 1994).

Factors such as temperament, the quality of institutional care, the post–institution environment, and other experiences in late adolescence and adulthood play a role in the individual's eventual psychosocial adaptation (Castle et al., 1999; Hodges and Tizard, 1989; Parker, Barrett & Hickie, 1992; Rutter, Quinton and Hill, 1990; Wolff & Fesseha, 1998; 1999). Deficits in institutionalized care may result in attachment disorders (O'Connor, Rutter, & the English and Romanian Adoptee Study Team, 2000), and deficits in cognitive functioning (Castle et al., 1999), at least into early adulthood. Administrative structure of orphanages may affect outcome. Wolff & Feeseha (1999) found that an authoritarian structure can result in poor psychological functioning, whereas administration that includes participation of the orphans and the community in which they live in some decisions may enhance it.

Finally, other factors may mitigate the impact of adverse events on child development. Academic or athletic competence, the presence of an interested caring adult during adolescence, and the presence of a stable mate in early adulthood all can contribute to positive adaptation in adulthood (Rutter and Quinton, 1984; Rutter et al., 1990). Maturity of defenses may also play a role in handling adversity (Snarey and Vaillant, 1985; Vaillant, 1993).

The adults in this study offer a unique and poignant group in which to examine the impact of the above factors. We thus chose to explore early institutional life, including potential psychological traumas and adverse events, alongside the children's attachments and individual strengths as antecedents of adaptation in late adulthood. This report takes place in the context of a systematic empirical study of individuals who were given up, generally at birth, and placed in institutions in Quebec run by the

Roman Catholic Church during the era of Premier Maurice Duplessis. These individuals, numbering in the many thousands, have become known as *Les Enfants de Duplessis*. While other details are provided elsewhere (Sigal et al., 2003), a brief description of the institutions is required. Each child was first placed in a crèche (a home for foundlings), usually for the first six years. In this institution, each child was kept in a room with up to 12 other children cared for usually by one nun. At six, each child was generally transferred to a single sex orphanage in which he or she would live in a dormitory setting with a larger number of children, often over 50, run by two nuns. Schooling was available for some but usually limited to a few years. The children were looked after by nuns and untrained lay monitors, and care was largely custodial, and resources scarce. At a point in Quebec history in the early 1950s, for complicated, political, religious, fiscal, and other reasons (Malouin, 1996), a sizable number of the children were sent to asylums for the mentally retarded and/or ill. The procedure for making this decision has been severely criticized as unsound, and the result for this group of orphans was a childhood characterized by confinement, some dubiously applied psychiatric treatment, a lack of schooling, and an absence of integration in the community or in normal families. As children entered their late teens, many boys were sent out to farms to live and work, and many girls worked as domestics in village homes, often while still residing at the institutions. These external work or living situations were often characterized by the orphans as exploitive. Some orphans finally left the institutions in their late teens, while others, in particular young women, sometimes stayed until their late 20s. Their stories include three types of institutions: creches, orphanages, and asylum–orphanages.

METHODS

Sample

The larger sample from which these cases were drawn consists of 81 adults (41 women, 40 men) who were placed in orphanages before the age of 4 years although most had been given up at birth. The sampling methodology and study group are described in depth elsewhere (Sigal et al., 2003), but it is important to note that attempts to obtain a systematic probability sample were blocked by the respective religious, social, and government agencies, on advice of their counsels, necessitating the use of a self–help organization for case finding.

Data Collection

Subjects were contacted and interviewed using structured and semi–structured interviews about their childhood and adulthood experiences, including several standardized measures.

We developed the *Traumatic and Protective Antecedents Interview (TPAI)* (Perry et al., 2005a) which we adapted from the Traumatic Antecedents Interview (Herman, Perry, & van der Kolk, 1989; Perry, Herman, & van der Kolk, 1992) to improve the coverage of protective factors. This revised instrument, adapted for orphanage experiences, was administered gathering data by age period (0–6, 7–12, 13–18, 19–24, 25–current age) on three domains of variables. The trauma domain included the number of caretakers or peers perpetrating physical, sexual, or verbal abuse over the period of time, as well as the presence of witnessing violence, betrayal of trust, physical neglect, emotional neglect, and number of serious illnesses. The domain of attachment or relationship variables included the numbers of special adult caretakers, adult confidantes, and positive peer relationships, plus the number of important separations and losses (excluding initial placement). The domain of strengths included a list of 12 which would be discernable in childhood as well as adulthood. These included sociability, personal attractiveness, self–assertiveness and self–protectiveness, persistence and focus, interest in sports, interest in arts, specific talents, interests in work or productivity, intelligence, scholastic interests, empathy and interest in helping others, and other specific strengths. For quantitative com-

parisons, the variables in the three domains were summed across the first four age periods (0–24), reflecting the fact that many orphans were still experiencing some institutional life into their 20s. Thus, our use of the term *childhood* includes this extended early life period, and some may prefer the latter term. The TPAI interview was recorded and subsequently reviewed and rated by one or two raters. Ratings were made on each variable for each period of childhood.

A Relationship Anecdote Paradigm (RAP) interview was adapted from Luborsky (Luborsky & Crits–Christoph, 1991), as a semi–structured interview with specific questions to elicit up to six recent life vignettes across three areas of life, including work or its equivalent, intimate relationships, or dealing with any professionals or agencies who are help–giving. The interviews took anywhere from 15 to 45 minutes, were audiotape recorded and transcribed for subsequent rating.

The *Social and Occupational Functioning Scale* (SOFAS) is a 100–point scale, modeled on the Global Assessment of Functioning (GAF) scale, but it assesses only social and occupational functioning without including psychiatric symptoms (APA, 1994, p. 761; Goldman, Skodol, & Lave, 1992). We assessed current functioning, which included data from late adulthood, especially the past two years, based on an interview about current functioning, combined with the RAP vignettes and information on social contacts.

Ilfeld Psychiatric Symptom Index (PSI). The PSI reflects global psychiatric distress and had been used in earlier population surveys in Quebec (Ilfeld, 1976; 1978). Scores were expressed as raw scores and then converted to percentiles within the study group. Percentile scores were also available for comparison based on normative data from the Quebec 1987 systematic population survey of adults within the same age and economic stratum (Guyon & Levasseur, 1991).

Social Support Questionnaire (Santé Québec; SSQ). This questionnaire assesses the frequency of social contacts as well as the number of persons who are available for help or who give affection to the subject. Total scores were converted to percentiles for the male and female subgroups each, and also expressed as quintile scores (1 = lowest 5 = highest scores), based on the normative data from the 1992 Quebec systematic population survey separately for males and females within the same age and economic stratum.

Defense Mechanism Rating Scales (DMRS). The RAP interviews were scored for defense mechanisms applying the quantitative method of the *Defense Mechanism Rating Scales, fifth edition* (Perry, 2001) to transcripts. The DMRS is an observer–rated method (Perry, & Ianni, 1998) similar to the qualitative Proposed Defense Axis (Perry et al., 1998) in Appendix B of DSM–IV. Each of 30 defenses is identified whenever it occurs in the interview. Three levels of scoring are used that yield continuous ratio scale scores: the individual defense scores, seven defense-level scores based on the hierarchy of defenses, and Overall Defensive Functioning (ODF), which reflects the average of each defense level score, weighted by its order in the hierarchy of defenses (Perry, 2001; Perry & Henry, 2004). ODF yields a number from 1 to 7 (lowest to highest) which we use in this report. Four doctoral candidate psychologists, all native French speakers, did the ratings as described elsewhere (Perry et al., 2005b).

SEVEN HISTORIES

We chose the following histories in order to highlight the interplay between childhood strengths, attachments, and the adverse and traumatic experiences of the orphans and how they were reflected in their lives through late middle age or beyond. The histories collected in the interviews reflect the memories of a range of early experiences and late outcomes, so the reader can better appreciate the linkages between them. For each participant, Table 1 displays the scores and respective percentiles within the sample. In the case of the psychiatric symptom scale (PSS), the percentile for the Quebec survey sample is also included. For social supports, the SSQ quintile

TABLE 1. Childhood Variables and Adult Outcomes in Six Adult Orphans. Scores and Percentiles (%), or Quintiles, Shown

	Childhood			Adult				
				PSS		Social	SOFAS	ODF
	Trauma	Attachments	Strengths	Sample (Quebec)		Supports		
Case	Raw (%)	Raw (%)	Raw (%)	Raw (%)	(%)	Raw Quintile	Raw (%)	Raw (%)
1 Justine # 439	21 (47)	0 (4)	1 (24)	32 (88)	(93)	682 (2)	48 (27)	5.06 (39)
2 Leonard #342	22 (51)	0 (4)	1 (24)	26 (63)	(79)	111 (1)	36 (7)	4.76 (22)
3 Camille #422	27 (68)	10.5 (68)	15 (99)	14 (4)	(9)	965 (5)	71 (78)	5.58 (86)
4 Bob #328	35 (87)	14 (80)	11 (95)	25 (58)	(76)	591 (1)	56 (53)	5.34 (62)
5 Oliver #339	23 (54)	8 (53)	8 (86)	24 (54)	(73)	692 (2)	85 (98)	4.98 (33)
6 Annie #446	13 (19)	23 (100)	7 (82)	17 (16)	(34)	1005 (5)	73 (86)	4.76 (21)
7 Mary #455	45 (99)	6.5 (44)	4 (53)	16 (9)	(26)	1005 (5)	86 (99)	5.47 (78)

Note. Percentile scores within the study sample are presented as percentages (%); for the PSS, percentiles (%) are also presented for scores with reference to the Quebec population survey; for the Social Support Score, subjects scores are also presented as quintile scores: 1 = lowest (0–20 percentile), 5 = highest (81–100 percentile). Quebec population survey reference sample is the 1993 Quebec population Survey at the same socioeconomic level.

(1 = lowest, 5 = highest) for the Quebec survey sample at the same economic stratum as our sample is also included as a reference.

Justine (1)

Justine [Subject #439] was a 55-year-old woman at the time of the interview who had moderately high trauma scores (45th percentile), an absence of childhood attachments (1st percentile), and low childhood strengths (16th percentile), compared to the rest of the sample. In later adulthood, she had high psychiatric symptom scores (85th percentile for sample, 93rd–percentile in the Quebec survey), low social supports (2nd quintile), and a SOFAS score indicating major impairment (48; 27th percentile). Her overall defensive functioning score was somewhat low (39th percentile), indicating a predominance of neurotic (mental inhibition) and personality disorder level defenses.

Justine was placed in an orphanage at birth but had no memory of this period until she left at three years old. Upon arriving at the second institution, she remembered being sent to the babies' room where she was given a bath and clothes. In this dormitory, nuns and caretakers were nice, but Justine did not recall any special tie or contact with them. She had no friends in this institution and, strikingly, never developed friendships afterward either. Although isolated, Justine apparently had proper physical care and stimulation, a situation that drastically changed when she was moved to another room around age six or seven.

In the new dormitory room, she recalled having nothing to do, mainly rocking in a chair all day long. She cried over wanting to go to school but was told that she couldn't as she was "stupid" and "mentally retarded." In this dormitory, which held around 50 young girls of mixed ages, she both witnessed and experienced frequent physical abuse, ranging from slaps in the face, to being beaten with a stick, or tied and locked in a cell for days, sometimes weeks. Justine believed that two situations precipitated most of the abuse: 1) her enuresis problem that persisted until age 16 and 2) her curiosity about the facts of life. To conceal her enuresis problem, she would make diapers out of cloths. She liked the sensation of the warm urine on her skin: "It was warm, it was good." When caught—sometimes after having been reported by other orphans—she was given severe corporal punishment, at times publicly in the cafeteria. In those incidents that were frequent and intense, she was mainly hit on her buttocks, sometimes to the point where she would not feel the pain anymore. It was impossible to rebel. Once, when she complained to the doctor, he told her that she probably deserved it. Justine transformed the battering incidents into positive experiences, although the narration of these memories was sometimes accompanied by intense feelings of guilt and sadness: "I was not revolted, I liked it (crying), it's so stupid, being hit so much, I had no choice but to like it."

There was no evidence that Justine ever provoked any of these incidents; however, at one point she began to equate these episodes with receiving some form of attention: "You would be hit every day, you would tighten your buttock, skin would thicken, change color, it was beautiful, it was like affection."

In her early teens, Justine became preoccupied with sexual issues but remained in total ignorance about normal sexual development. When her breasts first appeared, she thought they were pimples; many times, she also asked the institution's personnel where babies came from. She was told not to ask these questions and was once tied in a straight jacket for insisting on having an answer. Once at 12, when tied up and locked in the laundry room, a janitor found her, told her he would show her where babies came from, and had sexual intercourse with her. She fantasized an affectionate component to this sexual abuse and transformed it into a mystical component: "God sent me a message to tell me where babies came from; he [the janitor] did it often to me; it was good, it was affection." These sexual contacts with the janitor continued until he was fired from the institution for raping other orphans. Justine was then 22 years old, still had no friends, and had no one to rely on.

Leaving the institution at 23, Justine was sent to a foster home to work as a maid. Transported there by the police, she arrived with no clothes or luggage. She stayed there for a period of five years. Justine reported feeling abandoned, for instance, having to remain in her room whenever a visitor was present. After five years, the housewife found out that Justine was having an affair with the husband, and she managed to send Justine to jail briefly, despite the absence of a crime. Subsequently, Justine worked as a live–in maid in another house for a brief spell, but ran away when the man tried to rape her, pursuing her with a knife.

At the time of the interview, Justine lived on social welfare and complained that her monthly income had been cut after she revealed that she babysat for children in the neighborhood. She was living in a small apartment where she recently moved after an epic conflict with other tenants from the low rent housing project. Although the precipitants were unclear, she reported being harassed by the superintendent of the building who watched her all the time, made false allegations that she abused children, and claimed that she was a lesbian. The superintendent sent others to spy on her and throw her out of the building. She says she went to the police station to complain that she was fed up, but nobody followed up on the issue. Justine considered that she had a tough life. Now, with babysitting children at home, she felt as though she had a husband. When talking about the abuse in her life, she mentioned that—even though some people may deny it (referring to government and religious agencies)—God is there and knows what is good. She then added that if someone wanted to kill her, she would like to be killed by her son (!) and go to heaven with him to live in a four-room apartment there.

Leonard (#2)

Leonard [Subject 342] was a 64-year–old man at the time of interview with moderately high childhood trauma (41st percentile), no childhood attachments (4th percentile), and few childhood strengths (24th percentile). As an adult, he had a high psychiatric symptom score (63rd percentile in the Quebec survey), he reported few social supports (1st quintile), and he had one of the most impaired SOFAS scores in the sample (36, 7th percentile). The overall defensive functioning score was in the personality disorder range (22nd percentile).

Leonard was placed in an institution at birth and left the institutions at 17. He reported having only negative memories of his childhood institutions, a creche and subsequent orphanage. His first memories were from the age of 7 onward. From 7 to 13, he experienced a great deal of physical abuse. He reported being hit by staff without explanation or warning; at other times some adults ordered other children to hit him as well. He recalled that sometimes he was put outside in the cold without adequate clothing. Once, when he complained of a toothache, he was forced to wash his face with a towel soaked with the urine of others. Other times he was hit while being forced to take a cold bath. Whenever he wet his bed, which he did once or twice a week, he was forced to smell his own urine-soaked sheets, or he was hit with a strap a hundred times. He was sexually abused more than a few times. While there were many other attempts by the monitors to sexually abuse him, he eventually managed to fend them off. He also witnessed others being physically and sexually abused.

In the institutions he was a social isolate. From the age of 7 to 17, he never had anyone in whom he could confide. He was frequently called names, and he especially recalled that the nuns and other orphans called him a "bastard." When he was sent to work on the farms, between 14 and 17, he felt deprived and humiliated by the families. He reported being forced to perform physically arduous tasks. He felt that his needs were never recognized, he had no rights, and that he was treated like a slave. He felt emotionally abandoned and rejected throughout his life. During childhood, he was never close to anyone and therefore never experienced a feeling of loss. Later, at twenty, he fell in love with a young woman, but she left

him upon learning that he was an orphan. As a result, he felt very rejected.

Despite his lifelong resentment and distress over his childhood abuse and rejection, he has been resourceful as an adult in trying to remain self–supporting. He drove a taxi for some twenty years. For one period, he became a drug pusher in an attempt to gain respect, at least in the eyes of some. This ended in a conviction and short prison sentence. His efforts to get close to others and to gain respect in their eyes were not successful. He stated that the beginning and the end of his life were similar because he always felt rejected, marginalized, hurt, and not understood. On the one hand, he continued to suffer from being isolated despite his wish to get close to others. As he said, all his efforts to establish significant and sincere relationships with potential friends always led to repeated disappointments and frustration. On the other hand, he explained that he was tired of fighting to get what he expected from others and that others always took advantage of him (mainly because of his naivete). As a consequence, his current social functioning was described as poor and unsatisfactory.

Camille (3)

Camille [Subject 422] was a 62-year-old divorced woman at the time of the interview. She was rated very high on childhood trauma (68th percentile), moderately high on childhood attachments (68th percentile) and very high on strengths (99th percentile). As an adult, she reported very few PSS psychiatric symptoms (4th percentile in the sample, or 9th percentile in the reference Quebec survey) and many social supports, putting her in the highest (5th) quintile. Her SOFAS score of 71 (78th percentile) put her in the range with only slight impairment or distress, while her overall defensive functioning was within the healthy–neurotic range (86th percentile for this sample).

Camille lived in a creche from birth until age 5, followed by an orphanage until 24 years of age. Her first memory dates from the creche where she remembered receiving cold baths as punishment for an enuresis problem from age 3 onward. She recalled being pushed into the water forcefully, resulting in bruising sometimes, with the water being so cold she could hardly breathe. In the creche no one gave her any special attention, and there was no one in whom she could confide. Nuns called her "number 3" and not until she changed institutions was she called by her real name. She recalled taking pleasure in having her "little gang" of friends and participating in activities such as singing. Camille left the institution when she was hospitalized for severe furunculosis at 6½ years of age. She underwent surgery on her hands, ears, and over her whole body. She reported being treated well in the hospital and was pleased that a nun occasionally visited.

She was transferred to the orphanage following the hospitalization. She recalled being fearful on the way, unable to think, as she had no idea where she was going. Camille was relatively spared from abuse for the first years in Orphanage F. She reported keeping quiet to avoid beatings. Around 8, her enuresis problem reappeared and while still going to school, she was hit on her fingers with a ruler for not understanding how many times she had to copy the phrase, "I will not urinate in my bed anymore." The wound got infected, and she was hospitalized for another three weeks. The following year was relatively calm in terms of punishment but worsened as she began to defend other orphans. She was kicked, hit with sticks, and locked in cells in a straight jacket. She reported that the physical abuse was so frequent and intense that at one point she would not feel the pain and was unable to cry. Physical abuse continued until she reached 18 when she decided to stop rebelling to avoid punishment with the hope of eventually leaving the institution. Although physical abuse stopped, verbal abuse continued until she left. Whenever she was called "stupid," "bitch," and "dirty," she found these comments very hurtful, and they made her cry.

At 18 a particularly traumatic event occurred to Camille. She and one of her friends asked a priest why he always skipped the topic of marriage when talking about religious sacraments. The priest answered they did not

need to know about it because they were orphans. Camille replied that she would get out of the institution some day. A nun and a female monitor heard them and took both orphans into a room and tied them naked with a straight jacket. They then abused them physically and sexually for hours. Although Camille did not give details about the abuse, she probably had objects inserted into her vagina, because when she married, her husband noticed that she was not a virgin. Also, after physical examinations, two doctors asked if she had been sexually abused. Since she always denied the abuse to others, she did not know why the doctors asked the question. Once she tried to confide about the abuse to a priest, but she was pulled out of the confessional by a nun who said she had been there for too long. She said with resignation that the priest was powerless to help anyway.

The shame of being an orphan and being sexually abused has followed her up until today. She married an alcoholic man who "was nice when sober." Not until the day of her divorce did she tell her husband she was an orphan. Her only son learned about it when an inspector called the home investigating the *Orphelins de Duplessis*. Until the time of our interview, she had never confided to anyone about the sexual abuse. She was then 62 and profoundly grateful to the interviewer for giving her the opportunity to tell her story.

Although her life as an orphan was very difficult, Camille still had some pleasures and many friends. One friend she worked with, who did have parents, gave accounts from "life outside" and taught Camille how to speak properly. This friend was fired however when she told her parents about the abuse in the orphanage. Camille also enjoyed singing which she still does today, even directing her own chorale for about 15 years. She says as a child she knew she was intelligent, that she had a good memory, and that the nuns' behaviors were wrong.

Bob (#4)

Bob [Subject #328] was a 58-year-old divorced man at the time of the interview. He had a very high childhood trauma score (87th percentile), high childhood attachments (80th percentile), and high childhood strengths (95th percentile). As an adult, he had moderately high psychiatric symptoms (58th percentile in sample, 76th percentile in the Quebec survey), low social supports (1st quintile), a SOFAS score of 56 (53rd percentile), indicating significant impairment and distress in functioning, and an overall defensive functioning score in the neurotic or inhibited range (62nd percentile).

Bob spent his childhood and early adult years in three different orphanages: a creche until age 6, an orphanage from 6 to 15, then an orphanage–asylum from 15 to 22. Bob had few memories from the first institution. Despite not recalling anyone taking a special interest in him, he nevertheless felt that he was treated properly, although he remained preoccupied by the fact that the nuns were not his mother.

Throughout his years in the institutions, Bob recalled few examples of positive relationships with the religious staff or employees. In the first orphanage following the creche, he said one priest was a good man, but he could not be trusted because he did not tell Bob the truth about his mother. Later in the orphange–asylum, a nun apparently made some efforts to meet his wishes to find activities, but he still reported not liking her. With the exception of periods of rebellion in his early teenage years, he described himself as a loner, remaining quiet to avoid getting into trouble, and finding comfort in prayer. He confided in no one and had few friends outside of sports and musical activities. He gave a number of examples of orphans he could not trust due to their pedophilic tendencies.

Bob reported many incidents of corporal punishment. When he was about 10, he said one nun would take 7 or 8 boys and hit their fingers with a wooden ruler, sometimes leaving an open gash. Once when she took a belt to hit him, Bob jumped on her. He was punished for this behavior by being left in a room without any activities for a week, but he later complained of the nun's abusiveness to the director who eventually fired her. Another

incident at around the same time involved a monitor who called him a "bastard." Bob jumped on him too, telling him, "I'm not a bastard, I'm an orphan." The monitor hit him in the face and threw him against the wall, warning him that this is how things would be from then on. After being locked in a room, Bob prayed to the Virgin Mary and decided to remain quiet to avoid further trouble and punishment. Later, at around 17 years old, Bob complained to a lady walking by the institution about the bad treatment he and the other orphans unjustifiably received. After the lady complained to the authorities, Bob was punished by a monitor and several other men, who put him in a straight jacket, hit him, and left him locked in a cell for a week. This incident was terribly frightening. While in the cell, he prayed to God, begging him not to let him down.

Bob recalled that he and many other orphans were often the objects of sexual abuse. When he was around 7, a monitor who had a preference for him would beat him on some pretext, then touch his genitals, and apologize for being rude. Bob would freeze and do nothing. In his early teens, Bob finally told this monitor that he would behave properly but that he wanted no more touching. Apparently, his assertiveness succeeded in stopping the abuse. Another experience of sexual abuse, starting when Bob was around 7 or 8, lasted for about a year. A man would come and pick him up on weekends, promising to get him out of the institution if he permitted sexual fondling and mutual masturbation. This man threatened to strangle Bob if he complained to the nuns, which Bob eventually did anyway, thereby putting an end to the abuse.

One of Bob's worst experiences was the transfer from the orphanage to the orphanage–asylum, an actual psychiatric institution. He and the other orphans were told they were going out for a picnic, but they ended up in the asylum. There he was dressed "like a mentally ill person" and felt he looked miserable. He reported being diagnosed by exams he never recalled taking, and he was given tranquillizers, which he avoided taking. He became quite depressed for a month or so, describing the whole experience as having a black wall in front of him with no hope of a better life.

Bob had a number of strengths. He was a gifted singer and was called the "nightingale" by the nuns; he was good with crafts and was accomplished in sports, usually occupying key positions on any team. His assertiveness was a key factor in stopping abusive situations or obtaining a more stimulating environment. Prayer was also a source of comfort in distressing situations. Bob's life changed when he was around 17 years old and became involved in musical performances and organizing activities in the institution's cultural center. There he met two families involved in folk music who took an interest in him as an institutionalized orphan. He occasionally visited them on weekends and in his adult years lived with them for a period of time, even marrying one of their daughters. He described one family as the best thing that ever happened in his life.

Bob has remained suspicious throughout his life, especially of men he sees as pedophilic. In adulthood, he managed to work most of the time, although usually in unstable job situations. Once, when a promised promotion failed to occur, he was left without a job. His ensuing depression lasted four years and led to his divorce after 16 years of marriage. He felt that becoming physically active again finally helped him out of the depression.

At the time of the interview, Bob had been working in a shop for at least a year. Relationships with co–workers and boss were at times problematic and apparently centered around his need for autonomy. He did not like being told how to do things and felt easily disrespected whenever he could not work the way he thought best. He then would try to assert himself, sometimes yelling, pointing to grievances and signs of disrespect on others' parts. Bob has recently been involved in a five-year relationship. At one point, he left this woman when she developed a chronic illness he felt he couldn't cope with. He also said she always complained that he was not assertive enough. He then met another woman with whom he fell deeply in love but soon dropped

her when he realized he loved the first woman more. Bob is currently trying to accept the fact that she is sick and hopes that she, in turn, might understand that he could be assertive, as when he left her.

Oliver (#5)

Oliver [Case 339] was a 51-year-old man at the time of the interview. He had had moderately high childhood trauma (51st percentile), moderately high attachments (51st percentile), and high strengths (84th percentile). As an adult, he reported moderately high psychiatric symptoms (51st percentile for the sample, 73rd percentile for the Quebec survey), moderate social supports (3rd quintile), but was given a score of 85 on the SOFAS, indicating superior functioning (98th percentile), despite defensive functioning that was at the low end of the neurotic–inhibited range (33rd percentile).

Oliver spent his infancy and childhood until age 6 in a creche. He had virtually no recall of any specific caretaking or confiding adults nor of any experiences there except one: If he wet his bed, he was spanked. He recalled feeling this was unfair because he couldn't help it.

After age 6, he was transferred to an orphanage. There he recalled that one nun, Sr. St.–Ferdinand had been nice to him, even though she was generally severe with the other children. Although he had lots of contact with her, mostly consisting of her talking to him, she did not particularly take care of him, nor was he able to open up and confide in her. He reported looking for affection but found none. He had a small group of five other orphans whom he could name as friends. From age 7 onward, Oliver wanted to protect the other orphans, sometimes defending them despite getting hit in return. He also developed special interests, beginning with his working as an assistant in the kitchen. As a teen, he liked it enough to consider becoming a cook.

From age 7 until 14 he reported that the "educators" would hit, kick, and slap him for not doing what was asked, which he felt was abusive. This was predictable but severe. Sometimes the nuns used the strap on him, but he found it only equivocally abusive. Otherwise he thought some rules and discipline were good for him. From ages 7 through 18, he recalled seeing the educators treat other students very badly as well, most commonly kicking them. On one occasion, he opened a door and saw an educator sodomizing one of the children. Around age 10 or 11 he was sodomized two or three times by a monitor who also threatened him in order to keep him silent. He believed, however, that he was sexually abused *less* than the other boys. Between the ages of 7 and 14, he reported frequent verbal abuse by the educators and monitors as a group, recalling degrading epithets such as "stupid," "worthless," and "aimless." He put a stop to both the verbal and physical abuse when he grew tall in stature, around at 14. A number of the nuns were also verbally abusive, although that too stopped from 15 onward. Nonetheless, he continued to witness other orphans being abused both verbally and physically.

As a teenager Oliver also had no adult in whom to confide or from whom to obtain advice, but he still had the same group of five friends. He reported being hungry for affection and regretted that there were no girls around. As a result, he had sexual relations with some of the other orphans. At age 13, he decided he wanted to become a lawyer but, whenever he mentioned this to any adults, he was told that he couldn't because he did not go to school like other kids. He got very upset, feeling that this was unfair. Throughout his childhood, he never experienced any significant separations or losses, highlighting the absence of significant relationships, except for his group of friends. He did not recall any physical neglect or serious childhood illnesses. At 18 he spent a year in a rural area with a couple who took care of him after they had helped him leave a bad foster family group home. He was comfortable with them, recalling that this was the first time anyone showed him emotional concern. This highlighted for him the emotional neglect he had experienced up to that time.

From age 19 on, Oliver had a hard time adjusting to life outside the institutions. At 20 he reported getting cornered in a gay bar washroom where he was overpowered by a big guy who sodomized him. While some details were vague, it was clear that he experienced this as abusive. At 23 he was attacked in a Metro station by a man with a knife to whom he gave his wallet without resistance. Oliver didn't have any close confiding relationships until age 26 when he met Mr. P., an older man with whom he could share many things. Other social relationships were marked with disappointment. He had a younger friend (brother of an ex–partner) whom he stopped seeing after 20 years because he felt betrayed. He also had feelings of resentment toward a woman with whom he had had a ten–year relationship after they split up. Later, at 37, he married another woman. Prior to the marriage, he was almost living on the street "like a ghost," and he felt that his wife saved him. He still experiences her caretaking as very positive and reported that he can talk with her about many things. Oliver generally liked work. In his 30s he became the head of his work team and tried to protect the rights of co–workers. Later on, he began participating in a workshop helping deaf mute individuals and reported feeling touched by their efforts. His health remained good, except that at age 48 he contracted hepatitis B.

Annie (#6)

Annie [Subject 446] was a 69-year-old woman who had relatively few childhood traumas for this sample (19th percentile), high childhood attachments (100th percentile) and high childhood strengths (82nd percentile). As an adult, she reported low psychiatric symptom scores (16th percentile in the sample, 34th percentile in the Quebec survey). She had one of the highest social support scores (5th quintile), and her SOFAS score of 73 indicated only slight impairment in functioning. Her overall defensive functioning score, however, was in the personality disorder range (21st percentile).

Annie lived in different orphanages from birth to age 27: two creches until age 5, two orphanages until 12, and then an orphanage–asylum until age 27. She recalled very few memories before age 5 but had the impression she was treated well. In fact, in adulthood, Annie organized a reunion of women who had been in the same creche in order that they might share their experiences. Nothing came to light at that meeting to change her impression of a generally positive experience there.

Her report of events from the rest of her childhood was generally equally positive. Between the ages of 5 and 9, a family of five nuns took care of her, and she felt she could count on them for comfort and support. In fact, at age 7 she lived with them outside the orphanage for a year and went to a village school, and she recalled having several friends during that year. At the age of 9, Annie was transferred to another orphanage for three years. There she developed a close, confiding relationship with a nun, as well as similarly close, confiding relationships with a few of the other orphans who became close friends.

From the ages of 12 to 27, Annie was placed in an orphanage–asylum. There she didn't have any relationships as close as in her earlier years. Nevertheless, there was one nun to whom she could confide somewhat, giving vent to her fears and suffering. A physician there asked her to work in the pharmacy of the asylum, where she continued to work until she left. He helped her to develop a sense of autonomy. Later, between the ages of 19 and 27, she worked during the day as a maid for nearby villagers, but she resented that the nuns took any money she earned.

During her whole childhood, she reported no physical, verbal, or sexual abuse. However, she recalled two deaths that affected her. When she was about 10, a nun whom she liked died. She recalled that her grief was heightened because no one talked to her about it at the time or comforted her. Later at 12, a fellow orphan died, shortly after being beaten by a nun. The circumstances around the death were kept vague, and no one talked with or comforted the other orphans. Annie was occasionally punished for wetting her bed, a problem she had until age 12. In one orphanage, she was given cold baths. In the

next, she was sometimes told to wear her clothes inside out or she was locked in a room for an entire day. According to her, these punishments were not severe compared to those given to many of the other orphans. Around 12, despite her fear of retaliation, Annie started to condemn what she thought were unjustified punishments given to other orphans. Her assertiveness apparently resulted in some positive changes in her caretakers' behaviors.

After leaving the asylum, Annie worked as a maid in the homes of physicians and lawyers. During these years, she took a few high school-level courses in order to further her education, but she retained the belief that she would never make up for the academic deficiencies resulting from her years in the orphanages.

Annie apparently had many strengths. From childhood on, she had an interest in the arts (choir, theater, dance), dressmaking, and sports (roller and ice skating, tennis). She always took on the role of leader and caretaker of others. She continued to cultivate the friendships that began in her orphanage years and to maintain a large, stable social network. From childhood on, she was appropriately assertive.

As an adult, Annie has also traveled to Europe many times. Annie described herself as an affectionate and appealing person who always succeeded in being appreciated by others, despite her unattractive physical appearance, her fearfulness and her limited intellectual capacities. Moreover, she considered herself very fortunate as she was often surrounded by people whom she loved and who loved her in return. When she recounted the negative events in her life, there was little apparent lasting hurt or resentment in her attitude.

In her early 50s, Annie married a man who did not want her to talk about her experiences as an orphan. This produced a conflict between them which she has had to hold in. Her relationship with her husband has not been an easy one, and Annie has had a continual feeling that she does more for him than he does for her.

Mary (#7)

Mary [case 455] was a 60-year-old retired woman who reported severe trauma in mid to late childhood (99th percentile), after a number of positive childhood attachments (44th percentile). She also reported a moderate number of childhood strengths (53rd percentile). As an adult she reported few psychiatric symptoms (9th percentile in the sample, 26th percentile in the Quebec survey), and had a high number of social supports (5th quintile). Her SOFAS score of 86 indicated superior functioning (99th percentile), while her overall defensive functioning score was at the low end of the healthy–neurotic range (78th percentile).

Mary lived in orphanages from birth until 20 years old. She does not remember anyone taking particular interest in her at the creche where she stayed until age 6. There, she often felt humiliated, for instance, when she had to go without shoes, because she was considered too tough on them, or when she had to walk around with her underwear on her head for a reason she can't remember. Mary says she liked to play and laugh. She was curious and at times "disobedient," which often got her into trouble. She was slapped whenever she asked questions like, "why aren't parents coming to see us?," to which the retort was that she did not deserve it. She reports never spending Christmas with other kids. Probably because she was disobedient, she was sometimes locked in the bathtub or in the laundry room. While isolated, she remembers looking through the frosted windows at dolls, and she would dream, invent stories, and amuse herself. She reported receiving no affection and stated that no one was there to console her. At times, she and one of her friends would console each other but only when nuns were absent. She was eager to learn and, even before going to school, tried to imitate girls who were writing.

Mary was transferred to an hospital–orphanage at age 6. In the early years, she was in a dormitory with a nun and a monitor whom she found very nice. Mary says she developed a special relationship with both but

especially with the nun whom she described as a real mother to whom she could confide. This nun taught her how to sew and work. She thought Mary had quite a character. Although she could be severe, her punishments were never abusive. The nun would sometimes bring Mary into her room at night and talk to her, encouraging her, telling her she would go far and should continue to study. Mary says these were her nicest memories. At 8, Mary developed meningitis and was hospitalized for a period of six months, which she did not find particularly distressing. Around age 10, a teacher whom she liked transferred her to the school for "tall ones" because her current level was too easy for her.

At 10, Mary's favorite nun was sent away from the orphanage "because she was too nice," Mary believed. The nuns who then took charge of her dormitory were much more severe and drastic in their punishments. Ruled by fear, the children usually did not know when or why they were punished. Without any adult confidante, Mary found it was much harder to play and talk to her friends. Once at Christmas time, when the children received gifts from well–meaning benefactors, Mary received a doll. However, after these visitors left, the nuns took back the toys and brought them to their own families. Mary remembers crying a lot after a nice doll she had received was taken from her.

At age 11, for reasons that were not specified but fit with institutional policy changes at the time (Malouin, 1996), Mary was transferred to a room for mentally retarded children. She said that initially things did not seem that bad, mainly because she was unaware of what was going on. After she became aware of how badly the patients were treated, she began to despair and cry a lot. Mary also worked at the cafeteria six days a week. Once, because she wanted to play, she told the nun responsible for the cafeteria that she was sick. When her lie was discovered, she was hit and locked in a cell. She managed to talk to orphans in the backyard through her cell window, describing the bad treatment she and other patients received. A nun overheard and reported her. A severe punishment ensued, in which Mary was tied to her bed with a straight jacket and hit with a chair for 15 to 20 minutes, after which she lost consciousness until the next morning. Mary was largely kept in this cell for a period of eight years, until she was 20 years old. At times she was untied to a darn nun's clothes. When the cell was needed for another patient or orphan, she was tied to a pipe in the corridor, her straight jacket on and a pillowcase on her head. She reported that at least once she spent two weeks in the corridor. She was bathed once a month and says the food was so bad she could hardly eat it (porridge, dry bread, and animal fat). During that period, she recalled that she was extremely skinny. At times, a nun would come, untie her, and give her a good meal, such as eggs. But soon, and for reasons Mary could not explain, the nun would get mad at her and tie her onto her bed again.

Mary says she was not allowed to talk to anyone. However, she sometimes cried and screamed. She was then given chlorpromazine at very high doses which gave her cardiac palpitations. She was 18 when the doctor diagnosed a cardiac problem. Throughout those teenage years, Mary felt humiliated and isolated. She felt unloved while desperately wanting to be loved. When she was released from the cell, she no longer knew how to speak properly due to the total isolation, and she reported that it took her years to catch up linguistically and socially from the lack of social contact.

In the years following her stay at this hospital–orphanage, Mary worked as a maid in several homes. In two of these she was sexually abused by the husband. Often the work was very demanding for a single maid. She got depressed after one of these live–in experiences and was hospitalized for a month. She also had agoraphobic symptoms at one point. She warmly recalled a nun at the hospital who brought her some clothes when it became apparent that she had no belongings. At 25 years old, at her request, her social worker found her a job in a hospital. She reported that initially she was the target of sarcasm because of her speech problem. She felt very hurt by these insults, given that people did not know about

her suffering. She had many different jobs over the years, liking the challenges of learning new tasks. She worked in the hospital until retirement. During these adult years, she learned how to speak and write.

When interviewed, Mary was involved in a romantic relationship that appeared to be mature, joyful, and supportive. She said that the man she was involved with gave her a new birth. Prior to this relationship, she had been very afraid of people. Throughout the interview, Mary was humorous, but also very emotional when describing the abuses. She reported having few contacts with the other *Orphelins de Duplessis*, as it was too traumatic to be reminded of her experiences. For years she was very ashamed of being an orphan, but at the time of the interview she believed that the truth needed to come out, and she felt that she was over being afraid.

DISCUSSION

The level of adversity and gross trauma in the childhoods of most of the individuals described above is beyond the experience of most children raised in the developed world. While the histories are specific to the individuals concerned, the stories reveal consistent themes of abuse and emotional neglect perpetrated by adults given unchecked control over the children. While the quantitative details of these traumata and other adverse experiences are presented elsewhere (Perry et al., 2005a), the percentile scores in Table 1 allow the reader to consider each subject's experience in the context of the study group as a whole and, with some measures, in the context of the adult population of Quebec at the same socio–economic stratum.

We are not the first to provide such stories. The tradition goes back at least to the 1940s when Skeels began a series of follow–up studies of children placed at birth or shortly after in an underfunded, overcrowded, affectively and cognitively depriving orphanage (summarized in Skeels, 1966). It was followed by the early studies of Spitz (1946), Dennis & Najarian (1957), Provence & Lipton (1962), and the more recent reports by Wolff & Fesshea (1998, 1999), to name a few. The majority of the subjects in the Dennis & Najarian study that took place in Lebanon, like those in ours, were placed at or near birth as babies born out of wedlock, contrary to religious strictures of the time, and raised under identical, cognitive and affectively barren circumstances. The present study, however, most closely resembles that of Skeels and colleagues (Skeels, 1966) in that, unlike any of the others, it provides some case histories into mid to late adulthood, and did so for both those raised in institutions and those who were later adopted or placed in developmentally enriching environments. The present report differs in a number ways from any of the preceding studies. First, our respondents were some 15 to 20 years older than those in the Skeels study that, until now, was the study with the longest follow–up time. As such, our reports (Perry et al., 2005a, 2005b; Sigal et al., 1998, 2003) present a better picture of the life–long development of respondents who were placed in these orphanages at or near birth. Second, we provide a series of 7 case histories that range from that of a respondent whose psychosocial functioning was seriously impaired throughout her life to that of one who fared very well. Third, each case history is preceded by the results of assessments of that functioning using a number of standard measures. These measures range from one of the quality of the defenses used by the respondent to a global measure of the person's psychosocial functioning.

While some may question the validity of retrospective histories, we found the subjects' vignettes describing their childhood experiences as credible, specific in many instances, and recounted in a realistic way. Narrated independently, the stories were quite consistent as to the types of experiences the subjects had and the types of adults encountered in the institutions. While we previously considered the issue of the veridicality of the participants' retrospective reports (Perry et al., 2005a), other reviews have found the systematic retrospective assessment of childhood acceptable (Roy & Perry, 2004). Fur-

thermore, the data obtained are generally accurate as to main aspects of trauma (Chu, Frey, Ganzel, & Matthews, 1999).

The stories reported here are important to consider when formulating any role for institutional care of orphans or other children. While the agencies responsible for the care of these individuals did not set out to design a highly adverse system of child care, they did not adequately put into place institutional mechanisms to assure that it did not evolve as it did. By not addressing the issue first phrased by Plato, "Who will guard the guardians?," the institutions gave unlimited authority to adults in a caretaking role over the children. In addition, there were clearly inadequate safeguards against the abusive, occasionally sadistic actions of some caretakers. These life stories also illustrate the long-term negative consequences of this unrestrained authority for the social integration of orphans.

As a group, the orphans reported relatively few meaningful attachments in the institutions. The early childhood experience of Annie (case #446), who was treated almost as a family member by several nuns, who were themselves related to one another, was an exception, which may have allowed her to establish some helping relationships in the next institution and cultivate friendships in later life. Strikingly, many orphans like Justine (case #439) and Leonard (case #342) reported no significant attachments with caretakers, confidants, or peers at all during childhood. Both also reported moderate trauma in the presence of minimal childhood strengths. As adults, they both reported few social supports, and they had high distress and low functioning scores. In the sample as a whole, we found that childhood attachments had little direct effect on adult functioning (Perry et al., 2005b). This null finding is puzzling in the light of the considerable evidence for the negative long-term effect of poor or absent adequate early parenting (Rutter et al., 1998; Wolff & Fesseha, 1998; 1999). As is the case for any null finding, absence of evidence is not evidence for absence; in the present context, our instrument for the measurement of adult social functioning may not have been precise enough, or we may not have explored the right areas. However, our best estimate is that the absence of an effect may have been because most childhood attachments identified in our sample were in no way comparable to an attachment to a close family member, neither deep nor sustained enough over time to have an ameliorative impact (Perry et al., 2005b).

We found that the trauma and adversity had their greatest impact on those individuals reporting the fewest childhood strengths (Perry et al., 2005b.). Justine (case #439) and Leonard (case #342) had moderately high childhood traumas in the face of few childhood strengths and no meaningful childhood attachments. Their later adult adjustment was among the lowest in the sample. With no meaningful relationships and much abuse, Justine (case #439) found ways to experience relatedness and affection in being abused. Her adult relationships were distant, characterized by feeling demeaned or even persecuted by others, although she experienced working as a babysitter as providing her with a family. Having experienced many humiliations and abuses in childhood, Leonard (case #342) continued to feel rejected, marginalized, and not respected by others, despite his continued attempts to gain respect through work. Close relationships continued to elude him. Conversely, high childhood strengths lessened the impact of trauma to some extent, as was true for Camille (case # 422), Bob (case #328), Oliver (case #339), and Annie (case #446). Yet for some, the result might still be high symptom levels and somewhat diminished functioning, as was true for Bob (case #328).

The environment–heredity debate is a thing of the past. Current thinking accepts that in most situations the two interact (Collins et al., 2000). Nevertheless, in some circumstances one dominates. For example, in one of the reports based on the sample from which the present one derives, we found that those with more than four childhood

strengths fared comparatively well over the years, in contrast to those with fewer strengths, in childhood. For those with a greater number of strengths heredity dominated, whereas for those with fewer strengths, the depriving environment dominated (Perry et al., 2005). In the current report, Camille (case #422), is an example of a person in whom heredity probably played a dominant role, whereas Justine (case #439) is an example where the environment probably played that dominant role. In none of the cases, however, can one clearly separate the respective roles of heredity and environment.

Despite considerable trauma and other adversity, some individuals even with few apparent strengths may measurably improve their lives and functioning later in life if they are fortunate enough to find a supportive partner or spouse. Mary (case #455) illustrates this. Despite one of the highest childhood trauma scores and only average strengths, at the time of the follow–up interview she had attained very high social and occupational functioning and relatively healthy defensive functioning. The role of the partner in facilitating growth was characterized by Mary as a "second birth," and by Oliver (case #339) as being "saved" in his late 30s when he found a wife whose caretaking saved him from being a ghost on the street. Conversely, Annie (case #446), who had far less childhood adversity, some meaningful attachments to caretakers, and high strengths, had a somewhat lower adaptation as an adult. She reported a non–supportive spouse from whom she received less than she gave and who would not allow her to talk about her orphanage experiences. It appears that there may not be a critical period for the presence of a continuously involved, caring person to compensate to some degree for early childhood adversity. Mary's and Oliver's highly successful adaptation and Annie's more limited success exemplify this paradox as to how some of the most severe cases may yet have better than otherwise expected outcomes, whereas some with better childhoods later might not have as high a level of adaptation. This point has been noted previously by us (Perry et al. 2005a & b) and others (Rutter & Quinton, 1984).

For the study group as a whole, including the seven individuals here, we reported elsewhere that the level of adult psychiatric distress was considerably higher ($p < .001$) than a socioeconomically and age matched sample from the Quebec population survey (Perry et al., 2005b). Similarly, their mean SOFAS score (57.8, SD = 14.3, 95%–C.I. 54.7 to 61.0) indicates moderate distress and impairment overall (Perry et al., 2005b). Also, adult defensive functioning indicated extensive mental inhibition mechanisms and an overall neurotic adaptation. This indicates that the individuals response to stress is predominantly directed toward minimizing awareness of their conflicts but not necessarily mitigating subjective distress nor handling their own emotions and wishes in a highly adaptive way. The seven selected cases reflect a range from personality disorder to neurotic to high adaptive defensive functioning, but all relied extensively on neurotic mechanisms.

The life stories we have presented, spanning childhood to late adulthood, give individual meaning to the findings concerning the whole group. The effects of traumatic experiences in the institutions can be appreciated more vividly than can statistics and aggregate results alone. Our hope is that reflecting on these findings will inform those who are concerned with the care of orphaned or abandoned children.

REFERENCES

Ainsworth, M.S., Blehar, M.C., Waters, E., & Wall, x. (1978). *Patterns of attachment: A psychological study of the strange situation.* Oxford, England: Lawrence Erlbaum.

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders,* 4th Ed. Washington, DC: American Psychiatric Association, Social and Occupational Functioning Assessment Scale (SOFAS).

Bowlby, J. (1969). *Attachment and loss.* New York: Basic Books.

Bowlby, J. (1973). *Attachment and loss: Vol. 2. Separation, anxiety and anger.* New York: Basic Books.

Bowlby, J. (1980). *Attachment and loss: Vol. 3. Loss, sadness and depression.* New York: Basic Books.

Castle, J., Grophues, C., Bredenkamp, D., Beckett, C., O'Connor, T., Rutter, M., & The English and Romanian Adoptee Study Team. (1999). Effect of qualities of early institutional care on cognitive attainment. *American Journal of Orthopsychiatry, 69,* 424–437.

Chu, J.A., Frey, L.M., Ganzel, B.L., & Matthews, J.A. (1999). Memories of childhood abuse: dissociation, amnesia, and corroboration. *American Journal of Psychiatry, 156,* 749–755.

Collins, W. A., Maccoby, E.E., Sternbergn L., Hetherington, E.M., & Bernstein, M. H. (2002). Contemporary research on parenting: The case for nature *and* nurture. *American Psychologist, 55,* 218–232.

Dennis, W., & Najarian, P. (1957). *Psychological Monographs: General and Applied, 71,* 1–13.

Feeney, J.A., & Noller, P. (1990). Attachment style as a predictor of adult romantic relationships. *Journal of Personality & Social Psychology, 58,* 281–291.

Goldman, H.H., Skodol, A.E., & Lave, T.R. (1992). Revising Axis V for DSM–IV: A review of measures of social functioning. *American Journal of Psychiatry, 149,* 1148–1156.

Guyon, L., & Levasseur, M. (1991). *Santé Québec Technical Manual 878–08.* Québec: Santé Québec.

Hazan, C., & Shaver, P. (1987). Romantic love conceptualized as an attachment process. *Journal of Personality & Social Psychology, 52,* 511–524.

Herman, J.L., Perry, J.C., & van der Kolk, B. (1989). Childhood trauma in borderline personality disorder. *American Journal of Psychiatry, 146,* 490–95.

Hodges, J., & Tizard, B. (1989). Social and family relationships of ex–institutional adolescents. *Journal of Child Psychology & Psychiatry, 30,* 77–97.

Ilfeld, F.W. (1976). Further validation of the Psychiatric Symptom Index. *Psychol Rep, 39,* 1215–1228.

Ilfeld, F.W. (1978). Psychological status of community residents along demographic dimensions. *Archives of General Psychiatry, 39,* 716–724.

Kotler, T., Buzwell, S., & Romeo, Y. (1994). Avoidant attachment as a risk factor for health. *British Journal of Medical Psychology, 67,* 237–245.

[Kovess V: Les indicateurs de sante mentale. Psycho–Social Research Unit, Douglas Hospital Center, Verdun, Quebec.]

Luborsky, L.L., & Crits–Chirstoph, P. (1991). *Understanding transference.* New York: Basic Books.

Malouin, M.–P. (1996). *L'univers des Enfants en Difficulté au Québec entre 1940 et 1960.* Montréal: Bellarmin.

O'Connor, T., Rutter, M., & the English and Romanian Adoptee Study Team (2000). Attachment disorder behavior following severe deprivation: Extension and longitudinal follow–up. *Journal of the Academy of Child & Adolescent Psychiatry, 39,* 703–712.

Parker. (1994).

Parker, G.B., Barrett, E.A., & Hickie, I.B. (1992). From nurture to network: Examining links between perceptions of parenting received in childhood and social bonds in adulthood. *American Journal of Psychiatry 149,* 877–885.

Perry, J.C. (2001). A pilot study of defenses in personality disorders entering psychotherapy.

Journal of Nervous and Mental Disorders, 189, 651–660.

Perry, J.C., & Henry, M. (2004). Studying defense mechanisms in psychotherapy using the Defense Mechanism Rating Scales. In U. Hentschel, G. Smith, J. Draguns, & W. Ehlers (Eds.), *Defense mechanisms: Theoretical, research and clinical perspectives* (pp. 165–192) .Amsterdam: Elsevier.

Perry, J.C., Herman, J.L., & van der Kolk, B. (1992). Rating guidelines for the Traumatic Antecedents Interview (TAI). Montreal: authors.A

Perry, J.C., Hoglend, P., Shear, K., Vaillant, G.E., Horowitz, M.J., Kardos, M.E., Bille, H., & Kagan, D. (1998). Field Trial of a diagnostic Axis for defense mechanisms for DSM–IV. *Journal of Personality Disorders, 12,* 1–13.

Perry, J.C., & Ianni, F. (1998). Observer–rated measures of defense mechanisms. *Journal of Personality, 66,* 993–1024.

Perry, J.C., Sigal, J.J., Boucher, S., Paré, N., & Ouimet, M.C. (2005a). Personal strengths and traumatic experiences among institutionalized children—Les enfants de Duplessis (Duplessis' children): I. Early experiences. *Journal of Nervous and Mental Disorders, 193,* 777–782 .

Perry, J.C., Sigal, J.J., Boucher, S., Paré, N., Ouimet, M.C., Normand, J., & Henry, M. (2005b). Personal strengths and traumatic experiences among institutionalized children—Les enfants de Duplessis (Duplessis' children): II. Adaptation in adult life. *Journal of Nervous and Mental Disorders, 193,* 783–789.

Provence, S., & Lipton R. C. (1962). *Infants in institutions: A comparison of their development with family reared infants.* International Universities Press.

Roy, C., & Perry, .J.C. (2004). Instruments for the assessment of trauma in adults. *Journal of Nervous and Mental Disorders, 192,* 343–351.

Rutter, M., & Quinton, D. (1984). Long–term follow–up of women institutionalized in childhood: Factors promoting good functioning in adult life. *British Journal of Developmental Psychololgy, 18,* 225–234.

Rutter, M., & the English and Romanian Adoption Team (ERA) Study (1998). Developmental catch–up and deficit following seven global deprivation years. *Child Psychiat Psychol, 39, 468–476.*

Rutter, M., Quinton, D., & Hill, J. (1990). Adult outcome of institution–reared children: Males and females compared. In L.N. Robins and M. Rutter (eds.), *Straight and devious pathways from childhood to adulthood* (pp. 135–157). New York: Cambridge University Press,

Santé Québec. (xxx). *Mental health instruments: Methodology, scope and limitations—Technical Manual 87–06.* Santé Québec, Québec, Canada.

Sigal, J.J., Rossingol, M., & Perry, J.C. (1998). Some psychosocial and physical consequences in middle–aged adults of underfunded institutional care in childhood. *Journal of Nervous and Mental Disorders, 187, 5759.*

Sigal, J.J., Perry, J.C., Rossignol, M., & Ouimet, M.C. (2003). Unwanted infants: Psychological and physical consequences of inadequate orphanage care 50 years later. *American Journal of Orthopsychiatry, 73,* 3–12.

Skeels, H. M. (1966). Adult status of children contrasting early life experiences: A follow–up study. *Monographs of the Society for Research in Child Development, 31,* serial 103, 1–65.

Snarey, J.R., & Vaillant, G.E. (1985). How lower– and working–class youth become middle–class adults: The association between ego defense mechanisms and upward social mobility. *Child Development, 56,* 899–910.

Sperling, M.B., & Berman, W.H. (1994). Attachment in adults: Clinical and developmental perspectives. New York: Guilford.

Spitz, R.A. (1946). Hospitalism: An inquiry into the geneses of psychiatric conditions in early childhood. *Psychoanalytic Studies of the Child 1,* 53–74.

Vaillant, G.E. (1993). *The wisdom of the ego.* Cambridge, MA: Harvard University Press.

Wolff, P.E, & Fesseha, G. (1998). The orphans of Eritrea: Are orphanages part of the problem or part of the solution? *American Journal of Psychiatry, 155,* 1319–1324.

Wolff, P.E., & Fesseha, G. (1999) The orphans of Eritrea: A five year follow–up study. *Journal of Child Psychology & Psychiatry, 40,* 1231–1237.