

Attachment Theory

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Attachment Theory

John Bowlby, known as the father of the attachment theory, was a British psychiatrist and psychoanalyst. Bowlby, as a child, was raised by a nanny along with his four siblings. He experienced firsthand what attachment was when the nanny, who raised him, left the family when Bowlby was four. He explained that it was like losing his mother and remembers being traumatized by the experience (McLeod, 2007).

After Bowlby's own experience with attachment issues, as an adult he began to explore orphan children at a child guidance clinic in London (McLeod, 2007). After years of research, observations, and experience he, along with his colleagues, developed the attachment theory (McLeod, 2007). Bowlby examined how attachment effected behavior and believed the psychological development of a child was dependent upon the relationship with the parent or caregiver (McLeod, 2007). Since the mother was "suppose" to be the main caregiver, Bowlby's research centered on the mother/child relationship (McLeod, 2007). Bowlby believed that children were born preprogrammed to form attachments in order to survive (McLeod, 2007).

Major Concepts and Definitions

Major concepts related to Bowlby's theory are:

- "Attachment: An enduring emotional tie to a special person, characterized by a tendency to seek and maintain closeness, especially during times of stress" (currentnursing.com, 2012, para 3).
- "Attachment in the context of children: The enduring deep emotional bond between a child and a specific caregiver" (currentnursing.com, 2012, para 3).

- “Separation produces extreme distress in children (currentnursing.com, 2012, para 3).”
- “There are significant long-term adverse effects on the children as a result of even relatively brief separations” (currentnursing.com, 2012, para 3).
- “Theory emphasizes the role of mother in child's development, where father plays the second fiddle to mothering” (currentnursing.com, 2012, para 3).

From personal experience I agree with Bowlby's theory. Being a mother I know the attachment and bond a mother and child have. I have also experienced the attachment of mother and child after child birth. Bonding takes place after birth and the days following. I dealt with a mother who had to leave her child at the hospital, due to illness, and the attachment was not there. The mother would expect someone else to care for the child when he cried. She felt no connection with her son. It took several months for her to bond with the child, but she never knew bonding with a child until her second child was born. After the birth of her second child she acted completely different than with the first child. She was able to tell the difference from her first child to the second. It was a completely different experience.

Stages of Attachment Theory

“Phase of limited discrimination (birth–2 months)

Baby's innate signals attract caregiver.

Caregivers remain close by when the baby responds positively.

Phase of limited preference (2–7 months)

Develops a sense of trust that caregiver will respond when signaled.

Infants respond more positively to familiar caregiver.

Babies don't protest when separated from parent

Phase of focused attachment and secure base (7–24 months)

Babies display separation anxiety.

Babies protest when parent leaves.

Phase of goal-corrected partnership (24–36 months)

Children increase their understanding of symbols and language improves.

Children understand that parents will return” (currentnursing.com, 2012, para 4).

Instruments

The instruments Bowlby and his associates used to measure attachment, while developing the theory, were naturalistic observation, time sampling, and random selection (Bretherton, 1992).

“In 1948, Bowlby hired James Robertson, to help him observe hospitalized and institutionalized children, who were separated from their parents” (Bretherton, 1992, p.763). They observed children in clinics/hospitals and wrote their encounters for two years (Bretherton, 1992). Robertson became overwhelmed while observing and wanted to be more involved with children by making a movie about a child’s experience in the hospital (Bretherton, 1992). They randomly selected a child to film and used time sampling, by recording the clock time on the wall at the same time daily (McLeod, 2007). Their research proved that children had separation anxiety from their mothers and “Robertson’s film helped improve the fate of hospitalized children all over the Western world” (McLeod, 2007). Mothers were able to be with their children at the bedside and recovery of the children was increased dramatically.

Relationships between Concepts

Is the Relationships Logical and are there Scientific Knowledge/Evidence?

The first two concepts in Bowlby's theory are definitions of attachment as a concept in general and from a child's perception of attachment. The remaining concepts seem logical according to the research Bowlby conducted on orphan and hospitalized children. The third concept in attachment theory states: Separation produces extreme distress in children. According to Bowlby's Maternal Deprivation Hypothesis, even short term separation from the attachment figure can lead to distress in the child (McLeod, 2007). He describes three states of distress, the first being protest (McLeod, 2007). In this stage the child cries, screams, and becomes angry when the attachment figure leaves (McLeod, 2007). The child will cling to the attachment figure and try to stop them from leaving (McLeod, 2007). The second stage is despair. At this stage the protesting seems to be stopping and the child becomes calmer (McLeod, 2007). The child still seems upset, refuses attempts of comfort, and withdraws from everyone/everything (McLeod, 2007). The third stage is detachment. If the separation continues, the child will begin to interact with others and will seem angry when/if the caregiver returns (McLeod, 2007).

The forth concept in Bowlby's theory states: There are significant long term adverse effects on children as a result of even relatively brief separation. Bowlby conducted a study on forty-four children who were thieves and forty- four children that were being treated for emotional issues, but had not committed any crimes (McLeod, 2007). He interviewed the parents of the children, in the study, and found that over half of the children, who had committed crimes, had been separated from their mothers for 6 months or greater in the first 5 years of life (McLeod,

2007). He also discovered that 32 percent of the children that had committed crimes were unable to care about or feel affection towards others (McLeod, 2007). This proved to him that disruption in attachment from the primary caregiver would cause a higher incidence of juvenile delinquency, antisocial behavior, and emotional difficulties (McLeod, 2007).

The last concept in Bowlby's theory states: Theory emphasizes the role of mother in child's development, where father plays the second fiddle to mothering. The logic behind this concept was that the mother figure and the child attached more closely than any other attachment figure in the child's life. Although logical, Michael Rutter, known as the 'father of child psychology' believed children had a variety of attachment figures i.e. father, siblings, and inanimate objects and would experience distress when those attachment person's/things would leave, as well (McLeod, 2007).

Attachment Theory and Nursing Practice

Attachment is a theory that is widely seen in healthcare and personal relationships. Working in several areas of nursing, attachment is a concept that can be observed with mother-infants, parents-children, spouses, and patients-healthcare providers. According to Hooper, Tomek, and Neumany; "Psychologists, psychiatrists, and other health care providers have long recognized the utility of attachment theory as it relates to the provision of patient care..." (2012, p.23). "Attachment theory may provide a blueprint for attachment- based practice in the context of medical settings" (Hopper et al, 2012, p.24).

Attachment theory has been used in nursing research to define attachment between mother-infants, but it was also used to examine patient's attachment in personal relationships and dementia patients. According to Browne & Shlosberg, "Bowlby emphasized that attachment

behavior is especially evident in times of ill health or loss” (2006, p.135). Care giver behavior can be shown by one adult towards another (Browne & Shlosberg, 2006). This is especially seen in an older population. For example, when the person becomes an age where their attachment figure is no longer a part of their lives, they seek other attachment figures, such as spouses, older children, siblings, and health care providers (Browne & Shlosberg, 2006).

Attachment Theory and My Practice

Attachment theory is significant in my practice because the relationships and connections patients have with their families and care providers are important to their health and recovery. Research has found that “supportive relationships are health protective” (Pietromonaco & Schetter, 2013, p. 499). These relationships can be critically important to an individual’s health because “people who lack social ties or social integration experience higher mortality rates” (Pietromonaco & Schetter, 2013, p. 499). Patients with chronic illnesses or hospice/palliative care may become attached to their caregivers due to the stress and anxiety associated with their condition.

One way attachment theory could be applied to an area in my practice would be to examine how the patients of older ages attach to care givers. According to Browne & Shlosberg, most research conducted on attachment and older populations examines the care providers roll in attachment rather than the recipient of the care (2006). John Bowlby and his research has paved the way for further research into maternal bonding and have aided in setting rules of bonding after child birth. Mothers and infants are able to be closer now after birth than ever before.

Research Question

Are elderly patients with advanced neurological disease, such as dementia patients, able to distinguish and attach to their caregivers in long term nursing facilities?

References

- Bretherton, I. (1992). The origins of attachment theory: John Bowlby and Mary Ainsworth *Developmental Psychology*, 28, 759-77. Retrieved from:
http://www.psychology.sunysb.edu/attachment/online/inge_origins.pdf
- Browne, C., & Shlosberg, E. (2006). Attachment theory, ageing and dementia: A review of the literature. *Aging & Mental Health*, 10(2), 134-142
- Currentnursing.com. (2012). Nursing theories: John Bowlby attachment theory. Retrieved from
http://currentnursing.com/nursing_theory/self_care_deficit_theory.html.
- Hooper, L. M., S & Newman, C. R. (2012). Using attachment theory in medical settings: Implications for primary care physicians. *Journal of Mental Health*, 21(1), 23-37.
- McLeod, S. A. (2007). Bowlby's attachment theory. Retrieved from
<http://www.simplypsychology.org/bowlby.html>
- Pietromonaco, P. R., Uchino, B, & Schetter, C. (2013). Close relationship processes health and disease. *Health Psychology*, 32(5), 499-513.