INDICES OF ATTACHMENT IN ELDERLY WOMEN
WHO ARE NOT MENTALLY COMPROMISED
RESIDING IN NURSING HOMES

by

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DISSERTATION

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APPROVED BY SUPERVISORY COMMITTEE
DEDICATION

This is dedicated to my parents, Vern and Carrol Foland, who instilled in me the love of learning and the determination to persist.
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I wish to acknowledge the support and guidance of the members of my dissertation committee in planning and preparing this study. Dr. LaVerne Gallman, chairperson, has provided guidance, support, and constant encouragement in preparation of this dissertation and throughout my entire doctoral program. Her help has given me the impetus and strength to finish. Dr. Heather Becker, Dr. Patricia Mayhew, Dr. Mary Crockett, and Dr. Guy Shattlesworth were invaluable in providing their expertise and assistance in preparation of the dissertation.

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Finally, I would like to thank the 30 elderly women who so graciously opened up their hearts and lives and allowed me to interview them.
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The purpose of this study was to take the concept of attachment as it has
been developed in the literature of early childhood, extend it to the world of the
elderly, and to describe the feelings and behaviors of attachment reported by
elderly women residing in nursing homes.

Bowlby's theory that attachments do not end in childhood, but endure
throughout the life-span, served as the organizing framework for this descriptive
exploratory study. An open-ended questionnaire was developed to determine the
feelings of attachment and attachment behaviors in the sample. Thirty women
over the age of 65 living in nursing homes in a rural area of a midwestern state,
who were not mentally compromised, were interviewed in a private room in the
nursing home. The interviews were audio recorded and the tapes transcribed.

Demographic data were obtained and a summary was written for each
interview. After extensive reading of transcriptions, topical categories were
identified and the transcriptions were coded using the Ethnograph program.
Themes, patterns, and recurring ideas were searched for and analyzed. Data were
reported using frequencies and percentages when possible. Synthesis of the
categories provided an exhaustive description by the elderly of their relationships characterized by attachment.

Findings indicated the elderly women identified certain persons, more often a daughter, as the attachment figure to whom they felt closest. Close proximity and frequent contact were often present with those persons, but physical closeness was not necessary to maintain attachments. For these elderly, attachment contact was achieved by more than just physical touching, such as talking with or looking at other attachment figures, and by maintaining contact through phone calls, letters, and pictures.

Feelings of attachment to attachment figures were intense and long-lasting. Conversely, separation from attachment figures caused sadness and despair, which supports Bowlby's theory.

As a result of this study, nurses have an increased understanding of which persons elderly women in nursing homes feel attached to, what behaviors or actions help maintain the bonds present in these women, and what the feelings of attachment mean for the emotional well-being of these elderly women. A basic foundation of knowledge has been started, and further research is needed to determine the changes in attachments over the life-span and to conduct further correlations and intervention studies.
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CHAPTER ONE
INTRODUCTION

Purpose
The study of attachment behavior has been confined for the most part to attachments which form during infancy. The concept of attachment has received considerable attention among infant and child psychologists, but little reliable information is available on feelings of attachment or attachment needs of the elderly. The purpose of this study was to take the concept of attachment as it has been developed in the literature of early childhood, extend it to the world of the elderly, and to describe and examine the expressions of attachment reported by elderly women residing in nursing homes.

Background and Significance of the Study
According to Kalish & Knudtson (1976), it is not known how attachment patterns endure and are expressed in adulthood. Therefore, there is confusion between the role of attachment in early infancy and the more general role of attachment through the life-span. Attachment often refers to "an emotional or affectional tie or bond that one individual forms between herself and another specific figure" (Ainsworth, 1972, p. 100), and is thought of as having love for and the desire to be with the other figure. The role of attachment in early infancy is mainly defined through physical nearness and touch. Cohen (1974) acknowledges that the attachments of the infant and young child diminish as the individual develops, but asserts that attachment needs to be understood at all levels of development. Weinraub, Brooks, and Lewis (1977) believe that as the child
changes, so should the defining characteristics of this bond. In other words, attachment for adults may be expressed in ways that are not yet understood.

Bowlby (1975, p. 292) defines attachment theory as "the propensity of human beings to make strong affectional bonds to specific others" and adds that these behaviors characterize humans from "the cradle to the grave." Attachment behaviors have also been called behaviors which seek to attain proximity and contact with the attached object (Bowlby, 1975). However, more recent definitions of attachment have broadened the concept and deemphasized specific behavioral tendencies. According to Weinraub, Brooks, & Lewis (1977), the use of proximity-seeking as an expression of attachment may be misleading. These authors believe that for adults, attachment contact can be achieved by more than just physical means, such as talking with or looking at other attachment figures, or by maintaining contact through phone calls, letters, and pictures.

For nearly three decades investigators have been studying attachment theory, or the bonding that develops between persons. The research has been focused primarily on maternal-infant and child bonding. These studies have produced significant evidence documenting the negative social and psychological problems that result from the forced disruption of attachment bonds (Ainsworth, 1985; Ehrhart, 1987). Henderson (1977) reports that attachment is a behavior essential for the maintenance of health and questions what happens to mental health when attachments are few or weak.

Elderly persons may experience many stressful changes in the process of entering a nursing home. The different living environment, loss of possessions, reduced contact with family and friends, and inability to control significant aspects
of their life contribute to emotional distress. Therefore, an understanding of
attachment is important to health providers in nursing homes who must constantly
deal with problems arising from the persons they care for who are separated from
their previous homes and customary support systems.

Little reliable information is available on attachment behaviors or
attachment needs of the elderly. The attachments of the elderly to a significant
other or significant object are rarely discussed, but are often observed by nurses
who have an opportunity to see the aged in the nursing home setting (Ehrhart,
1987). For aging people, the early objects of attachment have usually
disappeared. Parents, spouses, and other earlier significant others have, for the
most part, died, frequently making the aged person more vulnerable. Kalish &
Knudtson (1976), report attachment deprivation is greatest in the nursing home
environment when the resident may have lost autonomy, life roles, home, and
lifelong friends.

Elderly women residing in nursing homes are at high risk for attachment
depprivation. Women constitute the majority of elderly residing in nursing homes
because of their longer life-span. Also, because of the longer life-span and
financial status, they are more likely to have lost their spouse, friends, family
members, home, and level of income and be especially prone to emotional
distress.

Adequate knowledge of who or what the elderly women attach to would
be beneficial in order to aid them better during times of emotional distress and to
promote or maintain emotional health. A nurse's knowledge of the feelings of
attachment and attachment needs of her charges would be especially important for
several reasons, as a prerequisite to assessment of and intervention with those elderly women experiencing distress.

According to Heard (1982), if the nurse is able to identify indicators of emotional bonds present in elderly women in the nursing home, the nurse can enhance these to support those elderly. If, however, there are no indicators of attachment, the nurse can often facilitate attachment through education, role modeling, or structuring of the environment. Finally, nurses can recognize the loss of significant attachments and the process of mourning (Bowlby, 1980) and be able to intervene effectively. But first, the nurse needs to understand what the figures of attachment and the indicators of attachment behavior are in order to help maintain positive emotional health and identify and treat elderly in distress.

Attachment vs. Dependency

Bowlby (1969,1982), Bretherton (1985), Sable (1979), and Ainsworth (1972) are some of the authors who have used the resemblance of attachment behaviors and dependent behaviors to describe some aspects of one person's relationship to another. There are some superficial similarities between the two concepts; however, the substantial differences are greater.

Bowlby (1969) distinguishes between the concepts of attachment and dependency by stating attachments are enduring, not transient, but dependency may be transient with no reciprocal relationship between persons. Attachments increase over time and are considered positive, but dependencies may diminish and are considered unhealthy when they continue too long. Dependencies are also not directed toward a specific figure, nor are they necessarily related to strong feelings (Bowlby, 1975). Ainsworth (1972) goes on to say that besides enduring
over time, attachments are normal and characteristic of all ages, but dependence is not. Furthermore, since dependence can be thought of as the opposite of independence, it implies immaturity. Attachments, though, do not imply the immaturity and helplessness that dependency does. Consequently, it is possible to be attached to a person, but not dependent upon that person, and also to be dependent upon, but not attached to the person (Sable, 1979).

**Statement of the Problem**

According to Bowlby (1977), attachments do not end in childhood or early adolescence, but endure throughout the life-span. There is much theorizing, but very little research, to indicate what feelings or behaviors of attachment are present in the elderly, specifically elderly women in nursing homes. However, before proceeding to correlational or intervention research in attachment, it was necessary to know what attachments were present in this population. This study was based on Kalish and Knudson's (1976) and Troll and Smith's (1976) premise that attachment can and should be extended throughout the life span. Therefore, this study was concerned with discovering the multiple attachments that may exist for elderly women residing in nursing homes, such as those with friends, objects, caregivers, groups, or other family members.

For the purposes of this study, the premise was taken that the elderly women residing in nursing homes will express enduring feelings of attachment to specific figures. These feelings of attachment will differ from other feelings and emotions and the specific attachments will be toward figures they have experience with in this stage of their life-span.
Research Questions

The following research questions were developed for this study.

1. Do elderly women residing in nursing homes report feelings of attachment to other persons and/or objects?

2. What are the feelings of attachments that elderly women in nursing homes report?

   2A. Which persons do elderly women in nursing homes report as the primary focus of their feelings of attachment?

   2B. To what objects are elderly women in nursing homes most likely to report feelings of attachment?

3. What behaviors are indicative of attachment in elderly women residing in nursing homes?

4. Are elderly women in nursing homes more likely to report feelings of attachment towards those figures closer in physical proximity?
Definitions

For the purpose of this study, the following definitions were used:

Attachment - a gradual and enduring tendency toward psychological or emotional closeness and contact with significant other persons or objects (Cicirelli, 1983). Bowlby (1982) refers to attachment as a bond of emotional significance that goes over a span of time, and he believes a person will seek physical closeness and contact with their attachment figures. The concept of attachment or being "close to" will be measured by the the interview questions developed for this study.

Attachment behavior - any of a number of contact-seeking behaviors that the elderly engage in from time to time (Bowlby, 1982). These behaviors may require the elderly person to be near to the object or person for completion of the behavior, such as a smile directed toward a specific figure, touch (hug, kiss, or pat), or direct eye contact (Kogan & Gordon, 1975). On the other hand, the elderly may maintain a certain distance from the object or person and still complete the behavior, for example visits, telephone conversations, letter writing, and looking at pictures.

Feelings of attachment - feelings of closeness for and perceived similarity with the attachment figure, as evidenced by verbal report of such feelings, rather than through observations of physical contact. These feelings may be expressed by comments of closeness, care, concern, or affection for, and value consensus or compatibility with the attachment figure (Cicirelli, 1982; Henderson, 1977). These feelings are also recorded by positive, supportive, or encouraging comments,
situations of being helped by or helping, and value for the relationship with the attachment object. These feelings may vary in intensity at different stages of life (Bowlby, 1977, 1980). The subjects may report sharing confidences, feelings, or problems, and exchanging letters or telephone calls with their attachment figures. The feelings of attachment or closeness will be measured by the responses given to the interview questions developed for this study.

**Elderly women residing in nursing homes** - women over the age of 65 who have been residents in a long-term care facility for over six months. These women may have physical disabilities or multiple physical diagnoses, but will not be mentally impaired or confused or be regularly taking antipsychotic medicines. They may not have a psychiatric diagnosis, and they must be able to hear, speak, and comprehend English. They may be taking a variety of medicines, as long as their mental status is unimpaired.

**Theoretical Framework**

The literature concerning attachment cites several theories. Included are the psychoanalytic, social learning, cognitive-developmental, social comparison, and ethological theories. However, a theoretical framework based on John Bowlby's (1975) ethological-control systems theory was adopted for use in this study. Bowlby's theory incorporates the idea of attachment across the life-span. The theory was most applicable because this study was concerned with discovering attachments which are beyond the realm of the infant-mother dyad.

Bowlby (1977) describes attachment theory as a way of conceptualizing the propensity of human beings to make strong affectional bonds to particular
others. He goes further to say that separation and loss from the attachment figure may cause emotional distress, anxiety, anger, depression, and other disturbances.

Historically, attachment theory was developed as a form of object relations theory. In 1958, Bowlby coined the term and began by questioning what effects maternal deprivation had on the personality development of the child. He felt that the development of a tie or bond to the mother or other figures conceived of as stronger, wiser, or better able to cope with the world would aid in the healthy emotional development of the child. Bowlby's (1982) findings report that almost all children were attached to either their mother or father (or both) by the age of 18 months, and often to several others in their environment.

Ainsworth (1973, p. 2) stresses that for children the "hallmark of attachment is behavior that promotes proximity to or contact with the specific figure or figures to whom the person is attached." The patterns of behavior shown by a child or adult are partly determined by age, sex, and experiences of attachment with earlier figures in life (Bowlby, 1977). Additional findings by Bowlby (1982) indicated that certain components of attachment behavior are occasionally directed towards inanimate objects. Sucking a thumb or being attached to a certain blanket or toy is a behavior that usually happens before the end of the first year.

Attachment behavior continues as a strong thread in the life of a child. During adolescence however, a child's primary attachment changes from the parents to peers and other persons or groups outside the family.

Certain conditions activate attachment behaviors in children such as strangeness, hunger, fatigue and anything frightening. In adults attachment
behaviors are more likely to occur when a person is distressed, ill, or afraid. Other conditions end the display of attachment behaviors in children, such as the sight or sound or physical contact with the attachment figure.

There are five features in Bowlby's (1975) attachment theory which were particularly applicable to this research.

(1) There is specificity of attachment behavior "directed towards one or a few specific individuals, usually in clear order of preference" (p.294). Attachment is a relationship that forms between one person and other specific figures. Feelings and behaviors that occur between the figures of attachment must differ from feelings and behaviors exhibited toward others.

(2) Attachments may be of varying duration, but they are not transient, and once they are strong and stable, they are not easily abandoned. Attachments between persons are generally enduring, and difficulty occurs for the individuals involved if the relationship is terminated.

(3) There is engagement of emotion. Attachments imply strong emotions within significant relationships. The threat of loss of the attachment arouses sadness, anger, and anxiety.

(4) The specific feelings and behaviors of attachments that humans experience are influenced by the level of emotional development of those involved. The behaviors used to initiate, maintain, and terminate an attachment relationship may differ at different points of emotional development. Attachment feelings and behaviors are normally present and active throughout all stages of life, and are not confined to childhood (Bowlby, 1980). Although research has focused almost exclusively on the infant-to-mother attachment, attached
relationships are considered to be characteristic of all ages. Significant attachments, which are seen at different stages of physical and emotional development in an individual, include spouses, peers, and social or activity groups.

(5) Attachments are learned. The more experience of social interaction an infant has with a person, the more likely she is to become attached to that person. A specific figure must be discriminated from other figures before an attachment may be formed to it. You can not become attached to a figure you do not know.

Although Bowlby's attachment theory was originally applied to the relationship between parent and child, it can be extended to the attachment relationships experienced by the elderly because the elderly are a part of the total family interactional system (Troll & Smith, 1976). Attachment feelings and behaviors in the elderly comes about through learning and experiencing the basic attachment bond to the mother, and then a generalization or transference of that basic attachment through feelings of belonging from childhood throughout the life-span.

Various other authors have also applied the concept of attachment to elderly relationships (Cicirelli, 1982, 1983; Kahn & Antonucci, 1978; Kalish & Knudtson, 1976; Learner & Ryff, 1978). To explain the survival of attachment over distance and through time, the elderly may incorporate the features of the attachment object into their own personality. According to Cicirelli (1982), attachments for elderly can be thought of as the tendency toward psychological closeness and contact, although this tendency may be only intermittently reinforced with physical closeness and contact. This view leads to such criteria as
feelings of closeness and perceived similarity to the attached figure as evidence of attachment in the elderly. These attachments in elderly women may be determined by reporting verbally rather than the traditional observations of behavior used to indicate attachment in children (Cicirelli, 1983).

Attachment behavior in elderly women may then be thought of as a group of behaviors which include interacting or communicating over a distance to keep psychological closeness and contact. Kalish and Knudson (1976) have theorized that attachments in the elderly are often weaker than earlier attachments and frequently not mutual. However, there probably needs to be occasional reunions to re-establish physical closeness and contact (Cicirelli, 1982).

**Assumptions**

For the purpose of this study, the following assumptions will be used:

1. The elderly women residing in nursing homes have developed an attachment to a preferred figure during the first nine months of life and attachment has remained a part of behavior throughout the life-span.

2. Feelings of attachment are distinctive from other feelings, such as dependency, and have significance in human life.

3. Attachment in elderly women can be assessed by an examination of their self report of their closest relationships.
Limitations

The limitations of this study include the following:

1. Information obtained will be limited to subjects' ability and willingness to report accurately their perceptions and feelings. It is conceivable some subjects may wish to distort or misrepresent their feelings in some way, or may find the questions difficult to answer.

2. Those who agree to participate may possess characteristics and feelings that differ from those who do not agree to participate.

3. Generalizability of this study is limited to the group from which the sample was drawn.

Summary and Organization of the Study

The central concern of this study was to describe the attachment feelings and behaviors experienced by elderly women residing in nursing homes.

In chapter one the investigator gave an overview of the study, giving the background and significance, a statement of the problem, the research questions, definitions, theoretical framework, assumptions, and limitations of the study. In chapter two, literature relevant to this study is reviewed. The literature review is organized according to studies related to attachment in primates and infants, teenage, adult and elderly attachment studies, and studies concerning the nursing home elderly. Finally, the literature is synthesized and summarized. Chapter three provides a detailed discussion of the methodological approaches and description of the sample used in this study. Chapter four discusses the analysis and interpretation of data and chapter five summarizes and gives conclusions and recommendations.
CHAPTER TWO
REVIEW OF THE RELATED LITERATURE

Introduction

The review of the related literature is reported in three major sections. The first section contains a brief summary of studies related to the initial attachment research with primates and infants and children and their parents. The second section discusses studies of attachment and related concepts during teenage, adult, and older adult periods. There is a paucity of research studies available concerning attachment during these periods. The third section includes an examination of related literature pertaining to elderly residing in nursing homes.

Section One

Research in the area of child development has focused on the formation of attachments or 'bonds' between infants and those who care for them. Much of the early literature assumes the early attachments end or are changed within the first few years of life (Gewirtz, 1972). However, later research findings suggest that in some form, certain attachments may persist throughout life. Most research on attachment behavior to date though, has been done on attachment behaviors observed in primates and human infants.

Primate studies

Research on attachment has been developing since the 1950s. Harlow (1958), after observing 12 rhesus monkey infants for the first year of life, theorized that primates offered a reasonable experimental substitute for the study of humans because the primate infant undergoes a period of development similar
to that of the human child. At birth or soon after, all monkey infants cling to their mother. Throughout early childhood, they are either in direct physical contact or close by their mother. As the young grow older, the proportion of time they are in contact with their mother decreases. Small exploratory studies (8 to 10 primates) by Harlow (1958), Jones and Clark (1973), and Suomi, Collins, Harlow, and Ruppenthal (1973), indicate that a deep and longlasting attachment exists between infant monkeys and their mothers. These authors also observed that when the mother and infant are separated, the infant's response is one of protest and despair.

Similar studies showed that infant monkey despair and depressed activity were produced by repeated separations from the mother. Seay, Hansen, and Harlow (1962) observed eight monkeys and Hinde and Spencer-Booth (1971) observed 16 monkeys while the authors briefly separated mother from infant. Infant monkeys responded with violent and prolonged protest and depressed locomotor and play activity. Effects of the separations lasted up to 30 months. Observations by the above mentioned authors and others have documented the occurrence of attachment in animals and severe reactions to the loss of close objects, especially in infant monkeys to their mothers.

**Infant and Child Studies**

The importance of mother-infant attachment and its lifelong implications have been extensively reported by researchers. It appears that attachment plays a significant role in the psychological and social development of humans throughout life.
Attachment behavior, according to Bowlby (1982), is any form of behavior that results in a person attaining or maintaining proximity to some other clearly specified person who is thought of as better able to cope with the world. This behavior is most evident whenever the person is tired, sick, upset, or frightened, and the behavior subsides with closeness, comforting, and caregiving. The knowledge that an attachment figure is available and responsive provides a strong and lasting feeling of security and helps the person to value and continue the relationship. Attachment behavior is most evident in early childhood, but it can be seen throughout the life cycle, especially in emergencies.

Because of the similarities between human infants and other primate infants, Bowlby considered infant-caregiver attachment and the maintenance of that attachment a significant issue. The theory of attachment in humans is an attempt to explain both attachment behavior, its occurrence and disappearance, and also the enduring attachments that children and other individuals make to particular others (Bowlby, 1982). Bowlby's (1969) attachment theory grew out of observations of the behavior of infants and young children who were separated from their primary caregiver for various lengths of time. Bowlby noticed that when an infant is separated from its mother, the infant goes through a predictable series of emotional reactions. Almost all humans exhibit some pattern of attachment behaviors. Bowlby (1982) considers these behaviors an integral part of human nature and believes that we try to remain within easy access of our attachment figures to insure positive emotional well-being.

Attachment behaviors found to be the earliest identified in infants are smiling and and crying (Ainsworth, 1969). The developing smile and the face-to-
face (en face) position were recorded by Stern (1974) as crucially important behaviors in the mother-infant attachment. The mother's presence and such behavior patterns as stroking, eye-to-eye contact, and finger-tip and palm contact helped heighten attachment (Ainsworth & Bell, 1973; Klaus, Trause, & Kennell, 1979). Moss (1967) observed 30 children and their mothers and emphasized that crying, as well as vocalizing, smiling, and focusing on the mother, were important signals to which the mother should respond.

As the infant matures, she displays more frequent attachment behaviors, as well as behaviors of longer duration (Moss, 1967). Kogan and Gordon (1975) describe mother-child behaviors in 10-year-old children as involving direct praise, hugs, kisses, smiling, enthusiasm, and a friendly tone. Attachment behaviors can be both proximal and distal. Proximal behaviors are those that require physical nearness or contact with another figure such as a touch, hug, kiss, or pat. Distal behaviors are those that allow a person to maintain some distance from the other figure, yet demonstrate attachment behavior such as a smile, praise, or warm comments (Kogan & Gordon, 1975). Other distal behaviors found in adults were proposed by Kalish and Knudtson (1976) and include telephone calls, letter writing, sending tapes, and looking at photographs. Additionally, in a study by Hollender, Luborsky, and Harvey (1970), the authors found that the desire of women to be cuddled and held described an attachment behavior of later life.

**Summary**

Studies, mostly observations, of early interaction between mother and infant show certain patterns of behavior that encourage attachment. These studies suggest that increased interaction and proximity by mother and infant increases
attachment responses and favorable infant and mother attachment behavior, and
the deprivation of maternal contact will consequently often result in emotional
distress and possible impairment of healthy emotional and personality
development.

As a child matures, many of the attachment behaviors remain essentially
the same, though the figures to whom they are directed may be different, and one
behavior may be more dominant than another. If the attachment experience of
infants can be measured and conceptualized, adult and older adult functioning can
be more sensitively predicted and understood (Moss, 1967).

Section Two

This section consists of a review of the few studies that have dealt with
attachment in the teenage, adult, and older adult years. Most of the reported
research is correlational and compares the presence of attachment with other
concepts. Very few clinical reports are available on who or what the figures of
attachment are for these age groups.

Attachment in the Teenage Years

It is presumed that the nature of attachment changes with adolescence. The
parent is no longer the most or only important figure in the child’s life as the
teenager moves into wider social circles. During this period, interest shifts from
family-centered to peer group-centered activities. The peer attachments made at
this time are of extreme importance in the adolescent’s psychological, social and
personality development (Ehrhart, 1987). Bowlby (1982) also suggests that early
healthy attachments make for later positive relationships.
The peer group influences the teenager as she becomes less dependent on parents and gains status in her own right with the peer group. Weiss (1973) has suggested that the central developmental task of teenagers is that of relinquishing parental attachments and forming new attachments to same or different sex friends and peer groups.

Following Bowlby's premise, Greenberg, Siegel, and Leitch (1982) developed a measure of affective attachment of adolescents toward their parents and peers. They found that adolescents' attachment to both parents and peers was related to self-esteem and life satisfaction, and confirmed the crucial role of attachments in psychological well-being. While these authors' tool provided greater clarity as to the nature of attachment in adolescence, they did not explore individual differences.

Armsden and Greenberg (1983) tried to improve on Greenberg, Siegel, and Leitch's scales and develop a reliable measure of young adult attachment. They gave 33 male and 55 female undergraduate students (age 17 to 20) questionnaires to determine the relationships among well-being, self-esteem, life satisfaction, attachment, and physical health status. As the authors hypothesized, the quality of parent and peer attachments were highly related to well-being, particularly to self-esteem and life satisfaction. It was also found that females scored significantly higher on the peer attachment scale. These findings are congruent with the earlier study linking psychological adjustment to the quality of intimate relationships with parents and peers.

In Armsden and Greenberg's study, a classification scheme was devised in order to categorize adolescents according to the particular nature of their
attachments. Adolescents classified as securely attached to their parents appeared to be very well adjusted. They possessed higher than average self-esteem and enjoyed frequent and satisfactory communication with their families. The authors felt their "Inventory of Parent and Peer Attachment" was shown to be a reliable and valid measure of the perceived quality of close relationships in adolescence, but suggested that sex differences be explored and a longitudinal study of attachment during the teenage years be considered.

In a sample of 53 first-year college students, Kobak and Sceery (1988), assessed three kinds of working models of attachment with the Adult Attachment Interview. Those persons securely attached were rated less anxious and hostile, better adjusted, and more likely to turn to others for support. Results suggested that securely attached late adolescents have higher perceived self-competence than adolescents in the dismissing of attachment or preoccupied with attachment groups.

In a correlational study by Hecht and Baum (1984), 47 young adults (mean age = 18.9 years) were given questionnaires to determine how early attachment patterns affected later development of the experience of loneliness. Pearson correlations revealed a moderate to strong relationship between feeling lonely and disrupted early attachment. The results of the study are consistent with Bowlby's notion that underlying attachment disorders may affect subsequent psychological development and social behavior.

How early childhood and teenage attachment patterns affect succeeding emotional health has been addressed in theoretical papers, but there have been very few actual research studies. Part of the problem in determining what attachments
are actually present in a certain age population has been the lack of development of instruments and their validity and reliability. Clearly, more research on attachments, the quality of the attachment relationship, and implications for the life span of humans are needed for this population.

**Adult Studies**

Many writers (Bowlby, 1982; Henderson, Duncan-Jones, Byrne, & Scott, 1980; & Weiss, 1982) feel that attachment is an important feature of adult relationships and that there is a link between child and adult attachment. Bowlby (1977, p. 33) states "there is a strong causal relationship between an individual's experiences with her parents and her later capacity to make affectional bonds."

Furthermore, West, Livesley, Reijffer, and Sheldon (1986) question if attachment behaviors remain the same, and how they may be modified from infants to adults. Another author, Cicirelli (1982, 1983) wonders how attachment can be maintained over geographical distance and time and what attachment behaviors are displayed under such conditions.

Fu, Goodwin, and Tegano (1984) assume the nature of attachments remain the same throughout life, but are reflected in qualitatively different behaviors, traits, and feelings at various times in the life span. The changes in quality are influenced by the key issues of developmental transitions, maturation, and changing relationships with others.

Although attachment in adults may be similar to attachments formed earlier, Weiss (1982) points out that attachment in adults differs from infants. He reports that attachment in adults usually appears in relationships with peers instead
of with caretakers and is often directed toward a figure with whom a sexual relationship also exists.

Attachment behaviors in adulthood are defined by Cicirelli (1983, p. 816) as a "class of behaviors that includes the interaction of communication over distance to maintain psychological closeness and contact". In addition, he feels that there must be physical closeness and contact periodically. He cites different examples of adult attachment behaviors as living close to parents, periodic visits, communication through telephoning, letter writing, tape recordings sent through the mail, and messages sent through others. Furthermore, Cicirelli feels that adults display attachment behaviors because of reactions to periods of separation, and adult attachment and attachment behaviors are independent functions with attachment behavior a consequence of attachment.

Cicirelli's (1983) definition of attachment leads to criteria such as feelings of closeness and perceived similarity to the attachment figure as evidence of the person's attachment, rather than criteria involving observed behaviors within close physical proximity. Thus, this study used verbal reports of attachment feelings and reported behavior patterns rather than observations of behavior to indicate attachment.

Marriage and Divorce Studies

Hazan and Shaver (1987) investigated the question of whether romantic love is the attachment process by which affectional bonds are formed between adult lovers, just as the affectional bonds are formed earlier in life between human infants and their parents. They designed a single-item measure based on the translation of three attachment styles of infants (secure, avoidant, and anxious
attachment) reported by Ainsworth, Blehar, Waters, and Wall (1978) into terms appropriate to adult love. Two hundred and five men and 415 women responded to a newspaper test about the most important romance they had ever had. The findings in the study showed that the best predictors of secure adult attachment were 1) high quality of their relationships with each parent, and 2) a positive parental relationship. The study was summed by stating that romantic love can be the basis for and help facilitate attachment between adult sexual partners for the beginning of a life-long attachment to each other.

Kotler (1985) analyzed verbatim interview transcripts from 30 men and 30 women from 60 different marriages concerning childhood experiences, premarital social and personal resources, interpersonal aspects of the marital relationship, marital quality, and present relations with children, parents, and in-laws. Emphasis was placed on the history and quality of significant close relationships.

In Kotler's study, a series of regression analyses supports the expectation that appropriate parental care contributes to healthy personality development in children and, in turn, to satisfactory marital relationships. The reports by the subjects emphasize their common need for a sense of security in intimate family relationships.

Other research into human sexual pair-bonds has focused on the break-up of the relationship. Weiss (1976,1979) described a persistent emotional bond (attachment) between separated spouses that he felt might be responsible for emotional distress when the attachment bonds were broken through separation or divorce. Weiss felt the depths of the bond of attachment to the spouse may be unconscious until the break-up occurs. The emotional distress would not be
spouse for emotional support; and 4) efforts to have additional contact with the ex-
spouse. The cross-validation showed several types of significant reliability and
validity. This study is one of a very few attempts published for quantifying the
degree of attachment, but it looks at spouse attachment after a divorce, a very
specific population.

Findings by Stephen (1984) support that couples who had achieved higher
levels of symbolic interdependence before breaking-up experienced greater
distress after the relationship ended. In this study, Stephen followed 130 couples
who were dating over a six-month period and assessed the interactions and
feelings of 83% of the 30 couples who parted and were willing to complete the
break-up questionnaire. Attachment is redefined in this study as an outcome of
symbolic interdependence, a construct describing the extent to which a couple has
constructed a shared view of the world. The concept of commitment was also
found to account for a portion of the variation in distress ratings.

Hess and Waring (1978) feel that the positive emotional dependencies in
adulthood can be attributed to the prominence of the marital relationship. They
proport that the maintenance and sustenance of the parent-child bond will be
increasingly based upon the willingness of both parties to engage in supportive
behaviors, and this willingness rests on the quality of the relationship over many
preceding years.

As important as attachment seems to be as a theoretical concept capable of
explaining and predicting individual differences and needs in response to marital
relationships and separation, and as a target for counseling interventions following
divorce, it is obvious that research into its causes and consequences is still quite
alleviated until the attachment bonds to the ex-spouse were ended and substituted with another attachment relationship. Consequently, the ability to end attachment to the ex-spouse would seem to be critical to the post-divorce adjustment.

In another study of attachment in the post-divorce period, Berman (1988) found the loss of the spouse (loss of attachment) resulting from the marital breakdown appeared to be a central component on post-divorce stress. Sixty recently divorced women were randomly assigned and completed a variety of questionnaires. These data provide substantial support for the belief that the marital partner as a positive attachment figure may exacerbate subjective distress after divorce.

Several studies have supported the hypothesized relationship between attachment and adjustment. Brown, Felton, Whiteman, and Manela (1980) and Kitson (1982) found rather substantial correlations, ranging from .46 to .56, between attachment and different independent measures of separation distress and adjustment. In addition, the former authors reported that attachment, when employed in a multiple regression analysis with the variables of financial strain, number of children, new friends, frequency of socializing, age of youngest child, and income, accounted for the greatest percentage of variance in separation distress and adjustment ($R^2 = .28$).

A 46-item attachment questionnaire (Brown & Reimer, 1984) was developed, cross-validated, and then tested on 51 volunteers to measure post-separation attachment following divorce. Attachment was defined to include 1) thoughts, fantasies, and dreams of the ex-spouse or past marriage; 2) hyperalertness to, thoughts of, and attempts at reconciliation; 3) reliance on the ex-
sparse. It is clear, however, that the attachment component is particularly long-lasting, tending to persist long after the pair has been parted, even if parting was desired. Problems with research in this area include a lack of clear measures of attachment and a lack of a consistent definition of the concept.

Family Studies

The changes in emotional bonding between spouses with the birth of a new child, the onset of grandparenthood, and the special bonding that occurs within a newly formed generational triad are examples of attachment and supportive relations that develop within the context of adult roles.

In a pilot study to test for dyadic attachment and family integration, Troll and Smith (1976) sampled 12 men and 12 women graduate students. The 24 participants rated their siblings, parents, grandparents, mother-in-law, and a close male and female friend on family attachment and integration scales. The authors assessed such areas in the family attachment scales as the frequency of contact, nearness of residence, amount of influence, strength and quality of relationship, responsibility and obligation toward the other person, and family integration issues. They found that sisters tended to be given higher attachment scores than brothers. This is consistent with the study by Armsden and Greenberg (1983) mentioned early in the literature review. Especially noteworthy are the findings that suggest that family bonding does not appear to depend on frequent contact or living nearby. The strength and quality of attachment were more important than proximity to the other persons.

Attachment has been studied rarely in the parent-child relationships after the child reaches adulthood. In childhood, attachment is typically asymmetrical,
with the child being more emotionally dependent on the parent. There is some speculation that emotional bonds are more balanced in adulthood than in early parent-child relationships.

Thompson and Walker (1984), correlated the relationship between how often assistance with goods and services occurred, how frequently help was given during times of illness, and how often advice was given to the concept of attachment (defined as emotional dependence). They found a positive correlation. This study used two sets of mother-daughter relationships. The subjects were 139 student women and their mothers and these same middle-aged mothers and their mothers (110 pairs). Each pair was categorized by the pattern of assistance described as high reciprocity, low reciprocity, mother dependent, or daughter dependent.

The authors hypothesized that mothers would report greater attachment than daughters. The findings show that mothers reported greater attachment than daughters only in the older pair of subjects, and high reciprocity relationships displayed greater attachment than other assistance patterns. Mothers and daughters perceived attachment differently in nonreciprocal relationships, but not in reciprocal relationships. Also, the dependent person in the pair reported significantly less attachment.

Attachment to grandchildren when they are very young, and during adolescence and early adulthood clearly involve lifespan development issues. These bonds do not appear to involve caretaking to a significant degree. An experimental study of the grandchild-grandparent bond was conducted by Schultz (1980). He administered tools to three groups of grandchildren (n=72) in the 4-5,
8-11, and 14-22 age range. The children were asked to indicate the emotionally 'closest' grandparent and the grandparent the child had the least interaction with. Data was analyzed with a three-way ANOVA. Significant findings reveal subjects knew more about the grandparent they were closest to and reported greater feelings of attachment to that grandparent. The evidence from this study supports the position that attachment behaviors may be important even when no clear caretaker relationship exists.

In summary, the attachments that exist between adults in the family unit and those that exist across generations persist because they have been willingly sought and nurtured by family members who are concerned with the well-being of one another. These attachments, made over a long period of time, are deep and rich. Generally, the greatest of these attachments is with a spouse, followed in strength by ties to children, parents, siblings, and friends. These attachments have also been found to endure and have strength and quality without depending on physical proximity to family members.

Older Adult Studies

Contrary to popular stereotypes, older adults do not, for the most part, live in isolation from their families. Although it is true that intergenerational households in the United States are not very common, contact with the extended family is far from rare. Johnson and Bursk (1977) feel that the importance of family involvement with the elderly not only do not diminish, but are crucial to the well-being of these persons. Butler and Lewis (1982) suggest that in the United States, 80% of all older people have living children, and 75% of them live either in the same household or no more than 30 minutes away. Additionally, Brody
(1970) suggests that bonds with their children are very important for the aged because they may experience additional stresses such as those occurring with retirement, loss of spouse or friends, or institutionalization.

Several articles examined the relationship between aspects of life satisfaction, attachments and successful adaptation to the development stage of the elderly. Johnson and Bursk (1970) designed a correlation study where the affective quality of relationships between noninstitutionalized white, elderly parents and their adult children were explored through interviews with 54 parent-child pairs. Of the four life areas (health, finances, living environment, and attitude toward aging) which had been identified as potentially relevant to the affective quality of the parent-child relationship, both the health and the attitude toward aging indicators were found to be statistically significantly related to the family relationship indicator. This association between good health and good relationships indicates that intervention strategies for elderly who do experience poor health should be developed and considered essential given that poor health may exacerbate poor family relationships, and poor family relationships have implications for the institutionalization of the elderly parent.

A doctoral dissertation by Kerr-Smith (1983) sampled 72 persons aged 62 years and above to assess individual adaptation as a function of the capacity for attachment behaviors. She administered an attachment history questionnaire and a morale scale, among other instruments, to find that the quality of attachment history was positively related to the ability to give and take aid from significant others. Subjects with low levels of morale in old age also reported less supportive relations with parents, remembered more harsh parental discipline and reported
feeling more isolated and alone during childhood, than those subjects with high morale. High morale in late life was statistically related to the establishment of new relationships, as well as having relationships with younger supportive persons.

Lowenthal and Haven (1968) conducted a study to examine whether the presence or absence of a confidant serves as a variable in the relationships between social measures and adaptation. The authors interviewed 280 community residents 60 and older. The findings showed that 70% of the individuals who lost a confidant were depressed. Furthermore, their research showed that the presence of an intimate relationship apparently does serve as a buffer against loss of role or reduction of social interaction.

Two aspects of the family as a social support system were researched by Shanas (1979). The author looked at who cares for the aged in time of illness and the families' visiting patterns to the elderly. The survey included 5,755 noninstitutionalized elderly over the age of 65. Shanas found that elderly people turn first to their families for help, then to neighbors, and lastly to agencies. When reporting findings from the visiting patterns, the author discovered three out of every four elderly with children saw a child within the week period preceding the interview. Among elderly who did not see their children, about four of every ten saw a sister, brother, or other relatives. The author emphasizes at the end of the study that the most important factor governing the relationship between the elderly and their children is the emotional bond between them.

In a survey of elderly in Texas, 2672 noninstitutionalized individuals over the age of 55 were interviewed by telephone to determine informal social supports
such as family, friends, and neighbors. Stephens, Blau, Oser, and Miller (1978) found that as the elderly's informal support increased, so did orientation to the future, leisure activity, zestful engagement and activity with friends. But as informal social support decreased, alienation and depression increased.

In a interview study by Aldous, Klaus, and Klein (1985), the characteristics of adult children who provided comfort and sympathy and served as confidants were compared with those adult children the parents perceived as disappointing. The authors reported on 117 couples with children who had left home. The findings confirmed the importance of daughters who lived nearby as understanding children. More important than proximity among the factors influencing parental judgments on disappointing and understanding children were intergenerational shared interests and values.

Studies that look more directly at the concept of attachment include a path model developed by Cicirelli (1983), in which adult children's feelings of attachment lead to their attachment behaviors and also to helping behaviors. Field survey data was obtained from 148 adult children with living elderly mothers. Analysis of data indicated that the adult child's attachment behaviors to the elderly mother are a function of feelings of attachment, the dependency of the mother, and obligation feelings. This supports the author's hypothesis that stronger feelings of attachment lead to increased attachment behaviors. Additional results indicate that helping behavior consists of attachment behaviors and dependency with increased attachment behaviors and greater dependency resulting in greater helping, as the author hypothesized. Feelings of attachment and obligation seem to be important only insofar as they stimulate and sustain the attachment behaviors. The feelings
of attachment to the parent were found to have a significant influence on future help, both directly and indirectly through influence on attachment behaviors. The results also suggest that it may be better to encourage children to continue such attachment behaviors as visiting and telephoning, rather than helping out of a sense of obligation, for the long-term value of the relationship. Since this study was carried out in a small midwestern city, the attitudes and values may change with other populations.

Another study by Cicirelli (1982), looked at attachments in elderly sibling relationships. Fifty elderly white adults aged 62-94 with at least one living sibling were interviewed to obtain information on five variables. Feelings of attachment (as defined previously by Cicirelli in this proposal), attachment behaviors, which included proximity, frequency of visiting and telephoning, and sibling conflict, sibling obligation, and sibling help were correlated and a path analysis done on all five variables. Significant findings showed help to siblings appeared to rest on feelings of attachment rather than on duty, and in fact, feeling a sense of obligation to help one's sibling actually appeared to result in less help. The study also found that sibling rivalry declined in late adulthood.

Gallman, Louis, and Field's (1987) study of attachment in elderly widows residing in the community was the first of its kind to investigate to whom elderly women feel attached and the strength and quality of their attachment. Ninety-five women were interviewed in their homes or a private room within a senior citizen's center. The elderly widows reported that they were attached to their daughters more than any other person. The women were able to maintain frequent contact
with their attachment figures, stating the telephone with the most common method used.

Finally, attachment of elderly widow(er)s was explored by Moss and Moss (1984) in a speculative paper. They proposed that deep attachments to the deceased spouse persisted over years. They found that in spite of the loss, separation, and grief, five themes of the marital tie continued throughout widowhood. The authors suggested that all strong family bonds persisted over a lifetime, whether they were early parent-child ties, or marriage ties broken by divorce or death. They considered the variables of caring, intimacy, family, commitment, and reciprocal identity support after the first few years of separation and mourning had passed. They stressed that in spite of deep loss and recurrent grief, the tie is never broken, but in fact is a nourishing link to the past.

**Summary**

There is a steady increase in the number of persons over 65 years of age in the United States. Many elderly have outlived a significant other or do not have a family. In the absence of a marriage partner, attachment satisfaction may be realized through interaction with children, grandchildren, living siblings, or friends and neighbors. For these persons, close friend and confidants provide increased life satisfaction. It is the quality of the relationship that is important. An intimate relationship in which the members can confide in each other or call on them for help is the more valuable in promoting well-being.

Cicirelli's (1982, 1983) findings especially impact this proposal. His studies verify and describe the presence of feelings of attachment and attachment behavior in an elderly population, although his research involved
noninstitutionalized elderly. Research on institutionalized elderly and attachment is still sorely needed, as is further study in the previously mentioned populations.

Section Three

Elderly Residing in Nursing Homes

Findings from the literature on long-term institutionalization of the aged reveal the negative effects institutionalization has on the aged residents. The relocation process itself is often perceived as a stressor, as well as concern for the quality of care provided inside institutions. It is true that only four to five percent of persons over the age of 65 are in institutions, but it is also true that one out of five persons will stay in an institution, if she or he lives long enough to reach the age of 80 (Palmore, 1976).

Nurses, among others, are very concerned about the quality of emotional care provided in nursing homes, yet they know little about the residents' perceptions of what constitutes positive emotional well-being in these settings. Attachment has been linked through previous studies to security, social interaction, and adaptation, variables present in positive emotional bonds in the elderly.

The elderly have succeeded in reaching old age because of their strengths and their ability to cope with stressors and changes throughout their lives. But once residing in a nursing home, whom do the elderly have feelings of attachment for that foster positive well-being in their lives? No documented studies were found to measure or discuss attachment in this population. Elderly women are especially at risk because of their longer life span and the possibility they will have
lost more of the people or things they may have been attached to throughout their life.

Attachment theory offers an important perspective for elderly women in nursing homes. The distress over separations from family and the familiar home environment can be offset by the availability of a stable attachment figure within the institution. Who are the attachment figures present and available for the elderly woman to rely on?

Green and Monahan (1982) investigated the effects of frequent contacts with family members and reported a significant relationship with the psychosocial well-being of the participants. This study used 294 randomly selected elderly from 28 nursing homes, and supports the idea that there are benefits to be gained from intimate relationships.

Miller and Beer (1977) report from a sample of 37 subjects that 75% of the subjects indicated they had friends among other residents, 76% stated they had friends among the staff, and 61% responded that they had friends outside of the institution. In another study, by Retsinas and Garrity (1985), a sample of all 145 residents in a nursing home revealed 65% had friends in the home. These findings differ with those of Jones (1972) who reported that subjects seldom had communications with other residents. The differences found may be due to the locations of the studies, or the demographics of the subjects involved. Rural versus urban subjects, the particular ethnic background, or the social atmosphere of the nursing home may all contribute to the reported results.

Harel and Noelker (1982) tried to determine the effects of several factors of personal well-being of residents in institutions. The 125 subjects were selected
from nursing homes, and two thirds of the residents were females. The findings of this study showed that the residents relied primarily on their children, family members, and friends outside the institution as sources of help, for figures of emotional closeness, or to talk over important matters with.

Seelbach and Hansen (1980) gathered interview data from 160 institutionalized and 207 community-dwelling elderly concerning their satisfaction with various aspects of family relations. While 80% of the sample were satisfied, significant differences were found between the institutionalized and the community-dwelling participants. Institutionalized elderly reported less satisfaction with family relationships, perhaps because they did not see family members as often.

An interesting study by Miller and Russell (1980) looked at the elements promoting life satisfaction of 20 residents age 70 to 91 years old in a a long-term care facility. Subject life satisfaction scores were compared to demographic variables and nurse ratings of the subject satisfaction. The results of an open-ended questionnaire were categorized into conceptual areas and summarized. Leisure activities, pleasant mealtimes, perceived good health, comfortable resident-staff relationships, significant others (close family relationships, and visiting friends), and church-related activities were positively related to life satisfaction. The variables found to negate life satisfaction were meal schedules and absence of room choice, financial insecurity, lack of visits from friends, and discontentment with past life. The findings of this study indicate that nursing personnel need to be aware that the nurses' perception of what is satisfying to the resident may be different from the resident's perception of satisfaction.
The studies of life satisfaction point out that elderly residing in nursing homes value family and friend relationships and the emotional benefits received from those relationships. Still, no studies have looked at what the feelings of attachment in institutionalized elderly, or specifically the elderly woman, and the place, value, and importance these feelings and figures of attachment have for that elderly woman. Additionally, the presence of attachment behaviors needs to be described so nursing home staff will be able to care for elderly women more effectively and foster the occurrence of attachment.

Additional studies related to the attachments of elderly women residing in nursing homes concern the importance of personal possessions in their life. The elderly have an increasing emotional investment in familiar items surrounding their daily lives, such as familiar objects, heirlooms, keepsakes, photo albums, scrapbooks, and old letters. These objects provide a sense of continuity, help the memory, and provide comfort, security, and satisfaction (Butler & Lewis, 1982).

The findings of Sherman and Newman (1977-1978) support the hypothesis that very few persons without cherished possessions have high life satisfaction scores. They conducted a descriptive study of 94 elderly persons which included 62 subjects from a community center and 32 from a nursing home. It was found that 81% of the sample could readily identify a most cherished object. For women, the valued possessions were most frequently photographs, but the range of items went all the way from a small piece of jewelry to a home. The lack of a cherished possession was associated with lower life satisfaction scores, which suggests that such a lack might be an indicator of poor adjustment.
Another study by McCracken (1987) described the emotional impact of possession loss in a convenience sample of 75 women, 65 to 75 years old, who had relocated into segregated, independent living accommodations. The findings include a decrease in possessions accompanying the person when they relocate, which adds to the difficulty of the move. Possessions taken with the person add to the familiarity of the surroundings. The elderly women had negative physiological and psychological changes when they were permitted to move only a limited number of personal possessions. These women also felt that loss of their possessions contributed to a loss of continuity with their life history.

Wallendorf and Arnould (1988) conducted a cross-cultural study of object attachment. People (N=385) described their favorite objects as reflecting personal meaning and attachments in both the United States and Niger. Favorite objects provided affective memories or personal experiences of the person who made the item. Attachments to objects most often served as symbols of, rather than replacements for, close interpersonal ties. For the Nigerien sample, fewer types of objects were selected as favorites, probably reflecting a smaller number of consumer objects owned and different cultural values.

The above mentioned studies clearly demonstrate that personal possessions are an important part of the elderly's life. Such objects provide a sense of continuity, aid the memory, and provide comfort, security, and satisfaction. Therefore, including cherished possessions as objects of attachment seems to be a logical inclusion in this investigator's study.
Summary

In this chapter, the investigator reviewed the literature of primates, infants and children, teenagers, adults, and the elderly concerning attachment in these populations. A paucity of research exists about attachment in teenage, adult, and elderly people, and the review points to the great need to build a foundation of basic knowledge of attachments in these groups so that further correlations and intervention studies may be attempted.
CHAPTER THREE

METHODOLOGY

The purpose of this chapter is to describe the methodology of the study. The chapter includes a description of the design, sample, procedure, pilot study, instruments, and data analysis techniques used in the study.

Design

The design of this study was exploratory descriptive since there is a paucity of research on attachments in the elderly. The exact nature of the attachments of elderly women needs to be documented before further correlations or interventions can be studied. Furthermore, the design is a type of qualitative research concerned with understanding people within their environment, based on the idea that knowledge of people is not found without describing persons' experiences as they are living those experiences (Polit & Hungler, 1987).

According to Woods and Catanzaro (1988), descriptive research observes, documents, analyzes, and interprets data to achieve a better understanding of the patterns, characteristics, and meanings of the area of interest. This design permitted the investigator to observe, document, and examine the place of attachment at this stage in the elderly woman's life, and her feelings of attachment specifically within the nursing home environment. The patterns and characteristics of attachment were then analyzed and interpreted. An assumption was made that attachments extend beyond infancy and early childhood, even though data had not been collected enabling a direct demonstration of such an extension across long portions of the life-span. This study enabled the
investigator to understand better the feelings of closeness, expressions of care, concern and affection, and resulting behaviors of elderly women, given the changes and losses that come with residing in a nursing home. Therefore, it was important to begin by describing the main feelings that characterized attachment in elderly women in nursing homes towards their attachment figure(s).

Sample

Maximum variation sampling, or 'purposeful sampling', (Lincoln & Guba, 1985; Woods and Catanzaro, 1988) was the underlying principle for selecting participants (N=30), and is the method of choice in studies where the aim is to include as much information as possible about the area of interest. In purposeful sampling, the size of the sample is determined by the information obtained. The point is to maximize the amount of information, and sampling is ended when no new information is obtained. In other words, redundancy is the major aim (Lincoln & Guba, 1985). Lincoln & Guba (1985) estimate that redundancy is likely to occur with as few as 10 to 12 participants, and 20 is usually far past the point of redundancy. They also advise to stop gathering data when resources run out, when regularities in the data are observed, or when category saturation has occurred.

Since qualitative research tends to yield vast amounts of data, it is not practical for the investigator to use a large representative sample when collecting data (Polit & Hungler, 1987). Therefore, the aim of the study was to discover in-depth the various feelings, behaviors, and figures of attachment present in elderly women, not to achieve repetition.
Sample Description

Each participant was selected on the basis of her willingness to participate in the study and ability to meet the preset criteria for inclusion. This study began by interviewing 30 elderly women over the age of 65 who had resided in a nursing home for six months or more. The women ranged in age from 65 to 91 and had lived in their respective nursing homes from six months to 14 years (see Table 3.1). Living in a nursing home for at least a six month period allowed the participants time to adjust their lifestyles and establish preference patterns, and to become acquainted with other residents and caregivers.

Most of the women were born and had lived most of their lives in a rural area or town in the midwestern part of the United States (U.S.). Two participants were born in Europe and moved to the U.S. when they were very young. One woman had lived in an eastern state her entire life and was moved and placed in a nursing home near her daughter who now lives in the midwestern part of the U.S.

Twenty-four of the participants were widowed and two of the women had remained single their entire lives. Three had been married twice, and of those, two women remarried after their first husband died and were subsequently widowed again. One elderly woman was divorced from her first husband and then her second husband died. Of the 30 women, one was divorced at present. The sample was Caucasian except for one American Indian (see Table 3.1).

The sample had achieved a broad range of educational levels. Eleven women had gone to school from sixth to eighth grade, 12 had high school diplomas, three had attended some college and four graduated from college, with
# TABLE 3.1

**Demographic Data**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Value</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>65 - 69</td>
<td>2</td>
<td></td>
<td>6.7</td>
</tr>
<tr>
<td>70 - 74</td>
<td>3</td>
<td></td>
<td>10.0</td>
</tr>
<tr>
<td>75 - 79</td>
<td>6</td>
<td></td>
<td>20.0</td>
</tr>
<tr>
<td>80 - 84</td>
<td>4</td>
<td></td>
<td>13.3</td>
</tr>
<tr>
<td>85 - 89</td>
<td>11</td>
<td></td>
<td>36.7</td>
</tr>
<tr>
<td>90 - 94</td>
<td>4</td>
<td></td>
<td>13.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>30</td>
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</tr>
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</table>

<table>
<thead>
<tr>
<th><strong>Marital Status</strong></th>
<th>Value</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
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<td></td>
<td>6.7</td>
</tr>
<tr>
<td>Divorced</td>
<td>1</td>
<td></td>
<td>3.3</td>
</tr>
<tr>
<td>Widowed</td>
<td>24</td>
<td></td>
<td>80.0</td>
</tr>
<tr>
<td>Married x 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Divorced-Widowed</td>
<td>2</td>
<td></td>
<td>6.7</td>
</tr>
<tr>
<td>Widowed-Widowed</td>
<td>1</td>
<td></td>
<td>3.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>30</td>
<td></td>
<td>100.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Race</strong></th>
<th>Value</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasian</td>
<td>29</td>
<td></td>
<td>96.7</td>
</tr>
<tr>
<td>American Indian</td>
<td>1</td>
<td></td>
<td>3.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>30</td>
<td></td>
<td>100.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Length of Time in Nursing Home</strong></th>
<th>Value</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 - 12 month</td>
<td>7</td>
<td></td>
<td>23.3</td>
</tr>
<tr>
<td>1 - 2 years</td>
<td>12</td>
<td></td>
<td>40.0</td>
</tr>
<tr>
<td>3 - 4 years</td>
<td>8</td>
<td></td>
<td>26.7</td>
</tr>
<tr>
<td>5 - 10 years</td>
<td>2</td>
<td></td>
<td>6.0</td>
</tr>
<tr>
<td>10 - 15 years</td>
<td>1</td>
<td></td>
<td>3.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>30</td>
<td></td>
<td>100.0</td>
</tr>
</tbody>
</table>
one of those obtaining her master's degree in library science. Most of the women held blue collar/service jobs, as well as being homemakers during their earlier years (see Table 3.2). Part of the sample worked outside the home for several years until they married. As one woman stated, "My husband thought that the home was my place." All except three of the sample had children. The size of the family ranged from one to seven children.

At the time of the interviews, 25 of the elderly women who resided in nursing homes roomed with another woman. Five of the sample had single rooms. None of the women mentioned their roommates as someone they had an attachment to, in fact, more often the women either did not mention their roommates or spoke disparagingly of them.

The elderly women had many physical disabilities. They described such mobility problems as confined to bed with total care needed (1), confined to a wheelchair and needed help with dressing and other activities of daily living (4), sat in or pushed a wheelchair or used a walker because of muscular weakness or needed support and were able to preform most of their self-care activities (22), and needed no assistance with mobility or caring for their routine daily needs (3). Several of the women had severe sight problems; one was very hard of hearing, and one had speech problems from a surgically removed brain tumor. One participant was on dialysis; two had below the knee amputations, and two needed an almost constant oxygen supply.

The participants had multiple physical diagnoses. The range of diagnoses included arteriosclerotic heart disease, arthritis (osteo and rheumatoid), bypass
### TABLE 3.2

**Demographic Data**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Value</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 - 8 Grade</td>
<td>11</td>
<td>11</td>
<td>36.7</td>
</tr>
<tr>
<td>9 - 12 Grade</td>
<td>12</td>
<td>12</td>
<td>40.0</td>
</tr>
<tr>
<td>Some College</td>
<td>3</td>
<td>3</td>
<td>10.0</td>
</tr>
<tr>
<td>College Graduate</td>
<td>3</td>
<td>3</td>
<td>10.0</td>
</tr>
<tr>
<td>Master's of Science</td>
<td>1</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>30</strong></td>
<td><strong>30</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

| Previous Occupations   | Homemakers    | Does not equal 100% |
| Store Clerk            | 6             | because            |
| Cook/Waitress          | 7             | several jobs       |
| Nurses' Aide           | 3             | were held          |
| Factory Worker         | 1             | during             |
| Post Office            | 1             | working            |
| Seamstress             | 2             | years besides      |
| Insurance              | 1             | being              |
| Teacher                | 6             | a homemaker        |
| Administrator/         | 1             |                    |
| Librarian              |               |                    |

| Share a Room           | Yes           | 83.3       |
|                       | No            | 16.7       |
| **Total**              | **30**        | **100.0**  |

| Number of Children     | None          | 10.0       |
|                       | One           | 16.7       |
|                       | Two           | 26.7       |
|                       | Three         | 20.0       |
|                       | Four          | 3.3        |
|                       | Five          | 6.7        |
|                       | Six           | 3.3        |
|                       | Seven         | 13.3       |
| **Total**              | **30**        | **100.0**  |
surgery, cancer, cerebral vascular accident, chronic obstructive pulmonary
disease, chronic renal failure, diabetes, diverticulosis, emphysema, hypertension,
myocardial infarction, osteoporosis, Parkinson's Disease, polio, and polymysitis.
They did not have a psychiatric diagnosis, or a diagnosis which could have
indicated possible dementia listed on their chart. The absence of these diagnoses,
however, is not a complete screen for depression in the nursing home. The
women were taking a variety of medicines, but were not taking antipsychotic
medicines regularly.

Since LaPorte (1982) and Butler & Lewis (1982) report that one half to
three quarters of the nursing home population demonstrate signs of cognitive
decline, the study sought to exclude those elderly women who had varying levels
of confusion. The nurse manager of each nursing home was asked to include in
her list of possible participants only those residents who were thought to have
clear orientation, adequate recent and remote memory, good concentration, and
accurate interpretation of the environment, as determined by the nurse manager
and her staff. All participants had a clear orientation and no discernible cognitive
impairment when questioned by the investigator. The participants also were able
to hear, speak, and comprehend English. Approximately two percent of the
nursing home residents were interviewed.

Data collection continued until 30 participants were interviewed, at which
time, category saturation occurred and resources ran out. Redundancy of
information was achieved at approximately the ninth participant.
Setting

The participants resided in nursing homes within and in a 30-mile radius of a city located in a midwestern state which has a population of approximately 50,000. The surrounding area is rural, and the vast majority of people are white and middle-class. Many of the residents have an ethnic background from western Europe within one to two generations; mainly they are of Scandinavian, English, Irish, Scottish, French, or German descent. Protestant and Catholic churches account for most of the religious activity in the area (see Table 3.3). Many of the participants had resided in this area for their entire life. Relative homogeneity of the sample in race and ethnic characteristics was considered acceptable for a beginning study in the problem area. In further work, participant perspectives from other socioeconomic, racial and ethnic groups will need to be explored.

TABLE 3.3

Demographic Data

<table>
<thead>
<tr>
<th>Variable</th>
<th>Value</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religious Affiliation</td>
<td>Protestant</td>
<td>24</td>
<td>80.0</td>
</tr>
<tr>
<td></td>
<td>Catholic</td>
<td>3</td>
<td>10.0</td>
</tr>
<tr>
<td></td>
<td>Jehovah's Witness</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td></td>
<td>Pentecostal</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td></td>
<td>None</td>
<td>1</td>
<td>3.3</td>
</tr>
</tbody>
</table>

30 100.0
The nursing homes had separate physical layouts, administrators, caregivers, and daily activities. The nursing homes were certified as skilled-care facilities and were licensed to care for approximately 50 to 120 residents each. The administrators of the nursing homes were receptive to this study being conducted in their institutions.

**Procedure**

Prior to data collection, approval was received from The University of Texas at Austin School of Nursing's Departmental Review Committee. The university-wide internal review board also reviewed this proposal and gave approval, as did each participating nursing home. A letter explaining the study was given to each nursing home resident (see Appendix A, p. 112). This letter included a description of the study, identification of the researcher, the purpose of the study, assurance of confidentiality, and acknowledgement that participation in this study was completely voluntary.

After institutional consents had been obtained, the nurse manager in each facility was asked to designate elderly women in the home who fit the criteria for inclusion. The nurse manager or charge nurse then introduced each elderly woman who had the potential from the previously mentioned criteria to be included in the study to the investigator. The investigator and the nurse approached each woman individually. The investigator then explained the study and gained the elderly woman's written consent to participate. Thirty-six women were approached and 30 agreed to participate. A time was scheduled with each participant to conduct the primary interview at her convenience. During the initial contact, the investigator also began to develop a trusting relationship with the
participant and confirm the presence of orientation, adequate memory and concentration. Occasionally, the participants' charts were examined to obtain some demographic data such as medical diagnoses or medications. This was done if the participant was not certain of the names of all of her medications or gave a vague answer such as "kidney trouble" or "heart problems" when asked about medical conditions.

Written explanation of the study and the investigator's phone number was left with each participant, in case any participant should have questions related to the study in the absence of the investigator. This information was typed in large print for easier reading (see Appendix A, p. 112).

Each participant was interviewed using the open-ended interview questions (see Appendix D, p. 122) developed for this study. Open-ended questions are used when the investigator cannot anticipate the ways in which people are likely to respond to a question and when there are many possible answers. Open-ended questions are flexible, offer the ability to look in depth at the area of interest, and allow the participant to respond in her own words. In this study, open-ended questions were asked to elicit the most information about the elderly woman's feelings of attachment. This type of interviewing also provided for some control over the interview, because it ensured that each participant was asked the same sequence of questions, which were phrased in essentially the same words (Polit & Hungler, 1987; Woods & Catanzaro, 1988).

The interviews were audio recorded with a small handheld cassette recorder and took from 40 minutes to two hours each. Each woman readily agreed to have the interview audio recorded and voiced no reservations about
answering any of the interview questions. The interviews were conducted in a private room within each nursing home to ensure as relaxed and psychologically comfortable an environment as possible. Occasionally, the interview was conducted in the participant's room with the roommate present when the participant had assured the investigator her roommate "couldn't hear a thing" or "doesn't understand anything" and she did not mind talking with the roommate physically present. Questions were stated slowly and repeated when necessary. Participants were observed for signs of tiring. All of the interviews except one were completed in one session. One of the participants received visitors and elected to complete the interview the next day.

Audio tapes were numerically coded so that no identifying information was on the cassette, and they were kept in a locked file cabinet so that only the investigator had access to them. The tapes were then transcribed verbatim using only code numbers. No names or personally identifying information appeared on the transcriptions. Tapes were erased after the transcriptions were made.

When the interview was completed, the investigator asked each participant if she had any questions about the study. If there were any questions, the investigator answered to the best of her ability, thanked the participant for her participation in the study, and advised her to contact the investigator or the supervising professor if she had any further questions.

**Pilot Testing**

A pilot study consisting of a sample of 2 elderly women residing in a nursing home was conducted to test the interview questions. The pilot was done to determine if the planned procedures and questions were appropriate. Pilot
study results were analyzed and all interview questions remained important in obtaining information. It was discovered that question #7 and #11 often elicited similar information from the participants. Question #14 needed further clarification for some participants, but all questions were necessary to cover completely the phenomena of interest. The pilot subjects provided data relevant to the research questions and the data were included in the overall analysis.

Instruments

The instruments to be used in the study included a demographic data sheet and open-ended interview questions developed for the study. The instruments are described in the following sections.

Demographic Data

Demographic data were gathered so that the sample could be adequately described. Data consisted of information collected about the participants' date of birth, place of birth, ethnic background, marital status, race, religious affiliation, educational level, previous occupation, and number of children. Information about the length of time the woman had resided in the nursing home, medical diagnoses, physical limitations, medications, and if the participant shared a room was also collected (see Appendix B, p. 116). Selected demographic characteristics of the sample are described earlier in this chapter and also in Chapter IV. Demographic data were obtained from the participants' charts, nursing home staff, and from the participants. A complete description of the participants' characteristics are found in Appendix C, p. 116.
Interview Questions

Because there was no known instrument for use in determining the feelings of attachment and attachment behaviors in elderly women residing in nursing homes, an open-ended questionnaire was developed (see Appendix D, p. 122). After a thorough review of the literature concerning attachment theory, the questionnaire was constructed for a specifically feminine nursing home population with help from a tool used by Gallman, Louis, and Field (1987) in a study on attachments in elderly women in the community and from Parra's (1989) and West, Sheldon, & Reiffer's (1987) adult attachment instruments.

In many cases, participants did not have the same reading level and background knowledge about the topic of the study. Therefore, it was important to construct questions that would be understandable to them. The words 'close to' were substituted for the concept of "attachment" in the interview questions. This substitution was successful in eliciting information about the concept of attachment in Gallman, Louis, and Fields' (1987) study of attachments in elderly women in the community setting and in this study.

The interview questions were pilot tested on two elderly women for clarity, research adequacy, and freedom from bias prior to commencing the study. An additional question was serendipitously included after the pilot study and asked at the beginning of each interview. The additional question asked was "What does it mean for you to be 'close to' someone?" This was asked in order to understand better the meaning attachment might have for this sample of elderly women residing in nursing homes.
Methods of Data Analysis

Descriptive statistics were applied to the information obtained from the Demographic Data Form. Descriptive statistics were then used to describe the sample, including frequency distributions and percentages. Furthermore, demographic data were described in a narrative report and were presented graphically when appropriate.

Data for a qualitative descriptive study are generated from individuals who possess expertise in living the phenomenon of interest. Information is sought about the experiences of participants that shape their current perceptions (Wood and Catanzaro, 1988). Qualitative data are expressed in words, rather than numbers. During data analysis, audio tapes were listened to and transcribed. As verbatim transcriptions were completed, they were entered into the Ethnograph computer program. The Ethnograph initially numbers lines and leaves the right hand side of the page empty for coding. Each transcript was reviewed for statements or phrases that directly related to the phenomenon of interest. These significant statements were initially grouped into seven codes (meaning of attachment, reporting of attachment, feelings of attachment, persons attached to, proximity to persons of attachment, objects of attachment, and attachment behaviors). This initial coding helped pull an enormous volume of data into a manageable form. The codes were entered into the Ethnograph program and data sheets were generated which contained the statements and phrases relevant to a given code for each individual and across the whole group. The data were read extensively and new categories were added as they emerged from the data (Miles & Huberman, 1984; Polit & Hungler, 1987). The twelve second level codes were
more refined in terms of explaining the concept of attachment in elderly women residing in nursing homes. The content of these codes is discussed in Chapter IV. A complete list of the codes is in Appendix E, p. 125. When a new code was added, previous transcripts were reviewed for the presence of material which fit the new code. The categories identified were used to address the research questions which are discussed in Chapter IV.

Miles & Huberman (1984), Polit & Hungler (1987), and Wood & Catanzaro (1988) suggest that in order to aid in data reduction, a summary be written on each interview, which included the main themes, problems, questions, key phrases, nonverbal behavior and the affective and physical presentation of the patient that arose during the interview. A summary was completed immediately after each interview in this study and helped the investigator plan for subsequent data collection, look for new codes or revise old ones, and helped reorient the investigator to the setting when returning to the data. The summary sheets contributed to the thick description of the phenomenon of interest and stimulated the researcher to think in greater depth about the data.

Themes, patterns, and recurring ideas were searched for and analyzed and were reported in frequencies, percentages, and descriptive form. Commonalities such as certain subgroups, contexts, and certain time periods were watched for and all data reported in frequencies and percentages (Polit & Hungler, 1987). Finally, the identified themes were analyzed and synthesized in a manner that provided an overall structure for the entire body of data. Data analysis also includes verbatim comments from the participants to illustrate the derived themes and answer the research questions.
Reliability

"Reliability in qualitative research emphasizes the uniqueness of human situations and the importance of experiences that are not necessarily accessible to validation through the senses" (Sandelowski, 1986, p. 33). Variations in an experience, rather than identical repetition, are sought. Guba and Lincoln (1981) propose that dependability be the criterion that relates to the consistency of qualitative findings. A study and its findings are dependable when another researcher can clearly follow the "decision trail" used by the investigator in the study. In addition, another researcher could arrive at the same or comparable, but not contradictory conclusions given the researcher's data and perspective and the situation.

Dependability means that any reader or another researcher can follow the progression of events in the study and understand its logic. It is important to describe and justify what is to be done and why, and this information should be demonstrated through the research report. In this study, reliability was supported by carefully describing the underlying assumptions and theoretical orientation of the study, the decision making activities, the characteristics of the subjects, and the data generation and analysis strategies. The investigator also used verbatim transcriptions of interviews and colleague examination to establish the reliability and validity of data coding and categorizing. The report of this study will serve as a type of reliability to other researchers in the area of attachments in elderly women.

Intracoder reliability (Goodwin & Goodwin, 1984) was used as an indication of consistency. This is the extent to which the investigator identified the
same data segments for coding and classified data segments into the same categories. Since the interview questions were administered by the investigator, it was important to assure that responses were coded the same from interview to interview. In this study, the investigator recoded 10% of the transcribed interviews two weeks after all data had been coded. The two sets of coded responses were compared to determine the level of agreement over time. Intracoder reliability at two weeks was 84%.

Interrater agreement (Wood & Catanzaro, 1988) was used to check the accuracy and precision of the coding system. The reliability of coding and categorization was established by having a second researcher, familiar with the substantive area and research methods, review the analysis. Ten percent of the transcribed tapes were rated to determine agreement of respondent comments into specific themes and categories. An agreement level of 82% was calculated. The minimum level accepted for the study was 75%.

**Validity**

A research instrument is valid when there is confidence that it measures truthfully what it was intended to measure. In qualitative research, truth is a much more elusive goal. The truth value of a qualitative study generally resides in the discovery of human experiences as they are lived and perceived by participants (Sandelowski, 1986). The term transferability, rather than generalizability, is used to indicate that the responsibility for deciding whether findings apply outside of the particular study falls on the person wishing to make the transfer. The original researcher can only make the circumstances of the study as explicit as possible.
Construct validity, according to Goodwin & Goodwin (1984), can be maximized in qualitative research by techniques such as peer review. This involved presenting the identified themes and units of analysis to researchers familiar with the concept of attachment in the elderly to determine if reasoning was sound, if interpretations agreed with those of similar studies, and if the interpretations promoted significant understanding of the concept studied. This was accomplished by having two colleagues review the research questions, the interview questions, and the transcriptions with the identified codes or units of analysis until consensus was achieved. The colleagues were doctorally prepared nurses from the School of Nursing faculty of The University of Texas at Austin and The University of Nevada at Las Vegas. Each had previously conducted research looking at attachment in an elderly female population.

**Summary**

This exploratory descriptive study consisted of interviewing 30 elderly women residing in nursing homes, who had clear orientation, to examine feelings of attachment and attachment behaviors in their present environment. In this chapter, the investigator described the methodology, sample selection, instruments, procedure, pilot study, and data analysis used in the study. Data were primarily qualitative, but some quantitative data were generated to provide an additional perspective on the concept of attachment.
CHAPTER FOUR

PRESENTATION, ANALYSIS, AND INTERPRETATION OF FINDINGS

In generating research results from qualitative data, both the substance and form of the results will emerge from the data and will be idiosyncratic to each study. Therefore, . . . research questions provide an essential structure for guiding data analysis and interpretation (Ammon-Gaberson & Piantanida, 1988, p. 159).

The analysis and interpretation of the data from this study is organized around the four research questions which the study was designed to answer. This chapter consists of six sections. In the first section there is a discussion of the presence and meaning of attachment in the lives of the elderly women. The second section describes the persons the women name as their primary attachment figures and the proximity of those persons. The third section presents information related to the feelings of attachment these women report. Section four looks at the many and varied attachment behaviors present in the sample population. The fifth section discusses the attachment the women have toward objects, and the sixth section contains a summary of the findings.

Section One

There were four major research questions in this study. This section presents data relevant to the first question.

Question 1

Do elderly women residing in nursing homes report feelings of attachment to other persons and/or objects?
In this study, the investigator asked the participants if there were people they felt close to in their lives and who those people were. They were also asked to describe briefly what it means to be "close to" another person.

Without exception, every elderly woman stated she could identify people she felt close to in her life. Not one member of the sample felt she was without attachments towards others. Attachments toward family and friends were evident. The sample differed widely on the total number of persons they listed as people they felt close to. Some had long lists, perhaps because of their personality and life style, or because their definition of attachment may have been broader. One woman who had lived in a nursing home for 14 years responded to the investigator with "Well, of course there's more than a few people I feel close to. I'm a person who has a closeness to many people." Others would immediately choose only their child(ren) stating, "there aren't others that I feel exactly close to."

The participants had a tendency to report first people in their families. As one woman stated, "Oh, I mostly feel close to my family. My daughters and my son, and my oldest sister and I have always been very close. Also one niece right here in town and her daughter, and my grandchildren." When initially asked, 24 of the 30 women mentioned attachments to their family (see Table 4.1).

Attachments to friends were also very important for the women. During the first interview question, 16 women named friends, mostly long-time, as persons with whom they felt close. A 91-year old woman claimed "a friend that I started in the fourth grade with and graduated from high school with" as an attachment figure in her life. Several of the 16 who mentioned attachment to
friends lived in a nursing home which held a prayer group daily. The members of the group had become trusted friends over the last two to three years. They formed a support group for one another while in the nursing home and mentioned one or two group members as persons to whom they felt attached. As one woman said, "I feel close to her; she comes in every night to visit and pray with me."

A third, broad category of attachments included staff working in the nursing home. Five women reported they had feelings of attachment toward nurses, aides, or the social worker. One participant reported, "Well, you would be surprised, but there's a young girl here in the nursing home that always takes extra good care of me. She would just do anything for me. She told me I'm getting too much attached to you." Another elderly woman responded she felt close to two or three of the girls who worked in the nursing home to whom she could tell her troubles.

Table 4.1

<table>
<thead>
<tr>
<th>Attachments Present in Elderly Women Residing in Nursing Homes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variable</td>
</tr>
<tr>
<td>----------</td>
</tr>
<tr>
<td>Positive report</td>
</tr>
<tr>
<td>Negative report</td>
</tr>
<tr>
<td>Attachments Reported toward others</td>
</tr>
<tr>
<td>Family/Relatives</td>
</tr>
<tr>
<td>Friends</td>
</tr>
<tr>
<td>Nursing Home Staff</td>
</tr>
</tbody>
</table>

* Note: Does not equal 100%. Many reported several categories
In a follow-up question later in the interview, the investigator asked, "Who else do you feel close to and for what reasons"? This question elicited further responses of additional family members, friends, and more nursing home staff. The question brought 17 more responses of attachment to family or relatives, 21 more responses of attachment to friends, and three more participants reported nursing home staff as people they felt close to. Most of the participants named their daughters or sons, female relatives or wives of male relatives, female friends, or female nursing home staff as attachment figures. After the elderly women initially mentioned children or close friends, they often included their living siblings, if they had any. Overall, more of the elderly women selected females as attachment figures.

Some women expressed regret concerning persons to whom they had been attached, but who were now deceased. One stated, "Of course I felt close to my nine brothers and sisters, and my daddy. We were all close. They are all gone, except I have one brother left. You just remember the past." Five of the elderly women started to cry during the interview. Each one explained the emotion by saying "I'm just having a down day." The investigator speculated that when talking about the people closest to them, the participants were reminded how much they missed them, or perhaps the women were lonely living in the nursing home because they were not able to be with their loved ones. Additionally, several of the women were interviewed between Thanksgiving and Christmas. This time of year often produces depressed thought, and the investigator may have exacerbated such feelings by exploring emotional issues with them. The investigator often sat silently, offered words of comfort, or held the participant's hand until she was
ready to proceed with the interview. The elderly women were offered, but did not wish to take a break or end the interview at the time, nor were they resistant to answering the remaining questions.

The participants were also asked about attachment to objects or material possessions in their lives. The responses were positive, but results will be discussed further in the fifth section.

**Meaning of Attachment**

A question was posed to gain insight into what it meant to be close to another person for this sample of elderly women living in nursing homes. This study previously defined the meaning of attachment as a gradual and enduring tendency toward psychological or emotional closeness and contact with significant other persons or objects (Cicirelli, 1983). Additionally, the study used Bowlby's (1982) definition of attachment as a bond of emotional significance that goes over a span of time (endures); however, it was important to understand how the participants define this principle.

The participants' comments support the operational definition of attachment in this study by validating with their responses a tendency toward psychological or emotional closeness or contact with significant other persons. An 85-year old woman responded by saying, "It means someone you can confide in and you can always depend on." Another elderly woman said "It's an emotional high. It makes you feel good all over." Several of the women mentioned their idea of being close to another person was "someone I can trust" or "I can talk to."
The elderly women in this sample expressed ideas of affection and love, trust, confiding, and caring when defining their meaning of attachment toward another. One woman was able to differentiate between love and attachment by saying, "Loving is not quite the same thing as being close." In other words, she could love a person but not necessarily feel emotionally close to her/him. Conversely, several others responded with, "It means you love them." At least for some, feelings of love and attachment were synonymous. Love and affection for their figures of attachment were evident by the many comments such as "someone that I like", "somebody that I love", and "well, it means that I like them, and I think they like me, and I can talk to them".

The meaning of attachment in the lives of the elderly has also been documented by Richie (1989). Her qualitative study of the meaning of close attachments in the elderly found that a sample of seven reported themes of caring, sharing, confiding, compatibility, and personal investment, among others, to identify descriptors of close attachments. Richie's themes are similar to the ones reported by the women in this study and further validate attachment as a psychological or emotional closeness to another.

Section Two

The second section describes the persons the women named as their primary attachment figure at the time of the interview, their proximity to those persons, and the duration and frequency of the contacts with their primary attachment figure. It also discusses the main figure of attachment when the subjects consider their entire life span. This section answers research questions number 2A and number four.
Question 2A

Which persons do elderly women in nursing homes report as the primary focus of their feelings of attachment?

Initially, the interview questions asked the participants if there were people they felt close to. The following question was then asked "Is there someone you feel particularly close to at this point in your life?" The next questions elicited who that person was, and what was the relationship to the participant.

Most of the time in this sample, if the participants had daughters, they would pick a daughter as the major attachment person in their life. One 90-year old woman with two children who chose her daughter, replied, "Well, I guess cause she was a girl. I think moms and daughters are sometimes closer." The elderly women chose their daughters in 16 out of 30 cases as their primary attachment figure (see Table 4.2). This concurs with Gallman, Louis, and Fields' (1987) study of attachment in elderly women living in the community. Elderly women often rely on their daughters to serve as a primary person for closeness, companionship, support, and at times, for some of the basic needs of daily living.

Of the 16 elderly women who chose their daughters as the person they felt closest to during this time in their lives, nine of the daughters were either an only child or the only girl in the family. One participant selected a daughter who was the oldest girl in the family, and six selected the youngest daughters. An 87-year old participant with four children suggested about choosing her youngest, and female, child, "Well, she was my baby. She was the only girl I had; that's why I feel closest to her." Adams (1972) looked at birth order in determining the
contacts between children and their aging parents. He found that mothers felt closer to their younger children once they are adults. Five of the six youngest daughters chosen also lived closer in proximity to their mothers than the rest of the family.

If the participants did not have daughters, they would most likely choose their son(s). If a participant chose her son, she would most likely include her son's wife in answering the interview questions. Although the participant may have designated her son as the primary attachment figure, she talked about and relied on her daughter-in-law much of the time.

There were two exceptions of the elderly women designating their daughters or sons as primary attachment figures. These two women specifically mentioned they had children but were not going to choose them first. One of the widows whose two daughters visit her every day replied, "Since I live in the home here, I'd have to pick someone here. Not my family necessarily, but they are close to me too. When my roommate got so sick, the one I went to is "Lucille". We are the best of friends, she lives right down the hall. We visit and pray every day." The presence of a woman her own age with easy daily physical accessibility and a strong common connection, their belief in God, prompted this participant to designate a friend from the nursing home as her primary attachment figure.

Four of the participants could not differentiate between their children when choosing to whom they felt closest. One 88-year old woman with five children responded, "I couldn't pick between my children, the girls are all the same. They would do anything in the world for me. My son lives further away, but it is not harder to be close to him when he is farther away." Whenever an elderly woman
replied that all of her children were equal in closeness to her, the remaining interview questions would consider all the children.

Table 4.2

**Primary Attachment Figures**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daughter</td>
<td>16</td>
<td>53.3</td>
</tr>
<tr>
<td>only daughter</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>oldest daughter</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>youngest daughter</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Son(s)</td>
<td>4</td>
<td>13.3</td>
</tr>
<tr>
<td>Children (all were equal)</td>
<td>4</td>
<td>13.3</td>
</tr>
<tr>
<td>Brother</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>Grandson</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>Niece</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>Friend</td>
<td>2</td>
<td>6.7</td>
</tr>
<tr>
<td>Nursing Home Staff</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Bowlby (1982) feels when the elderly person can no longer direct attachments toward members of an older generation or the same generation, attachment may be directed towards members of a younger generation. This sample responded in such a manner. A total of 24 elderly women indicated that their children, daughter(s) and/or son(s), were considered the person(s) they felt closest to at this point in their lives. Because of the high numbers (24 of 30) who indicated their children as primary attachment figures, it is supposed that the
mother-infant attachment may continue as a strong thread throughout life. This substantiates Bowlby's (1982) theory that attachments may be of varying duration, but they are not transient, and once they are strong and stable, they are not easily abandoned. The results of this study indicate the strong bond of the mother-infant dyad is maintained in some form (at least by the mother) over the years.

There were additional responses given by the sample. Three of the participants did not have children. These women picked a friend (1), a favorite niece (1), and a younger brother (1) whom she had cared for when she was a teenager and who now lived close to her. Another woman, 65 years old and divorced with seven children, chose the assistant head nurse of the nursing home who was "even closer than my kids." The participant had severe rheumatoid arthritis, was bedridden, and relied on the nursing home staff for all her physical and emotional needs. She also had a strong attachment to the nursing home social worker who spent time with her. Her children had few financial resources, and some had been in trouble with the law. This woman saw very little of her family.

Another elderly woman with seven children designated her grandson as her primary attachment figure. This woman had recently had some unfortunate family conflicts, and the grandson was one of the only people not involved. He frequently visited his grandmother and took her to get her hair fixed. This woman also stated that he had been special since he was a little boy, lived near her husband and herself his entire life, and kept in touch with visits and phone calls.

Two of the participants mentioned as a secondary figure of attachment long standing friends. Two other women had strong secondary attachments for aides
in the nursing home. As one woman replied, "She is interested in what I do. She is very, very close to me. She cares very much. She comes in every time she's here and puts me to bed. She brings me treats. She always brings me ice cream and is always scolding me because I don't eat. She watches out for me."

The importance the elderly women in this study place on the people they feel closest to is reflected in their swift positive replies when asked if they have attachment figures, and the depth of the emotions expressed for their attachment figures during later interview questions.

**Question 4**

Are elderly women in nursing homes more likely to report feelings of attachment towards those figures closer in physical proximity?

The role of attachment in early infancy is mainly defined through physical nearness and touch. Bowlby (1975) believes attachment behaviors are behaviors which seek to attain proximity and contact with the attached object. According to Weinraub, Brooks, & Lewis (1977), however, the use of proximity-seeking as an expression of attachment may be misleading. These authors believe that for adults, attachment contact can be achieved by more than just physical proximity. This study sought to address this issue through the fourth research question asking where the person designated as the primary attachment figure lived in relation to the participant.

Seventy percent, or 21 of 30 participants reported their primary attachment figure lived in the same town in which they were residing, or within a few miles
of the town (see Table 4.3). In addition, four more women responded that their attachment figure lived in the same state, usually within one to two hours drive.

Table 4.3

Primary Attachment Figure's
Proximity to Participant

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Live in same town</td>
<td>21</td>
<td>70.0</td>
</tr>
<tr>
<td>Live in state</td>
<td>4</td>
<td>13.3</td>
</tr>
<tr>
<td>Live out-of-state</td>
<td>5</td>
<td>16.7</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100.0</td>
</tr>
</tbody>
</table>

The results of this research question indicate that people often have close proximity and contact with their attachment figure. Elderly women may consciously seek to be closer to those they regard as primary attachments. One woman responded, "that's why I chose this place, my daughter is not too far from here." Several of the women mentioned they had lived with their primary attachment figure (daughter) for several years of their life and then moved into the nursing home when they could no longer remain at home. Although most of the women had reasonably close proximity with their attachment figure, the number of visits by the attachment figure varied from participant to participant.

Responses further indicated certain individuals may also be designated as the primary attachment figure just because they live closer in proximity. An 85-year old woman spoke of her youngest daughter, "She has always lived closer to me, in the same town all my life." Another elderly woman also responded, "Well,
I'm not going to say I don't feel just as close to my other son, but I have lived with this son, so I feel a little bit more that way with him." The participants had a tendency to choose a certain child as a primary attachment figure if they had lived with her or him at some point in time. While the question of whether it is proximity that causes attachment or the reverse cannot help but be raised, it is not a crucial issue in these findings, and the data do not permit causal inferences to be made.

According to Cicirelli (1982), attachments for the elderly may need to be only intermittently reinforced with physical closeness and contact. Although the majority of the participants were located in close physical proximity to their primary attachment figure, several of the sample indicated a bond that developed and was nurtured during one period in life can continue with infrequent physical contact between the parties. Four of the elderly women specifically designated a daughter who lived out-of-state as the person they felt closest to. In each case, the woman had a son living in the same town who visited frequently. These women felt their primary bond was with their daughters despite long distances and infrequent visits (once a year). As one woman aptly replied, "I can be close with people I don't see very often."

Proximity and gender have been shown to promote close ties (Aldous, Klaus, & Klein, 1985). Consequently, it is not surprising that the majority of attachment figures are female and live in close proximity to the participants. Aldous, Klaus, and Klein also cite shared interests and commonalities, such as religious and educational commitments, as factors which may contribute to attachments toward another.
Frequency of attachments

This study sought to describe the frequency of physical contacts with the primary attachment figure and the duration of the elderly woman's attachment to that attachment figure.

The participants had frequent physical contact with their primary attachment figures (see Table 4.4). Sixty percent of the time, the primary attachment was seen daily or weekly. An 85-year old widow with two sons replied, "I see my son three or four times a week, it just depends on when he has the time. My other son comes once a week." Another woman reported, "She comes pretty near every day. I feel guilty sometimes that she does come this often, but anytime she comes I'm happy to see her."

Table 4.4

<table>
<thead>
<tr>
<th>Frequency of Contacts with Primary Attachment Figure</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily</td>
<td>6</td>
<td>20.0</td>
</tr>
<tr>
<td>Several times weekly</td>
<td>6</td>
<td>20.0</td>
</tr>
<tr>
<td>Once a week</td>
<td>6</td>
<td>20.0</td>
</tr>
<tr>
<td>Several times monthly</td>
<td>5</td>
<td>16.7</td>
</tr>
<tr>
<td>Several times yearly</td>
<td>3</td>
<td>10.0</td>
</tr>
<tr>
<td>Once a year</td>
<td>4</td>
<td>13.3</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Other women reported less frequent visiting that was still perceived as adequate. A 90-year old woman who designated her daughter as her primary attachment figure said, "She comes up a lot. Several times a year." Some women may physically see their attachment figure only weekly or monthly, but have contact with them more often. This elderly women told the investigator, "I see my daughter once a week." She followed this up with, "I call my kids at least a couple of times a week. My one daughter calls me here almost everyday." This woman also reported, "I don't call my friends in town too often because I don't have time!"

Some of women's physical contacts with their attachment figures included extended visits. An 88-year old woman stated, "I'm able to see my girls a couple of times a month. When they come to visit me they get a motel, and I'll stay all night with them." A few elderly women voiced their desire to see their primary attachment figure more. An 86-year old widow mentioned, "My daughter don't come but once a year. My son comes to see me every day. I would like to see more of my daughter." Another women excused her daughter and said, "She comes about three times a week and stays for over an hour. Well, she has a family and she works for an eye doctor. I would like to see her more if I could, but it is hard with her schedule." Other participants admonished the investigator, "Well, you can't very well expect anyone to come up much oftener than that, can you? I don't think it is necessary to see her more." This supports Weinraub, Brooks, and Lewis' (1977) contention that physical contact is not as necessary to maintain attachments when an individual gets older.
It is not known how often this sample of elderly women visited their attachment figures before entering the nursing home. Different authors have suggested that elderly nursing home residents suffer from reduced contact with family and friends which may contribute to emotional distress. In this sample of elderly women, contact is maintained with their primary attachment figures more often than not daily, weekly, or several times a month. Some women voiced sadness that they did not see their attachment figures more often, but others said they were satisfied with the amount of time and frequency of the visits.

**Duration of attachments**

According to Bowlby’s (1975) attachment theory, an attachment endures usually for a large part of the life cycle. During the course of healthy development, attachment behavior leads to the development of attachments, first between the parent and child and later in life between adults. The attachment behaviors persist and the feelings of attachment are present throughout the life cycle.

Of the 24 elderly women who chose their children as their primary attachment figures, 22 of the women reported they had the attachment since this child was born. "How long?" one woman replied, "I have always felt close to her. Ever since she was born." Two of the 24 women mentioned that the closeness had developed since their husband died. An 89-year old widow with one son answered, "I have been closest to him ever since my husband passed away. He died in 1975, more than 10 years ago." One woman stated her attachment to her daughter had built up over the years (see Table 4.5).
Five women in the study designated people other than their children to whom they had a primary attachment. Of these women, one mentioned her attachment had developed when both parties involved were "kids". The four other women reported the attachment had endured over a number of years. As a 73-year old woman responded, "I have felt close to her for most of the 45 years I have known her." Another woman reported of her friend, "I have had these feelings since 1925." One woman described her experience with these thoughtful words, "It's a long standing relationship, they are all long standing relationships." The duration of the attachments in this sample of elderly women has lasted many, many years for most of the participants.

Table 4.5

<table>
<thead>
<tr>
<th>Duration of Attachments to Primary Attachment Figures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variable</td>
</tr>
<tr>
<td>Felt close since they were born (children)</td>
</tr>
<tr>
<td>Developed closeness after husband died (children)</td>
</tr>
<tr>
<td>Closeness built up over the years (children)</td>
</tr>
<tr>
<td>Close since both &quot;kids&quot; (brother)</td>
</tr>
<tr>
<td>Close for a number of years (friends or nursing staff)</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>
This sample of elderly women have had long-term relationships with their primary attachment figures. According to the self-report of the sample, the present primary attachment figure has not always been the primary attachment figure throughout life (see comparisons in Tables 4.2 and 4.6). The participants designated different persons as the people they felt closest to when looking back on their entire life. If their primary attachment had been to their daughters or sons from the time they were born, then logically the women should have named more of those children as their life-long attachment figure, but they did not. Consequently, even though the participant's report a very long duration of attachment for their present primary attachment figure, more than likely they have had an attachment, but not a primary attachment, to their present primary attachment figure over their lifespan.

**Attachment figure throughout life**

The sample was next asked to respond to the question "Looking back on you life, who is the person you have felt closest to"? This elicited quite a different reply from the participants than the previous question. Very few of the participants chose the person they indicated as their present primary attachment figure as the person they felt closest to considering their life span. A woman who had lived in the nursing home for one year said, "I think the people I used to feel close to are different than the ones I feel close to now." Except for three of the women who indicated they had an attachment to their living daughter or children, all of the major attachment figures over the life span had died. Heard and Lake (1986) discuss the changes in attachment that are likely to take place over a
lifetime. They state that as different developmental stages are approached and different life events occur, the attachment network is altered.

Over 50% of the sample designated their parents as their life-long figure of attachment. The elderly women chose their own mothers 33% of the time, their fathers 16.7% of the time, and parents (both) 6.7% of the time (see Table 4.4). During adolescence, a child's primary attachment changes from parents to peers and other persons or groups in or outside the family; however, in the later years of life, the original attachment may be rekindled. The participants who selected their mothers or fathers often spoke glowingly of them with such comments as "Well, I guess that when I was growing up I worshiped my dad;" "my mother was a wonderful woman;" and "my dad was perfect, I can't imagine anyone being better than he was." Bowlby (1982) states if individuals are able to continue their feelings of attachment for deceased family members, they are more likely to find meaning in their lives. Moss and Moss (1984) likewise report that conscious awareness of previous attachments has the potential to enhance personal well-being. The authors suggest that all strong family bonds persist over a lifetime.

Interestingly enough, only six of 28 of the participants who were married responded they felt closest to their husband over their life. Of the six who designated their spouses, most often they would mention the good marital relationship that existed between them. One woman replied, "My husband. I think I felt closest to him. We had a good relationship. He died 18 years ago or so."
Table 4.6
Significant Attachment Figure Throughout Life Span

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td>10</td>
<td>33.3</td>
</tr>
<tr>
<td>Father</td>
<td>5</td>
<td>16.7</td>
</tr>
<tr>
<td>Parents</td>
<td>2</td>
<td>6.7</td>
</tr>
<tr>
<td>Husband</td>
<td>6</td>
<td>20.0</td>
</tr>
<tr>
<td>Daughter</td>
<td>2</td>
<td>6.7</td>
</tr>
<tr>
<td>Children</td>
<td>2</td>
<td>6.7</td>
</tr>
<tr>
<td>Twin Brother</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>Friend</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>No Response</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>30</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

When the elderly women originally reported their present attachments to people and their primary attachment figure, they were much more likely to select females (73% of the time). When asked about the attachment figure over their life span, the women had less of a tendency to chose women (54% of the time) and a greater tendency to select men (46% of the time), such as their father, husband, or brother, as attachment figures.

There was only one woman who selected a friend as a life span attachment figure. This was the same elderly woman who replied that her primary attachment
figure was a friend in the nursing home, not her children. She designated a deceased friend as a life-long attachment person.

The original parent-child attachments defined by Bowlby (1975) as continuing from "the cradle to the grave" seem to exist in a majority of this sample of 30 elderly women residing in nursing homes. The attachment to their mother or father has lasted, for many, throughout their life. For aging people, the early objects of attachment have usually disappeared. Parents, spouses, and other earlier significant others have, for the most part, died, but they continue to be remembered as important life-long attachments.

Section Three

The third section presents information related to the feelings of attachment the sample of elderly women report. This section answers research question number 2, and also discusses the feelings involved when the elderly woman are separated from their attachment figures.

Question 2

What are the feelings of attachment that elderly women in nursing homes report?

The importance of having persons they feel attached to was expressed in many ways by the 30 elderly women in this sample. Most of the women in this study recall, or at least describe, relationships of life long mutual affection, supportiveness, understanding, and ever-increasing appreciation. As one woman commented, "You know we all need to be loved in this life, and if you aren't, there is something missing. By keeping in close contact with her, and she with
me, we keep that togetherness we both have." A similar response by an 88-year old widow when asked why she felt especially close was, "I think love. They are so kind and good to me, you know. I don't know what would be any better than their love."

Joy and strength were also strong emotions that helped foster and maintain the feelings of attachment within relationships. The wise words of one elderly woman summed this up by saying "I think most of them (attachment figures) make you stronger, maybe not physically stronger, but emotionally and spiritually stronger. They give you a pleasant feeling, a feeling of companionship. Not necessarily a ha, ha ha, let's have 1 good time, but joy, a lot of joy to my life."

The women commented their attachment figures were always interested, concerned, and eager to be supportive. They also felt the attachment figures were there if they were needed. As one participant replied, "I knew she would always be there and would come to try and help. It means alot to be able to count on someone." Some of the features of the attachment relationship according to Heard and Lake (1986), are effective and supportive interactions. This seemed to be evident throughout the interviews.

The participants often mentioned the companionship and mutual activities enjoyed with their attachment figures. A reply by one woman was, "We are close to people because of what we have been through with them," and, "We talk about the same things." A 91-year old widow stated, "We like the same people. We both read, and we both have liked the same sort of things, like painting. We have spent quite a bit of time over the years together." The more issues over which companionship and support can be enjoyed and expected and the more compatible
the personal supportive environment, the stronger the attachment (Heard and Lake, 1986).

Another participant replied, "I suppose mutual feelings, mutual warmth, likes and dislikes and the things you have in common helps keep the closeness." A retired teacher who had lived in the nursing home for nine years said "She is the only child I have and we have so much in common. I think that keeps us close." Common interests and value commonalities, such as religion, education, and similar life-style practices can help strengthen the bonds between parent and adult child. It appears that if elderly parents have a choice, they single out those attachment figures (often their children) who share their concerns and values (Aldous, Klaus, & Klein, 1985).

Years of sharing and caring were a significant factor of attachment expressed by the participants in the study. The women report unendless examples of consideration, a helping relationship, and sharing of self and possessions by their primary attachment persons and vice versa. A woman on constant oxygen stated, "I cared for her and her children. I guess she was probably the one that needed it the most. She was a very small little girl and kind of delicate. I think probably she needed my affection and attention more than my older daughter." In constrast, many of the elderly women responded that others helped them out more, "Well, she is close because she is always asking about things and doing things for me."

Throughout the interviews, the women mentioned how much they rely on their attachment figures. An elderly woman expressed this as "I think that it's knowing you can rely on somebody, I really do. If you need help, you can help
them and they can help you." A teary-eyed woman who had lived in the home one and one-half years said, "Well, they are just people I can lean on. Like when you are lonely, you can talk to them."

The participants did not talk about being dependent on their attachment figures, even though many of the participants were assisted in financial aspects and areas of daily living. An 80-year-old woman who often praised the nursing home where she lived explained the difference with "You can depend on aides in the nursing home and still not feel close to them." Bowlby (1969) distinguishes between the concepts of attachment and dependency. Dependency is often transient with no reciprocal relationship between persons. While the women depend heavily on the aides, cooks, and housekeeping for their own maintenance and upkeep of their environments, these feelings are not directed toward a specific figure, nor are they necessarily related to strong feelings. The women may have a variety of aides who care for them, consequently they may be dependent upon, but not attached to the aides. When this sample of elderly women relate their feelings of attachment to others, the attachments they expressed are enduring, not transient.

Finally, several participants wanted to be sure the investigator understood that although they valued their attachment figures, they were not unrealistic about their relationship with them. A 70-year-old retired teacher on dialysis firmly stated, "We don't always agree, but that is normal. People don't always agree. You can still be close to people you don't agree with." Another woman reiterated, "We each have our opinions; we don't always agree."
Feelings of separation from attachment figure

Studies by Ainsworth (1985) and Ehrhart (1987) have produced evidence documenting the negative social and psychological problems that result from the disruption of attachment bonds. Henderson (1977) reports that attachment is a behavior essential for the maintenance of health, and questions what happens to emotional health when attachments are altered.

Members of the sample were questioned about their feelings if a change occurred with their primary attachment figure. This question needed clarification by some participants who wondered "what kind of change?" The investigator would clarify this by suggesting the attachment figure might move away or become less accessible. The sample was also queried about how it felt to be in a nursing home and separated from figures of attachment.

The elderly women related they would be lonely and miss their attachment figures if the relationship changed. A participant with no children, who had outlived many of her family responded, "Well there would be a void, a great void and I think about that quite often too. I am going to have a void and there will be periods of loneliness." The depths of their despair at the change of the relationship with their primary attachment figure can best be described by the comments of one woman "You know, I have thought of that. That would be the most terrible thing that could happen to me." Another woman summed up the majority of the sad feelings with "Well, I'd be a mighty lonesome old gal. I would really be pretty down in the dumps." All responses make it evident the primary attachment figures play a significant part in these women's lives.
The participants have demonstrated by previous comments that their attachments imply strong emotions within significant relationships. Bowlby (1977) writes that separation from and loss of the attachment figure may cause emotional distress, anxiety, sadness, depression, and other disturbances. The threat of loss of the attachment aroused emotional difficulty during the interviews for the 30 participants.

The hardiness and strength of these elderly women also showed through during this part of the questioning. After many years of surviving disappointment, sadness, and tragedy, they can see beyond an immediate loss. A 79-year old woman replied, "I would be desolate for awhile. I guess I would have to adjust to her not being here. You have to accept a lot of things in this old world." Belief in God was a consoling force for some, "You have to take days one at a time and adjust to what the day brings. I rely on God." These elderly women have succeeded in reaching old age because of their strengths and their ability to cope with stressors and changes throughout their long lives.

Several of the women acknowledged a change in an attachment relationship would bring distress but not alter their feelings. A 70-year old woman who designated her primary attachment as her two sons said "Oh it would be terrible, that's all, but you have to make the best of it. I had to make the best of it coming in here. I would still feel close to them."

The two single women in the sample seemed to be better able to accept a change in their attachment relationships. One responded with "Well, I enjoy her now, but it wouldn't bother me. Cause you see, you have others to take the place. Now that doesn't mean I don't love her." She followed this up with "I think it
(the relationship) is pretty good just the way it is. People who live too close together can find themselves in problems." Perhaps, because the single women did not have the experience of living with a spouse or bearing children, they had to rely more on their own devices to meet attachment needs throughout life.

This investigator also wanted to find out specifically how attachment behaviors were affected by living in a nursing home, and vice versa. The participants spoke of their feelings for the nursing home they were living in at the time of the interviews. Several of the sample had good things to say about the treatment they received, the support of the staff, and the many activities available to them. Unfortunately, one 73-year old widow who had lived in a nursing home for one year summed up the majority of the participants' thoughts when she said, "I think I feel lonelier now than earlier in my life." The relationship between attachment and loneliness is consistent with Bowlby's (1980) notion of attachment and separation. That is, the emotional experience of being alone is not affected by attachment behavior. A woman can spend actual physical time alone and not have attachments altered (Hecht & Baum, 1984).

The women mourned leaving their own homes and the independence that good health had bestowed upon them. An elderly woman relayed her experience, "You just go into shock. That's what I did, I just went into shock. It was such a devastating experience. One weekend I was in my home taking care of myself, I became ill, went into the hospital and everything failed except my mind. I was very depressed at moving into here." Many of the women expressed their remorse concerning the circumstances that forced them to enter the nursing home. The elderly did not mention, even fleetingly, being distressed at attachment figures or
family members for being in a nursing home. If the elderly women were placed in the nursing home against their desires by their attachment figures, this did not seem to alter their present feelings.

Section Four

Section four looks at the many and varied attachment behaviors present in the sample population. This section answers research question number three.

Question 3

What behaviors are indicative of attachment in elderly women residing in nursing homes?

According to Bowlby (1977), patterns of behaviors shown are partly determined by age, sex, and circumstances, and partly by the experiences an individual has with attachment figures earlier in life. Attachment behavior has been studied extensively as it relates to children's relationships with their parents. Examples of such behavior common to children include the following: clinging, crying, calling, greeting, and smiling. With age, the frequency and intensity of this behavior is said to diminish.

Cicirelli (1983) defines attachment behavior in adulthood as a class of behaviors which include the interaction of communication over distance to maintain psychological closeness and contact. Examples of these attachment behaviors may include letter writing, tape recordings, and messages sent through others. Attachment behaviors are a class of behaviors that have the predictable outcome of gaining or maintaining proximity to an attachment figure (Bowlby,
1975). Bowlby (1969) also states that photographs, letters, and telephone conversations become a means of keeping contact.

The women in the sample reported many and varied behaviors that helped maintain and foster their attachments. Frequently the women would mention shopping, buying, and supplying items as a behavior exhibited by their attachment figures. This type of behavior was obviously performed by those attachment figures living in close proximity. A 90-year old blind woman said, "She loves to buy things for me. Practically everything I own in the way of clothing my daughter has bought for me." Typically, the participants would respond in a manner similar to an 86-year old woman confined to a wheelchair, "She takes me places. She gets me things I need if I can't get out to get them myself. She is always bringing me something. She is always doing little things for me." The primary attachment figures seemed well aware of the needs and problems of living in a nursing home and tried their best to respond appropriately. Practically every elderly woman had a special person she could count on to supply her personal items and clothing and take her places if that was possible considering her physical condition.

The primary attachment figures were often responsible for the financial aspects of the elderly woman's life. An 88-year old widow with one son reported "I don't know what it costs to stay here, he don't tell me, he doesn't want me to worry. He takes care of everything. He gets me everything." Another woman explained her common situation with, "My daughter does my shopping and everything like that. She gets all my clothes for me. And I had to turn over my bank account to her because I don't write my checks or anything." All except one
of the elderly women seemed to have complete confidence in allowing another person to handle their money.

The sample also reported behaviors such as visiting and spending time, driving a car, and talking that nurtured their attachment to another. A single elderly woman stated "She talks to me and I feel better. We talk about everything." Another woman who liked to go places replied, "Well, they come to visit and help me out. They also take me out for drives. It gives you a different outlook if you can get out of here every once in a while." A widow with one son summed up the majority of the women's wishes with, "Just his coming, that is what I like."

The participants did not give themselves much credit for contributing to the type of behaviors that would support attachment with another person. Much of the time they replied they didn't help their attachment figures in any way. An 83-year old woman commented "I don't do much of anything now, but I used to. I used to do a lot of canning and give her that." One woman responded, "No, there is nothing I can help her with, nothing physical. I pray for her." Other women added that the only thing they had to give was love and advice at this point of their lives. These women seemed to believe that physical acts or giving of material items counted more in a relationship than giving affection to attachment figures. The majority of the elderly women were not assisted in their daily activities in the nursing home by their attachment figures.

Very few elderly women relied on their attachment figures to help with social events or activities of daily living in the nursing home. The women
depended on the nurses' aides for the type of behavior which involved personal care, mobility, or nursing home social events.

The most frequent mention of behaviors to encourage and sustain attachment in this sample included calling on the telephone, writing letters, and looking at pictures of attachment figures. Numerous examples of these behaviors were reported by the sample. A 75-year old women with seven children replied, "I have a telephone in my room. The kids saw to that. They wanted me to have one so they could call."

Approximately one-half of the participants did not have a telephone in their room, but most had ready access to a phone with at least some privacy to talk. A retired teacher commented, "I look forward to her coming and she calls me on the telephone every day. I call her if I have any problems. There is a telephone right outside my room in the hall. My roommate also has a telephone she said I could use."

The women more often relied on their attachment figures to telephone them. An 85-year old widow who had lived in the nursing home two and one-half years asserted, "My oldest boy lives out of state. He is going to call me. He calls me every Saturday. My daughter calls me every Sunday night and writes letters. I can't see to write back. I could call, but they call me so I don't have to call."

The expense of the call most often was born by the attachment figure. One woman relayed her situation with, "He sends me care packages and extra money. I call him collect on the pay phone. I can't afford the long distance calls."

The women who did not have ready access to a telephone often lamented the isolation. An 89-year old widow with one son who visited her regularly
replied, "there is one thing I miss and that is the telephone. I just make the best of not having a telephone. If I had a telephone I'm sure I would talk." Another women mentioned the importance of the phone to her, "If I didn't have a phone I'd feel kind of isolated."

The telephone was used more frequently than writing letters, often because of poor vision, arthritis in the hands, or other physical problems. This woman's response was similar to several others, she said, "I call him collect about once a week. He has always told me to call whenever I want to because I don't have the money here to call. I can't write letters very good, my hands bug me, but I can talk on the phone. My daughters call me every week and I talk to my son once a week."

Letters were used by some women to support attachments. An ex-school teacher remarked, "I keep in touch with people through letter writing. I don't call because I can't hear, but I write letters." Several of the women mentioned they wrote letters because the phone was too expensive. The elderly women did not write letters to those who lived in close proximity, but did use this method for children, friends, or attachment figures who lived further away from the nursing home. Less of the women used letter writing as a way of keeping attachments. They and their attachment figures preferred the telephone, perhaps because of the telephone's convenience and ease.

A few of the elderly women showed the investigator pictures or talked to her about pictures of their attachment figures. A 71-year old woman responded, "I have oodles of pictures of them." According to Ainsworth, Blehar, Waters, and Wall (1978), photographs and keepsakes help to strengthen the relationship
with an absent figure. Since the interview did not include a specific question concerning the importance of pictures, perhaps fewer women thought to mention them. The investigator did visit with each participant in her room and was well aware that pictures and mementos were displayed prominently in all rooms. Two women took particular delight in going through thick photograph albums with the investigator during the interviews. This strengthened the trusting relationship and gave the investigator more insight into the participant, but certainly lengthened the interview time.

The importance of visiting, calling, and letter writing to maintain attachments in this sample can best be described with the response of a 90-year old mother of three. "Well, by them coming to see me and telephone calls and their letters and their gifts. By the contact I have with them. That keeps us close."

Additionally, another woman suggested, "That is the reason I don't feel close to them. I don't see them a lot and they never write."

Weinraub, Brooks, and Lewis (1977) propose, that with age, distal forms of behavior such as looking at each other, talking together, or reading letters may take the place of proximal behaviors such as touching and being near loved ones. Distal behaviors allow an elderly woman to be physically further away and still remain psychologically close. The participants in this study have verified with their comments this premise. They maintain their attachment using a variety of methods, most likely telephone conversations and letters. They also rely on visits from their attachment figures.
Section Five

The fifth section discusses the attachments the women have had for clubs or groups of people during their lives. This section also reviews the objects toward which the women have attachments. This section answers research question number 2B.

Question 2B

To what objects are elderly women in nursing homes most likely to report feelings of attachment?

According to Kalish and Knudtson (1976), the concept of attachment can be expanded further to include, not only individuals, but objects as figures of attachment. These authors include groups of people as objects, beliefs, and material possessions in their premise.

Attachment to groups of people and clubs

Bowlby (1982) also claims that in adulthood attachment is often directed not only towards people, but also towards groups and institutions other than the family. A work group, a religious group, a social organization, or a political group can come to constitute for many people a subordinate attachment figure, and for others a primary attachment figure.

This sample of women listed the church as their most significant activity outside the family. They were more likely to participate in church-related activities than any other organization. Eighteen of the women first mentioned the church when asked about certain groups or clubs that were special to them. Many of the women missed their previous involvement, indicated by responses like, "I feel
close to the church; it is very important to me. I used to go all the time, and I would still be going if I wasn't so sick." An 88-year old widow lamented "I think everybody that I knew in those days are gone. So everything is gone, you might say."

Four of the women responded with "I was never a club person," or "I wasn't a joiner." Other women selected such groups as senior citizens, extension club, retired teachers, American Legion Auxiliary, fraternal societies, sewing circles, and bridge clubs. For many, the role of groups or organizations played an important part of their adult lives, and they miss the involvement. For the most part, the women were no longer involved in groups or clubs outside of the nursing home. Often though, they kept busy with nursing home activities.

**Attachment toward objects**

Sherman and Newman (1977-78) first published an article reporting on the meaning of cherished personal possessions for the elderly. In their sample, most of the 32 nursing home elderly could quite readily identify a most cherished object. Different kinds of possessions tended to have different meanings and different referents in the lives of the elderly. The range of items reported in this article was quite extensive, going all the way from small pieces of jewelry to the samples' homes.

The majority of the elderly women in this sample mentioned similar items such as jewelry, photographs, and pieces of furniture as objects of attachment. The importance objects have in the women's lives was suggested by an 88-year old single woman, "I have a little locket that was my mother's. I haven't worn it in a long time now. They say things shouldn't be as important as people, and
they're not. But they hold the past for me, and come from someone special to me." This woman also had a big picture of her mother wearing the locket on her wall.

A few women also discussed their home and their car and the independence these items symbolized. One woman stated, "I had a car that I was attached to. I was attached to my car cause I drove it a lot and I traveled a lot. I felt independent when I got in my car." Twelve of the participants reported pieces of furniture as objects of attachment, 12 reported photographs, and 10 mentioned pieces of jewelry. Other items reported separately include books, a quilt, a telephone, a television, and collections the women had brought with them.

The concept of attachment to objects appears to be a viable one in the lives of these elderly women. A majority of them were readily able to name a particular object that had great meaning to them above all others. In addition, there were certain kinds of objects that were identified as more special. The most frequent were photographs and pieces of furniture, with jewelry also fairly common. The jewelry and furniture were almost always associated with the memory or a spouse or loved one, while photographs were almost invariably associated with children or younger relatives.

The elderly women's strong attachment to different objects is usually not based on monetary value. Rather, it denotes a symbolic value and provides a link with someone special in their lives.
Section Six

The sixth section contains a summary of the findings presented earlier in the chapter.

The purpose of this study was to take the concept of attachment and to describe and examine the expressions of attachment reported by elderly women residing in nursing homes. In this study, the investigator was concerned with discovering the multiple attachments that existed for the elderly women, such as those with family members, friends, caregivers, groups, or objects. The investigator also sought to describe the attachment behaviors shown and the relationship between maintaining attachment with another person and the proximity and frequency of contact with that person.

The theoretical framework for the study was based on John Bowlby's (1975) ethological-control systems theory. Bowlby's theory incorporates the idea of attachment across the life-span. The theory was most applicable because this study was concerned with discovering attachments which are beyond the realm of the infant-mother dyad.

Bowlby's first premise states there is specificity of attachment behavior "directed towards one or a few specific individuals, usually in clear order of preference" (p.294). The premise has been upheld in this sample of elderly women residing in nursing homes. The women were able to specify certain persons they felt attached to in their lives. The women most often designated their daughters as primary attachment figures and had a definite preference for attachment to some people.
According to Bowlby (1975), feelings and behaviors that occur between the figures of attachment must differ from feelings and behaviors exhibited toward others. The participants expressed deep emotions for their attachment figures. The women were able to differentiate between the dependency they felt for their care-givers (nurses' aides) and their attachment figures. Although Kalish and Knudtson (1976) believe that elderly will establish attachments to their care-givers, the elderly women residing in nursing homes in this study designated very few care-givers as figures of attachment.

A second premise specifies attachments may be of varying duration, but they are not transient, and once they are strong and stable, they are not easily abandoned. For the most part, the attachments the sample have with their attachment figures are solid, intense feelings of closeness existing over the life span. With few exceptions, the elderly women reported attachments which have been present since the primary figure of attachment was an infant, child, or young adult. The relationships with their attachment figures have endured over many years and the trials and tribulations presented throughout the years.

Since the attachments between persons were generally enduring, another theoretical construct contends that difficulty occurs for the individuals involved if the relationship was terminated. The participants were questioned concerning their feelings if the attachment relationship changed. The elderly women reported there would be despair, sadness, and emptiness in their lives if the relationship was altered with their primary attachment figure. The elderly women also reported that "life would go on" even if attachments were altered.
The third theoretical premise the study was based on concerns engagement of emotion. Attachments imply strong emotions within significant relationships, and the threat of loss of the attachment arouses sadness, anger, and anxiety. A 71 year-old woman expressed these powerful emotions when she said, "I feel close to her because of love. I love her intensely. If I would lose her, I would feel loss intensely. I would grieve deeply." Most of the women in this study described relationships of life-long mutual affection, supportiveness, understanding, and ever-increasing appreciation. Conversely, the participants relayed loneliness, sadness, and great voids in their lives if separated from their primary attachment figures. Thus, once again, Bowlby's theory is supported within this elderly population.

Fourthly, significant attachments, which are seen at different stages of physical and emotional development in an individual, include spouses, families, peers, and social or activity groups (Bowlby, 1975). This sample of elderly women residing in nursing homes reported significant attachments to families, friends, and certain groups of persons at this point in their life-span. The women reported attachments which had encompassed years of their lives. Therefore, attachment feelings have been present and active throughout these elderly women's lives, and have not been confined to childhood. The participants also named different figures for life span attachments than the persons they designated as primary attachment figures at present.

In addition, individuals at different development levels will have specific behaviors and feelings of attachment. Since the behaviors used to initiate and maintain an attachment relationship may differ at different developmental levels,
the study sought to discover the behaviors of attachment specific to elderly women residing in nursing homes. The study determined the elderly women rely on their attachment figures for helping behaviors such as buying clothing and personal items, transporting them, visiting, and spending time with them to foster the relationships. An important aspect of maintaining contact with the primary figure of attachment included reciprocal telephone calls and letter writing. Photographs were also important in maintaining emotional closeness with the attachment figures.

Finally, Bowlby believes that attachments are learned. The more experience of social interaction an infant has with a person, the more likely she is to become attached to that person. The results of the interview during this study show that the elderly women in the sample are frequently in close living proximity and have frequent (daily or weekly) contacts with their primary attachment figures. This contact does not involve the same behaviors experienced by infants, but is congruent with Weinraub, Brooks, & Lewis (1977), thought, that for adults, attachment contact can be achieved by more than just physical means. This would include such behaviors as talking with or looking at other attachment figures, or by maintaining contact through phone calls, letters, and pictures. The participants in this sample frequently work to preserve their attachments through these methods.
Summary

This chapter reported qualitatively and quantitatively the findings of the study. The four research questions were addressed, and analysis of the data was included. Chapter five presents the summary and conclusions, and completes the report with implications for nursing and areas of further research.
CHAPTER FIVE
SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

This chapter includes a summary of the study, conclusions drawn from the findings, implications for nursing, and recommendations for further research.

Summary

In this descriptive and exploratory study, the investigator examined and described the attachment feelings and behaviors reported by elderly women residing in nursing homes. The concept of attachment has received considerable attention among infant and child psychologists, but notably absent in the literature is information on feelings of attachment, attachment behaviors, and attachment needs of the elderly. Since women have a longer life-span, they constitute the majority of people residing in nursing homes. Also because of the longer life-span, elderly women are more likely to have lost those figures to whom they were closest such as a spouse, friends, family members, and home; therefore, they are especially in danger of attachment deprivation.

Since elderly persons may experience many stressful changes in the process of entering and residing in a nursing home, an understanding of attachment is important to health providers in nursing homes who must constantly deal with problems arising from the persons they care for who are separated from their previous homes and customary support systems.

Attachment is described as a gradual and enduring tendency toward psychological or emotional closeness and contact with significant other persons or objects (Cicirelli, 1983). The study also refers to attachment as a bond of

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emotional significance that goes over a span of time (Bowlby, 1982) and anticipates a person would seek physical closeness and contact with their attachment figures.

A framework based on John Bowlby's (1975) attachment theory was adopted for use in this study. Bowlby's theory incorporates the idea of attachment across the life-span. The theory was most applicable because this study was concerned with discovering attachments which are beyond the realm of the infant-mother dyad.

There were four main research questions:

1. Do elderly women residing in nursing homes report feelings of attachment to other persons and/or objects?

2. What are the feelings of attachments that elderly women in nursing homes report?

3. What behaviors are indicative of attachment in elderly women residing in nursing homes?

4. Are elderly women in nursing homes more likely to report feelings of attachment towards those figures closer in physical proximity?

And there were two sub questions:

a. Which persons do elderly women in nursing homes report as the primary focus of their feelings of attachment?

b. To what objects are elderly women in nursing homes most likely to report feelings of attachment?

A convenience sample of elderly women, not mentally compromised, residing in nursing homes was obtained. The participants were women over the
age of 65 who had been residents in a long-term care facility for over six months. Maximum variation sampling, or 'purposeful sampling,' was the underlying principle guiding sample selection. Thirty elderly women were selected who were not mentally impaired nor confused, did not have a psychiatric diagnosis, and were not regularly taking antipsychotic medicines. They had multiple physical diagnoses and a variety of physical disabilities.

The elderly women had resided in different nursing homes from six months to 14 years. They were Caucasian, except one American Indian. Age ranged from 65 to 91 years, and education from sixth grade to a master's degree. Three women had no children; the others had families from one to seven children.

Data were generated by using in-depth interviews to provide both qualitative and quantitative information. A demographic data sheet provided descriptive information about the sample, and summary notes permitted a more complete description of the participant and interview. A pilot was used to refine interview questions and methods.

Following selection of participants by the nurse manager at each nursing home in regards to the pre-set criteria for inclusion, personal interviews were audio recorded and audio tapes were transcribed. Statements of significance to the research questions were noted; statements were then grouped into codes labeled in the language of the participants. The categories identified were used to address the research questions, and the Ethnograph computer program was used to organize data. Quantitative data were analyzed using descriptive statistics, frequency distributions, and percentages when appropriate.
The women were open and expressive when relating their thoughts, feelings, and desires to the investigator. Overwhelmingly, the women expressed feelings of closeness to specific others in their lives. The findings indicated a positive report of attachment to others when the sample responded unanimously with an affirmative reply when asked if they had attachments to others. Family members, long-time friends, and nursing home staff were identified as attachment figures. Most often, figures of attachment were female.

A primary attachment figure was specified by each participant in the sample. This primary attachment figure was most often a daughter who supplied companionship, and support, and helped provide personal supplies and clothing needs. If the participants did not have a daughter, they also identified their sons, as primary attachment figures. Most of the time the elderly women reported attachments to the primary attachment figures over their life span. The attachments often started when the primary attachment figures either were born, or were children or young adults.

Additionally, a life-long attachment figure was sought of the sample. The response indicated these elderly women considered different persons as primary attachment figures at different times of their lives. Rather than their children or spouse, the sample tended to choose one or both of their parents. The women also chose friends whom they had known since childhood. Most of the life-long attachment figures were deceased.

The study considered the physical proximity to primary attachment figures as an important aspect of attachment. The elderly women often had close proximity and contact with their attachment figure. The primary attachment
figures were apt to live in close proximity (in the same town), and the women frequently were visited by their attachment figures daily or weekly. The duration or length of time attached to primary attachment figure was usually many, many years. Physical proximity was not necessary to maintain an attachment for the participants.

The meaning of attachment was incidentally asked of the sample, and the participants specified ideas of emotional closeness, trust, and love. The feelings of attachment of the elderly women were sought. The feelings expressed were deep and intense and reflected a tendency toward psychological or emotional closeness or contact with significant other persons. The women mentioned companionship, confiding, trust, love, understanding, enjoyment of mutual activities, and obtaining emotional strength as the feelings and benefits obtained from their attachment figures.

Conversely, feelings caused by separation from the primary attachment figure were explored with the elderly women. The women responded they would experience feelings of despair, sadness and loss if this occurred. The women also mentioned that even if a separation or loss occurred they would go on with their lives. The engagement of emotion for their primary attachment figures was evident in this sample.

The elderly women were questioned about what behaviors or acts foster attachments for them in the nursing home setting. The response included using a variety of methods, most likely telephone conversations and letters, to help maintain attachment. They also relied on visits from and looking at pictures of their attachment figures.
Finally, the attachment toward objects of the elderly women was determined. These women mentioned attachments to church-related activities and social groups throughout their lives. They also related attachments toward jewelry, photographs, and pieces of furniture, most of which were given to them by special persons in their lives.

Conclusions

Bowlby's (1975) theory of attachment guided the development of the research questions and directed the investigator's attention to the elderly women's feelings and behaviors or attachment throughout data analysis. No documented studies were found to measure or discuss attachment in this population. Since investigators have been studying attachment theory, the research has been focused primarily on maternal-infant and child bonding. According to Bowlby (1977), attachments do not end in childhood or early adolescence, but endure throughout the life-span.

This study discovered that multiple attachments existed for elderly women residing in nursing homes. The attachments encompassed such figures as children, family members, friends, caregivers, groups of people, and objects or material possessions. These attachments were present and active throughout the women's life span since the women positively reported the importance and longevity of their multiple attachments. The attachments in elderly woman were also able to be determined by verbal report of the women, rather than the traditional observations of behavior used to indicate attachment in children.

The findings of this study supports Cicirelli's (1982) premise that feelings of attachment in the elderly can be thought of as the tendency toward
psychological closeness and contact. The participants had feelings of closeness, trust, love, and perceived similarity for their attachment figures. These feelings of attachment differed from feelings and emotions they had for acquaintances and most caregivers. Specific primary attachments were toward figures they had experience with at this point in their life-span, such as their children. The attachments of the elderly women were likely to change over their lifetime. More than likely, as different developmental stages were approached and different life events affected the opportunity to maintain attachment, the women's personal supportive environment was altered and attachment figures differed.

Henderson (1977) has reported that attachment is essential for the maintenance of health and questions what happens to emotional health when the relationship is changed. This study concluded the sample of elderly women were emotionally distressed with the thought of a change in their relationship with a primary attachment figure. A change would cause sadness, despair, or a void in their lives, although the women knew they could accept and adapt to what life brought them. This differs from infant-mother attachment, which must have constant reinforcement and physical closeness to survive.

To explain the survival of attachment over distance and through time, the elderly have incorporated the features of the attachment object into their own personality. They often value similar lifestyles, opinions, and mutual activities. The attachments in this elderly population needed only to be intermittently reinforced with physical closeness and contact.

Attachment behavior in elderly women may then be thought of as a group of behaviors which include interacting, helping, and communicating in close
physical proximity or over a distance to keep psychological closeness and contact. The behaviors which help to maintain attachments are telephone conversations, letter writing, and looking at photographs. However, there probably needs to be occasional reunions to re-establish physical closeness and contact. Personal objects brought into the nursing homes will also increase the satisfaction in elderly women's lives. With loss of objects of attachment, regret and sorrow occur.

In conclusion, attachment feelings and behaviors in elderly women residing in nursing homes come from learning and experiencing the basic attachment bond to the mother, and then continuing to maintain multiple attachments from childhood throughout the life-span. Attachment behaviors are very important in fostering attachment feelings to specific others. It was necessary to know what attachments were present in this population before proceeding to correlational or intervention research in attachment.

**Implications**

Generalizations are not the intent of the study, so the reader is cautioned against applying the findings without careful thought. This study has many implications for nursing; however, since it was exploratory in nature, the study needs replication and further investigation.

When the findings from this study are returned to the literature on attachment in an elderly population, there is little opportunity for comparison because there are no reported qualitative studies of elderly women residing in nursing homes and their feelings of attachment.

The previous reported studies of life satisfaction point out that elderly residing in nursing homes value family and friend relationships and the emotional
benefits received from those relationships. Elderly women are especially at risk because of their longer life span and the possibility they will have lost more of the people or things they may have been attached to throughout their life. Nurses, among others, are very concerned about the quality of emotional care provided in nursing homes. Attachment has been linked through previous references to security, social interaction, and adaptation, variables present in positive emotional bonds in the elderly.

The nurse needs to understand first what the figures of attachment and the indicators of attachment behavior are in order to help maintain positive emotional health and identify and treat elderly in distress. Gallman, Louis, and Field's (1987) descriptive study looked at comparable issues in elderly women living in the community and found daughters similarly played a very important role in elderly women's lives. For this reason, it is important to foster emotional bonds between mother and daughter (or mother and child) throughout the life span. This can begin by close attention to the bonding process at birth and should continue to be observed and encouraged throughout the life span.

Elderly women have succeeded in reaching old age because of their strengths and their ability to cope with stressors and changes throughout their lives. Once residing in a nursing home, the elderly rely more on figures of attachment for the behaviors that promote attachment and positive well-being in their lives. The importance of the study's reported attachment behaviors, such as telephone calls, letter writing, transporting, and visiting, cannot be underscored. These behaviors dictate the elderly women's ability to take a trip away from the nursing home, to socialize with people outside of the boundaries of the nursing
home walls, and to keep current with changes happening to family members and loved ones. Access to telephones and help with writing, stamping, and mailing letters are of vital importance for nursing home staff to be aware of and offer assistance with.

Attachment theory offers an important perspective for elderly women in nursing homes. The distress over separations from family and the familiar home environment could be offset by the availability of a stable attachment figure accessible outside the nursing home or within the institution. Living in a nursing home with close physical proximity of figures of attachment may be beneficial to fostering feelings and behaviors of attachment for elderly women. It is possible that each elderly woman should have available an identified attachment figure or a designated, accessible staff member so she would have the opportunity to bond with and rely on someone. However, further research would be required in order to establish the feasibility of substituting relationships with staff members for a primary relationship with another person who had a long history beyond and prior to entering the nursing home. An important aspect of the family or friend relationship may be that it links the nursing home resident to her previous life as well as to the world beyond the nursing home.

Additional studies related to the attachments of elderly women residing in nursing homes concern the importance of personal possessions in their life. The elderly have an increasing emotional investment in familiar items surrounding their daily lives, such as familiar objects, pieces of furniture, jewelry keepsakes, photo albums, scrapbooks, and old letters. These objects provide a sense of continuity, help the memory, and provide comfort, security, and satisfaction. Nurses should
encourage elderly women to bring these types of possessions with them. Nurses should also take an interest in and help protect and preserve these items.

According to Heard (1982), if the nurse is able to identify indicators of emotional bonds present in elderly women in the nursing home, the nurse can enhance these to support the elderly. If, however, there are no indicators of attachment, the nurse can often facilitate attachment through education, role modeling, or structuring of the environment.

In summary, adequate knowledge of who and what elderly women attach to is beneficial in order to aid nurses to recognize better and foster attachments in the nursing home setting. A nurse’s knowledge of the feelings of attachment and attachment needs of her patients would be especially important as a prerequisite to assessment of and intervention with those elderly women experiencing distress. Nurses would be able to recognize the importance of attachment in an elderly woman’s emotional well-being, share this information with family and staff, and explore possible methods of enhancing and promoting attachment in the nursing home setting.

**Recommendations**

This study is only a first step in the study of attachments across the life span. Further research is needed to clarify the scope of attachment, its applicability across different populations at different periods in the life cycle, and the theoretical underpinnings that support it.

The results of the study apply directly to elderly women not mentally compromised residing in nursing homes in a rural midwestern state. These people tend to be traditional and conservative in their attitudes and values. Other kinds of
populations, such as those in a large metropolitan area, may express different feelings and behaviors, and it is important to investigate additional samples. Furthermore, it is not known what effect such trends as increasing divorce rates, smaller families, and children moving away from the original home and relocating frequently will have on the availability of adult children's helping attachment behaviors. Further studies are needed to explore these questions.

The role of attachment for men is equally important and needs to be examined in detail because the process may be quite different, or may be handled in different ways. Similarly, the significance of attachment for people in marriages without children could be of great importance.

Additional questions which need to be addressed include:

1. Why does an elderly woman designate a daughter who is further away, as an attachment figure when other children live in closer physical proximity? What attachment behaviors are displayed under such conditions?

2. How do the primary figures of attachment view the relationship? Is it a reciprocal one?

3. Does the loss or separation of an attachment figure leave the attachment still in existence for the elderly person or not?

4. Are mother-daughter bonds stronger than attachments formed by others?

5. Do women describe a greater need to bond than men?

6. What type of attachments exist for confused elderly women residing in nursing home?
7. In what ways do the types of attachments change over the life span?

8. Is the same attachment different at different times of life?

9. In what ways do the self-described attachments of elderly women in nursing homes who do have a psychiatric diagnosis differ from those of the women described in this study?

10. What is the relationship between lack of an attachment and diagnosed clinical depression among residents of nursing homes.

11. Is there a relationship between one's degree of physical dependency and one's self-perceived strength of attachment?

While quantitative methods may be indicated in some of the research that is needed, qualitative methods should be used when there is little known about the phenomenon of interest or when a new perspective is required.

This study puts forward the propositions that attachment theory (Bowlby, 1975) provides an underlying theoretical framework that explains many aspects of feelings and behaviors of attachment in elderly women residing in nursing homes. Attachment is not a concept pertinent only to an infant's relations with caregivers. To gain understanding of attachment over the life span can only enrich our knowledge of human nature.
APPENDIX A

CONSENT FORM
CONSENT FORM

I am a doctoral candidate at the University of Texas School of Nursing and I would like to invite you to participate in a study to discover the feelings of closeness in elderly women living in a nursing home. I hope to learn who, or what, women living in nursing homes feel close to, why they feel the closeness, and what that closeness means in their lives. You were selected as a possible participant in this study because you are living in a nursing home and are able to answer the interview questions. You will be one of 20 women chosen to participate in this study.

If you decide to participate, first, I will meet with you to ask some initial questions about yourself. Then I will schedule a time to interview you in a private room in the nursing home. The interview will be approximately 90 minutes long and will be audio taped. Should you feel tired before the questions are completed, I will reschedule the interview at another time. The tapes will be coded so that no identifying information is on the cassette and they will be kept in a secure place such as a
locked file cabinet and will only be heard by the investigator. The tapes will be transcribed using only the code numbers. No names or personally identifying information will appear on the transcriptions. Tapes will be erased after the transcriptions are made.

There will be no inconvenience for you as a participant in this study. You may find that some of the interview questions are of a personal or sensitive nature. You may omit these items if you so desire. If you agree to participate, you will be helping nursing home staff and others to be more aware of who, or what, women in nursing homes feel close to, and how this affects the women's lives.

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission.

Your decision whether or not to participate will not prejudice your future relations with The University of Texas or the nursing home where you are living. If you decide to participate, you are free to discontinue participation at any time without prejudice.
If you have any questions, please feel free to contact me at any time, I would be very happy to answer them.

Kay Foland

If you have any additional questions, my supervising professor Dr. LaVerne Gallman, The University of Texas School of Nursing, will be happy to answer them.

You will be offered a copy of this form to keep.

You are making a decision whether or not to participate. Your signature indicates that you have read the information provided above and have decided to participate. You may withdraw at any time without prejudice after signing this form, should you choose to discontinue participation in this study.

_________________________  _________________________
Signature                Investigator

_________________________  _________________________
Date                    Date
APPENDIX B
DEMOGRAPHIC DATA FORM
DEMOGRAPHIC DATA

1. Subject number ________________________________

2. Date of birth ________________________________

3. Place of birth ________________________________

4. Ethnic background ______________________________

5. Marital status ______ If married, where is spouse? ____________________

6. Religious Affiliation __________________________

7. Race ______________________________________

8. Educational level ______________________________

9. Previous occupation __________________________

10. Number of children __________________________

11. Length of time in nursing home ________ Do you share a room? ______

12. Medical diagnosis _____________________________

13. Physical limitations __________________________

14. Medications _________________________________

15. Who is nearest living relative? __________________

   Where does this relative live? __________________

   Is this person able to visit you here? ________________

   How often? ____________________________________
APPENDIX C

DEMOGRAPHIC DATA INFORMATION
DATA FROM SAMPLE (N=30) WHICH CORRESPONDS TO THE
DEMOGRAPHIC QUESTIONNAIRE IN APPENDIX B

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<td>Town</td>
<td>Yes</td>
<td>2-3 X Month</td>
</tr>
</tbody>
</table>
APPENDIX D
INTERVIEW QUESTIONS
Interview Questions

1. Are there people you feel close to in your life? Who are they?

2. Is there someone you feel particularly close to?

3. Who is this person and what is her/his relationship to you?

4. Do you feel that you can talk with this person about yourself or your problems?

5. Does this person help you in any way? If yes, how?

6. Where does this person live?

7. How often are you able to be with the person you feel closest to? Do you wish you could see more of this person?

8. How long have you had this close relationship with this person?

9. Tell why you feel especially close to this person.

10. Does this person assist you with activities in your daily life? If yes, what kind?

11. How much and what type of contact do you have with the person you feel closest to? Do you help them in any way? How?

12. What helps you to maintain this relationship?

13. How does this person influence your life?
14. What do you think would happen if a change occurred in the relationship with this person?

15. Looking back on your life, who is the person you have felt closest to? Is that person still alive?

16. Who else do you feel close to, and for what reasons?

17. Do you miss or feel separated from any of the persons you said you were close to? If yes, what do you do to try to maintain a closer relationship with them?

18. Are there certain possessions which hold great meaning for you? What are they? Can you tell me why they are important?

19. Do you particularly miss or feel separated from any of the special things you mentioned?

20. Are there certain groups or clubs that are special to you?

21. Try to describe how it feels to you to be separated from the things you were and are used to being with?

22. Is there anything else you would like to say about those you feel close to?
APPENDIX E

CONCEPTUAL CODES
CONCEPTUAL CODES

*1. Meaning of attachment

*2. Positive or negative report of attachment to others

*3. Feelings of attachment

4. Feelings caused by separation from primary attachment figure

*5. Primary attachment figure at present, also persons or groups

6. Person most attached to in entire life

*7. Attachment toward objects

*8. Behaviors or acts that foster attachment

9. Frequency of times physically close to primary attachment figure(s)

10. Length of time, amount of time physically close to primary attachment figure(s)

11. Length of time attached to primary attachment figure

*12. Physical proximity to primary attachment figure(s)

*Denotes seven original codes
Bibliography


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VITA

Kay Lynn Foland was born in Kadoka, South Dakota, on [redacted] 1955, the daughter of Vern Kenneth Foland and Carrol Grace Foland. After completing her work at Philip High School, Philip, South Dakota, in 1974, she entered the University of South Dakota, Vermillion, South Dakota. She attended school there for one and one-half years and then entered Rapid City Regional Hospital School of Nursing in Rapid City, South Dakota, where she received a Diploma in Nursing in 1978. She was a staff nurse in the Emergency Department of Rapid City Regional Hospital from 1978 to 1980. In 1979 she enrolled in South Dakota State University, Rapid City, South Dakota, where she received the degree of Bachelor of Science with a major in nursing in 1980. In August 1980 she entered the Graduate School of the University of Nebraska Medical Center, Omaha, Nebraska, where she was awarded the Master of Science Degree in Nursing in 1982. From 1982 to 1983 she was a Psychiatric Clinical Nurse Specialist at the West River Mental Health Center, Rapid City, South Dakota. In 1983 she married Doug Lind. From 1983 to 1985 she was an health education instructor with the Rapid City Area Schools. She worked at various hospitals as a staff nurse in the Emergency Department from 1980 to the present. In 1985 she entered The University of Texas at Austin. She was employed with South Dakota State University as an Assistant Professor in Nursing from 1982-1985; 1986-1987; and 1988-89. In 1987 she was employed by the Veteran's Administration Medical Center in Hot Springs, South Dakota as a Psychiatric Clinical Nurse Specialist. She is currently employed with South Dakota State University.
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This dissertation was typed by the author.