

# A study on bowlbys attachment theory psychology essay



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While this theory has great strengths, it also suffers from arguably significant methodological weaknesses. The experimentation involved is less for the purpose of hypothesis testing than for hypothesis derivation and theory building. The subjective interpretation of results, without deference to rigorous protocol and inter-rater reliability measurement, defines more art than science. However, art can be quite profound, and attachment theory has profound implications for caregivers and social science professionals.

The following is an outline of the primary concepts involved in attachment theory and a brief discussion of its strengths, weaknesses, impact and implications.

### Attachment Theory: Background and Development

In 1949, at Tavistock Clinic in London, Bowlby published his first paper in family therapy, noting the success achieved by interviewing parents of troubled children about their own upbringing, in the children's presence (Bretherton, 1992). These observations prompted his enduring emphasis on cross-generational effects of attachment styles.

In 1950, Mary Ainsworth brought to Tavistock her work on security theory and expertise in scale construction and in projective techniques for clinical assessment. Later, she performed the ethological research that defined attachment styles through her observations of mother-child dyads in Uganda and her development of the strange situation paradigm (Ainsworth & Bowlby, 1991). Unfortunately, this methodology as employed yielded results that required for more qualitative/subjective skills of interpretation than qualitative/objective analysis allows.

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In the early 1950's, Bowlby searched across disciplines to find an adequate explanation for the empirically-observed effects of mother-child separation and reunion, as well as an explanation for the bond, itself. The work of Lorenz and Tinbergen with baby birds and of Harlow with infant monkeys bolstered Bowlby's conviction that, contrary to the tenets of psychoanalytic theory, attachment was a primary need, a socially-oriented drive (Ainsworth & Bowlby, 1991, Bowlby, 1956).

In the mid 1950's to the mid 60's, the ethologically-based theory emerged through Bowlby's series of papers on attachment, separation anxiety, anger, grief and mourning (Ainsworth & Bowlby, 1991).

In 1969, the first volume of Bowlby's *Attachment and Loss* trilogy reconceptualized the motivational underpinnings of the theory from a primary drive-based model to a control systems model. Attachment behavioral systems are activated under prescribed conditions and terminated in others. This cognitive/systems recasting of the theory set the stage for working models of attachment relationships and the self (Bowlby, 1969).

### Outline of the Theory

Attachment behavior is posited as functional for the survival of the species. It serves a protective function in the face of danger signals and an instructive function when no signals are present. The object of attachment (e. g., mother, caregiver) can serve as a secure base for exploring/learning about the world.

Children must form some attachment in order to survive. By the age of six months, most children have formed a unique attachment, usually with their primary caregiver. This attachment behavior will occur even if the object is not nurturing, supportive or responsive to the child's cues.

Attachment styles, as empirically derived (or intuited) by Ainsworth, are in evidence most clearly when the attachment object returns to the child in the strange situation paradigm. The styles are posited to result from the quality of interaction and goodness of fit between the child's needs and temperament and the caregiver's responses to those needs. These styles include:

- :: Secure attachment. The child exhibits separation anxiety at the mother's departure but is easily comforted upon her return.

- :: Insecure attachments:

- :: Anxious-Avoidant, characterized by low attachment need upon mother's return.

- :: Anxious-Ambivalent, showing intense anxiety on mother's departure and an inability to be soothed upon her return.

The child is thought to internalize the primary attachment relationship, generalizing expectations of self and others to social interactions throughout life (Peluso et al., 2004).

These are the constructs and relationships contained within attachment theory; however, no explicit hypotheses were derived except post hoc,

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through Ainsworth's empirical, but arguably subjective, derivation of attachment styles.

## Discussion

The hallmark of Bowlby's work is his dedication to understanding, rather than allegiance to particular schools of thought. Aided by sympathetic colleagues, he creatively (some might say ruthlessly) co-opted and integrated theoretical formulations from such apparently disparate arenas as psychoanalysis, systems theory, biology, and several areas within psychology, including developmental, personality, social and cognitive. The result is a theoretical framework that some describe as brilliantly eclectic and open-ended, while others consider it an unscientific, difficult-to-measure muddle.

A major criticism of this body of work is its lack of scientific rigor. The results reported by Ainsworth rarely have been replicated, at least in part due to the subjective nature of response coding in her strange situation paradigm and in the ethological observations that precede this paradigm's use. Inter-rater reliability was never established. The research is largely qualitative, relying on insight more than rigorous science. This approach yields a pervasive vagueness of conceptualization, operationalizations, method and interpretation.

Nevertheless, the constructs, relationships and insights that comprise this ethological approach have profound implications for parents, social service professionals and all caregivers. There is optimism in this theory. The effects of insecure attachment styles can be mitigated through the provision of a

secure base later in life. These implications also highlight a universal responsibility to provide responsive, sensitive care to all children.

## References

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