

**Quality of Attachment As a Predictor of Parental Visitation
When a Young Child or Infant is Hospitalized**

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An Abstract of a Thesis by

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The Problem. This study examined factors predicting parental visitation with hospitalized children. It was hypothesized that parental visitation and rooming-in decisions would be predicted by quality of attachment, socioeconomic status, parental anxiety, and family and child characteristics.

Procedure. A total of 101 parents completed the Spielberger Stat -Trait Anxiety Inventory, a 12 item attachment measure based on the Waters & Deane Q-sort, and a demographic questionnaire. The children were 10 months to 4 years old (53 males, 48 females) and were hospitalized for non-surgical illness

Findings. Stepwise multiple regression analyses indicated quality of attachment and socioeconomic status were the strongest predictors of parental visitation.

Parent reported attachment was negatively correlated with state and trait anxiety.

Conclusions. Attachment figures who report insecure attachment visit their hospitalized children less frequently than parents who report secure attachment. Parents with insecure parent / child attachment also report higher levels of both state and trait anxiety.

Recommendations. Further research is needed to better understand parent/child relationships and their role in predicting parental visitation behavior when a child is hospitalized.

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Dedication

This is dedicated to and in memory of my grandmothers, Ruth Horn and Eileen Robinson, each passed away during the development and completion of this project. Both were women of tremendous strength and integrity to whom I owe much gratitude and appreciation for their unconditional love and influence on my growth and development.

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Chapter I

Introduction

Much has been made recently of the "new pediatrics," which provides for a comprehensive approach to pediatric care. The new pediatrics is not new, but its value has been recognized only recently in many academic centers. The core of pediatric practice . . . has always been the relationship between the pediatrician and the child he [sic] treats, together with the child's parents. It is within the framework of this relationship, with its human, humanistic, and humanitarian qualities, that any therapeutic, preventive, or rehabilitative measures must be taken if they are to succeed. (Prugh, 1983, p. 4)

Not surprisingly, given the "new pediatrics" approach, an expanding field of research within pediatric psychology concerns parental influences, specifically those of the mother, on children's fear and coping behavior during hospitalization. Although empirical evidence on this issue has accumulated since 1953 (Prugh, et al. 1953), only recently has such inquiry attracted the spotlight of attention within the arena of pediatric psychology. Dr. Barbara Melamed, a leading researcher and writer on the subject of hospitalized children, recently stated: "We must take a serious look at how parents' emotions and behavior influence a child's own abilities to regulate frightening and often painful events" (1991, p. 10).

This call for research is better understood in light of the great number of preschool age children hospitalized each year. It is estimated that as many as 5,000,000 American children undergo medical procedures for diagnosis or

treatment each year (Bush, Melamed, Sheras, & Greenbaum, 1986) with infants and children between the ages of 0-5 representing the overwhelming majority of pediatric hospitalizations (Azarnoff & Woody, 1981; Trad, 1987). For sick children who are hospitalized the negative emotional consequences are at best minimal, as evidenced by 1-3 weeks of sleep disturbance and heightened anxiety during separation from the mother (Prugh et al. 1953; Fagin, 1966; Thompson, 1986). As many as one third of hospitalized children experience some type of long-term psychological adjustment problems (Douglas, 1975; Trad, 1987; Wolff, 1969).

Admission to a hospital is also one of the most common reasons for a young child to be separated from his/her parents. And, as will become evident, separation has been identified as a major factor contributing to the psychological upset of hospitalized preschool children (Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1988; Nagera, 1978; Prugh et al. 1953).

Separation Anxiety and Hospitalization

Separation anxiety refers to the negative affect that follows the departure or loss of an attachment figure (Crowell & Waters, 1990). Children between the ages of six months through four years are considered most vulnerable to the emotional effects of separation and illness because of their symbiotic relationship with the mother, which is coupled with physical, psychological and cognitive immaturity (Bowlby, 1969; Duffy, 1972; Langford, 1961; Nagera, 1978; Prugh et al., 1953; Spitz, 1950; Trad, 1987; Wolff, 1969). Infants under six months of age do not show any apparent ill effects of separation anxiety, in part, because they have not developed protest behavior to the departure of a particular individual (Layton,

Ainsworth, & Main, 1973; Wolff, 1969). However, in the second half year of life, the infant has ascertained important aspects of object permanence and has the ability to maintain a representation of a specific adult even when he or she is out of sight, making separation much more traumatic (Bowlby, 1969; Crowell & Waters, 1990). In addition, the infant has developed an attachment system, that, when engaged, promotes proximity seeking behavior and interaction behaviors organized around a particular figure or figures (Ainsworth, 1967; Bretherton, 1980). It is this separation, or loss of a loved one, that gives rise to separation anxiety.

Most preschool children are likely to manifest separation distress during hospitalization. The child responds to the separation by sustaining a state of tension that serves to disrupt both sleeping and eating patterns (Weiss, 1982). Only the actual presence of the mother or other primary care giver can alleviate the child's anxiety (Wolff, 1969).

Since 1965, when Vernon et al. (1965) identified separation from parents as a major factor contributing to the psychological upset of preschool children, research has sought to determine whether intervention such as parental rooming-in may attenuate the emotional consequences to hospitalized children.

Rooming-In: The Amelioration Of Emotional Consequences

One answer to reducing the emotional upset of childhood hospitalization has been to allow parents rooming-in privileges with their child. Rooming-in occurs when the mother or father remains with the child 24 hours a day during the first two days and at least 10 hours daily from the third day until discharge from the hospital (McGillicuddy, 1976). Other researchers have defined rooming-in as maternal presence for the entire time the child is hospitalized (Fagin, 1966; Brain & Maclay,

1968). The practice of rooming-in or unlimited visitation dates back to the late 1940's (Alexander, Powell, Williams, White, & Conlon, 1988) and currently represents a growing trend throughout children's hospitals and, to a lesser degree, general hospitals.

If, in fact, separation from the parent does induce anxiety, then efforts to minimize separation through parental rooming-in should result in a reduction of the child's psychological upset. However, research concerning the impact of rooming-in on children's immediate or in-hospital reactions has yielded mixed results. Brain and Maclay (1968) found children expressed more favorable in-hospital adjustment when parents did room-in. In contrast, children with rooming-in parents cried with greater frequency during the induction of anesthesia (Lee & Greene, 1969) and were generally more aggressive in the hospital (Lehman, 1975). Lehman (1975), has suggested the increased aggressive behavior may be a reflection of greater security felt by the child in the presence of his/her parents. Finally, Couture (1976) reported no in-hospital behavior differences were found between children with rooming-in or non-rooming-in parents.

In studies of posthospital effects there exists concordance among researchers regarding the positive outcomes of rooming-in. Parental rooming-in has been associated with greater improvement in the areas of separation anxiety, anxiety about sleep, eating disturbance, apathy-withdrawal, overall behavior (McGillicuddy, 1976), regression (Couture, 1976), and a reduction in postoperative complications (Brain & Maclay, 1968; Lehman, 1975).

Parent Characteristics and Rooming-In

Literature regarding the effects of rooming-in on hospitalized children provides the field with abundant information, however studies which aim to assess the role of parent characteristics as they affect the decision to room-in are sparse. Robinson (1968) reported, that as a mother's own fear of hospitalization increased, time spent visiting her ill child decreased. There was also a reluctance of fearful mothers to come in contact with the hospital staff, while proactive behavior towards understanding the child's illness decreased. This same group of mothers were found to be most concerned with their child's grieving or fear as opposed to his/her illness. This lends credence to the findings by Feshbach and Singer (1957) that arousal of fear resulted in a tendency to perceive other people as fearful and anxious.

In a general review of research on parenting, Dix (1991) correlates parents' positive appraisals of self-efficacy and control with an attenuation in negative emotions towards their child. Thus, if a parent infers he/she is incompetent, unable to cope with or control events, stronger negative emotions toward the child will arise. In addition, mothers in a distressed situation (social/emotional problems, depression, relationship problems) evaluate their parenting less favorably than do nondistressed mothers. Dix's 1991 findings of parental self efficacy, in tandem with Robinson's (1968) study displaying maternal anxiety associated with the hospitalization of a child, accentuate why the hospital setting can be a negative experience for child and parent alike. This is especially true in the hospital setting where the parent must surrender certain responsibilities to medical professionals at a time when their child needs their caregiving behavior most. Consequently, parents

may react with feelings of helplessness, which are easily transmitted to the child (Rutter, 1983; Trad, 1987)

Alexander, White, & Powell (1986) studied anxiety levels in non-rooming-in parents. They study found that parents who did not room-in with their young child displayed levels of anxiety that were significantly higher: 1) as the number of children at home increased; 2) as education levels decreased; 3) and as social status decreased. In a subsequent study assessing the anxiety levels of non-rooming-in and rooming-in parents of young (ages 3-8 years) hospitalized children, Alexander et al. (1988) found high levels of anxiety in all parents of hospitalized children. Parental anxiety was shown to correlate positively with the number of children at home, and negatively with: 1) parental education level; and 2) parental social status. Non-rooming-in parents reported higher anxiety than rooming-in parents, both during the hospitalization episode and a week following discharge. If, in fact, hospitalization heightens anxiety in parents, how does this affect the ill child?

Relationship Between Parent and Child Anxiety

Hospitalization of a child is known to create distress and anxiety in parents (Alexander et al. 1988; Robinson, 1968; Thompson, 1986; Trad, 1987). As parents attempt to cope with stressful events in the hospital environment, they have less energy with which to attend to their own needs and the needs of their ill children (Schepp, 1991). Disturbances in children's behavior arising from illness and hospitalization may serve as a clear reflection of parental attitudes and anxieties (Prugh et al., 1953). This contagion of anxiety is unfortunate as it is generally believed that parents have the greatest impact on their children's perceptions of their own vulnerability (Trad, 1987).

The emotional contagion hypothesis states that parental anxiety is expressed to the child through nonverbal and verbal communication and consequently, there are increases in the child's anxiety level. In explaining how or why this elicits child anxiety, the theory gives no specifics (Melamed, Siegel, & Ridley-Johnson, 1988). The hypothesis does have empirical support in studies where correlations between parental and child state anxiety in medical situations are evident. However, this finding could support alternative hypotheses as well, e.g., that anxiety is an inherited predisposition (Sides, 1977). This is of interest to the welfare of the child as parental stress is easily communicated to the ill child with a potentially negative impact on adjustment and recovery (Kidder, 1989).

Bush et al. (1986), in a study of 50 mothers paired with their children who were between 4 and 10 years old, found that the behaviors emitted by mother and child are likely to influence the child's ability to tolerate medical experiences. More specifically, overt maternal agitation was associated with increases in maladaptive child responses. Jessop, Riessman, and Stein (1988) reported a relationship between the functional status of the ill child and the mental health status of the mother; more symptomatic mothers had children with more functional limitations.

The aforementioned studies provide clear evidence of the connection between parent and child anxiety during medical procedures and hospitalization along with their subsequent outcomes. Research is lacking on the impact of the parent-child relationship upon parental decisions to room-in or to not room-in with a hospitalized child.

Rooming-In and the Quality of Parent - Child Relationships

In June of 1957, John Bowlby presented, to the British Psycho-Analytical Society, a paper entitled "The Nature of the Child's Tie to His Mother" (Bowlby, 1958). This presentation eventually led to what is known today as attachment theory. At the heart of the theory lies the child's attachment to the mother. This attachment constitutes a bond, tie, or enduring relationship between the child and his/her mother (Ainsworth, Blehar, Waters, & Wall, 1978). It is developed through attachment behavior, which is any behavior that results in the infant maintaining proximity to some clearly identified individual who is conceived as better able to cope with the world. Attachment behaviors are heightened when a person is frightened, fatigued, or sick (Bowlby, 1982).

The main thrust of empirical research examining Bowlby's theory has focused on differentiating styles or patterns of attachment in young children (Simpson, 1990). Ainsworth et al. (1978) identified and defined three main attachment styles: secure, anxious/ambivalent, and avoidant (also labeled as anxious/avoidant). Each pattern is marked by specific behaviors during separation and reunion with the mother while in a strange situation. The secure child will successfully use the caregiver as a secure base when distressed. The anxious/ambivalent child vacillates between secure type attachment behaviors and overt expressions of protest and anger towards the caregiver. The avoidant child remains aloof towards the caregiver and shows signs of detachment when distressed.

Bush et al. (1986) assessed parent-child attachment through the use of videotaped behavior with children between the ages of 4 and 10. The sample of

behavior was assessed just prior to having a medical examination. Younger children's (less than 5 years, 9 months) behavior was shown to be more interdependent with maternal behavior than was that of older children. The findings showed mothers whose parenting had a more emotive emphasis (agitation, ignoring, reassurance) were likely to have children who were more distressed. Maternal agitation was also associated with high rates of child distress and low attachment. Thus, the child accompanied by an upset mother was unlikely to seek emotional support from the mother. Also, mothers who attended to their children and used high rates of reassurance had children who predominantly exhibited increased attachment behaviors. Those children displaying high rates of exploration maintained low rates of distress. In addition, mothers who provided distraction and low rates of emotional response had children who were less distressed.

We can form initial ideas about the relationship between attachment and maternal responses to a medical situation from the above study. As the parent becomes more anxious the child displays more distress and either becomes excessive with attachment behaviors or extinguishes attachment behaviors all together. How the quality of parent-child relationships relate to actual hospital rooming-in and visitation has yet to be explored. The question then becomes, to what extent do attachment and parental anxiety influence the decision to room-in with the hospitalized pre-school child?

The majority of studies assessing parental anxiety and rooming-in have focused on the dichotomous question of rooming-in or not rooming-in. A further point of interest also arises, that being, rate of visitation. To what extent do attachment and parental anxiety influence, not only rooming-in behaviors, but rate

