Attachment behaviours and parent fixation in people with dementia: The role of cognitive functioning and pre-morbid attachment style

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Abstract
This study replicates and extends exploratory research into the occurrence of attachment behaviours and parent fixation amongst people with dementia. Relationships between cognitive functioning, pre-morbid attachment style, attachment behaviours and parent fixation were examined. Fifty-three people with dementia, living in residential or nursing homes, completed the Standardised Mini-Mental State Examination and were interviewed about their parents. A family member or friend rated pre-morbid attachment style and care staff made observations of attachment behaviour. Results indicated that parent fixation occurred more often in participants with lower levels of cognitive functioning. Parent fixation was not related to pre-morbid attachment style. The occurrence of overt attachment behaviour was inconsistently associated with both high and low levels of cognitive functioning, at different times of the day. Participants with an avoidant attachment style exhibited more overt attachment behaviour than participants with a secure attachment style. Findings are interpreted in terms of attachment theory and the clinical and research implications of the study are discussed.

Introduction

Despite Bowlby’s early assertion that attachment representations are likely to exert influence ‘from the cradle to the grave’ (Bowlby, 1969, p. 208), relatively little attention has been paid to the importance of attachment in later life in comparison to other stages of the life span. However, after a period of neglect, research in the field of attachment and ageing is entering a stage of growth (see Bradley & Cafferty, 2001, for a review) and there is increasing recognition of the unique significance that attachment issues might hold for people with dementia (Bradley & Cafferty, 2001; MacDonald, 2001). For many people, the process of dementia is characterised by experiences of loss, separation from attachment figures and feelings of insecurity, each of which closely reflect the central themes of attachment theory.

Bowlby defined attachment behaviour as ‘any form of behaviour that results in a person attaining or retaining proximity to some other differentiated and preferred individual’ (Bowlby, 1980, p. 39). He emphasised that attachment behaviour is especially evident in times of ill health or loss (Bowlby, 1969; 1979), circumstances that become more likely and/or frequent with ageing. Under conditions of threat, the need to seek closeness and proximity to attachment figures will often re-emerge and an increase in attachment behaviour is natural (Bowlby, 1969). Clinical practice with people with dementia highlights the frequent occurrence of attachment behaviours. Commonly occurring behaviours include shadowing caregivers when they are present and calling out or searching for caregivers when they are out of sight.

Despite much clinical evidence of proximity-seeking behaviours in people with dementia, only one empirical study has sought to explain such behaviour. Bère Miesen explored the relationship between level of cognitive functioning and attachment behaviour amongst 40 people with dementia, aged between 64 and 90, living in a psychogeriatric nursing home in the Netherlands (Miesen, 1993). Miesen was also interested in a phenomenon he named ‘parent fixation’; the belief that one or both parents are still alive, when in fact they have been deceased for some years. Again, clinical practice illustrates the common occurrence of this belief amongst people with dementia, with many individuals asking how their parents are, calling out and searching for their parents or begging to be allowed to return to the parental home.
During the initial phase of Miesen’s (1993) study, level of cognitive functioning was assessed using the Mini-Mental State Examination (Folstein, Folstein, & McHugh, 1975) and participants were interviewed in order to assess the presence or absence of parent fixation. Attachment behaviour was measured using the 60-item Ward Attachment Observation Questionnaire (WAQ), completed by two members of care staff. In phase two of the study, Miesen created an experimental condition, the Standard Visiting Procedure (SVP), similar in nature to the Strange Situation experiment (Ainsworth, Blehar, Waters & Wall, 1978). The SVP involved the person with dementia sitting in a room with a stranger and then being subjected to the sudden arrival of a family member, followed by their sudden departure and subsequent reappearance. Attachment behaviour was recorded using interval sampling.

Miesen (1993) found that people with dementia displayed organised forms of attachment behaviour depending on the stage of dementia. Scores on the WAQ indicated that participants with higher levels of cognitive functioning showed more overt attachment behaviour during family visits and at bedtime when compared to participants with lower levels of cognitive functioning. In contrast, parent fixation occurred more frequently in participants with lower levels of cognitive functioning than in those with higher levels of cognitive functioning. Parent fixation was more common amongst participants who exhibited little overt attachment behaviour.

On the basis of these results, Miesen (1992; 1993; 1999) theorised that the experience of dementia erodes feelings of safety and security and activates attachment behaviours. He proposed that, in the early stages of dementia, overt attachment behaviours, such as calling out or crying, can be used to seek reassurance from familiar others. However, as dementia progresses, orientation to the outside world diminishes and known others may begin to appear strange or unfamiliar, rendering overt attachment behaviours a potentially less useful way of finding safety and well-being. Additionally, the ability to self-initiate overt attachment behaviours may be reduced as dementia proceeds (Wright, Hickey, Buckwalter & Clipp, 1995).

In terms of parent fixation, Miesen and Jones acknowledged that both memory and attachment might have a role to play (Miesen & Jones, 1997). During the course of dementia, the capacity to store new information decreases and recent events become increasingly difficult to retrieve from memory. The result of these changes is that, at a certain point in their cognitive deterioration, people with dementia become disoriented with respect both to present reality and to chronological time sequencing. Thereafter, some individuals become unsure of their age and often believe themselves to be young again (Miesen & Jones, 1997). Past memories appear to be re-stimulated and, bearing in mind the substantial role of parents as key attachment figures in early life, it is not surprising that parents become an important part of the memories of people with dementia (Miesen & Jones, 1997). As overt attachment behaviours become less useful, thinking about the parents, the initial attachment figures, as if they were still alive, may enable the person with dementia to hold on to some sense of emotional security (Miesen, 1993; 1999; Miesen & Jones, 1997).

Miesen’s ideas about parent fixation are consistent with Cicirelli’s (1983) concept of symbolic attachment, which he uses to explain continued attachment to parents under conditions of separation and over long periods of time. Cicirelli proposed that, in symbolic attachment, the individual forms a mental representation of the attachment figure, consideration of which enables them to achieve feelings of psychological closeness and security. Symbolic attachment behaviour might include preoccupation with thoughts about the parent, a yearning to be with the parent, and feelings of anxiety or concern about being away from the parent (Cicirelli, 1991).

Whilst Miesen has been influential in providing a theoretically sound explanation of parent fixation, which detracts from common simplistic explanations such as delusions or confabulation, his research included only a small sample of participants and there have been no attempts to repeat his work. Miesen and his colleagues have developed and validated the original measure of parent fixation (Yahyaoui & Miesen, 2000) and statistical examination of the WAQ resulted in 18 items being dropped in order to achieve an acceptable internal consistency (Miesen, 1990). Replication of Miesen’s study, using these updated measures with a larger sample of participants, would allow his findings to be interpreted with greater confidence.

Miesen’s (1993) research did not address whether the occurrence of attachment behaviours and parent fixation was influenced by the individual characteristics of participants, for example by their pre-morbid attachment style. Attachment theory suggests that individuals with a secure attachment style have a reasonably firm belief that an attachment figure will be readily available to provide support when needed (Magai & McFadden, 1995). They are able to function without the constant need for reassurance from proximal attachment figures but would use attachment behaviour to seek support if needed. Individuals with an anxious-ambivalent attachment style tend to have a fear of abandonment and show a lifelong tendency to feel scared and helpless in the absence of attachment figures (Magai & McFadden, 1995). For these reasons, they might be expected to show the most attachment behaviour during the course of dementia. Individuals with an avoidant attachment style are characterised by a mistrust of others and a tendency to maintain emotional distance (Magai & Passman, 1997). They might be expected to manifest less attachment
behaviour in response to loss of cognitive function. Attachment theory would also suggest that pre-morbid attachment style might influence the presence or absence of parent fixation. Invoking the presence of parents, deceased or otherwise, may not be especially comforting for individuals who are avoidantly attached (Magai & Passman, 1997).

At present, research examining the distribution and significance of attachment style amongst older adults is somewhat limited. In the majority of studies of young adults, the distribution of attachment styles is around 55–65% secure, 22–30% avoidant and 15–20% anxious-ambivalent (Feeney & Noller, 1990; Hazan & Shaver, 1987; Kirkpatrick & Davis, 1994). However, preliminary evidence indicates that attachment patterns in older adults may not conform to the distributions found in younger adults (Magai et al., 2001). Initial studies suggest that avoidant attachment is more prominent amongst older adults than younger adults, and older adult samples appear to be characterised by particularly low rates of anxious-ambivalent (or 'preoccupied') attachment style (Diehl, Elnick, Bourbeasu & Labovius-Vief, 1998; Magai & Cohen, 1998; Magai et al., 2001; Webster, 1997). The presence of cultural differences in the distribution of attachment styles amongst older people has also been highlighted (Magai et al., 2001).

The present study replicates and extends Miesen’s (1993) research, by examining the role of both cognitive functioning and pre-morbid attachment style in the occurrence of attachment behaviours and parent fixation amongst people with dementia living in nursing and residential homes. Following Miesen’s findings, we predicted that:

1. Participants with lower levels of cognitive functioning would show significantly more parent fixation than participants with higher levels of cognitive functioning.
2. Participants with higher levels of cognitive functioning would show significantly more overt attachment behaviour towards those around them than participants with lower levels of cognitive functioning.

We also predicted that there would be a significant relationship between pre-morbid attachment style and the frequency of occurrence of parent fixation and attachment behaviours. We predicted that:

1. Participants with an anxious-ambivalent pre-morbid attachment style would show significantly more parent fixation than participants with a secure or avoidant style, whereas participants with an avoidant pre-morbid attachment style would show significantly less parent fixation than the other two groups.
2. Participants with an anxious-ambivalent pre-morbid attachment style would show significantly more overt attachment behaviour than participants with a secure or avoidant style, whereas participants with an avoidant pre-morbid attachment style would show significantly less overt attachment behaviour than the other two groups.

Method

Participants

A list of nursing and residential homes within the area covered by the local research ethics committee was obtained and the managers of 42 homes providing for residents with cognitive impairment were approached and informed about the study. Thirty-one homes agreed to assist with the recruitment process. Initially, 109 residents were identified by managers as meeting the study eligibility criteria, which included a documented diagnosis of dementia, ability to communicate verbally in English and presence of a relative or friend who could act as an informant and provide assent for the resident’s participation.

The researcher excluded seven potential participants due to severe communication difficulties. For the remaining 102 residents, the participation rate was 54%. Nine residents stated they did not wish to take part when approached by the researcher. Fifteen family members/friends of participants refused to give written assent for the study and a further 23 did not respond to written communication about the research and were considered to have opted out. Two people with dementia were withdrawn after consent was obtained due to a rapid deterioration in their health, leaving a final sample of 53 participants. The final sample comprised individuals who were living in 21 different homes.

Measures

The following measures were used:

Standardised Mini-Mental State Examination (SMMSE) (Molloy, Alemayehu & Roberts, 1991). Level of cognitive functioning was assessed using the standardised version of the original Mini-Mental State Examination (Folstein et al., 1975), the most widely used screening instrument for measuring cognitive impairment in the elderly. The measure taps into a range of cognitive domains including orientation to time and place, immediate recall, short-term memory, language and constructive ability. The SMMSE uses a 30-point scale; higher scores reflect less cognitive impairment. In comparison to the original version, the SMMSE has expanded guidelines for administration and scoring and has improved reliability (Molloy et al., 1991).
assessed using the ASQ; a single-item measure designed by translating established infant attachment styles into terms appropriate to adult affectional bonds. Family members or friends of participants read three paragraph descriptors reflecting secure, avoidant and anxious-ambivalent attachment styles and were asked to indicate which paragraph best described the participants’ style of interpersonal relating before they developed memory problems. The original version of the ASQ (Hazan & Shaver, 1987) focuses particularly on romantic relationships but, as in the present study, the wording can be adapted in order that the measure applies more generally to ‘close relationships’ (Hazan & Shaver, 1990). Personal pronouns were changed from ‘I’ to ‘he’ or ‘she’ in order to make the measure more amenable to third person ratings. The ASQ was employed to assess pre-morbid attachment style rather than other available scales because it is simple to complete and has an extensive history of use, including recent use in studies of people with dementia (Magai & Cohen, 1998; Magai, Cohen, Culver, Gomberg & Malatesta, 1997). Previous investigations have validated the use of caregiver reports of pre-morbid assessments of personality with dementia patients (Siegel, Dawson & Welsh, 1994), and a recent study has provided evidence for the validity of informant evaluations of attachment styles using the adapted wording version of the ASQ (Banai, Weller & Mikulciner, 1998).

Thinking About The Parents (TATP) (Yahyaoui & Miesen, 2000). Parent fixation was assessed using a translation of the Thinking About The Parents interview, an updated version of the measure of parent fixation used in Miesen’s (1993) original study. The measure has been shown to have good test-retest reliability over a time lapse of one week (Yahyaoui & Miesen, 2000). Participants were asked a series of questions including, ‘Please tell me something about your parents’, ‘Do you miss your mother/father?’, ‘How often do you think about your mother/father?’, ‘Do you ever think, feel or act as if your mother/father is there again, for a moment?’, ‘How are your parents?’, ‘How often do you have contact with your parents?’ and ‘So do I understand correctly that your parents are deceased?’. The authors of the TATP measure suggest that responses to questions should be scored on a six-point scale, according to how frequently participants report that they experience each phenomenon, for instance how often they miss their parents. However, the present authors encountered a number of difficulties with this scoring method and the simpler scoring method used in Miesen’s original study was adopted (Miesen, 1993). Parent fixation, mother fixation and father fixation were each rated as being present, absent or fluctuatingly present, depending on participants’ responses during the interview. For example, if a participant consistently reported the belief that their mother was alive and they saw each other daily, mother fixation would be rated as present.

Ward Attachment Observation Questionnaire (WAOQ) (Miesen, 1990). Attachment behaviour was measured using a translated version of the Ward Attachment Observation Questionnaire. The WAOQ consists of 42 items measuring the frequency of occurrence of attachment behaviours using a three-point scale; higher scores indicate more frequent attachment behaviour. Examples of items include ‘Does the resident walk after/follow a team member?’ and ‘Does the resident cling to his/her visitor?’. Five separate sub-scales assess attachment behaviours in general, during the morning routine, at mealtimes, during visiting and at bedtime. For each participant, the WAOQ is completed independently by two members of care staff and the score for each item is averaged. Examination of WAOQ data in the present study indicated that the average inter-rater agreement across the 42 individual items was 63%. The overall internal consistency of the measure was found to be high when staff member 1 and 2 ratings were analysed separately (alpha = 0.85, 0.86 respectively) and also when scores for each item were averaged (alpha = 0.87). Internal consistency of the five subscales was more varied. Alpha coefficients for staff members 1 and 2 respectively ranged from: general sub-scale (0.80, 0.81), morning sub-scale (0.59, 0.33), mealtimes sub-scale (0.68, 0.59), visiting sub-scale (0.72, 0.71), and bedtime sub-scale (0.21, 0.18). As part of the aim of the current study was to replicate previous findings using this measure, all items were retained for the analysis despite several low item-total correlations.

Procedure

Verbal consent for the study was sought from residents and written assent was sought from informants; the order in which residents and informants were approached varied depending on the wishes of managers of individual homes. Usual practice was to approach the person with dementia first and, if they had no objection to the study, subsequently send information sheets, assent forms and questionnaires to relative or friend informants. One third of the participating managers requested that the researcher wrote to the nearest relative or friend and established their co-operation, before approaching the person with dementia. A reminder letter was sent to relatives and friends who did not respond within a month.

After consent was obtained, the researcher re-visited the resident and administered the SMMSE and TATP interview. Relative or friend informants rated participants’ pre-illness attachment
style and provided information on the length of time that participants’ parents had been deceased. For each resident, two members of care staff observed the resident for 10 days before independently completing the WAOQ. The manager of the home provided demographic information for participants.

Results

Unfortunately, all measures could not be collected for each of the 53 participants. Eight participants were unable to complete the SMMSE and three participants were unable to complete the TATP interview, for reasons of ill-health, poor hearing, distress or attention difficulties. Data on attachment behaviour are missing for one participant, whose health rapidly deteriorated prior to care staff completing the WAOQ. Data on attachment style were only available for 50 of the 53 participants, as three informants felt that they did not know the participant well enough to provide a valid rating of their attachment style.

The mean age of participants was 83.8 years (SD = 5.14, range 68–98). All participants were white and 79% were female. Eleven percent were married, 79% were widowed, 8% were single and 2% were divorced. Diagnoses included unspecified dementia (47%), Alzheimer’s disease (30%), vascular dementia (21%) and alcohol-related dementia (2%). The mean length of stay in residential care was 19.7 months (SD = 15.49, range 1–60 months) and participants received an average of five hours of visiting per week (SD = 4.86, range 1–25 hours). Fifty-three relative or friend informants took part in the study. Informants included participants’ children (72%), spouses (4%), sons/daughters-in-law (4%) and friends (2%). The mean length of stay in residential care was 19.7 months (SD = 15.49, range 1–60 months) and participants received an average of five hours of visiting per week (SD = 4.86, range 1–25 hours). Fifty-three relative or friend informants took part in the study. Informants included participants’ children (72%), spouses (4%), sons/daughters-in-law (4%) and friends (2%).

Distribution of attachment styles

Thirty-six participants (72%) had a secure attachment style and 13 (26%) had an avoidant attachment style. Only one participant was rated to have an anxious-ambivalent attachment style, and therefore, the data for this participant were dropped from all subsequent analyses. No differences were detected in the distribution of attachment styles across gender, Fishers Exact Test, $p = 0.70$, age, $t(47) = 0.03$, $p = 0.98$, or level of cognitive impairment, $t(40) = 1.15, p = 0.26$.

Parent fixation

Fifty-four percent of participants consistently exhibited parent fixation; the belief that one or both of their parents was still living. Forty-two percent of participants were consistently aware that their parents had died. For two participants (4%), parent fixation was fluctuatingly present during the interview. These two participants were omitted from further analyses of parent fixation due to low expected counts that render Chi-square tests unreliable. Presence of mother fixation was more common (54%) than father fixation (44%) amongst participants. Gender, Fishers Exact Test, $p = 1.00$, age, $t(46) = 0.69$, $p = 0.49$, and number of hours of visitors received per week, $U = 260.50, z = -0.48, n = 48, p = 0.63$, were all unrelated to the presence or absence of parent fixation. The number of years since participants’ mothers had died was unrelated to the presence or absence of parent fixation, $t(43) = -0.29, p = 0.77$, as was the number of years since participants’ fathers had died, $t(36) = 0.14, p = 0.89$.

Relation between cognitive functioning and parent fixation

Hypothesis 1 predicted that there would be a significant association between cognitive functioning and parent fixation. In order to replicate Miesen’s (1993) methodology and analyse this relationship using Chi-square, participants were divided up into two groups, severe (0–9) and non-severe (10–26), according to the SMMSE cut-off score for severe cognitive impairment.

Table I indicates that parent fixation occurred significantly more often amongst participants with severe levels of cognitive impairment than in those with less severe levels of cognitive impairment. This finding was consistent with the results of Miesen’s (1993) study, and remained significant when mother fixation, $\chi^2(1, n = 43) = 10.56; p = 0.001$, and father fixation, $\chi^2(1, n = 43) = 5.06; p = 0.025$, were analysed separately. Phi statistics indicated that the associations between SMMSE scores and parent fixation, $f = -0.49$, $p = 0.001$, mother fixation, $f = -0.49$, $p = 0.001$, and father fixation, $f = -0.34$, $p = 0.025$, were all of moderate strength.

Table 1. Relationship between severity of cognitive impairment and presence or absence of parent fixation.

<table>
<thead>
<tr>
<th>SMMSE scores</th>
<th>Parent Fixation</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Present</td>
<td>Absent</td>
<td>Total</td>
</tr>
<tr>
<td>Severe (0–9)</td>
<td>16</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>Non-severe (10–26)</td>
<td>7</td>
<td>16</td>
<td>23</td>
</tr>
<tr>
<td>Total</td>
<td>23</td>
<td>20</td>
<td>43</td>
</tr>
</tbody>
</table>

Note: $\chi^2(1, n = 43) = 10.56; p = 0.001$. 

- Total 23 20 43
- Non-severe (10–26) 7 16 23
- Severe (0–9) 16 4 20
- Total 23 20 43
- Note: $\chi^2(1, n = 43) = 10.56; p = 0.001$. 

Relation between cognitive functioning and attachment behaviour

Hypothesis 2 predicted that participants with higher levels of cognitive functioning would show significantly more overt attachment behaviour than participants with lower levels of cognitive functioning. Correlations between SMMSE and WAOQ sub-scale scores were computed using Kendall’s tau. Consistent with the results of Miesen’s (1993) study, higher levels of cognitive functioning were significantly associated with increased attachment, behaviours at bedtime, \( \tau = 0.216, p = 0.025 \). Conversely, lower levels of cognitive functioning were significantly associated with increased attachment behaviours at mealtimes, \( \tau = -0.33, p = 0.002 \). There were no significant associations between cognitive functioning and attachment behaviours during the morning routine, during visiting, in general or in total.

Relation between pre-morbid attachment style and parent fixation

Hypothesis 3 predicted that there would be a significant association between pre-morbid attachment style and parent fixation. Chi-square analysis of this relationship was non-significant, Fishers Exact Test, \( p = 1.00 \). Contrary to our predictions, participants with an avoidant attachment style were as likely to show parent fixation as participants with a secure attachment style. This relationship remained non-significant when mother fixation, Fishers Exact Test, \( p = 1.00 \), and father fixation, \( \chi^2(1, n = 44) = 0.001; p = 1.00 \), were analysed separately.

Relation between pre-morbid attachment style and attachment behaviours

Hypothesis 4 predicted a significant association between pre-morbid attachment style and overt attachment behaviour. Exploration of this hypothesis was again restricted to comparisons of participants with secure and avoidant attachment styles. Examination of WAOQ data, using the Shapiro-Wilk test of normality, revealed that scores on the morning and eating sub-scales of the WAOQ were skewed, but scores on the general, visiting and bedtime sub-scales were normally distributed. Logarithmic data transformations performed on the skewed variables failed to stabilise the distributions. Therefore, the relationship between pre-morbid attachment style and attachment behaviour was examined using Mann-Whitney tests for skewed variables, and \( t \)-tests for variables with a normal distribution. Table II shows that, contrary to our predictions, participants with a pre-morbid avoidant attachment style showed significantly more overt attachment behaviour in general, at mealtimes, and in total, than participants with a secure attachment style. There were no differences between the two sub-groups in the amount of attachment behaviour shown during the morning routine, during visiting or at bedtime. As multiple analyses were performed for this hypothesis, Bonferroni’s correction was applied to the three significant results in order to control for the increased probability of Type I errors. Using Bonferroni’s correction, the three findings all failed to reach significance. This suggests that there were no actual differences between the secure and avoidant groups in the amount of attachment behaviours shown in general (adjusted \( p = 0.16 \)), at mealtimes (adjusted \( p = 0.15 \)) or in total (adjusted \( p = 0.17 \)).

Discussion

The present study provides further evidence for the occurrence of parent fixation amongst people with dementia, in a different culture to Miesen’s (1993) original study. More than half of the participants showed a consistent belief that one or both of their parents were still living, and, in keeping with Miesen’s findings, parent fixation was more prevalent amongst participants with lower levels of cognitive functioning. These results offer support to theoretical suggestions made by Miesen and Jones (1997). There appears to be an interaction between level of cognitive functioning and parent fixation, which could be related to feelings of emotional insecurity.

It was interesting to find that participants in our study more often showed mother fixation than father fixation, a distinction that was not made in Miesen’s (1993) study. Attachment theory suggests that attachments to primary caregivers often endure throughout adult life (Ainsworth, 1991) and it is likely that the mother would have been the primary attachment figure for most of our participants, who were reared in the early decades of the twentieth century. If the mother was the key source of emotional security and protection during the early years, invoking her presence by believing she was still alive would perhaps offer a greater sense of

<table>
<thead>
<tr>
<th>WAOQ sub-scale</th>
<th>Secure ((n = 35))</th>
<th>Avoidant ((n = 13))</th>
<th>(t / U)</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>11.70</td>
<td>15.27</td>
<td>-2.25*</td>
</tr>
<tr>
<td>Morning</td>
<td>4.04</td>
<td>4.54</td>
<td>170.50</td>
</tr>
<tr>
<td>Eating</td>
<td>2.73</td>
<td>3.85</td>
<td>132.00*</td>
</tr>
<tr>
<td>Visiting</td>
<td>9.67</td>
<td>10.38</td>
<td>-0.782</td>
</tr>
<tr>
<td>Bedtime</td>
<td>6.40</td>
<td>6.85</td>
<td>-0.847</td>
</tr>
<tr>
<td>Total</td>
<td>34.25</td>
<td>40.88</td>
<td>-2.24*</td>
</tr>
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* \( p < 0.05 \) (before Bonferroni’s correction applied).
emotional security than that which could be gained through father fixation. Conceivably, therefore, the higher prevalence of mother fixation offers indirect support to Miesen’s hypothesis that thinking about the parents as if they were still alive serves the function of providing feelings of emotional security.

Findings from the current study do not fully support Miesen’s (1993) proposal that people with dementia display organised forms of attachment behaviour depending on the stage of dementia. Miesen suggested that overt attachment behaviours, such as calling out or crying, are frequently used to seek reassurance from others during the earlier stages of dementia, but become less frequent as dementia progresses and orientation to the outside world diminishes. With the exception of attachment behaviours at bedtime, our own findings suggested that overt attachment behaviours are just as evident, and at times more evident, during the later stages of dementia.

Our predictions that pre-morbid attachment style would affect the occurrence of attachment behaviours and parent fixation could not be fully examined, due to the lack of participants with an anxious-ambivalent attachment style. Interestingly, particularly low rates of anxious-ambivalent attachment styles have also been found in other recent studies of older adult samples (Diehl et al., 1998; Magai & Cohen, 1998; Webster, 1997). In comparison to previous studies of older and younger samples, the present study was characterised by a significantly elevated rate of participants with a secure attachment style. Elevated rates of avoidant attachment, characteristic of recent studies with older adults (Diehl et al., 1998; Magai et al., 2001; Webster, 1997), were not found.

Comparison of the secure and avoidant groups indicated that participants with an avoidant attachment style were just as likely to show parent fixation as participants with a secure attachment style. We had predicted that avoidantly attached persons may not find invoking the presence of parents comforting because of their tendency to maintain emotional distance and adopt compulsive self-reliance. This finding raises the question of whether future research in this field might need to distinguish between parent fixation as a belief, which may largely be the result of memory dysfunction, and the behavioural consequences of the belief. Although the avoidantly attached participants in our study were just as likely as secure participants to believe that their parents were still alive, it is possible that avoidantly attached participants would be less likely to exhibit behaviours related to parent fixation, such as searching or calling out for parents. That is, the behavioural consequences of parent fixation may well be more sensitive to differences in attachment style than actual beliefs about whether the parents are still living.

Our final hypothesis predicted that participants with an avoidant attachment style would manifest significantly less overt attachment behaviour than participants with a secure attachment style, due to the characteristic reluctance of individuals with an avoidant style to display attachment needs or feelings. Contrary to our predictions, initial comparisons revealed that participants with an avoidant attachment style exhibited significantly more overt attachment behaviour in general, at mealtimes, and overall, than participants with a secure attachment style. However, these comparisons failed to reach significance after statistical adjustment to control for the possibility of Type I errors. Further examination of this hypothesis, preferably with a larger sample size, would be required to confidently detect whether the differences we found were reliable. It is possible that our use of Bonferroni’s method of adjustment was overly conservative and that, by controlling too much for Type I errors, we increased the likelihood of making Type II errors and missing true effects.

Although we cannot interpret the above findings with any certainty, it is possible that the increased attachment behaviour of the avoidant group in comparison to the secure group was a reflection of the wider insecure-secure distinction between these two groups. Individuals with an avoidant attachment style tend to have more fears about rejection and abandonment than individuals with a secure style, but defend against their insecurities by adopting a strategy of self-reliance. It is plausible that the presence of cognitive impairment makes it increasingly difficult for avoidantly-attached individuals to defend against emotional needs by means of self-reliance, thus resulting in the frequent occurrence of attachment behaviours.

The present study has a number of methodological limitations that must be considered when interpreting the findings. All of the participants were white, meaning that the study findings cannot be generalised to persons of different ethnic groups. The high rate of refusal and the skewed distribution of pre-morbid attachment styles also raise questions about the representativeness of the study sample. Conceivably, the distribution was skewed towards the secure end because of social desirability biases. Relatives and friends who took part may have been reluctant to rate the person with dementia as having an insecure attachment style, perhaps due to feelings of guilt or concern about the person with dementia being viewed in a negative light. It is possible that rates of insecure attachment styles were elevated amongst non-participants in comparison to participants. Residents with an anxious-ambivalent attachment style might have been less likely to take part due to characteristically higher levels of anxiety and distress (Magai & McFadden, 1995).

A number of measurement issues also deserve attention. The Attachment Style Questionnaire (Hazan & Shaver, 1990) was selected as the most appropriate measure of pre-morbid attachment style, due to an extensive history of use and evidence for
the validity of informant ratings (Banai et al., 1998). However, the possibility that the attachment style of informants influenced their ratings of participants must be acknowledged, and the retrospective nature of assessment is problematic. The ideal replication of this study would be to use a longitudinal approach, collecting self-report attachment style data at regular intervals throughout adult life until dementia develops in a sub-sample of participants. This method would enable the relationship between pre-morbid style of attachment and attachment behaviours during the course of dementia to be investigated with greater certainty.

Inter-rater agreement on the WAOQ was lower (63%) in the current study than in Miesen’s (1993) original study (75%). It is likely that this difference can partly be attributed to the fact that Miesen’s study was carried out in a single psychogeriatric nursing facility, whereas participants in the current study were drawn from 21 homes. Staff in Miesen’s study would have had greater experience of observing and rating the attachment behaviours of a number of residents, whereas many staff in the present study rated only one resident. The WAOQ scores were calculated, as Miesen suggested, by averaging the item ratings made by the two staff members, but this method is somewhat questionable in light of the lower rate of agreement.

Difficulties were also encountered with the suggested scoring method for Miesen’s updated measure of parent fixation (Yahyaoui & Miesen, 2000). The TATP scoring method was found to rely too heavily on participants’ orientation in time; for example, most participants were able to state whether or not they thought about their parents, but many found it difficult to say how often they did so. Conceptual difficulties also existed in that if participants stated they had daily contact with their parents, this was taken to indicate a strong sense of parent fixation. A number of participants, who consistently reported the belief that their parents were alive, stated that they rarely saw their parents as they lived far away. Scoring this response according to the instructions would wrongly suggest that the latter group of participants showed less parent fixation. For these reasons, the simpler scoring method used in Miesen’s original (1993) study was adopted.

Despite a number of limitations, the present study is the first to examine the role of attachment style in the occurrence of attachment behaviours and parent fixation amongst people with dementia. As such, it provides a useful starting point for future research. Our findings tentatively suggest that pre-illness attachment style is meaningfully connected to subsequent attachment behaviours. However, because the study was limited in sample size, this finding should be confirmed with a larger population. Recruitment of participants with an anxious-ambivalent attachment style would allow examination of whether attachment behaviours are heightened amongst this group as predicted.

It would be interesting to investigate the role of existing attachment bonds in the occurrence of attachment behaviours and parent fixation during the course of dementia. A person with dementia may feel a greater sense of insecurity and exhibit more attachment behaviour if they have been unable to maintain stable, caring relationships with family members after moving into long-term care. Similarly, the likelihood of symbolically reinstating the parents as attachment figures might be greater in the absence of a currently available attachment figure. Exploratory analyses found that the number of hours of visitors that residents received each week was not related to the presence or absence of parent fixation. However, frequency of visiting is not necessarily a good indicator of the strength of an attachment bond. Future studies might usefully investigate the occurrence of parent fixation and attachment behaviours amongst people with dementia who live at home with a spouse or other attachment figure. Such research would benefit from the development of more reliable measures of attachment behaviours, including behaviours specifically related to parent fixation.

The current study has a number of important clinical implications. The common occurrence of attachment behaviours and parent fixation amongst people with dementia living in nursing and residential homes highlights the need for us to consider ways of responding to attachment needs and helping people with dementia to feel safe and secure. Specific intervention strategies, such as simulated presence therapy (Woods & Ashley, 1995) and doll therapy (Bryant & Foster, 2002; Moore, 2001), have been introduced into some care settings as potential ways of meeting attachment needs. Research exploring how individual factors, such as attachment style, interact with the outcomes of these interventions would be of much clinical use.

For people with dementia who live in residential or nursing homes, the responsibility of meeting attachment needs often rests primarily with care staff, many of whom may have little understanding of attachment behaviours. Several of the staff that assisted with the present study reported the challenges of not knowing what to do when a resident repeatedly asks to go home to his or her parents. Training in attachment theory (Mills et al., 1999) may help care staff to better understand attachment behaviours and parent fixation and support them in knowing how best to manage and care for different residents. An awareness that pleading to be allowed to return to the parental home may represent a need for felt security might enable carers to respond appropriately to the emotional rather than the factual content of communications of this kind.
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References


