A concept analysis of parent–infant attachment

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INTRODUCTION

Many researchers provide evidence of the parent–infant attachment relationship and its impact on both the infant’s development and the attainment of parental identity (Bowlby 1969, Ainsworth 1973, Klaus & Kennel 1976, Rubin 1984, Mercer & Ferketich 1990). A loving relationship between parents and their infant promotes the emotional well-being of both the infant and the parents. Becoming attached is a profound and complex human experience that is highly individualized. Parent–infant attachment has preoccupied nurses for the last 20 years because of its relevance to the care of childbearing families. Nurses have made great strides to develop interventions to promote parent–infant attachment in the birthing-care setting as well as in the context of home follow-ups. Despite an abundance of publications on the subject, confusion with regard to the meaning and to the measurement of this concept persists.

The concept of attachment is one that is often inadequately defined. The term attachment is often confused with love, instinct, engrossment, being connected, acquaintance or bonding. Most definitions tend to apply...
The lack of a clear definition of attachment makes the use of research results problematic. Within the scientific literature pertaining to attachment very few factors have been singled out as significantly associated with the development of a strong link between the parents and their baby. This problem may, in part, be ascribed to a misunderstanding of the concept of attachment. Researchers are now aware of the necessity of compiling and analysing findings about this complex phenomenon so as to capture its essence (Flynn Gaffney 1988, Ainsworth 1989, Coffman 1992, Walker 1992, Condon 1993, Müller 1993, Mercer 1995). This article utilizes the method of concept analysis described by Wilson (1963) in order to define the attributes, antecedents, and consequences of the concept of parent-infant attachment. This endeavour will increase our understanding of this phenomenon which is of particular relevance to the advancement of nursing knowledge as well as to the practice of nurses working with childbearing families.

CONCEPT ANALYSIS

Chinn & Kramer (1991 p. 58) define a concept as ‘a complex mental formulation of empirical experience’. According to Bolton (1977 p. 35), a concept is ‘a stable organization in the experience of reality which is achieved through the utilization of rules of relation and to which can be given a name’. Bolton’s rules of relation emphasize the necessity of studying concepts by allowing their essence to be distilled from the experiences of those who have lived the phenomenon. The concept definition should fit all circumstances where it is seen to be present. In constructing a theory, the establishment of an interrelationship between a set of defined concepts leads to the development of statements relating those concepts. These statements are then arranged in a hierarchical fashion and a conceptual map is subsequently drawn. A concept analysis is thus seen to be the foundation upon which theory is constructed since it establishes an unambiguous definition for the concept in question (Watson 1991). Although other methods of concept analyses are present in the literature, Wilson’s method is the predominant approach used in nursing and the one chosen for this analysis (Chinn & Kramer 1991, Rodgers & Knaff 1993).

Wilson’s method of concept analysis

The use of Wilson’s technique, which was introduced into nursing by Walker & Avant (1983), results in a precise operational definition of the concept of interest and helps to establish its construct validity (Wuest 1994). Wilson describes a concept analysis as an inductive process that lets the concept’s properties emerge from the literature, following these steps: (1) define the concept; (2) determine the concept’s attributes; (3) develop a model case and other cases; (4) identify the antecedents; (5) identify the consequences; and finally (6) define any empirical referents.

This analysis of parent–infant attachment draws from 180 journal articles, eight theses and eight books published in the fields of nursing, psychology, ethology, education, history and art. The literature chosen for this analysis was either the work of an expert in the field or a landmark publication. A process of inductive inquiry led to the identification of themes concerning the concept. Definitions of ‘parent–infant attachment’ were noted and a record was made of surrogate terms, antecedents, consequences and related concepts. The findings were then viewed in their entirety so as to identify the attributes of the concept. Data were also examined to identify similarities and differences existing in the meaning among the disciplines.

USES OF THE CONCEPT AND EXISTING DEFINITIONS

The origins of the term ‘attachment’ date back to the 13th century. The etymological meaning of the verb ‘to attach’ was ‘to tie to a post or to settle down with a post’ (Bloch & VanWartburg 1975 p.42). Rousseau, a French writer and philosopher of the 18th century, was the first to use the concept in relation to the mother–infant relationship. His writings about attachment were concerned with ‘maternal love’ (Knibiehler & Fouquet 1980).

In 1969, Bowlby defined attachment as a strong link between two people, marking a milestone in the evolution of the concept. Although he only described the attachment process as being from the child to the parent, his definition helped clarify the reciprocal parent to infant attachment process. Research produced from this perspective provided evidence that a secure infant to parent attachment promotes the development of a healthy self-image and influences relationships in later life (Breherton & Waters 1985, Ainsworth 1989, Main 1991, Birtchnell 1993, Hazan & Shaver 1994, Waters et al. 1994).

Klaus & Kennell (1976) were the first authors to focus on the mother’s perspective of the attachment relationship. These two physicians defined it as ‘a unique relationship between two people that is specific and endures through time’ (Klaus & Kennell 1976 p.2). They hypothesized that
prolonged contact between mother and infant immediately after birth was crucial to the formation of an attachment bond. Most studies aimed at validating their hypothesis were unfortunately either conceptually or methodologically flawed (Svejda et al. 1980, Goldberg 1983), and conclusions from these studies have been inconsistent (Lamb 1982, Brown & Hellings 1988). Despite this, Klaus and Kennell’s conceptual definition endured through time and was used repeatedly as the theoretical underpinning by most nurse researchers working on attachment relationships, especially from the parent–infant perspective (Tulman 1981).

Rubin (1977, 1984) stated that ‘binding-in’ to the infant is the affectionate and motivational component of the maternal role identity process. Maternal attachment, one of the tasks in maternal role attainment, begins during pregnancy. The process of bonding (‘binding-in’ as described by Rubin) to the child during pregnancy leads to postpartum attachment and provides the motivation to achieve competence and satisfaction in the role (Mercer 1995). Based on the centrality of the infant in the woman’s life, Schroeder (1977 p. 37) defined attachment as ‘the emotional and affectionate tie that a mother feels toward her child that developed through their interactions’. This notion of centrality has been adopted by Pridham & Chang (1985) whose work centres on parents’ beliefs about themselves as the mother and father of a new infant.

Gottlieb (1978 p. 40) drew a definition of the attachment concept from maternal statements which according to her ‘reflected a developing growth of positive feelings on the part of the mother toward her infant and included such dimensions as wanting to possess, to prolong, or to seek contact, and to be proud of and love her infant’. Mercer & Ferketic (1990 p. 268) added to the understanding of the parental attachment by describing it as ‘an interactive process between partners resulting in satisfying experiences and an emotional bond that motivates parental commitment in caring for the infant’. Based on this definition they have developed a theoretical model of the predictors of attachment that highlighted the close link between attachment and parental competence.

There has been a move towards describing attachment as a developmental and reciprocal process. The work of Klaus & Kennell (1976) on maternal bonding, that was originally thought to be an ‘event’, had a great impact on nursing practice. Maternity and neonatal hospital settings were modified to promote early and extensive contact between mothers and their newborn in order to promote attachment. This hypothesis of a critical period has been challenged. Studies show that attachment relationships develop over time (Schroeder 1977, Gottlieb 1978, Gay 1981, Rubin 1984, 1977). Given the contradictory findings, early contact cannot be used as the marker on which parent–infant attachment is evaluated even though beneficial effects have been reported. Indeed, a qualitative study of fathers’ and mothers’ representations of attachment indicated that in the immediate postpartum period parents were often preoccupied with their physical well-being and felt distant from their infant (Bell et al. 1996); a result also found by Stainton et al. (1996). Some of these parents described feeling pressured to relate to their infant by nurses and doctors even though they did not feel ready to establish contact at that moment.

**Parent-infant attachment as a process**

Rubin (1984 p. 51) insisted that becoming attached to the infant and the formation of a maternal identity ‘are interdependant coordinates of the same process’, beginning during pregnancy and extending through the 6 months following birth. Thus, she identified prenatal attachment as the first phase of the attachment process that continues into the postpartum period and is the foundation on which the mother–infant relationship builds.

The origin of attachment has been described as cue sensitivity in which mothers learn to recognize their baby’s characteristics such as temperament or sleep-wake cycle, to communicate with their baby, and develop love for it (Stainton 1990, 1985). Quickening seems to be a significant event in pregnancy that enhances feelings of love towards the foetus (Leifer 1977, LoBiondo-Wood 1985, Grace 1989, Müeller 1993). Although the benefits of prenatal attachment are anticipated, studies generally fail to report any significant association between prenatal and postnatal attachment (Cranley 1981, Carson & Virden 1984, Davis & Akridge 1987). Associations identified between prenatal attachment and known significant variables, such as anxiety or the marital relationship, are generally inconsistent across research findings. Müeller (1992) pointed out many threats to the validity of prenatal attachment research and discussed the need to develop new measurements for this concept before promoting interventions.

Attachment is an interactional process that begins with the acquaintance stage and develops towards attachment (Gay 1981, Lobar & Phillipps 1992, Boulanger & Goulet 1994). According to these authors, acquaintance is the basis of all human relations and corresponds to the first step of the attachment process. This begins with a discovering stage, characterized by the seeking of information from the other person which generates opinions and feelings about that person (Boulanger & Goulet 1994). An impression of ‘knowing’ this person, then furthers the creation of a strong bond. The attachment process is characterized by the seeking and keeping of closeness; the reciprocity of verbal and non-verbal exchanges as well as feelings that are generally positive. It is the affective component of the relationship between parents and their infant that develops gradually; it follows a curve in
continuous revolution with the field of affectivity between them constantly enlarging. The pleasure and synchrony in the interaction serve as catalysts for further exploration of the relationship and its evolution toward a durable attachment (Gottlieb 1978, Gay 1981, Brazelton & Cramer 1990, Mercer & Ferketich 1990). This process has been found to be comparable in mothers and fathers (Gottlieb 1978, Rubin 1984, Boulanger & Goulet 1994, Anderson 1996). Moreover, studies have shown that the newborn has the capacity to interact and form bonds with more than one person (Bowlby 1969, Brazelton & Cramer 1990).

Many of these results illustrate pertinent aspects of the attachment phenomenon even though most research findings on parent–infant attachment are generated from cross-sectional studies. As a result, it is difficult to obtain a unified comprehension of this phenomenon or of the process involved in its development.

**Attachment through physical and emotional proximity**

The parent–infant attachment relationship is characterized by looking forward to or maintaining proximity (Avant 1979, Marecki et al. 1985, Lobar & Phillipps 1992). According to Bowlby (1969), parents look forward to becoming attached to their infant, even before his/her birth, by expecting to spend time with their newborn and by setting limits on situations that would lead to distancing. Maintaining proximity is considered a requirement. Parents restrict space between themselves and their infant to favour interaction and the development of their parental roles. Early and extensive contact enables the parents to become acquainted with their infant. Feeding, embracing, rocking, maintaining prolonged visual contact, and actively seeking these opportunities for interaction with the infant all foster the development of an affective tie.

Parents use various sensorimotor means to interact with the child; touch and visual contact being the most powerful for communicating with an infant (Bourassa et al. 1986, Brazelton & Cramer 1990). Crying, smiling, grasping, reaching out, and establishing visual contact are among the attachment behaviours that infants display to maintain proximity with their parents and express their needs. A passive infant, one who seldom cries, never smiles, or resists physical contact, will require a greater investment from the parents for an affective bond to develop.

Seeking and maintaining proximity arouses feelings of love, security and joy (Karen 1994). These pleasurable feelings of intimacy in the relationship with the infant are essential for attaining higher states of affiliation. To feel affection for this particular infant and to be fulfilled by the attainment of this new parenting role creates an emotional climate conducive to attachment. Some studies also claim that the parents’ attitudes toward their baby play an important role in the development of the infant’s sense of self-worth (Bowlby 1969, Hamilton et al. 1993).

In the closeness that characterizes the first months of the infant’s life, it is essential that parents be aware of the need to create just enough separateness so as not to impede the individualization of the child that began during pregnancy. The infant is differentiated in such a manner that its personal needs are recognized and responded to. Attachment also leaves space for periods of rupture and detachment. In fact, it is believed that the ability to detach at the proper stages of the development of the infant constitutes an authentic sign of a secure attachment (Bourassa et al. 1986). The infant is then considered as a unique individual who is trying to establish a distinct identity.

**Attachment as a reciprocal process**

The ability of both the parents and the infant to communicate is a delicate yet necessary element in a good relationship. The cycle of reciprocity characterizes the quality of the interaction that takes place and reflects the history of the attachment between the parents and their infant. Reciprocity is a type of adaptive process in the relationship that leads to a series of mutually satisfying behaviours; based on the signals that the infant emits, the parents adapt their behaviour in order to incite a positive reaction from the infant (Anderson 1981).

Parents who develop a sensitivity in recognizing the particular ways by which the infant communicates will respond appropriately by smiling, vocalizing, touching and kissing; this interaction may continue until the infant signals the need to end it. The parents then react by recognizing and respecting the signals sent by the infant that he/she has had enough. During these periods, the infant may attempt to seek the parent’s attention by making a sound, leaning forward or frowning. Parents who are sensitive to these cues will respond and learn that certain behaviours can hold the infant’s attention, while others can have the opposite effect. By learning to decode the infant’s language, reflexes, sleep–wake cycle, attention span, and responses to certain stimuli, the parents can synchronize themselves with their infant so as to gradually maintain certain states for longer periods of time (Brazelton & Cramer 1990). This cycle is essential for the development of attachment. The learning allows parents to develop a repertoire of ‘successful’ and ‘unsuccessful’ behaviours in their relationship with their infant. Ideally, parents engage in a mutual feedback system with their infant during the first few weeks of life (Bourassa et al. 1986). In the months that follow, the onus is on the parents to initiate the rhythm in the relationship. The system of mutual feedback evolves into
a more complex model in which parents learn to recognize signs of attachment from their infant and thus learn to respond in a sensitive manner. Parents draw a sense of competence in caring for their infant from which they learn to create situations in an atmosphere of confidence where their behaviours are both exciting and predictable. The communication between the parent-infant subsystem is difficult to isolate from systems both within and outside the family, in particular, the marital relationship and the parents’ natural support network (Belsky 1993).

**Parent–infant attachment as a commitment to love and to care for an infant**

Attachment implies a stable and permanent relationship in which the parents feel responsible for and committed to their infant, as well as being available both physically and emotionally (Bourassa et al. 1986). Attached parents feel engaged both immediately, and over time toward their infant, assuring its place in the family and the society. Feeling committed leads to behaving not simply in terms of oneself over the short-term, but with reference to a cherished goal.

Being committed means placing oneself in a situation that creates responsibilities and implies certain choices. Parents feel responsible for the safety, growth and development of their infant. They realize that it is not only their actions that have an impact on the infant’s development, but that the environment in which they raise their infant also has an effect. It is essential that the parents place the infant at the centre of their life and their family (Pridham & Chang 1985). When a newborn arrives in a family, a reorganization of the systems of emotional ties within that family occurs, so that each member adjusts in order to continue to feel safe and secure (Byng-Hall 1993). This adaptation enhances the relationship between the parents and their infant.

Commitment to the infant stems from the significance that the infant has for the parents. Having a baby in an atmosphere where there is a large emotional void to fill, or in one where the availability of space and time are restricted, increases the risk that both the parents and their infant will develop an insecure tie toward each other (Bradt 1980). Parents who develop a secure attachment with their infant feel free to differ from the parental model or models conveyed by society. They develop a sense of confidence in their actions and are able to reconcile their occasional negative feelings toward their infant. In the same way that an infant gains a sense of security from his/her parents that promotes exploration of their environment, parents also find emotional security in their relationship with their infant. They feel the baby is a duplication of themselves which gives them a sense of immortality (Anderson 1996).

**Differences in maternal and paternal attachment**

Generally, research on attachment tends to demonstrate a similar process for fathers as for mothers (Taubenheim 1981, Harding et al. 1983) even though the pace may be different (Anderson 1996). Like mothers, fathers manifest attachment behaviours during pregnancy (Harding et al. 1983). Indeed, Ferketich & Mercer (1995) found that the best predictor of early postnatal attachment for fathers is foetal attachment. During pregnancy, however, it is the mother who controls the father’s access to the foetus. Thus, it is not surprising that foetal attachment for fathers has been found to be closely related to the quality of the marital relationship (Cranley 1981).

Fathers may develop a sense of loving and caring for their infant from the moment of birth (Greenberg & Morris 1974, Humenick & Burgen 1981). They may feel unsatisfied with the amount of contact they were able to have with their baby during the hospitalization because of the control exercised by healthcare professionals (Goulet & De Courval 1989). Nonetheless, the conditions surrounding the labour and delivery may detract fathers from becoming attached because they are more preoccupied with the well-being of their spouse and their infant (Anderson 1996, Bell et al. 1996). In contrast, other studies reveal that stressful situations related to the birth experience may cause fathers to show greater attachment to their infant (Mercer & Ferketich 1990).

In summary, there has been an evolution in the meaning attributed to the attachment concept. Yet, despite an obvious interest and a growing body of research, there is still no agreement on its conceptual or operational definition. Presently, no theoretical model of attachment has been designed to guide nurses in furthering research on this process which is pivotal to the care and well-being of childbearing families. It is nonetheless crucial at this point to agree at least on a set of critical attributes so as to build upon a common and solid basis. Based on an exhaustive review of the literature on attachment we are proposing a combination of critical attributes.

**Critical attributes**

Attributes are those characteristics that must be present in order to recognize the concept in a naturalistic setting (Walker & Avant 1995). By determining the attributes, the essential characteristics of the concept are identified. The components, identified as constituting the concept, should be applicable to any situation in which the concept is present, and the attributes should be abstract and universal (Morse 1995). Interaction among the elements occurs, which leads to a new entity. The attributes of parent-infant attachment, include proximity, reciprocity and commitment.
Proximity refers to the physical and psychological experience of the parents being close to their infant. This attribute comprises three dimensions that are: contact, emotional state, and individualization. The sensory experiences of touching, holding, and gazing at the infant are found to be part of a proximity seeking experience. The emotional state emerges from the affective experience of the new parents toward their infant and their parental role. Parents are also aware of the need to differentiate the infant’s needs from themselves, to recognize and respond appropriately, making the attachment experience also, in some way, one of detachment.

Reciprocity is the process by which the capabilities and behavioural characteristics of the infant elicit parental response. Reciprocity is described by two dimensions: complementarity and sensitivity. Parents who are sensitive and responsive to their infant’s cues will promote his/her growth and development. The infant is an active partner in this interactional process and his/her ability to reinforce the parent’s care-giving efforts contributes to the quality of the exchanges that take place.

Commitment refers to the enduring nature of the attachment relationship. The dimensions of commitment are twofold: centrality and parent role exploration. In centrality, parents place the infant at the centre of their life and their family. They acknowledge their responsibility for the well-being of their infant and promote its safety, growth, and development. Parent role exploration refers to the ability of the parents to find their own way and integrate the parental identity into their self. This may include choosing to be different at times from the models traditionally conveyed by society. They also reorganize their life in order to gain a sense of well-being in their parental role (Figure 1).

Model case

A model case is a real-life example that contains all of the elements identified. The model case, which is based on clinical experience, perfectly represents the concept. If it is not the concept, then nothing else can be (Walker & Avant 1995).

Anne chose to breastfeed. As a father, I wanted to be equally involved. As a result, we both got up for the night feeds. Awakened before me by Matthew’s crying, Anne shook me a bit and said ‘Matthew is calling you. It’s his hour’. Thus began our nightly routine. While Anne moved from the bed to the rocking chair, I went to gather our baby. Curled up in my arms, my little bundle of joy was searching in the hollow of my armpit for his/mother’s breast. Unsatisfied with my hairy chest, he began to scream. I positioned my arms to form a cradle and began to contemplate his first surge of affirmation. Obviously, he was not impressed and protested even louder. To calm him, I began to sing. His angry little face began to relax. At times, this blessed moment lasted until I placed him in the arms of Anne. At other times, we would arrive in the room howling—he because of impatience, and I out of pride in having such a vivacious child. My mission accomplished, I sat down next to my wife and son. As he came into contact with Anne’s body, Matthew let go, as if associating her warmth and smell with the appeasement of his hunger. With a confident movement, she guided him to her breast, and greedily, he latched on. At that moment, nothing else in the world existed for Matthew except his mother’s milk. Anne happily looked on. Tenderly, she followed the contours of his cheek and caressed his little downy head. Between gulps, Matthew would occasionally open his eyes. His gaze, which was still unfocused, connected with Anne’s, which was soft and reassuring. ‘Yes, my love, I am here,’ she whispered to him. When our son began to have a full stomach, he would occasionally stop suckling to satisfy his appetite, but would continue for the sheer comfort of his mother’s skin. It was time to prepare to place Matthew on Anne’s shoulder, draped with the traditional burping cloth. The end of the feed was approaching. Soon Matthew would fall asleep and we would be able to slide back under our comforter.

This short scenario is a good example of the concept of attachment, because all of the attributes that make up this concept are present. The physical and emotional closeness is reflected in the physical contact established by the parents with their infant; in particular, by breast feeding, visual contact, the rich and varied emotions observable in the availability of the parents to this experience as well as in the baby’s ability to interact with his parents, and in the recognition and respect of his needs and his rhythm. Reciprocal interactions are manifested when the baby reacts positively to the father’s attempt to console him as well as in the attention described during the breast feeding episode. Commitment, or the behavioural aspect that reflects the emotion-
Al connection, is recognizable in the active participation of the father in the feed and the investment both parents put into the success of the breast feeding. The mother, father, and the baby will remember the quality of this interaction and together will construct bonds of attachment during other such moments to come.

Antecedents

Antecedents are the events judged to be prerequisites for the establishment of attachment between parents and their infant include: (a) awareness of previous attachments; (b) physical and psychological availability; (c) acceptance of the pregnancy and the baby; and (d) making its acquaintance. A favourable environment is considered to be an enabler, a facilitator for the development of attachment (Figure 2).

Awareness of previous attachments

The literature on attachment highlights the importance of reviewing previous emotional relationships where the most important theme is the understanding of the intimate relationship that one had with one’s own parents (Parker et al. 1979, Fonagy et al. 1991, Main 1991, Zachariah 1994, Rutter 1995). It is usually during the pregnancy that couples reflect on the parenting they received from their own parents. Main’s (1991) work on the evaluation of the mental images of attachment that adults have with their own parents reinforces the hypothesis that attachment is transmitted intergenerationally. In order for parents to be capable of sensitivity and harmony in their relationship with their infant, they must have developed an awareness and acceptance of the emotions associated with their own childhood at some point during their transition into parenthood. The capacity to attach stems from the emotional functioning of both mother and father, including the relationship that each had with his or her own family of origin (Donley 1993).

Acceptance of the pregnancy and the baby

The development of parent–infant attachment is rooted in the desire to have a baby. Foetal movements, ultrasound images, the delivery, the baby’s first smiles, are all opportune moments to consolidate the desire for the infant. Fluctuation between acceptance and rejection of the infant can be difficult at the start of the pregnancy. If this ambivalence persists after the birth, conflict in the relationship may occur. An unplanned pregnancy or an unwanted baby may compromise the parent–infant attachment, especially if there is no resolution of their ambivalence and if the inconvenience related to the new parental role becomes insurmountable (Bourassa et al. 1986). The infant may be rejected because of what it represents, because of a physical anomaly, or because of the difference between the anticipated ideal baby and the actual one (Brazelton & Cramer 1990). The rejecting parent risks developing a precarious link or becoming inconsistent in the messages he/she sends to the infant, which may lead the infant to internalize this into a model where the world is formidable and unpredictable.

Acquaintance

The process of attachment emerges only after a mutual acquaintance is made. The parents put into action an entire repertoire of behaviours aimed at getting acquainted with their infant. They search for information on the object, attribute meaning to their perceptions, and reinforce or modify their initial perceptions (Newcomb 1961). An infant with an easy temperament and parents who have sufficient knowledge regarding the care and competence of a newborn represent a privileged situation that lends itself to the development of a strong attachment.

Enabler: favourable environment

The context in which the interaction between the infant and his/her mother or father occurs needs to be a nurturing one. The infant becomes part of the emotional field created by the parents and develops within this environment. This environment is made up of all visible and invisible elements of the parents’ lives. For example, their transition to parenthood is dependent upon such elements as individual and family resources or deficits, social differences and involvement of various support systems. Indeed, attachment is a process that extends beyond the mother–infant or father–infant dyad. It is embedded within the larger emotional unit that is the family and the social environment of the parents (Bouchard 1981, Belsky & Isabella 1988, Stainton 1989, Belsky 1993, Donley 1993, Byng-Hall 1995).

Consequences

The consequences correspond to events that may appear as a result of the presence of the concept. Furthermore,
Consequences highlight the importance of the concept and can help formulate new hypotheses for research (Walker & Avant 1995). An attachment between a parent and infant is a precursor to: (a) the consolidation of parenting skills; (b) the growth and development of the infant; and (c) the establishment of a durable bond (Figure 3).

Consolidation of parenting skills
Parents grow through the interaction with their infant. Reciprocity, which can be inferred from the exchange of positive emotions and mutually satisfying behaviour, reinforces the parents’ skills in caring for their infant as well as increasing their self-esteem and their sense of self-efficacy. The pleasure that they experience in a relationship they judge to be satisfying stimulates their desire to spend time with their infant. With repeated and prolonged contact, parents learn to recognize their infant’s cues and to respond properly. Strong attachments between parents and their infant contribute to the prevention of negligence and abuse (Belsky 1993, Minister of Health of Quebec 1993).

Growth and development of the infant
Children who are cared for in a relatively consistent and predictable way develop confidence in their ability to have a positive influence on their environment and are more likely to express their need for love and security. Indeed, it seems that these children demonstrate greater self-esteem, independence, and competence in relating to other children (Karen 1994). These benefits are the basis on which other aspects of the personality are built, including life experiences such as becoming parents themselves. It is recognized that attachment does not explain all of the developmental benefits for the infant. For example, cognitive development is related as much to the infant’s exposure to diverse stimulating experiences and the parents’ cognitive styles as to attachment. Indeed, a causal relationship between anxious attachment and psychopathology or psychological disorders in the child has not been established (Breton et al. 1995).

Durable bond
A positive attachment process solidifies the elements of acquaintance and attachment and is evidenced by the harmonious and constructive link between parents and their infant (Gay 1981). Once it is well established, this link is almost indestructible, and it is the power of this link that counters the urge to give up during difficult times and connects the parents with their children once the bond of dependence is dissolved (Turner 1970).

Empirical referents
This final step of a concept analysis consists of translating the elements, which are often abstract, into an observable reality. Empirical referents help to operationalize the concept; this is an important step for the observation of a phenomenon in reality, as well as for the choice and elaboration of a measurement instrument (Walker & Avant 1995). Although the identified attributes are abstract and universal, they may manifest themselves in different ways according to the players or contexts (Morse 1995). Thus, for example, marital attachment, parent–child attachment, or attachment between parents and their school-age children in Bolivia will manifest themselves differently from parent–infant attachment in the North American context, but could nonetheless be observed within the conceptual framework that emerges from this concept analysis. For the concept to be significant and pertinent to the clinical situation, it is important, from the beginning of the process, to define which group it will apply to and to be aware that the manifes-

Figure 3 Parent–infant attachment: concept.
tations will consequently change. The analysis should be sufficiently rigorous for the elements identified to be applicable to and useful for the observation of the concept in other groups and in other contexts (Morse 1995). This step, which serves to define the concept and consolidate the identified elements can bring forth other information that may again call into question the proposed definition of the concept.

Attempts have been made to measure attachment in a number of ways such as observing the quantity of early contacts, by qualifying the parents’ perception of their infant, by evaluating the centrality of the infant in the parents’ discussions, by evaluating the quality of the family and social context, and by unilaterally qualifying the infant’s behaviour toward its parents during times of stress. However, these seem to be reductivist in terms of operationalizing the concept. A linear reading by available instruments of the quality of the parent-infant attachment often reveals that attachment is reduced to a single person — either the parent or the infant. There is a need for a measure that takes into account the critical attributes of the concept.

Parents develop an emotional tie with the infant through a variety of ways. They seek and maintain a closeness with the infant and are capable of recognizing particular characteristics of the infant. They feel a sense of responsibility for the infant’s growth and development, have realistic expectations, and feel competent to care for their infant. The family is the context in which the intimate links between parent and infant are made. A favourable environment in which attachment links can develop necessitates a sensitivity between parents. Their role as parents needs to be protected while at the same time preserving their intimacy as a couple and maintaining a social support network. A healthy adaptation to the newborn by the family system also contributes to the creation of an environment conducive to the development of attachment.

This analysis suggests that observations of parent–infant attachment cannot be made exclusively from the perspective of the attitudes and behaviours of parents toward their infants. Reciprocity within the attachment process requires the adoption of an interactional approach to study the parent–infant relationship and situational factors which influence them. More research is needed to explain the relationship between parental characteristics and infant characteristics. A recent study indicates that genetic factors may be involved in the development of an affectionate relationship between parents and their child (Kendler 1996) suggesting that further examination of these factors would be beneficial.

Nurses must find new ways to envisage this concept. For example, the use of non-traditional research methodologies may give access to parents’ descriptions of how they perceive their experience within varied naturalistic contexts. The exploration of the family as a research unit would expand our comprehension of the mother–father–infant attachment relationship. Longitudinal studies are needed to better understand the developing parent-infant relationship. Measurement instruments, able to capture the multifaceted nature of attachment are also required. These would lead to a more profound understanding and would, most importantly, provide better insights on ways to support families within the perinatal period.

CONCLUSION

A concept analysis is a necessary process for advancing knowledge in this field and for developing theory. In this article, the concept analysis of parent–infant attachment has allowed us to identify key elements that will permit the observation of this concept in reality. It has also opened up new avenues for research and intervention. Analysis of concepts useful for nursing practice is a task that should be given priority, since the way nurses conceptualize reality is intimately linked to the conception and actualization of nursing practice today. Parent–infant attachment is an intriguing concept requiring more research to adequately capture its essence.

References


