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A Case Study of Attachment and Resilience
(TITLE) variance in a Midwestern
Family

BY

Kelly Ince

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Family and Consumer Sciences: Family Services

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“A Case Study of Attachment and Resilience Variance in a Midwestern Family”

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Abstract

It is no secret to social scientists; humans are relational and forming attachments is critical as humans mature and develop. Attachments are usually formed in the first seven months and are only formed to a few persons. Attachment is defined as the trust formed with another person and can provide a secure base with that other person. A secure base is defined as an attachment figure from where one can safely explore and return to for comfort and connection. This idea is central and critical to attachment theory. Through healthy attachments, healthy and sustainable families build better bonds that are not easily broken through crises.

Attachments with others function from working models which are meanings or sets of beliefs of how we see ourselves and others. The baseline of attachment theories stem from what is termed a secure base for children. The notion of a secure base is important because children need to know that when they need it, there will be someone, usually a parent that will be there for them to express their feelings and for those feelings to be met with love and acceptance. Other needs of the child that the secure base should meet are security, comfort, companionship and trust. When children feel that they do not have a secure base and those feelings of comfort, security and acceptance are rejected, insecure attachments form. Attachment theory adds to the weight of resilience theory by clearly outlining the significance of relationships as the key to most aspects of resilience.

This qualitative case study was designed to explore indicators of resilience that support attachment between a child and their parent(s). The main question guiding this research focused on what indicators of resilience in a family unit allow healthy attachments to thrive. Beginning in mid-February 2014, one family was studied over a period of three observation/interview sessions. Each meeting consisted of observation followed by an interview. This increased

knowledge of what elements the particular family uses to build and maintain healthy attachments with one another.

Some themes that emerged included communication during times of crisis, how families use religious practices to aid in times of crisis and resilience patterns that this family developed. Two conclusions emerged. The first is a high need for communication during times of crisis: the more that the family communicates with one another, the better resilience they have for the next crisis that comes up. The second is that consistency of religious practices helps the navigation of crisis. All of these factors play a crucial role in how families develop resilience during hard times and the bonds that form from them.

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Chapter 1

Introduction

It is no secret to social scientists; humans are relational and forming attachments is critical as humans mature and develop. Attachments are usually formed in the first seven months and are only formed to a few persons. Attachment is defined as the trust formed with another person and can provide a secure base with that other person. A secure base is defined as an attachment figure from where one can safely explore and return to for comfort and connection. This idea is central and critical to attachment theory.

There are many determinants that decide whether children will form secure or insecure attachments with their parents and siblings. Attachments with others function from working models which are meanings or sets of beliefs of how we see ourselves and others. The baseline of attachment theories stem from what is termed a secure base for children. The notion of a secure base is important because children need to know that when they need it, there will be someone, usually a parent that will be there for them to express their feelings and for those feelings to be met with love and acceptance. Other needs of the child that the secure base should meet are security, comfort, companionship and trust. When children feel that they do not have a secure base and those feelings of comfort, security and acceptance are rejected, insecure attachments form. Children develop a healthy sense of resilience when secure attachments are formed. They feel comfortable to leave their secure base and when crisis arises, they have their secure base to fall back upon.

Objectives

The purpose of this study is to qualitatively investigate how family attachments are mediated by resilience. Specific objectives for this study are:

- To identify attachment patterns via observation and interview
- To identify family resilience patterns via observation and interview
- To identify overlapping themes between attachment and family resilience patterns

Definitions

Attachment- the act of bonding to a caregiver; seen in every relationship and placed on a continuum between healthy and unhealthy (Byng-Hall, 2008).

Family Systems Theory- the study of families as a whole system that has its own rules, roles, communication patterns and power structure (Ingoldsby, Smith & Miller, 2004).

Resilience- the ability to withstand and rebound from crisis or adversity (Walsh, 1996).

Secure base- an attachment figure where one can safely explore and return for comfort and protection (Woodhouse, Dykas & Cassidy, 2009).

Chapter 2

Review of Literature

Attachments are usually formed in the first seven months and are only formed to a few persons. Attachment is defined as the trust formed with another person and can provide a secure base on to that other person (Woodhouse, 2009, p. 47). A secure base is defined as an attachment figure from where one can safely explore and return to for comfort and connection. This idea is central and critical to attachment theory (Woodhouse, 2009, p. 47). The relationships we build in our lives are labeled either secure or insecure, are very complex and stem from our understandings of events that shape us.

There are many determinants that decide whether children will form secure or insecure attachments with their parents and siblings. Attachments with others function from “working models” (Vetere & Dallos, 2008, p. 374) which are meanings or sets of beliefs of how we see ourselves and others. Working models are our attachment representations and guide us in our actions and feelings. They are concerned with protection and safety in relationships and importantly, they help our capacity to reflect on experiences and our narrative ability to tell our family stories (Vetere & Dallos, 2008, p. 374-375). Our attachments affect positive or negative communication patterns as well.

The foundation of attachment theories stem from what is termed a *secure base* for children. Posada, Kaloustian, Richmond, and Moreno (2007) explored this idea in their study of maternal attachment to children under the age of four and hypothesized that maternal caregiving continues to be a central factor in shaping and maintaining the secure base throughout childhood. Another study that explores the notion of a secure base was conducted by Teti, Sakin, Kucera,

and Corns (1996). They looked at the addition of another sibling into the family and how that addition affects the secure base formed with the mother and the firstborn child.

The notion of a secure base is important because children need to know that when they need it, there will be someone, usually a parent that will be there for them to express their feelings and for those feelings to be met with love and acceptance. Other needs of the child that the secure base should meet are security, comfort, companionship and trust. When children feel that they do not have a secure base and those feelings of comfort, security and acceptance are rejected, insecure attachments form (Anderson & Gedo. 2013, p. 251).

Attachment Types

Attachments are defined as *secure* or *insecure*. The first to truly study attachments were John Bowlby and later Mary Ainsworth. Ainsworth identified three patterns of attachment which were secure, avoidant and ambivalent, with the latter two being insecure attachments (Atwool, 2006, p. 323). With insecure attachments are three different subgroups; insecure avoidant, insecure ambivalent, and insecure disorganized/disoriented. Within the *insecure avoidant* subcategory, the parent tends to avoid coping with uncomfortable feelings of attachment and rejects their child's bid for comfort. As with all of the insecure patterns, this rejection/pathological reaction can be overt or covert, and is not normally something the parent consciously does. It also will present itself differently in each situation. Narratives between child and parent are sparse and the child starts to become self-reliant. Yet, it is not the same self-reliance that is developed in secure attachments. *Insecure ambivalent* attachments form when parents are too preoccupied with their own past upsets. The child needs to make their needs highly apparent and often over dramatizes to the parent in order to be noticed and break the parents out of their preoccupations. Lastly, *insecure disorganized/disoriented* attachments form

when the parent has not dealt with past trauma and that trauma is being lived out in the present. The parent's fear is frightening to the child and the child does not know how to approach the parent (Byng-Hall, 2008, p. 131-132). This last attachment type is often demonstrated along with child abuse and neglect.

Conversely, *secure attachments* are formed when the parent is emotionally available and sensitively responsive to the child's needs. The child feels safe turning to the parent for comfort and protection. These children are known to have fewer problems and better social adjustments (Byng-Hall, 2008, p. 131). Researchers propose that maternal caregiving continues to be a central factor in building a secure-base for behavior in children throughout childhood. As mentioned before, Posada et. al (2007) suggests that the more sensitive maternal caregivers are, the healthier the attachment is in preschool children (p. 393).

One of the cornerstones of attachment theory is the notion that caregiver sensitivity is an important factor in building a secure base for children and their feelings of security (Posada et. al, 2007, p. 405). The attachment system is activated when fear and anxiety are present. Usually, children from preschool age and upward have started to develop the ability to reflect on their experiences. Reflecting on frightening times in particular can evoke the attachment response (Byng-Hall, 2008, p. 131). For example, if a child experiences loss in their life, like the loss of a parent, they will cling to their secure base for comfort or find comfort in a new secure base.

Family Systems Theory and Attachment

Attachment patterns at the family level, as well as *throughout* the family system are usually very complex. Each member of the family system can each have a different type of attachment with every other person in the family (Byng-Hall, 2008, p. 133). Family systems theory is only recently linked to Attachment Theory (134). In family systems theory, families

are viewed as a whole being; their relationships with one another define how they communicate with each other and the roles that each person takes in the family. Every family has a set of both covert and overt *rules*, in which they function. If these rules are broken, the family feels out of balance or homeostasis and must find a new way to achieve balance again (Ingoldsby, Smith & Miller, 2004, p. 170). Finding balance can occur through means that are on a continuum between healthy and pathological. The same tendency can be applied to *roles* that each family member assumes (p. 172). If the parent is not fulfilling their roles as parent, a child may step up to fulfill that role as a way of trying to bring balance to the family system. This can be viewed as healthy if the child is a late teenager or young adult, and the role is temporary, but it can be viewed as pathological if for example a nine year old child is taking care of his or her siblings. If a family seeks therapy to achieve that balance again (viewed as a healthy attempt at balance), it is the job of the therapist to help redefine those roles and rules and develop better communication between the family members (p.171). It is also their job to work with family members to form better attachments and to develop the idea of a secure base within that family. With a secure base firmly established, each family member is free to explore who they are and the new-found relationship they have with other members of their family. *Family Scripts* is another term that can be used to describe family roles, rules and relationships.

Family Scripts (or narratives) is a term defined as a family's shared expectations of how family roles are to be performed in various contexts (Byng-Hall, 2008, 134). This can be equated to family systems theory in its definitions of family roles and rules as well. Some parents base their family scripts on what was modeled for them and how their families of origin performed roles and rules (Byng-Hall, 2008, p. 134). When there is a crisis or problem in the family, new family scripts may be necessary, but can be difficult to improvise unless there is a sense of

security from which to explore them (Akister, 1998, p. 362). Improvising effective solutions in the face of challenges can be viewed as a form of resilience.

Attachment Theory and Resilience

Recently, there is new research on attachment theory and resilience with regards to how one affects the other. There are many theories of resilience (e.g. M.A. McCubbin & McCubbin, 1993; Ungar, 2005; Werner and Smith, 1992), but for the purposes of this study, the views of Atwool (2006) and Walsh (2006) are being used. These theories are chosen because both incorporate resilience and attachment together, making it clear how one affects the other. Quality of attachment is instrumental in the four central areas of resilience which are individual characteristics, family support, positive connections with environmental agencies, and culture (Atwool, 2006, p. 321). Healthy individual characteristics in children such as trust are unlikely to develop without a healthy relationship with an adult to foster those characteristics. Likewise, family support is unlikely to exist without a sense of a secure base and attachment in the family (Atwool, 2006, p. 323). In essence, without proper attachments, one does not feel safe to explore.

Attachment theory adds to the weight of resilience theory by clearly outlining the significance of relationships as the key to all aspects of resilience: “It clarifies the adaptive nature of behavior and refines understanding of the types of relationship experiences necessary to promote positive adaptation” (Atwool, 2006, p. 327).

Some indicators of family attachments can stem from the resilience the family has developed from past struggles and challenges: “Although some families are shattered by crisis or chronic stresses, what is remarkable is that many others emerge strengthened and more resourceful” (Walsh, 2003, p. 1). The idea that families are not broken but rather strengthened by crisis is relatively new, with research on family strengths and resilience gaining prominence in

the last twenty years. When families tap into the resources they have acquired from navigating through crisis, they often find they are stronger in meeting new challenges (p. 3). When families emerge stronger, they can use those resources to build better and more secure attachments (Walsh, 1996, p. 8).

Walsh focuses her resilience research on family strengths rather than family deficits in times of crisis. The idea of *normal* family functioning has been redefined over the last several decades (Walsh, 2002, p. 131). Walsh's process-focused family resilience framework can help guide prevention and intervention practices to help vulnerable families in times of crisis (p. 130). How a family deals with challenges is crucial for individual and family recovery. Walsh's framework prepares families to meet uncertain and future challenges with mutual support, innovation and flexibility (Walsh, 1996, p. 1). Previously, resilience is seen as a characteristic or trait of an individual, but current research is looking at the family unit and how it fosters processes of resilience among all the members of the family (p.2).

As argued, attachment and resilience among family members is complex and cannot be narrowed into one definition. Attachment takes time to develop and can be assisted by positive resilience factors. The purpose of this study is to gauge how resilience mediates attachment in one Midwestern family.

Chapter 3

Methodology

Design

This qualitative case study is designed to explore indicators of resilience that support attachment between a child and their parent(s). The main question guiding this research is “What indicators of resilience in this family unit allow healthy attachments to thrive?”

One family was studied over a period of three observation/interview sessions. Each meeting consisted of observation followed by an interview. A qualitative case study was utilized for this study because case studies are a rich way of collecting, organizing and making meaning of data (Patton, 2002, p. 447). The goal for this case study was to be holistic and context sensitive, meaning it looked at the context of where the family was at the time of the study and looked at every area of the family as a whole. The data collected from interviews and observations went into writing a case record and once the material was organized, it became a case study (449). A case study should take a reader into the experience of the person or family, allowing the person to understand the case as a unique entity (450).

Sample

Participants for this study were chosen using a nonprobability, convenience, and purposive sampling method. Nonprobability sampling included the purposeful use of a sample that is not drawn at random and is utilized when equal representation of the population is not intended. Convenience sampling was the recruitment of a sample that is readily available to the researcher. Finally, purposive sampling involved the use of a particular sample that met the requirements needed for the research.

The participating family in this study lived in the Charleston, Illinois (IL) community, and was approached from the Child Lab School on the Eastern Illinois University campus. The family was contacted after IRB approval via an email and a personal visit outlining the procedure of the study. The family was a two parent household with two children, a three year old daughter and a one year old son. The family had experienced a previous crisis that gave them the opportunity to demonstrate resilience, and they were willing to discuss it.

Data Collection

Consent was ascertained after IRB approval. A consent form was used for the parents and they gave consent for their children (Appendix B). For each session, observations took place first followed by the interview.

Observations. Engaging in observation allows the researcher to gain knowledge of the family and a follow-up interview allows for there to be an understanding of what was witnessed during observation. Observation takes great practice, preparation and patience. To become a skilled observer takes training, which includes learning to pay attention, practice in writing descriptively, discipline, knowing detail versus trivia and knowing personal strengths and limitations (Patton, 2002, p. 260-261). Observation takes in account all of the five senses and learning how to concentrate on those senses during observation takes time (261).

For the purpose of this study, the observations of how children interacted with their parents were indicators of attachment. The purpose in engaging in observation was to take a step back and learn about a situation by just watching. In observing this family, the purpose was to watch how the family interacted with each other and how various roles were played out by the different members in this family. By just watching, the researcher was able to gain an objective

look into the functions of this family. Through strict observation, the researcher was able to understand the context of the study and the individuals in the study.

Observation Protocol. Each observation was conducted in 30 minute increments. These specific observations took place at the first interview:

- What does the home look like? New? Old? In need of repair?
- What type of environmental controls—central air/ heat?
- What part of town is it located in? Is it safe?
- Proximity to parks/ rec areas?
- How close are neighbors?
- What is the overall feel of the home?
- What is the layout of the house?
- How does the outside space appear?
- Is it relatively clean? Messy? Tidy? Lived in?
- Does the child/ children have their own room or space?
- Is the home child proofed?
- Any pets? What is their approximate temperament?
- Are toys present? What kind? Age appropriate?
- What kind of technology is present? (Internet? TV? Satellite?)
- How do the children interact with their parents?
 - What characterizes that interaction?
 - Warmth?
 - Distance?

- Need? Are parents more involved in child care tasks than nurturing activities?
- Attentiveness?
- Anger?
- Sarcasm?
- Manipulation?

Interviews. The main purpose of an interview is to obtain personal stories from a family in their real life setting. In order for this study to be truly qualitative, it required personal one-on-one time with real people to understand their life story and background. The interviews were to gain perspective about the complexities of attachments and indicators of resilience in the family unit. The interview was tri-fold; interview one was the focused life history. This was the time to focus on the past and to learn what brought the interviewee to their place today. Interview two was the details of experience. This was the time to focus on present details of their experience in the topic area of study. Interview three was the reflection on the meeting. Participants were asked to focus on the meaning of their experience and making sense of the factors in their lives to bring them to the present (Seidman, 2006, p.17-18). This was the structure of the interview process for this case study.

A strength of using interviews as a source of data collection is that the interviewer learns about the experiences and sees into the thought process of the participant(s) (Seidman, 2006, p. 7). It is a basic mode of inquiry and allows people to symbolize their experience through language (8). Seidman (2006) talks about the importance of conducting interviews in three parts and spacing them out with a week in-between. This was the structure of the current study.

Interview Protocol. The main research question in the study rested upon what indicators of resilience in a family unit allow healthy attachments to thrive. Each interview was conducted in approximately 20 minute segments. The questions below were asked to understand the demographics of the family and were asked during the first interview.

- What are the ages of the parents?
- How long has the family lived in the area?
- Is the family native or transplants to this area?
- What are the careers of the parents?
- What is the level of education for both parents?
- How long have they been married? How long have they been together?
- Who does the family call in tough times?
- Who do they call in this particular area?
- How old are the children?
- Are the children in good physical health?
- What grade are the children in?
- What activities do the children engage in?

The following questions guided each session of the interview.

Session One.

- What activities does the family unit engage in all together?
- What characteristics (i.e. personality traits, habits) does each family member display?
 - How do those characteristics contribute to the family unit as a whole?
 - How does the family communicate in a time of crisis? What does that look like?

Session Two.

- Does the family unit engage in religious or spiritual activity together, and what does that look like?
- Does having a central place to gather reinforce healthy attachments among family members?
- How is resilience demonstrated by this family? Rather, what strengths are used from within the family when crisis arises?

Session Three.

- What values are important to the family?
- What parenting style(s) (as defined by the family) are used? Is there one parenting style/system that fits each child in the family? Or, are there different ways to parent/raise children according to the child's personality?
- Have you seen your family strengthened by crisis?

Data Analysis

Data from each interview session was recorded using a digital voice recorder, uploaded to a laptop, and transcribed by hand. Once all three observation/interview sessions were complete, the transcripts and observation notes were combined together into a case record, which was analyzed for themes. These themes are described in the next chapter.

Chapter 4

Results

This qualitative case study is designed to explore indicators of resilience that support attachment between a child and their parent(s). The main question guiding this research is “What indicators of resilience in this family unit allow healthy attachments to thrive?” Specific objectives for this study are:

- To identify attachment patterns via observation and interview
- To identify family resilience patterns via observation and interview
- To identify overlapping themes between attachment and family resilience patterns

This chapter will review the themes that emerged from observations and interviews during the three sessions with the family.

Observations

The family home is located in a busy part of Charleston, IL. Their home receives a lot of the Eastern Illinois University student traffic and their street can become incredibly active on a weekend night. This is an older home, but has been well maintained by the family. There was a lived in feel; toys lined the living room as the two children played with them throughout the three visits. The home is used for family time, which is important to this family to spend time together and play with one another during the day and evening.

There is a sense of ease in the home. The family was open to questions and gave honest answers. The two children were open with both parents. The mother is a stay-at-home mom and the father works in the local area. Both children were visibly excited when the father came home, and he spent time playing with them. Both parents were attentive to the needs of their children and were able to clearly redirect their children when they were doing something they should not

be doing. Neither parent was aggressive, but was instead assertive when their children needed to be redirected, which are clear signs of authoritative parenting.

There were observable characteristics in the children that come from the parents. The mother described herself as extroverted, compassionate and empathetic. Those traits were observable in the mother, but also in the daughter. The father described himself as more introverted, a logical thinker and level headed. Those traits were observable in both the daughter and the son.

Interview

Appendix A lists the questions that were asked during the three separate interview sessions. During each of these times, the family opened up and shared genuine answers. The interviews flowed organically and themes emerged.

Interview One

From the first session, the family talked about what they enjoy doing together, their individual personality characteristics, and how they communicate during times of crisis. The family enjoyed spending time outside at the two local parks, going to church together and getting together with extended family. The parents stated that their children take after them and can see characteristics of themselves in their children. The mother said “I would say that Abby gets the compassion and empathy and that kind of stuff from me. And she’s very sensitive and I’m pretty sensitive.” The mother and the father see more and more independence in their children and both children starting to become more inquisitive as they grow. The parents each know their spouse well and are able to clearly communicate traits that the other spouse brings to the family.

Crisis. When the son was born, he was diagnosed with Respiratory Syncytial Virus (RSV) and the family spent a month in St. Louis, MO until he was well enough to come home.

The family described this as a time of crisis as they had to lean on their parents for support back home and truly lean on each other while they were in St. Louis. The father states “And I guess both sets of parents were kind of our support at that time.” The parents trusted that their family in Charleston would take care of their daughter’s needs while they were gone. In St. Louis, the parents leaned on each other for the majority of their stay. There was good family trust and community during that time that the family knew they could rely on. “They took care of Abby and honestly, we didn’t have to worry about who has her and they worked it all out for us.” It is evident that during the times of crises for this family, they know who they can rely on and who they can entrust the care of their children.

Interview Two

The second session produced much of the same open communication and honesty that the first session did. Questions centered around religion and spiritual activity, central gathering places in the home for the family and resiliency demonstrated by the family.

Religion. The family does go to church in town and called themselves a Christian family. Some spiritual activities they engaged in together would be going to church, praying before bed and praying before meals. The mother remembers:

Whenever she (the daughter) first started lab school, she had a hard time every day with me leaving her and so we talked a lot then about how Jesus is always with us and He’s always watching and when we’re scared we can talk to Him to make us feel better.

The mother described a time when the daughter had a hard time leaving the mother for the start of preschool and the mother would pray that Jesus is always with us and there is no need to be afraid. After about two weeks, the daughter was okay leaving the mother to start preschool. The mother expressed that she hoped the family can start having a Bible time/quite time during

the day while the children are still home. Growing up, the mother's family attended church regularly while the father's family visited church on Christmas and Easter. Together, the couple has made going to church and incorporating faith into their daily lives an important part of their family life. The father recalls "We started going whenever we were first dating."

Gathering and Attachment. The parents described certain elements of their home as a central gathering place for their family. One of those areas is the kitchen table where they eat their family meals together. Another one of those places are the children's bedrooms. They both have a lot of toys in their rooms and both have a regular bedtime routine where the family gathered in the evenings before bed. The mother described a time when the son was first born and she was with him in the evenings nursing and getting him ready for bed. She said that:

When he came along, I nurse him still and at the time, I noticed that I was a little jealous because I didn't feel as close to Abby anymore because I wasn't putting her to bed and I wasn't a part of that anymore.

Now that the son is older and more independent, the mother noticed that there is a shift back to more equal attachment. The son is now okay with the mom going off because she was there with him in the beginning of his life and knows that she will be there when he needs her. She said that "Now it's a lot better and he's a little bigger and more independent so I can go off with Abby and he doesn't freak out or need to be fed or anything like that."

Resilience. When asked about resilience, both parents stated that when crises come, they have to keep pushing forward. The mother mentions "And you have to focus on, it's not like we have a choice, you know, we'll cross that bridge when we get there...take it one things at a time." They handled what was in front of them one day at a time and tried to support each other along the way. The father tried to remain level headed for the mother and both have the mindset

to cross each bridge as it comes. Both voiced that there is no point in worrying about the future as there are things that are out of their control that they will worry about when the time comes. The father discusses “I mean, that’s something that came along and some things we don’t have control over...so we just have to take the blow and keep going.”

Interview Three

The third session focused on topics of family values, parenting styles and how the family has been strengthened by crisis. Again, there was the sense of trust among the parents as they answered. The family values come from their religious beliefs. Some morals and values that they hope to pass along to their children included honesty, kindness, giving, integrity, trustworthiness and tolerance. The mother also mentioned that she hopes her children will be good with their finances as the mother and the father have been faced with financial struggles in the past.

Parenting styles, currently, are varied by child. The daughter is at an age where the parent can reason with her and tell her why she cannot engage in negative behavior. The son is at an age where saying *No* is most appropriate because he cannot understand reason. Because the son is still young enough where he receives a lot of parent attention, both the mother and the father noticed that the daughter engaged in behavior to receive attention from them, and they have had to learn not to give into her attention seeking behavior. Also, the mother and the father recognized that their parenting styles will most likely change as their children age because they saw different parenting styles among their family growing up. As their children age, their personality will develop and the mother and the father can assess how to handle a situation based on that child’s personality and how they will respond best.

The last topic discussed in interview three was has the family seen themselves strengthened by crisis. They definitely said yes because of what they endured with the son,

certain financial situations and other unexpected situations. Both parents continually came back to the idea that through crisis situations, they needed to have quality communication with each other and how good communication helped them overcome those crises one day at a time. They have learned to take things in stride and to know that some things they do not have control over. They have both learned to go with it, work through it and as the mother says, “People hate the saying *it is what it is*, but pretty much, there is no way to avoid it! Just go with it and work through it and that’s all there is. Live to see another day.”

Chapter 5

Discussion

The Child Lab School at Eastern Illinois University was extremely helpful in finding a family that was willing to participate in this study. From the observation and interview sessions, several themes emerged and after much analysis, there is much to be said about what these themes mean, and how they reflect healthy attachments and resilience.

Attachment style

From the actions of the parents that were observed and discussed in interviews, these demonstrate secure attachments with their children. Secure attachments are formed when children feel they are safe enough to leave their parents to explore, but know that their parents are there when they need them. There was much caregiver sensitivity in raising and nurturing these children. An example that was discussed in interviews was that the daughter first had a hard time leaving the mother when she went to the child lab for the first time. She quickly adjusted as she knew that the mother came back to pick her up every day. She was okay leaving her mother after a few weeks and adjusted to the new social situation.

As both children know their parents will remain if they leave that secure base, it makes it easier for children to handle crises and build resilience. When children know they have a secure base, they (primatively) know that during times of crises, their parents will be there for support. This secure attachment is reinforced over and over, which in turn builds resilience to rebound from one crisis to better handle another one.

From this Midwestern family, the theme of crisis emerged over and over again. What is important to understand here is that when a family endures crisis, there is a great need of communication during that time. Walsh says that “although some families are shattered by crisis

or chronic stresses, what is remarkable is that many others emerge strengthened and more resourceful” (2003, p. 1). The family needs to be able to communicate with one another regarding what is going on, how they are feeling and the steps taken to not only recover from one crisis, but be able to better know how to handle the next crisis when it comes: Walsh (2003) calls this *bouncing forward*, and it is crucial in the development and maintenance of resilience. This family relies heavily on their extended family for support and they are able to trust them in times of need. They also clearly discussed bouncing forward during times of financial strain, as well as during their son’s hospitalization in St. Louis.

There is much to be said about how heavily religious and spiritual activity plays in helping a family recover from crisis and what role it plays in daily life, with this family being no exception. Spirituality is a main theme in Walsh’s study of resilience, and she states that having a main belief system as a family can help members make meaning of a situation and facilitate a hopeful and positive outlook (Walsh, 2003, p. 6). For this family, they are involved in a community Christian church and hope to pass along to their children values and morals that stem from their religious beliefs. For families that ascribe to a certain religious belief, there can be a sense of peace that comes when crisis arises as well as the institution of worship being another support group for that family to trust when times are hard. For this family, they are choosing to teach their children to trust God and pray when they are feeling anxious, sad or upset. It is important to note that consistency in religious rituals help increase resilience during times of crisis. This can be seen with this family when they choose to pray and teach their children to pray during times of crisis, as the mother did with her daughter when she was afraid of attending the lab school.

Families who are able to communicate and have a positive religious influence in their lives demonstrate strong patterns of resilience during times of crisis. This family shared that it was during their own time of crisis that they learned to communicate best as well as learning how to communicate better when the *next* crisis arose. Previously, resilience was seen as a characteristic or trait of an individual, but current research is looking at the family unit and how it fosters processes of resilience among all the members of the family (Walsh, 1996, p.2).

Benefits

The results of this study will be beneficial for the fields of Family and Consumer Sciences, Marriage and Family Therapy, Early Childhood Development, Psychology, Sociology, Social Work, and Education. Wherever there are families with children and the focus is on the family unit as a whole, there is more research that can be done to look at family communication patterns during times of crises and what resilience patterns are present in various families. Professionals who interact with families must have an understanding of how family attachment patterns are formed and how crisis and resilience play a role in family member attachments.

Limitations

The largest limitation of this study is the purposeful inclusion of only one family. For those who choose to conduct research on future family attachment patterns and resilience, it is recommended to study more than one family and have a variety of families from various locations. As the interviews with the family flow, it is encouraged to ask more follow up questions and seek clarification to better understand what the family is trying to say. Lastly, including family participation from a variety of families of different sizes, ethnic backgrounds, parents of varying sexual orientation, religious affiliations, blended families and families from

both rural and urban areas will provide more diversity in themes as they emerge and provide a better insight to family communication.

References

- Akister, J. (1998). Attachment theory and systemic practice: research update. *Journal of Family Therapy, 20*, 353-366.
- Anderson, S. & Gedo, P.M. (2013). Relational trauma: using play therapy to treat disrupted attachment. *Bulletin of the Menninger Clinic, 77*, 250-268.
- Atwool, N. (2006). Attachment and Resilience: implications for children in care. *Child Care in Practice, 12*, 315-330.
- Byng-Hall, J. (2008). The crucial roles of attachment in family therapy. *Journal of Family Therapy, 30*, 129-146.
- Ingoldsby, B.B, Smith, S.R. & Miller, J.E. (2004). *Exploring family theories*. Los Angeles, CA: Roxbury Publishing Company.
- McCubbin, M. A., & McCubbin, H. I. (1993). Families coping with illness: The resiliency model of family stress, adjustment, and adaptation. In. C. B. Danielson, B. Hamel-Bissell, & P. Winstead-Fry (Eds.), *Families, health, & illness* (pp. 21-63). St. Louis, MO: Mosby.
- Patton, M.Q. (2002). *Qualitative research & evaluation methods*. (3rd ed.). California: Sage Publications.
- Posada, G, Kalustian, G, Richmond, M. K. & Moreno, A.J. (2007). Maternal secure base support and preschoolers' secure base behavior in natural environments. *Attachment & Human Development, 9*, 393-411.
- Seidman, I. (2006). *Interviewing as qualitative research*. (3rd ed.). New York: Teachers College Press.

- Teti, D. M, Sakin, J. W, Kucera, E. & Corns, K.M. (1996). And baby makes four: predictors of attachment security among preschool-age firstborns during the transition to siblinghood. *Child Development, 67*, 579-596.
- Ungar, M. (2005). A thicker description of resilience. *The International Journal of Narrative Therapy and Community Work, 3 & 4*, 89-96.
- Vetere A. & Dallos, R. (2008). Systemic therapy and attachment narratives. *Journal of Family Therapy, 30*, 374-385.
- Walsh, F. (1996). The concept of family resilience: crisis and challenge. *Family Process, 35*, 261-281.
- Walsh, F. (2002). A family resilience framework: innovative practice applications. *Family Relations, 51*, 130-137.
- Walsh, F. (2003). Family resilience: a framework for clinical practice. *Family Process, 42*, 1-18.
- Walsh, F. (2006). *Strengthening family resilience* (2nd ed.). New York: The Guilford Press.
- Werner, E. E., & Smith, R. S. (1992). *Overcoming the odds: High-risk children from birth to adulthood*. Ithaca, NY: Cornell University Press.
- Woodhouse, S, Dykas, M. J. & Cassidy, J. (2009). Perceptions of secure base provision within the family. *Attachment & Human Development, 11*, 47-67.

Appendix A

Interview Protocol

Session One.

- What activities does the family unit engage in all together?
- What characteristics (i.e. personality traits, habits) does each family member display?
 - How do those characteristics contribute to the family unit as a whole?
 - How does the family communicate in a time of crisis? What does that look like?

Session Two.

- Does the family unit engage in religious or spiritual activity together, and what does that look like?
- Does having a central place to gather reinforce healthy attachments among family members?
- How is resilience demonstrated by this family? Rather, what strengths are used from within the family when crisis arises?

Session Three.

- What values are important to the family?
- What parenting style(s) (as defined by the family) are used? Is there one parenting style/system that fits each child in the family? Or, are there different ways to parent/raise children according to the child's personality?
- Have you seen your family strengthened by crisis?

Appendix B

CONSENT TO PARTICIPATE IN RESEARCH

A Case Study of Attachment and Resilience Variance in a Midwestern Family

You are invited to participate in a research study conducted by Ms. Kelly Inda and Dr. Crystal Duncan Lane, from the Family and Consumer Sciences department at Eastern Illinois University. Your participation in this study is entirely voluntary. Please ask questions about anything you do not understand, before deciding whether or not to participate.

You have been asked to participate in this study because you are a family that is currently participating in the Child Laboratory at Eastern Illinois University. You are a family unit with young children and already have a vested interest in students at Eastern Illinois University.

• PURPOSE OF THE STUDY

The purpose of this study is to qualitatively investigate how family attachments are mediated by resilience. Specific objectives for this study are:

- To identify attachment patterns via observation and interview
- To identify family resilience patterns via observation and interview
- To identify overlapping themes between attachment and family resilience patterns

• PROCEDURES

If you volunteer to participate in this study, you will be asked to:

Allow the investigator into your home for observation and interview sessions. Each interview will be conducted in approximately 40 minute sessions with questions specific to each session. Observation will follow each interview and last no longer than 30 minutes.

Interviews will be audiotaped to be used for data collection, uploaded to a computer, and transcribed

Each session to take place a week after each other, taking up no more than three weeks of your time.

• POTENTIAL RISKS AND DISCOMFORTS

This study has minimum risk. It is possible that you may experience mild discomfort while being asked questions about your family and your experiences together. You may choose not to answer any question, and may end the interview at any time.

• POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

Findings from this study will be used to inform the current understanding of how attachment and resilience are connected to one another, which may be used to indirectly inform clinical practice with real families. By participating in this study, you will be a part of this benefit. It is also possible that as a result of answering the interview questions that you may gain insight about how your family functions.

- **CONFIDENTIALITY**

Prior to beginning the first interview, you will be asked to provide a pseudonym for yourself, and each family member. The interviews for this study will be audio recorded, uploaded to two password protected computers, and transcribed. The data will then be wiped from the audio recorder. The pseudonyms that you choose will be utilized to replace any names or references to family members in the transcript. The only two people who will have access to the information are the investigator and the faculty sponsor. Audiofiles will be permanently deleted at the conclusion of this study. Informed consent and assent forms will be locked in a drawer within a locked office and will at no time be placed in the same file as transcriptions.

- **PARTICIPATION AND WITHDRAWAL**

Participation in this research study is voluntary and not a requirement or a condition for being the recipient of benefits or services from Eastern Illinois University or any other organization sponsoring the research project. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind or loss of benefits or services to which you are otherwise entitled.

There is no penalty if you withdraw from the study and you will not lose any benefits to which you are otherwise entitled.

You may also refuse to answer any questions you do not want to answer.

- **IDENTIFICATION OF INVESTIGATORS**

If you have any questions or concerns about this research, please contact:

Kelly Inda, Primary Investigator

Phone: 815-557-3086

Email: klinda@eiu.edu

Dr. Crystal Duncan Lane, Faculty Sponsor

Phone: 517-581-6354

Email: clduncanlane@eiu.edu

• **RIGHTS OF RESEARCH SUBJECTS**

If you have any questions or concerns about the treatment of human participants in this study, you may call or write:

Institutional Review Board

Eastern Illinois University

600 Lincoln Ave.

Charleston, IL 61920

Telephone: (217) 581-8576

E-mail: eiuirb@www.eiu.edu

You will be given the opportunity to discuss any questions about your rights as a research subject with a member of the IRB. The IRB is an independent committee composed of members of the University community, as well as lay members of the community not connected with EIU. The IRB has reviewed and approved this study.

I voluntarily agree to participate in this study. I understand that I am free to withdraw my consent and discontinue my participation at any time. I have been given a copy of this form.

Printed Name of Participant

Signature of Participant

Date

NOTE: Use the following signature line for minor/handicapped subjects only if applicable.

I hereby consent to the participation of _____, a minor/subject in the investigation herein described. I understand that I am free to withdraw my consent and discontinue my child's participation at any time.

Signature of Minor/Handicapped Subject's Parent or Guardian

Date

I, the undersigned, have defined and fully explained the investigation to the above subject.

Signature of Investigator

Date

I voluntarily agree to participate in this study. I understand that I am free to withdraw my consent and discontinue my participation at any time. I have been given a copy of this form.

Kristy Grissom
Printed Name of Participant

Signature of Participant

3/18/14
Date

Thomas Grissom
Printed Name of Participant

Signature of Participant

3-18-14
Date

NOTE: Use the following signature line for minor/handicapped subjects only if applicable.

I hereby consent to the participation of C
minor/subject in the investigation herein described. I understand that I am free to withdraw my consent and discontinue my child's participation at any time.

Signature of Minor/Handicapped Subject's Parent or Guardian

3/18/14
Date

I hereby consent to the participation of [unclear], a
minor/subject in the investigation herein described. I understand that I am free to withdraw my consent and discontinue my child's participation at any time.

Signature of Minor/Handicapped Subject's Parent or Guardian

3/18/14
Date

I, the undersigned, have defined and fully explained the investigation to the above subject.

Signature of Investigator

3/18/14
Date