

Annotated Bibliography and Report

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Annotated Bibliography

Source 1

Reference:

Bowlby, J. (1988) *A Secure Base: Parent-Child Attachment and Healthy Human Development*. New York: Basic Books.

Summary

Bowlby incorporates his extensive research on attachment stating that the human need for emotional attachment remains beyond childhood and continues throughout life. Bowlby claims that early attachment relationships with caregivers create internal working models (cognitive and emotional) which influence individuals' self-perception and their perceptions of others in later relationships, utilizing ethical, developmental, and psychological analysis frameworks. Bowlby's idea of the "secure base" is very important for adults and elderly people. It says that when you feel safe with people you can trust, you can explore, take risks, and get through hard times. Bowlby also talks about how losing someone or something can make you sad and mourn, which is based on breaking attachment bonds.

Critical Comments

This theory is of lasting significance to health and social care professionals engaged with older adults. It offers a theoretical framework for comprehending why transitions to residential care (entailing separation from familiar environments and relationships) can be perceived as profoundly destabilizing. Bowlby's framework substantiates the necessity for continuity in care relationships, keyworker systems and responsive attentiveness to residents' manifestations of distress. A major flaw, though, is that Bowlby's original model was based on mother-infant pairs and has been criticized for not paying enough attention to how attachment behavior can vary from culture to culture.

Source 2

Reference

Windle, G. (2011) 'What is resilience? A review and concept analysis', *Reviews in Clinical Gerontology*, 21(2), pp. 152–169.

Summary

Windle's systematic review scrutinizes the notion of resilience within the gerontological context providing a critical evaluation of conflicting definitions and measurement frameworks in the literature. He emphasizes significant theoretical fragmentation indicating that resilience has been

defined in multiple ways: as a personal trait, a dynamic process, and an outcome of successful adaptation to adversity. Windle advocates for a nuanced, context-sensitive definition of resilience as "the process of effectively negotiating, adapting to, or managing significant sources of stress or trauma".

Critical Comment

It is especially useful for professionals because it goes beyond the idea of resilience as a trait that an older person either has or doesn't have. Instead, it shows that care environments can actively promote or undermine resilience. This has direct implications for care home practice: by paying attention to residents' social connections, providing consistent emotional support and making sure that the environment is safe for them to be themselves, professionals can make it easier for residents to adapt in a strong way. The theory's incorporation of attachment theories renders it an exemplary adjunct to Bowlby's theoretical framework.

Source 3

Reference

Terry, P. (2008) *Counselling and Psychotherapy with Older People: A Psychodynamic Approach*. 2nd edn. Basingstoke: Palgrave Macmillan.

Summary

Terry offers one of the most thorough applications of psychodynamic theory to the particular psychological needs and experiences of older adults. Utilizing Freudian, Kleinian, and object relations theories alongside Erikson's psychosocial framework. Terry analyses the influence of unconscious processes, unresolved conflicts from earlier developmental stages and defense mechanisms on psychological functioning in later life. It examines themes particularly relevant to older adults in care, including fear of dependency, narcissistic injury resulting from physical decline, ambivalence regarding mortality and the resurgence of early relational patterns when individuals become dependent on carers. Terry also talks about the psychodynamic aspects of grief and loss. She says that mourning that hasn't been dealt with can build up and get worse as people get older.

Critical Comment

This source is very useful for health and social care professionals because it gives them a psychologically advanced way to understand behaviors and emotional displays that might be mistaken for simple signs of cognitive decline or "bad behavior". This kind of understanding can change how professionals respond from being focused on management to being truly therapeutic. A major problem with the psychodynamic approach is that it assumes that care workers have

certain level of psychological-mindedness and the ability to reflect, which formal training may not be enough to develop. This is why supervision and continuing professional development are so important.

Source 4

Reference

Hepple, J. and Sutton, L. (eds.) (2004) *Cognitive Analytic Therapy and Later Life: A New Perspective on Old Age*. Hove: Brunner-Routledge.

Summary

A concise, integrative psychotherapeutic methodology based on psychodynamic and relational theories, addressing the psychological needs of older adults. It says that older adulthood is defined by the convergence of various psychosocial challenges, such as identity renegotiation after role loss, relational disruptions and the psychological endeavor of accepting mortality. The theory also talk about the unique problems that come up when giving psychological therapy to older adults with cognitive impairments. They present modified psychodynamic formulation models that can be used in settings that aren't specialized.

Critical Comment

The psychodynamic tradition by merging it with cognitive and relational frameworks, rendering it especially beneficial for health and social care professionals who may perceive classical psychoanalytic concepts as less accessible. The idea of reciprocal roles, where a care worker's behavior in relationships may unconsciously reflect or strengthen a resident's internalized patterns of behavior in relationships is important for reflective supervision and professional growth. This theory focus on older adults with cognitive impairments is particularly praiseworthy, as this demographic is often marginalized in psychological research and policy. A limitation is that CAT, as a structured therapeutic modality is not directly applicable in non-clinical care home roles. However, the psychodynamic formulation principles underlying the approach provide transferable insights for any professional aiming to deeply comprehend residents' psychological realms.

Report

Applying Bowlby's Attachment Theory

Introduction

This report is meant for health and social care professionals who work in homes for older adults. It uses Bowlby's Attachment Theory (1988) to look at how to understand and meet the relational needs of older adults in residential care in ways that improve their mental health. Moving into a care home often means big changes to the attachment bonds, familiar places and daily routines that make an older person feel safe and give them a sense of who they are. Without enough support from others, this change can cause sadness, anxiety, withdrawal and worsening mental health (Windle, 2011). Attachment Theory offers care professionals a theoretically robust, evidence-based framework for comprehending these responses and for adapting practice accordingly.

Application to Residential Care

Bowlby's attachment theory basically says that people are wired from birth to form these close emotional bonds with others. It's like a built-in need and those bonds give us a secure base to handle life, deal with tough stuff and keep our emotions in check. If those bonds get broken from separation or a caregiver who's not really there for you, it leads to a lot of anxiety or pulling away. Bowlby talked about this in 1988 and the key point is that the ways we learn to expect relationships early on stick with us all through life, even when we're old.

In care homes, this theory applies directly in a few ways. For one, moving into a place like that can feel like a big separation, stirring up old anxieties, especially if the person doesn't have much say in it or isn't ready. It seems kind of obvious now, that admission process matters a ton. Then there is the need for steady, caring relationships with staff. If staff keep changing or seem distant, the whole environment turns into something insecure, making residents more agitated or withdrawn. That is where having a keyworker assigned to each person makes sense, someone who sticks around to build real trust over time.

Case Example

Arthur is a 79 year old guy who ended up in a care home six months back after a fall and getting diagnosed with early vascular dementia. He had been on his own for twelve years since his wife passed, keeping up with neighbors and really valuing his independence. But now the staff call him uncooperative and difficult, he skips personal care a lot, gets upset during shift changes and even told his daughter he does not trust anyone there.

I think the senior care person looked at it differently using Attachment Theory. Instead of seeing it as just being stubborn, they figured it was about attachment insecurity from his self-reliant life, losing his wife and suddenly depending on strangers, which made him feel unsafe. So the team set up key workers, same two people handling his care and chats every day. They got training to talk in a calm way, explain what they are doing before touching him, ask what he wants and actually recognize his feelings about the loss and frustration without brushing them off.

After about two months, things got better fast. He stopped resisting care so much, started saying hello to his key worker by name and even brought up some old stories. The team saw his mood pick up on their checks and fewer agitation incidents too. It shows how looking at challenging behavior through attachment can really change care and how the person feels in it, though it is not always straightforward.

Challenges

Staff turnover makes it hard to keep care relationships going. The home care sector in the UK has trouble hiring and keeping staff, with turnover rates often over 30% per year (Skills for Care, 2023). This structural reality fundamentally undermines the conditions that Attachment Theory identifies as necessary for felt security: consistency, predictability, and relational continuity. If a resident's keyworker departs shortly after the establishment of a relationship, the ensuing disruption may reactivate the attachment anxieties that the keyworker system was intended to mitigate. Terry (2008) also says that unconscious processes can make staff who feel overwhelmed or unsupported emotionally distance themselves from residents, which is ironic because this is when they need to be there the most.

Strategies

- Regular reflective practice groups can help staff become more aware of their attachments and less likely to withdraw defensively.
- When staff changes force keyworker relationships to end, a planned and supported transition process that includes telling the resident about the change, having the new worker work with the old one for a while and being sensitive to any feelings of grief or protest can help lessen the psychological effects.
- Investing in staff well-being and recognizing the emotional demands of attachment-informed care can help keep staff longer, which is the root cause of the problem.

References

- Bowlby, J. (1988) *A Secure Base: Parent-Child Attachment and Healthy Human Development*. New York: Basic Books
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- Skills for Care (2023) *The state of the adult social care sector and workforce in England*. Leeds: Skills for Care.
- Terry, P. (2008) *Working with attachment and loss in residential care: theory and practice*. London