



Profiles of Romantic Attachment Security Differentiate Parenting Behaviors Among Trauma-Exposed Mothers

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INTRODUCTION

Among the many influences on the parenting of young children, research has examined the role of intimate relationship quality on various parenting constructs (e.g., Rholes et al., 2006). The Experiences in Close Relationships-Revised scale (ECR-R; Fraley et al., 2000) and the Attachment Script Assessment (ASA; Waters & Rodrigues-Doolabh, 2001/2004) are two measures that have been used to investigate the associations between romantic attachment security and parenting. While the ECR-R measures *self-reported* romantic attachment styles, the ASA assesses *coded cognitive scripts* for secure-base behavior (SBS) in parent-child and romantic relationships based on participant-generated stories about attachment scenarios.

Indeed, Steele et al. (2014) suggest that an individual's history of sensitive and responsive caregiving during childhood impacts the degree of secure-base script knowledge an individual possess and can access. Individuals with inconsistent secure-base support in early childhood are thought to have difficulties making sense of relational interactions and regulating emotions in close relationships (Waters & Waters, 2006).

Importantly, secure attachment has been linked with a variety of positive parenting outcomes. For example, Huth-Bocks and colleagues (2014) demonstrated that mothers with greater SBS knowledge exhibited more positive and less negative parenting behavior toward their infants. Additionally, they scored higher on parental reflective functioning (i.e., caregivers' capacity to understand their child's mental states).

Interestingly, the association between the ECR-R and ASA has been inconsistent (e.g., Steele et al., 2014), quite possibly due to the self-report versus coded methodology of these measures.

Further, no known studies have examined the concordance/discordance of the ASA and ECR-R in relation to parenting.

Research Aims:

- >The present study examines whether profiles of romantic attachment security significantly differentiate trauma-exposed mothers' parenting at 1 and 2 years post-partum.
- >It was hypothesized that a group of mothers with discordant scores on the ECR-R and ASA would emerge.
- >It was hypothesized that a group of mothers with concordant scores on the ECR-R and ASA would emerge.
- >It was hypothesized that mothers with less attachment security would report more negative parenting behavior and stress in the parent-child relationship compared to mothers with higher levels of attachment security.

METHODS

Participants

- .Age: $M = 26$ yrs.; Range = 18-42, $SD = 5.7$
- .Monthly Family Income Median = \$1500
- .73% received services from the Women, Infants, and Children (WIC) Program
- .76% had public health insurance
- .Family status: Single parents = 64%; First-time mothers = 30%
- .Race: African American = 47%, Caucasian = 36%, Biracial = 12%, Other = 5%
- .Education: Some college = 57%, High school or less = 20%, College or graduate degree = 13%

METHODS continued

Procedures

Pregnant women were recruited through the posting of flyers in pregnancy agencies and community organizations serving low-income families. These women were interviewed during the last trimester of pregnancy (T1), 3 months after birth (T2), when the baby turned 1 year (T3), and when the baby turned 2 years (T4). Retention (n): T1 (120), T2 (119), T3 (115), T4 (99). Data from the first, third, and fourth waves were used in the present study.

Measures

Experiences in Close Relationships-Revised (ECR-R; Fraley et al., 2000). The ECR-R was used at T1 to measure romantic attachment style. The ECR-R has two subscales: Anxiety (e.g., "When my partner is out of sight, I worry that he or she might become interested in someone else") and Avoidance (e.g., "I don't feel comfortable opening up to romantic partners"). The internal consistency for both Anxiety and Avoidance was $\alpha = .93$, respectively. Participants rated the degree to which they agreed with each item on a 1 = *strongly disagree* to 7 = *strongly agree* Likert-type scale.

Attachment Script Assessment (ASA; Waters & Rodrigues-Doolabh, 2001, 2004). The ASA was used at T3 to measure mothers' representations of secure-base script behavior. Among the four attachment stories, very good inter-rater reliability (intra-class correlation, ICC = .88) has been shown. Individuals were asked to produce attachment-related stories using a series of four word-prompt lists (plus two neutral word-prompt lists).

Example of Adult-Adult Attachment Story Word List: "Sue's Accident"

Sue	Wait	Home
Road	Mike	Dinner
Accident	Tears	Bed
Hospital	Doctor	Hug

In the present sample, the ICC was .80 for the baby story, .80 for the doctor story, .82 for the camper story, and .81 for the accident story. The two scores from the mother-child stories were averaged (ICC = .85), and the two scores from the adult romantic stories were averaged (ICC = .84). In the present study, only the adult script total score was used in analyses.

Stories were coded and ranged from 1 (*low secure base*) to 7 (*high secure base*) based on the presence of: (1) Identification of a problem, (2) Character distress, (3) A bid for help, (4) Responsiveness of the bid by another character, (5) Assistance accepted, (6) Help comforted individual, and (7) Dyad returned to activity.

Example Story, Score = 6.75; Categorical = Secure

"Sue's accident. Well, Sue lived in Michigan as it turns out, and Michigan, umm contrary to popular belief umh did not have the second worse drivers in America, second only to Austin, Michigan actually has the worse drivers in America. And Sue was out on the road, driving along, and somebody was tailgating her. Umm which happens all the time in Michigan. And so Sue didn't know what to do, she was really nervous about this umm and sure enough she had to stop for some traffic ahead, and she tried to stop slowly so the tailgater wouldn't rear end her, but the tailgater did and she got into an accident. And the person was going pretty fast and so Sue had to go to the hospital. Umm luckily she was ok, I mean she wasn't like unconscious or anything, umm and so there was a little bit of a wait at the hospital because she wasn't like in critical condition. But, she was really upset about this whole thing. Umm and her husband Mike came in and when she saw him, Sue just burst into tears because she was actually really afraid of ya know the accident could have been much worse than it was. And Mike offered her comfort and told her not to worry, and he told her he was going to write letters to the Congressman and State Legislatures to get them to change the laws in Michigan so that it could finally become a safe place to drive. And while they were talking about all these things, the doctor came in and he said, Sue we got your x-rays back, everything's fine, you don't need to worry, ya know you might be in a little bit of pain so take some Tylenol, just take it easy. And so Mike drove Sue home and he made her a really good dinner and he made her Macaroni and Cheese which is a comfort food and they just went off and sat in bed and Mike gave Sue a big (VOICE became LOUDER) hug and told her not to worry and everything was going to be fine and he was so happy that she was sitting there."

Explanation:

>The participant was given a high score on this adult-adult attachment scenario because she included most, if not all, of the core components that comprise a SBS. This mother was able to portray an interaction between two characters where the attachment figure attends to the psychological state of the distressed character, helps the troubled character resolve the presenting problem, and helps the character return to normal activities.

Parenting Stress Index-Short Form (PSI-SF; Abidin, 1995). The PSI-SF is a 36-item questionnaire that was used at T3 and T4 ($\alpha = .88$ and $\alpha = .76$, respectively) to measure stress in the parent-child relationship. The PSI-SF has three subscales with 12 items each; Parental Distress, Parent-Child Dysfunctional Interaction, and Difficult Child. Participants indicated the extent to which each item (e.g., "I feel trapped by my responsibilities as a parent") describes their feelings using a 5-point Likert-type scale ranging from 1 = *strongly disagree* to 5 = *strongly disagree*. Each subscale receives a score based on the sum of the items within it, and those scores are summed to produce a Total Stress score.

Parenting Daily Hassles Questionnaire (PDH; Crnic & Greenberg, 1990). The PDH is a 20-item measure that was used at T3 and T4 ($\alpha = .88$ and $\alpha = .90$, respectively) to assess daily stresses and problems parents typically encounter. Participants endorsed how frequently they experienced each event (e.g., "meal-time difficulties with picky eaters") using a 4-point Likert-type scale ranging from 1 = *rarely* to 4 = *constantly*. These scores are summed to create a Frequency Scale score (i.e., presence of stressors). To capture the quality of parents' perceptions of daily hassle, items were also rated for intensity on a 5-point Likert-type scale with choices from 1 = *no hassle* to 5 = *big hassle*. These scores are summed to create an Intensity Scale score (i.e., amount of stress experienced).

Caregiving Helplessness Questionnaire (CHQ; George & Solomon, 2007). The CHQ is a 26-item questionnaire that was used at T3 and T4 ($\alpha = .72$ and $\alpha = .66$, respectively) to measure the presence of maternal helplessness and a frightening mother-child relationship. The CHQ has three subscales: Mother Helpless subscale, Mother-Child Frightened subscale, and Child Caregiving subscale (e.g., "I often feel that there is nothing I can do to discipline my child"). Across the subscales, items are rated on a Likert-type scale with responses varying from 1 = *not characteristic at all* to 5 = *very characteristic*. Subscales can be totaled for a sum score.

Parenting Relationship Questionnaire (PRQ; Kamphaus & Reynolds, 2006). The PRQ is a 45-item measure that was used at T4 to assess general parenting dimensions and aspects of parenting style. The PRQ has five subscales, consisting of Attachment (e.g., "My child enjoys spending time with me"), Discipline Practices (e.g., "It is important for a child to follow family rules"), Involvement (e.g., "My child and I play games together"), Parenting Confidence (e.g., "It is easy for me to make decisions about what my child should do"), and Relational Frustration (e.g., "My child tests my limits"). The internal consistency across these subscales ranged from $\alpha = .75$ to $\alpha = .84$. Participants indicated how frequently they experienced each of the items on a 0 = *never* to 3 = *always* Likert-type scale.

RESULTS

A two-step cluster analysis was conducted to identify groups of mothers based on observed (i.e., ASA romantic attachment scripts) and self-reported (i.e., ECR-R) romantic attachment security scores. The analysis produced two groups: (1) low concordant (45.2%; $n = 52$), including mothers reporting less attachment security with corresponding lower SBS scores, and (2) high concordant (54.8%; $n = 63$), including mothers reporting high romantic attachment security with corresponding higher SBS scores. Unexpectedly, groups of mothers with discordant scores on the ECR-R and ASA were not revealed.

Next, independent samples t -tests revealed that mothers in the low concordant group had significantly more parenting stress and subjective distress over daily parenting hassles at 1 year post-partum compared to mothers in the high-concordant group. Further, mothers with less secure romantic attachment continued to have significantly more parenting stress and subjective distress over daily parenting hassles, as well as helplessness within the parent-child relationship, at 2 years post-partum compared to mothers with more secure romantic attachment. At 2 years, mothers with less romantic security also reported more use of discipline and less involvement with their toddlers than mothers with more secure intimate relationships.

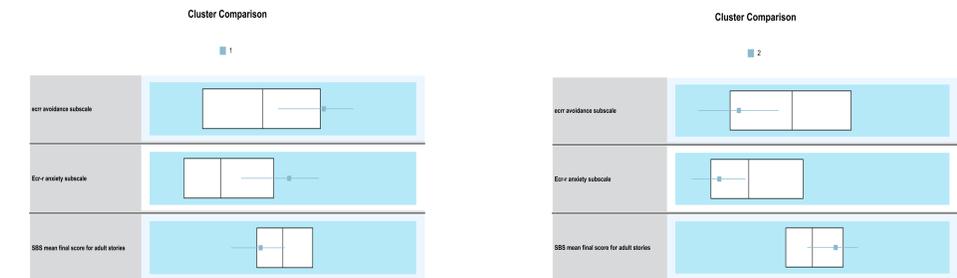


Figure 1. Low and High Concordant Groups of Romantic Attachment Security based on Observed and Self-Reported Scores

Table 1. Parenting Behaviors for Low Concordant and High Concordant Romantic Attachment Groups

	Cluster		t	df
	Low-Concordant Mean (SD)	High-Concordant Mean (SD)		
Year 1 Parenting stress	70.38 (12.80)	64.26 (14.79)	2.30*	109
Year 1 Distress for daily parenting hassles	41.62 (12.73)	34.56 (10.85)	3.16*	109
Year 2 Parenting stress	74.44 (18.12)	66.31 (14.95)	2.60*	109
Year 2 Distress for daily parenting hassles	45.14 (13.73)	39.39 (11.78)	2.37*	109
Year 2 Caregiving helplessness	19.84 (5.55)	16.95 (3.82)	3.13*	84.1
Year 2 Parenting use of discipline	50.18 (9.92)	45.54 (9.14)	2.55*	108
Year 2 Parenting involvement	54.31 (11.55)	58.18 (8.38)	-2.00*	85.01

* $p \leq .05$.

Note. Parenting stress was measured with the Parenting Stress Index-Short Form (PSI-SF; Abidin, 1995). Distress at parenting hassles was measured with the Parenting Daily Hassles Questionnaire (PDH; Crnic & Greenberg, 1990). Caregiving helplessness was measured with the Caregiving Helplessness Questionnaire (CHQ; George & Solomon, 2007), and Discipline and Involvement were measured with the Parenting Relationship Questionnaire (PRQ; Kamphaus & Reynolds, 2006).

DISCUSSION

- Study results suggest that profiles of mothers' romantic attachment security significantly differentiate parenting at 1 and 2 years post-partum.
- While groups of mothers with concordant scores on the ECR-R and ASA were revealed, groups of mothers with discordant scores on these measures were not found. Specifically, mothers' perceptions of their romantic attachment style were consistent with objective ratings of their cognitive scripts for secure base behavior in romantic relationships.
- Importantly, groups of mothers with less romantic attachment security were shown to experience more stress in the parent-child relationship and difficulties with daily parenting hassles. Insecure mothers were also found to engage in more discipline and to be less involved with their children.
- These findings have important implications for understanding caregiving among new mothers; in particular, feeling more anxiety and avoidance about close relationships and having lower SBS knowledge may make the transition to parenthood more challenging for trauma-exposed mothers. Given that romantic insecurity leads to less optimal parenting in the earliest years, it is important that interventions aimed at improving the parent-child relationship consider the quality of the caregivers' intimate relationships.

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