



Indicators of Risk in Attachment Representations: Relations Between Childhood Trauma and Posttraumatic Stress Symptoms in Motherhood

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INTRODUCTION

- Attachment traumas are experiences characterized by dysregulating fear associated with attachment figure abdication and caregiving helplessness (George & West, 2012). Segregated systems are extreme forms of defense that interfere with the integration of attachment representations (Bowlby, 1980).
- Several studies have demonstrated an association between unresolved representations of attachment with regard to trauma and increased risk of symptoms of posttraumatic stress (Bakermans-Kranenburg & Van Ijzendoorn, 2009); however, less is known about symptom risk across attachment patterns when representational dysregulation related to attachment trauma is considered.
- AIM:** This investigation explores whether indicators of dysregulation, or trauma markers, found in attachment representations are associated with childhood trauma and symptoms of posttraumatic stress in a community sample of 74 at-risk women across the pre-natal and post-natal period.

METHOD

Participants:

A community sample of pregnant women ($n = 74$) were recruited from public locations, programs, and agencies primarily serving low-income families. As part of a larger study, women participated in a series of interviews during their last trimester of pregnancy and the first, second, and third year after the birth of their child. During these home interviews, participants completed a semi-structured interview about their feelings about pregnancy and motherhood and verbally completed numerous questionnaires about their history, current and past relationships, psychosocial experiences, and general health. They were also compensated for their time.

- Age: Mean = 27.02 (Range = 18 – 41, $SD = 5.85$)
- Race/ Ethnicity: 41% = African American, 41% = Caucasian, 14% = Biracial, 4% = Other Ethnic Groups
- Education: 16% = High School Diploma/ GED or less, 43% = Some College or Trade School, 41% = College Degree
- Monthly Income: Median = \$1,700.
- Relationship Status: 58% = Single, 35% = Married, 4% = Separated, 3% = Divorced

Measures:

- The Adult Attachment Projective Picture System (AAP;** George et al., 1999) is a projective assessment of adult attachment consisting of a set of eight pictures of attachment-related drawings that activate the attachment system (e.g., solitude, death, and abuse). The AAP yields secure, dismissing, preoccupied, and unresolved attachment classifications as well as frequency of "traumatic" segregated system markers (SS_{tr}) and signs of derealization (De_{real}). A cut-off of ≥ 4 trauma markers was used in this study to identify elevated groups (George et al., 2013).
- The PTSD Checklist (PCL;** Weathers, Litz, Herman, Huska & Keane, 1993) is a widely used, 17-item questionnaire designed to assess specific symptoms of PTSD. Respondents indicate how much they have been bothered by various problems in the past month using a Likert-type scale from 1 (*not at all*) to 5 (*extremely*). The alpha was .87, .91, .95, and .93 for the first, third, fourth, and fifth waves of data collection.
- The **Childhood Trauma Questionnaire (CTQ;** Bernstein et al., 1998) was administered during the pregnancy interview. The CTQ is a 28-item self-report inventory designed to assess five types of childhood maltreatment. This study used four types: emotional ($\alpha = .91$), physical ($\alpha = .90$), and sexual abuse ($\alpha = .96$), and physical neglect ($\alpha = .84$).

RESULTS

Attachment Distribution ($n = 74$):

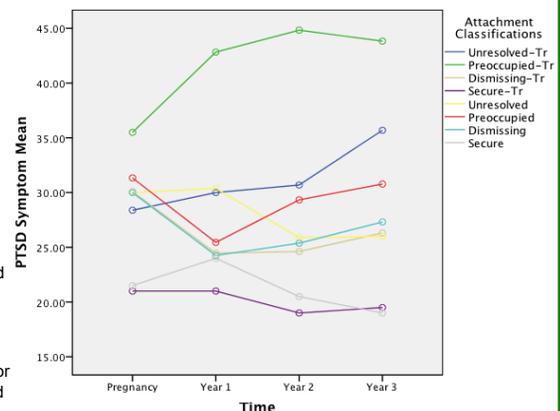
Traditional Groups	%	Elevated Trauma Markers	%
Secure	3	Secure-Tr	3
Dismissing	24	Dismissing-Tr	18
Preoccupied	13	Preoccupied-Tr	9
Unresolved	11	Unresolved-Tr	19

- 49% percent of the sample met criteria for elevated trauma markers ($M = 3.73$; $SD = 4.12$).
- Of the mothers in this sample, 51% reported experiencing physical abuse, 51% reported physical neglect, 69% reported emotional abuse, 38% reported sexual abuse, 14% reported loss of a caregiver, and 39% reported a significant separation from a caregiver before the age of 18.

- Mothers with unresolved representations and those with elevated trauma markers (in organized attachment patterns) endorsed greater childhood trauma severity ($t = 2.00$, $p < .05$, $d = .46$) than resolved mothers.

- Unresolved and Resolved mothers did not differ on educational level [$\chi^2(1, N = 74) = 8.43$, *ns*]. A repeated measures ANOVA for attachment groups on posttraumatic stress at pregnancy, 1-year, 2-year, and 3-years after birth revealed a significant main effect for group [$F(7, 66) = 2.60$, $p < .05$]. No significant effect for time [$F(3, 66) = 1.19$, *ns*], or for interaction between group and time [$F(7, 66) = 1.65$, *ns*] was found.

PTSD Symptoms from Pregnancy to 3 Years After Birth by Maternal Attachment Classifications



- Post-hoc analyses revealed that posttraumatic stress symptoms were higher in the Preoccupied-trauma marker group ($M = 41.75$; $SD = 17.97$) than all other groups. (See above figure)

DISCUSSION

These exploratory findings suggest that increased risk for posttraumatic stress symptoms is not limited to those with unresolved representations, rather, complex associations exist between attachment trauma, attachment representations, and adult dysregulation. Childhood trauma was reported as more severe by mothers with poorly integrated attachment representations evidenced by unresolved attachment and elevated trauma markers on the AAP. In addition, preoccupied mothers with dysregulated defenses related to trauma experienced significantly higher posttraumatic stress symptoms than mothers in all other groups. Individuals with traumatic preoccupation have been described in the literature as "living in the war zone" of their trauma, unable to adaptively mourn or integrate painful attachment experiences (Bowlby, 1980; George & West, 2012). Understanding nuances of attachment can help target prevention and intervention efforts in families by improving specificity in identifying potential risk factors for the intergenerational transmission of trauma.

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