



The Relationships between Historical, Perinatal and Current Threats to the Caregiving System and Parenting Outcomes

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INTRODUCTION

In Bowlby's work on attachment theory, he described the caregiving system as a separate, but reciprocal, system to the child's attachment system (Bowlby, 1969). Solomon and George (1996) indicated that the goal of the caregiving system is to provide care and protection to the child. This system develops throughout childhood and adolescence, experiencing the most rapid period of growth during the perinatal period. The caregiving system is guided by internal working models based on earlier attachment experiences. During pregnancy, most mothers make the fundamental shift from being one who receives care and protection to being one who provides these things (Solomon & George, 2008).

Considering that the caregiving system develops throughout a woman's early life into the perinatal period, there are a variety of potential threats to this system. For example, witnessing interpersonal violence between caregivers during childhood has been found to negatively affect children and adults in various domains (Levendosky et al., 2003; Lepisto, Luukkaala, & Paavilainen, 2011). Because the caregiving system is thought to start developing during childhood, witnessing violence may be an important contribution to problematic parenting. Additionally, loss of an attachment figure during childhood has been shown to have deleterious effects in adulthood that can be transmitted across generations (Hesse & Main, 2000). Finally, the literature on depression and parenting outcomes has largely suggested that parents who experience depression have poorer parenting outcomes.

Research Aim:

> The current study investigates how possible threats to the caregiving system including prenatal depression and past attachment traumas such as exposure to parental violence and loss of, or separation from, a caregiver negatively affect mothers' experiences of parenting. This relationship is hypothesized to be moderated by current depression symptoms, where these threats to the caregiving system will have a stronger association with problematic caregiving when the participant has higher levels of depression.

METHOD

Participants

- 120 women followed from pregnancy through the first few years of their infants' life
- Mothers' age range: 18-42, $M = 26$
- 47% African-American, 36% Caucasian, 13% Biracial,
- 64% single/never married, 28% married, 4% divorced, 4% separated

- 20% had a high school diploma or less, 44% some college, 36% college degree
- Median monthly household income = \$1500
- 88% receive services from WIC, and 90% have public health insurance

Procedures

Pregnant women were recruited through the posting of flyers in pregnancy agencies and area community organizations. The first interview took place during the third trimester of pregnancy (T1), with subsequent interviews at 3-months postpartum (T2), 1-year postpartum (T3), and 2-years postpartum (T4). Retention (n): T1 (120), T2 (119), T3 (115), T4 (99) T5 (82). Data from T1, T4, and T5 were used in this study; single imputation was used to estimate missing data when there were low levels of missingness (McCartney, Burchinal, & Bub, 2006).

Measures

- The Edinburgh Postnatal Depression Scale ($\alpha = .76$) (EPDS; Cox, Holden & Sagovsky, 1987; Wisner, Perry & Piontek, 2002) was used at T1 to measure prenatal maternal depression.
- The Beck Depression Inventory-II ($\alpha = .94$) (BDI; Beck et al., 1996) was utilized at T4 to assess the severity of depression.
- The Parenting Relationship Questionnaire-Preschool (PRQ; Kamphaus & Reynolds, 2006) was used at T4 to measure aspects of the parenting relationship. The PRQ is made up of five subscales, but only the subscales of attachment and parenting confidence were used ($\alpha = .78$, $\alpha = .80$, respectively).
- The Record of Maltreatment Events ($\alpha = .96$) (ROME; Diamond & Muller, 2004 ; Wolfe & McGee, 1994) was used at T4 to measure physical ($\alpha = .94$) and psychological ($\alpha = .95$) intimate partner violence witnessed as a child.
- The Caregiving Helplessness Questionnaire (CHQ; George & Solomon, 1998, 2007) was used at T4 to measure maternal helplessness and frightened caregiving. The Mother Helpless ($\alpha = .77$) and Mother-Child Frightened ($\alpha = .44$) subscales were used.
- Loss of an attachment figure was measured at T5, by asking participants if they had ever been separated for a significant period of time from a caregiver during childhood, either through death or other means.

RESULTS

Table 1.

Effects of attachment trauma, prenatal depression, and age 2 depression on maternal caregiving

Predictor Variable	CHQ- Helplessness			CHQ-Frightened			PRQ-Attachment			PRQ-Parental Confidence		
	B	SE B	β	B	SE B	β	B	SE B	β	B	SE B	β
Constant	9.94	0.20		5.61	0.24		26.25	0.42		16.57	0.36	
ROMEpsych	0.03	0.03	0.08	0.03	0.03	0.11	0.00	0.05	0.00	-0.05	0.04	-0.14
BDI-age 2	0.22	0.03	0.62***	0.08	0.02	0.33***	-0.11	0.04	-0.26*	-0.08	0.04	-0.24*
Interaction	0.00	0.00	0.07	0.00	0.00	-0.06	0.00	0.00	-0.06	0.00	0.00	0.04

Predictor Variable	CHQ- Helplessness			CHQ-Frightened			PRQ-Attachment			PRQ-Parental Confidence		
	B	SE B	β	B	SE B	β	B	SE B	β	B	SE B	β
Constant	9.978	0.20		5.62	0.23		26.26	0.41		16.57	0.36	
ROMEphys	0.07	0.04	0.12	0.07	0.04	0.20*	0.07	0.06	0.10	0.01	0.06	0.01
BDI-age 2	0.21	0.03	0.61***	0.08	0.02	0.32**	-0.11	0.04	-0.28**	-0.09	0.04	-0.25*
Interaction	0.00	0.01	-0.01	0.00	0.00	-0.09	0.00	0.01	-0.05	0.00	0.01	0.05

Predictor Variable	CHQ- Helplessness			CHQ-Frightened			PRQ-Attachment			PRQ-Parental Confidence		
	B	SE B	β	B	SE B	β	B	SE B	β	B	SE B	β
Constant	9.76	0.20		5.44	0.25		26.28	0.45		16.75	0.38	
EPDS	0.20	0.09	0.20*	0.04	0.07	0.06	-0.08	0.13	-0.06	-0.23	0.11	-0.23*
BDI-age 2	0.19	0.03	0.58***	0.07	0.03	0.30**	-0.10	0.04	-0.24*	-0.06	0.038	-0.17
Interaction	0.02	0.01	0.13	0.01	0.01	0.15	0.00	0.02	-0.02	-0.01	0.012	-0.09

Next, MANOVAs were conducted to examine differences in parenting between participants who differed in loss histories and current levels of depression (high/low based on median split). Participants who had high current levels of depression reported more helplessness and lower confidence than those with low depression levels. Unexpectedly, presence of loss was related to less helpless caregiving. There was also a significant interaction (see Figure 1), which indicated that this unexpected finding was only found in participants who currently reported high

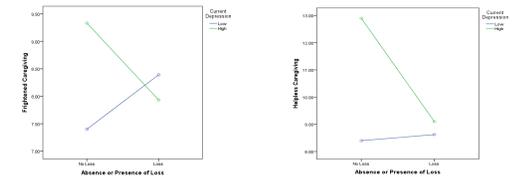


Figure 1. Group differences among participants with and without loss varied by current depression. Note: Main effect for loss: Wilks' $\lambda = .912$, $F(2, 60) = 3.18$, $p < .05$. Main effect for current depression: Wilks' $\lambda = .844$, $F(2, 60) = 6.08$, $p < .01$. Interaction effect: Wilks' $\lambda = .899$, $F(2, 60) = 3.73$, $p < .05$.

depression. Presence of loss and helplessness were unrelated in those with low depression. For frightened caregiving, there was also a significant, unexpected interaction; presence of loss was associated with more frightened caregiving in those with low depression, but was associated with less frightened caregiving in those with high depression.

DISCUSSION

The effects of prenatal depression, current depression, and witnessing physical interpersonal violence between parents during childhood on parenting outcomes were consistent with expectations, with higher levels of each being related to worse parenting outcomes. Unexpectedly, witnessing psychological interpersonal violence between parents was unrelated to parenting. These results indicate that historical experiences and current mental health may threaten the caregiving system; both are important targets for early intervention.

Results regarding parenting in the context of childhood loss and current depression were unexpected, with participants who experienced loss reporting better parenting outcomes when they had high levels of depression. It is possible that participants who have experienced loss have difficulty reporting on their own helpless or frightened caregiving when currently experiencing distress. More research should be done to examine this finding in more detail, and in other populations. The use of multiple reporters of information might be particularly important.

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