

Romantic Attachment Style as a Moderator between Childhood Trauma and PTSD during Adulthood

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INTRODUCTION

Childhood trauma experiences predispose an individual to the development of psychopathology later in life. Survivors of childhood abuse are at particular risk for disorders such as chronic depression (Andrews, 1995), anxiety (Levitan, Rector, Sheldon & Goering, 2003), and posttraumatic stress disorder (PTSD).

Research has also demonstrated a relationship between childhood abuse, adult romantic attachment style, and PTSD in adulthood, such that individuals who are insecurely attached are more likely to develop psychopathology than those who are securely attached (Dimitrova et al., 2004, Shapiro & Levendosky, 1999).

However, little research has examined possible interaction effects or associations between childhood abuse, romantic attachment style, and PTSD in pregnant women. Because pregnancy is a time when attachment styles and social bonds are particularly important for overall functioning, this link may be especially important for pregnant women, and research should be directed accordingly (Monk, 2008).

Research aims:
Examine associations between romantic attachment style and the development of PTSD symptoms in women with a history of childhood trauma.

METHOD

Participants

- 120 primarily low-income women participated in a 4-panel longitudinal study over the course of pregnancy to the child's second birthday.
- Mothers' age range: 18-42 ($M = 26$, $SD = 5.7$).
- 47% African-American, 36% Caucasian, 13% Biracial, and 4% belonging to another ethnic group.
- 64% single, 28% married, 4% separated, 4% divorced.
- 30% first-time mothers.
- 90% were receiving Medicaid, Mi-Child, or Medicare, 88% received services from WIC, 62% received food stamps, and 20% received other public supplemental income.
- Median monthly income: \$1,500 (range= \$0-10,416).

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Procedures

Women were recruited through community service agencies and by posting flyers in public places. The first interview took place during the third trimester of pregnancy (T1). Only this wave of data was utilized in the present study.

Measures

Childhood Trauma. The Childhood Trauma Questionnaire (CTQ; Bernstein & Fink, 1998) is a 28-item self-report inventory designed to assess experiences of five types of childhood maltreatment: emotional, physical, and sexual abuse, and emotional and physical neglect. Items are scored on a 5-point Likert-type scale. Higher scores indicate greater severity of childhood maltreatment. A total score was used ($\alpha = .96$).

Post-traumatic Stress Disorder Symptoms. The PTSD Checklist-Civilian Version (PCL; Weathers, Litz, Herman, Huska, & Keane, 1993) is a 17-item self-report assessing symptoms of PTSD, including intrusion, avoidance, and hyperarousal. Higher scores indicate greater trauma symptoms. A total score was used ($\alpha = .87$).

Adult Romantic Attachment. The Experiences in Close Relationships Questionnaire- Revised (ECR-R; Fraley, Waller, & Brennan, 2000) is a 36-item self-report designed to measure the attachment dimensions of anxiety and avoidance in adult romantic relationships. The anxiety and avoidance subscales are made up of 18 items each. Each item is scored on a 7-point Likert-type scale ranging from 1 to 7. Higher scores indicate higher endorsement of anxiety and/or avoidance in close relationships. Both anxiety and avoidance totals were used (α s = .93 for both).

RESULTS

Table 1: Descriptives of Study Variables

Measure	Mean	Standard Deviation	Min	Max	Possible Range
CTQ Total Score	43.14	20.60	25.00	121.00	25.00-125.00
ECRR Avoidance Subscale	2.80	1.19	1.00	5.33	1.00-7.00
ECRR Anxiety Subscale	2.79	1.33	1.00	6.61	1.00-7.00
PCL Total	29.76	10.20	17.00	67.00	17.00-85.00

Table 2: Correlations of Study Variables

	CTQ Total	ECR-R anxiety subscale	ECR-R avoidance subscale	PCL- Total
CTQ Total	1.0			
ECR-R anxiety subscale	.36**	1.0		
ECR-R avoidance subscale	.21*	.52**	1.0	
PCL- Total	.42**	.54**	.29**	1.0

* $p < .05$. ** $p < .01$.

Pearson correlations revealed:

- A significant relationship between childhood trauma and both attachment anxiety and attachment avoidance in adulthood, such that greater trauma was related to higher anxiety and avoidance levels; a significant positive relationship was also found for trauma and PTSD symptoms.
- A significant relationship between adult attachment anxiety and PTSD symptoms, such that greater anxiety was related to more PTSD symptoms.
- A significant relationship between adult attachment avoidance and PTSD symptoms, such that greater avoidance was related to more PTSD symptoms.

Table 3: Regression Analyses

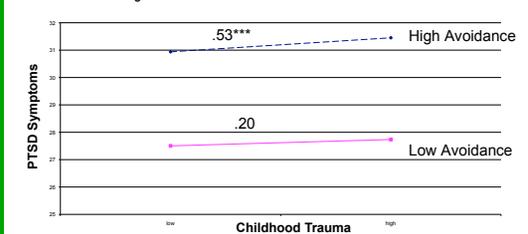
	Variable	PTSD β
First Block	Childhood trauma	.42***
	Adjusted R^2	.17***
	F Value	25.07***
Second Block	Childhood trauma	.37***
	Attachment avoidance	.21**
	Adjusted R^2	.21***
Third Block	Childhood trauma	.37***
	Attachment Avoidance	.21**
	Childhood trauma x attachment avoidance	.16*
	Adjusted R^2	.22***
	F Value	12.44***

* $p < .05$. ** $p < .01$. *** $p < .001$.

Regression analyses revealed:

- A significant main effect between childhood trauma and PTSD symptoms ($\beta = .42$, $p < .01$).
- A significant main effect between romantic attachment avoidance and PTSD ($\beta = .21$, $p < .01$) in adulthood.
- Romantic attachment avoidance moderated the association between childhood trauma and adult PTSD symptoms ($\beta = .16$, $p < .05$); there was a significant association between trauma and symptoms for those with high avoidance only.
- Romantic attachment anxiety did not moderate the association between trauma and symptoms.

Figure 1: Attachment Avoidance and Childhood Trauma Interaction



DISCUSSION

Overall, these results expand the literature on possible pathways to adult trauma symptoms. Specifically, they highlight the critical role of romantic attachment style in the development of PTSD symptoms in pregnant women with a history of childhood trauma.

Attachment avoidance moderated the relationship between childhood trauma and PTSD symptoms in adulthood. These results are consistent with some previous literature on insecure attachment and PTSD symptoms. For example, a greater tendency to avoid unpleasant external experiences has been shown to exacerbate psychological distress among women with a history of childhood abuse (Rosenthal et al., 2005). Avoidant coping has also been shown to mediate the relationship between child abuse and PTSD (Bal et al., 2002).

Results also revealed a positive relationship between attachment anxiety and PTSD symptoms. One longitudinal meta-analysis examining childhood trauma survivors showed that increased levels of anxiety were a predictor of long term PTSD (Alicic, 2011).

Importantly, this study highlights the need for further comprehensive research examining the links between childhood trauma and later psychological problems. Understanding the variables that influence the outcomes of childhood trauma experiences could aid in treatment prevention and intervention efforts for this high risk group.