Maternal Trauma Symptoms Moderate the Association between Mothers’ Childhood Trauma and their Secure-Base Script Knowledge

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INTRODUCTION

Recently, attachment research has shifted its focus on better understanding and identifying the cognitive underpinnings of Bowlby’s “internal working models” construct. The Attachment Script Assessment (ASA) is a semi-projective narrative-based measure developed to assess adults’ cognitive scripts for secure-base behavior (SBS) in close relationships (Waters & Rodrigues-Doallo, 2001, 2004).

Presumably, the degree of secure-base script knowledge an individual possesses and can access, depends upon the individual’s history of sensitive and responsive caregiving during childhood (Waters & Waters, 2006). Those 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.

Indeed, Steele et al. (2014) provided empirical support for the relationship between attachment experiences in early childhood and an individual’s degree of secure-base script knowledge among a normative sample of adolescents. Importantly, a handful of studies have also found that mothers’ secure-base script knowledge is predictive of their attachment representations, parenting behavior, and their child’s attachment quality (e.g., Huth-Bocks et al., 2014). In particular, Huth-Bocks and colleagues (2014) found that mothers with higher secure-base scriptures used more positive and less negative parenting strategies. They also scored higher on parental reflective functioning (i.e., caregivers’ capacity to understand their child’s mental states).

Given these findings, it is plausible that events such as childhood trauma might interfere with the development of secure-base script knowledge; however, no studies have examined other childhood predictors of adult secure-base script knowledge outside of attachment and almost no studies have examined correlates of secure-base script knowledge within higher risk samples.

METHODS

Participants

- Age: M = 26; Range = 18-42. SD = 5.7
- Monthly Income Median = $1500
- 73% received services from the Women, Infants, and Children 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%

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 and third waves were used in the present study.

Measures

PTSD Checklist (PCL; Weathers et al., 1993). The PTSD Checklist was used at T1 (α = .87) to measure symptoms of PTSD. Participants indicated the extent to which they had been bothered by each item (e.g., “trouble falling or staying asleep”) in the last month using a 5 point scale ranging from 1 = not at all to 5 = extremely.

Childhood Trauma Questionnaire Short Form (CTQ-SF; Bernstein et al., 2003). The CTQ-SF was used at T1 to measure an individual’s experience of childhood trauma. A total maltreatment score (α = .95) was calculated based on participants’ reports of emotional, physical, and sexual abuse/neglect. Participants indicated the degree to which they agreed with each item (e.g., “people in my family said hurtful or insulting things to me”) on a 1 = never true to 5 = very often true scale.

Attachment Script Assessment (ASA; Waters & Rodrigues-Doallo, 2001, 2004). The ASA was used at T3 to measure mothers’ representations of secure-base script behavior. Among the four attachment stories, very good intra-examiner reliability (extra-class correlation, ICC = .88) has been shown. Individuals were asked to produce attachment-related stories using a series of six word-prompt lists. In the present sample, the ICC was .80 for the baby story; .80 for the doctor story; .82 for the camp story, and .81 for the accident story.

Mother-Child Attachment Story Word List

Example: Mother-Child Attachment Story Word List

- Baby’s Morning
- Mother
- Baby
- Sleep
- Hug
- Play
- Talk

Example, Score = 2.5; Categorical = Arbitrary

Research Aims:

➢ The present study examines the relationship between mothers’ childhood trauma experiences and their secure-base script knowledge.

➢ It was hypothesized that mothers who had experienced more childhood trauma would have lower secure-base script knowledge.

➢ The impact of mothers’ current functioning (i.e., mental health) on the association between maternal childhood maltreatment and secure-base script knowledge was also explored.

RESULTS

Unexpectedly, there was no significant association between mothers’ childhood trauma experiences and their secure-base script knowledge in the present study (r = -.08, p = n.s.).

Exploratory analyses were subsequently conducted to examine whether mothers’ current functioning, i.e., mental health, influenced the relationship between childhood maltreatment and secure-base script.

Moderation analyses were conducted using the PROCESS approach (Hayes, 2013). Results revealed a significant main effect of maternal PTSD symptoms on secure-base script knowledge (95% CI = .1075 to -.0379). In addition, results indicated that mothers’ pregnancy PTSD symptoms moderated the association between mothers’ retrospective reports of childhood trauma and their secure-base script knowledge (95% CI = .0004 to .0017).

Simple slopes analysis revealed a significant, negative association between maternal childhood trauma and secure-base script knowledge for women who reported low levels of PTSD symptoms during pregnancy (95% CI = .0236 to -.0099) (see Figure 1). There was no significant association between childhood trauma PTSD symptoms and secure-base script knowledge for women with medium or high levels of PTSD symptoms. Notably, mothers’ secure-base script knowledge was lower at medium and high levels of pregnancy PTSD symptoms, regardless of the amount of childhood trauma experienced.

DISCUSSION

These findings suggest that a history of childhood trauma is related to secure-base script knowledge for some women. However, mothers with elevated levels of PTSD symptoms may have less secure-base script knowledge and/or less accessibility to secure-base scripts due to their emotional distress. Indeed, our results suggest that mothers with moderate or high levels of PTSD symptoms during pregnancy possess lower secure-base script knowledge, no matter the amount of childhood trauma experienced.

These findings have important implications for parenting among new mothers. Given the importance of secure-base script knowledge in predicting parenting techniques and parental reflective functioning (e.g., Huth-Bocks et al., 2014), trauma-exposed mothers may be at increased risk for using more negative and less positive parenting strategies. Specifically, without secure-base scripts readily available, trauma exposed mothers may exhibit different parenting behavior from non-trauma exposed mothers. Similarly, the attachment formed between trauma-exposed mothers and their infants may be less secure than infants with non-trauma exposed mothers, in part, due to mothers’ varying levels of secure-base script knowledge.

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