Prospective study of a cohort of children next born after a stillbirth: Adolescent experience and attachment – preliminary findings.

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The study of attachment and disorder inter-generationally

Examining attachment style and symptomatology in mothers and their offspring in a prospective design study
A 16 year follow-up of mothers originally seen in the perinatal period, having experienced a previous stillbirth and their primigravida controls.
Their next child studied from 12 months old through to teenage years.
Aims of presentation

Preliminary findings and case study of:
- Continuity and discontinuity of attachment from childhood to adolescence.
- Risk taking behaviours/self harm and psychological symptoms in young people in relation to attachment change.
- Interaction with mother from childhood to adolescence.

Study group (Hughes et al 1998, 2001)

- Community based case-controlled study.
- 60 Mothers with history of stillbirth and matched non bereaved comparisons.
- Offspring were born in 1992-1997 (now aged 14-18).
- Prospective study from birth to adolescence for the offspring:
  - Phase 1 - 1st contact at 12 months old (n=60)
  - Phase 2 - 2nd contact at 6-8 years old (n=52)
  - Phase 3 - 3rd contact at 14-18 years old (recruiting)
Attachment measures:

1-BEHAVIOURAL: Strange situation (12-18 months) (Ainsworth, 1978)
2-PROJECTIVE: MCAST (7 years) – story stem (Goldwyn et al., 2000)
3-Semi-structured INTERVIEW: ASI- (15-18 years) Reported Attachment Behaviour and Attitudes. (Bifulco et al 2001)

Summary of Assessments - Children

<table>
<thead>
<tr>
<th>Attachment/Support interaction mother</th>
<th>Phase 1 12 months</th>
<th>Phase 2 6-8 yrs old</th>
<th>Phase 3 15-18 yrs old</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strange situation</td>
<td>MCAST Etch-a-sketch</td>
<td>ASI</td>
<td></td>
</tr>
<tr>
<td>Psychological symptoms</td>
<td>SDQ</td>
<td>BDI-depression SDQ-emot/behavioral STAI-anxiety RTSHIA Risk taking/self harm (Vrouva, Fonagy, 2010)</td>
<td></td>
</tr>
</tbody>
</table>
Summary of Assessments- Mothers

<table>
<thead>
<tr>
<th>Background</th>
<th>Phase 1 3rd trimester</th>
<th>Phase 2 6-8 yrs FU</th>
<th>Phase 3 15-18 yrs FU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demographic</td>
<td>Grims-partner relationship</td>
<td>VASQ Vulnerable Attachment Style Q (Bifulco, 2004) Grims-partner relationship</td>
<td></td>
</tr>
<tr>
<td>Attachment &amp; support</td>
<td>AAI (Adult attachment interview)</td>
<td>EPDS - dep BDI- Dep SSTI PTSD</td>
<td>SCID for depression, PTSD</td>
</tr>
<tr>
<td>Psychological symptoms</td>
<td></td>
<td></td>
<td>BDI-dep STAI - anx IES.</td>
</tr>
</tbody>
</table>

Research question – continuity of attachment style

- How highly are different attachment measures through childhood correlated?
  - Can increased risk (insecurity) be explained by life events and family background?
  - Can increased resilience (reduced insecurity) be explained by increased support, family stability?
Previous Findings of study (Hughes et al. 1998, 2001)

- Attachment difficulties in both generations correlated (Higher levels of infant “D” disorganised amongst mothers classified “U” unresolved)
- Significant increase in maternal depression, anxiety and PTSD symptoms in mother’s with prior stillbirth.
- 3-fold increase in family breakdown for mothers with prior stillbirth.

Explaining continuity in attachment in children

- Stability of attachment patterns in children at previous measurement points maintained by relationship with mother and stability/instability of family.
- Stability of attachment patterns intergenerationally maintained through mother’s vulnerability status and symptomatology.
Preliminary findings:
Study of 2 cases

Adolescent
Attachment Style Interview
Interaction with mother
Support
Psychological Symptoms

Childhood attachment (previous study)
Strange Situation Test
MCAST

Other risk factors
Maternal Psychological Symptoms & Attachment style
Family breakdown and life events

No Change in attachment: John

Infant
Disorganised
Insecure
Secure

Stable environmental Factors & relationships

Adolescent
Disorganised/ Dual style
Insecure
(High Anxious or Avoidance)
Secure/ Mildly insecure
Case 1 – Secure ♦ mildly insecure
John (15 year old boy)

SST = “B” Secure; ASI = Mildly Enmeshed
SES= working class; Life events: Mother’s cancer-
separation from mother age 7-8; Family breakdown:
Father in prison for attacking mother- now on
“friendly” terms.
Interaction mother = good; Good level support: from
family, girlfriend, other friends.
Mother – No BDI depression; higher anxiety on STAI
Additional: High level of academic achievement

John’s Psychological Symptoms

BDI- no depression
STAI- higher levels of trait anxiety
RTSHIA- No risk taking/self harm behaviour
SDQ- no symptoms of Emotional or behavioural
disorder
Prosocial - high
Peer group difficulties- low
J’s support quotes - closeness mother

What kind of relationship do you have with your mum?

“The closest out of everyone.. because my dad has been in trouble during my life.. my mum got cancer 6 years ago and everything me and my mum have been through together has made us really close. My mum would be the first person I would go to…a fight at school or something like that..she would be supportive”

What would make you worry about your mum?”…since she had cancer I have always looked after her and been there to watch out for her if she was going away I would worry”

(Girlfriend) “Know her since primary school..yeah we are close, we go to the cinema, sports day..we never argued..I do talk to her about everything”

VCO-Friend “ I have a close freindship with him..he’s been there more than anyone of my friends..I see him quite regularly, we go to the cinema swimming, boxing…When the rugby team turned me down it upset me a bit..he was there and he would come along to the trials for other teams..

John’s Attachment quotes
(Mild enmeshment with mother only)

Self reliance: What do you think helped you solve your problems and manage them? Since my dad not being there for a while and my mum having cancer at the same time,. knowing I shouldn’t be arguing with her and that I need her and she needs me..

Do you like to have other people’s opinion if you have to make a decision? I don’t like asking, but I would ask my mum…If I have to take a decision I prefer to have my mum’s advice.

Desire for company: I like to go out with a group of friends and have a laugh- I’d rather not sit in the house by myself or watch tv..I’d rather be in company...

Fear of separation: Do you get worried if people close to you go away? Yeah if my mum does.. Yeah.. Would you call her everyday..? Yeah..I would call her everyday. Would you feel anxious? Yeah I would."
Comment on John’s resilience

- John has a high level of stress in his life
- However has high level of support and closeness to mother (despite some enmeshment/ young carer elements)
- He has high school achievement

Change in attachment – increased risk: Sara

Infant
- Secure
- Insecure
- Disorganised

Adolescent
- Disorganised/ Dual style
- Insecure (High Anxious or Avoidant Style)
- Secure/ mildly insecure

Life events, family breakdown, maternal poor interaction
Case 2 – Secure & Insecure Dual/Disorg
Sara (16 year old girl)

SS = “B” Secure ; MCAST = “B” Secure
ASI = Insecure/ Dual Anxious+Avoidant
SES= Lower middle class .Life events:
    Mother’s stillbirth; high levels of conflict with
    parents and siblings
Interaction mother = poor, poor support overall
Mother – no depression; high trait anxiety

Sara’s Psychological Symptoms

BDI- Depression
SDQ- total abnormal Emotional =abnormal
Behavioural = borderline
Peer problems = borderline
Pro-social = low
STAI- high levels of trait anxiety
RTSHIA- engaging in Risk taking( ie drinking-
    promiscuos sex)
No Self harm
Sara’s support – closeness mother

“I used to be able to talk to her, really well, tell everything, always really close. Now it’s just fading from the past..maybe a bit..but I just don’t feel comfortable to tell her. I’d rather tell someone else. I’d love to tell her, I really would love to tell her.. but I can’t ..maybe if I say it to her we will have an argument or something or she would go and tell someone. She shouldn’t do that"

(Enjoy time together?) Not really. Last time we went out shopping for my prom, but it wasn’t really spending time it was literally run into town get the stuff I need and then go. Its never like we’ve been to a restaurant together. She’s always working or cleaning’.

Boyfriend: Low support, high levels of conflict “I m tired of fighting fighting all the time..if he dosen’t take his pills it get worse.."

One VCO-cousin(younger)“I tell her everything, I will trust her with my life..I see her all the time..I trust her so much, I love her to pieces”

S’s ASI quotes – Fearful and Angry dismissive

Mistrust: ‘Yes, its hard to trust. People just change – they let out everything you told them even if you were close to them…but people change. But sometimes you can’t trust people in your family because maybe they have big mouths and they’ll go and say stuff to people- so sometimes you can’t say stuff to people, though you want to, you just got to think, no, for the best don’t say anything..’

Fear of rejection: ‘Really badly let down. Afraid of it happening again’. (Therefore will not get close)

Anger: ‘With my sisters I do have (rows and arguments) because obviously I’m left here with them arguing and I’m short tempered as well, so I get SO angry, I can’t take the shouting the screaming, and.. I can’t hit them.. so I just literally have a nervous breakdown. I scream and tell them to stop They don’t listen to me ..they have no respect..They answer back… It’s not fair on me.’
Sara increased risk

- Poor interaction with mother following mother's later stillbirth.
- Problems in the family – poor interaction with siblings – conflict in the family
- High conflict with boyfriend who has ADHD
- Sara’s own psychological symptoms.
- Life events: Stillbirth (still unresolved discourse)
  - Problems at school/teachers – family money problems

Risk and resilience and attachment change

John
- Secure throughout
- Low symptoms
- Resilience.
- Good mother-interaction
- Good support; good school

Sara
- Increased risk
- Poor mother interaction;
- Poor support; family conflict
- Negative life events
Challenges to phase 3 follow-up

- Contact and cooperation over a 10 year period difficult – tracing respondents.
- Synchronising measurement re different developmental stage and generation. Do they measure the same construct?
- Analysing discontinuities in two generations – direction of influence mother to offspring or vice versa? Timing of experience can be difficult to determine in the follow-up period.

Discussion

- Contextual approach to attachment change including life events and mother interaction important.
- (Dis)Continuity in measurement approach
- 2-generational approach – mother as risk factor for child and vice versa
- Developmental stage and reporting style of teenagers - some reporting very brief.
Acknowledgements

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