

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



Lisa Gabbarelli

PhD student

St George's University of London
& University of Kingston

**Berlin ISAPP
15/9/2011**

**The study of attachment and disorder
inter-generationaly**

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

	Phase 1 12 months	Phase 2 6-8 yrs old	Phase 3 15-18 yrs old
Attachment/ Support interaction mother	Strange situation	MCAST Etch-a- sketch	ASI
Psychological symptoms		SDQ	BDI- depression SDQ- emot/behavioral STAI- anxiety RTSHIA Risk taking/ self harm (Vrouva, Fonagy, 2010)

Summary of Assessments- Mothers

	Phase 1 3 rd trimester	Phase 2 6-8 yrs FU	Phase 3 15-18 yrs FU
Background	Demographic	Demographic	Demographic
Attachment & support	AAI (Adult attachment Interview)	Grims-partner relationship	VASQ Vulnerable Attachment Style Q(Bifulco,2004) Grims – partner relationship
Psychological symptoms	EPDS - dep BDI- Dep SSTI PTSD	SCID for depression, PTSD	BDI- dep STAI - anx IES.

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

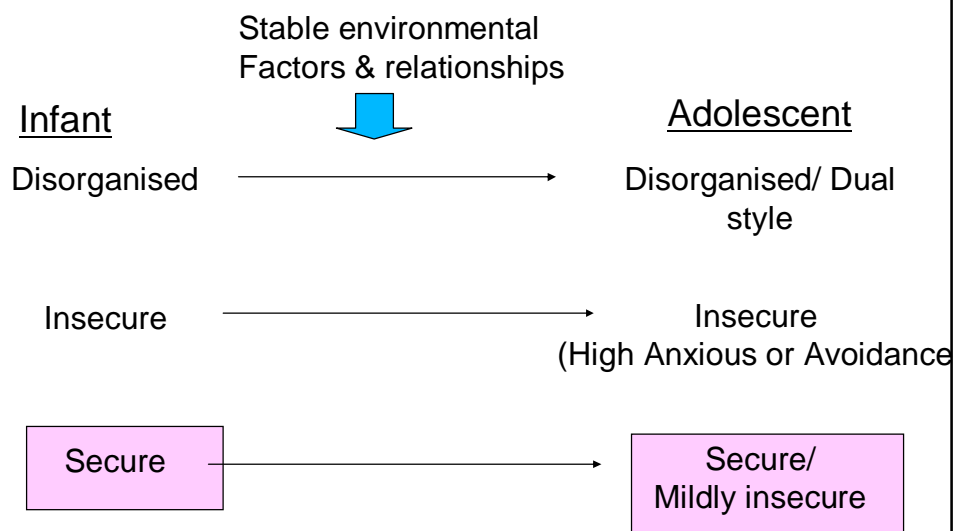
Childhood attachment (previous study)

Strange Situation Test
MCAST

Other risk factors

Maternal Psychological Symptoms & Attachment style
Family breakdown and life events

No Change in attachment: John



Case 1 – Secure à 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 .

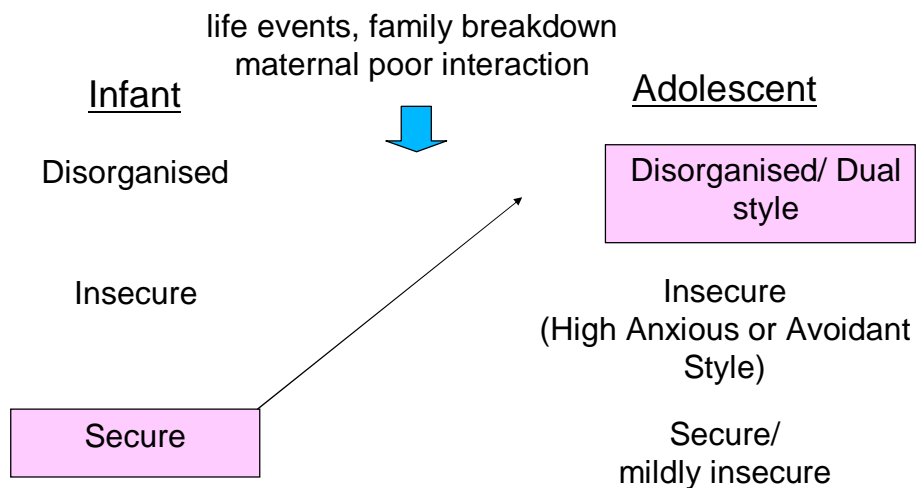
Desire for company: I like to go out with a group of friends and have a laugh- I'd rather not sit in the house by myself or watch tv..I'd rather be in company...

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



Case 2 – Secure à 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 pils 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.

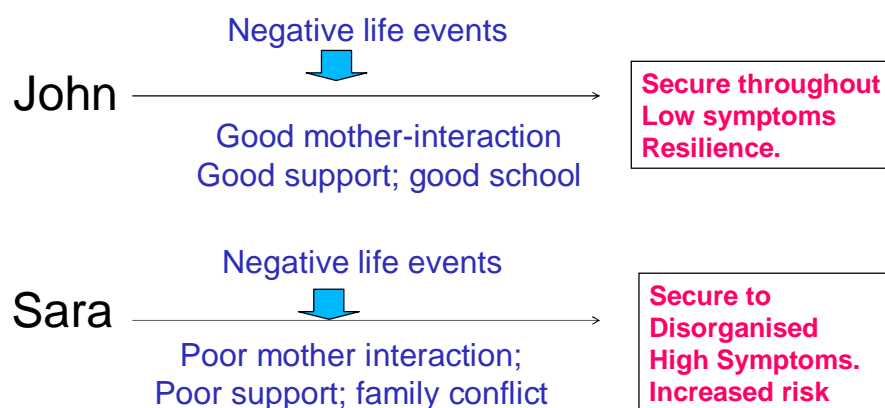
Problems in the family – poor interaction with siblings – conflict in the family

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



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

Original study – Prof Pat Hughes & Dr Penny Turton

Phd Supervision – Dr Gill McGauley & Prof Toni Bifulco

