Towards Developing a Rater-Based Method of Assessing Secondary Attachment Strategies in the Maternal Fetal Attachment Relationship

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Opportunity
Study Purpose
When mothers first bond to their unborn children, the maternal-fetal attachment relationship (MFA) begins to form. The present study attempted to develop the first rater-based method for assessing secondary attachment strategies within the MFA relationship. Although we know that these strategies are programmed early in life and lead to negative consequences for the infant, we do not fully understand how the mother first expresses these strategies within the MFA relationship, due to lacking a method for assessing these strategies prenatally. This archival study developed a manual for scoring these strategies from transcribed interviews with expecting mothers, and found that raters can reliably rate these strategies within the MFA relationship using this manual, and that mothers tend to mirror their attachment style in close relationships in their relationship with their fetus. This study was a preliminary assessment of this method’s reliability and validity, and this evaluation could help to work towards developing future clinical interventions.

Secondary Attachment Strategies: Hyperactivation & Deactivation
Hyperactivation: Individual attempting to elicit a response from their partner/caregiver by minimizing distance through control and clinging; Desire for partner/caregiver by minimizing distance through control and clinging
Deactivation: Individual attempting to avoid frustration stemming from the unavailability of their caregiver, resulting in an overall denial of typical attachment needs; Often suppress or deny emotion-related thoughts/behaviors, and minimize affective expressions of emotion

Importance of these strategies: Regulate the attachment systems; Increase an individual’s vulnerability to affective distress, relational difficulties

Approach
Procedure and Participants
Subset of data from parent study reviewed for a new variable: hyperactivating and deactivating strategies
20 transcribed pregnancy interviews selected for review (Participants with anxious attachment, n=7; avoidant attachment, n=6; fearful-avoidant attachment, n=7)
Behavioral indicators compiled from literature
Revision of ECRS scale statements (Better reflect behaviors within MFA relationship)

Data Analysis
Reviewing Transcripts
Research team reviewed the transcribed pregnancy interviews, highlighting sections as they review for two facets: hyperactivating strategies, and deactivating strategies.

Scale Items for Measuring Hyperactivating and Deactivating Strategies in the Maternal Fetal Attachment Relationship
The reviewers assigned a score according to a Likert-scale for different attachment strategies denoted in manual, based on the participant’s overall tendencies.

Example of Coded Item
Hyperactivation: “I want her to associate me as her mommy, and nobody else, and I’m afraid if I leave her with somebody, like one person too often, I don’t want her to get confused about who is who and what our roles are.”

Results & Findings
Hypotheses & Findings
Hypothesis 1: Raters can reliably rate hyperactivating and deactivating strategies in the MFA relationship
- Establishing Inter-rater Reliability (94% agreement in scores)
Hypothesis 2: The maternal-fetal hyperactivating item scored by the rater will negatively correlate with the maternal-fetal deactivating item scored
r = -.381, p = .097
Hypothesis 3: Hyperactivating strategies in the maternal-fetal relationship will positively correlate with anxious attachment on the ECRS
r = .492, p = .028
Hypothesis 4: Deactivating strategies in the maternal-fetal relationship will positively correlate with avoidant attachment on the ECRS
r = .252, p = .285
Hypothesis 5: There will be a significant difference in mean scores on hyperactivating and deactivating between attachment groups, such that:
- Participants in the anxious attachment group will have significantly higher scores for hyperactivating than those in the avoidant attachment group;
- Participants in the avoidant attachment group will have significantly higher scores for deactivation than those in the anxious attachment group

Between-group Analysis: Exploring effect sizes: Hyperactivation
- Participants in the anxious group scored higher on hyperactivating (M= 1.86, SD= 0.748) than participants in the avoidant attachment group (M= 1.0, SD= 0.632) d = 1.24
- Participants in the anxious group scored higher on hyperactivating (M= 1.86, SD= 0.748) than participants in the fearful-avoidant attachment group (M= 1.24, SD= 0.860) d = 0.798

Between-group Analysis: Exploring effect sizes: Deactivation
- Participants in the avoidant group scored higher on deactivating (M= 3.0, SD= 0.2.0) than participants in the anxious attachment group (M= 1.36, SD= 1.18) d = 1.00
- Participants in the avoidant group scored higher on deactivating (M= 3.0, SD= 2.0) than participants in the fearful-avoidant attachment group (M= 2.5, SD= 1.93) d = 0.509

Impact
The unique feature about my innovation/research is: a novel approach to measuring early attachment during pregnancy.

This addresses the problem of: a lack of rater-based method for assessing specific attachment strategies.

Research Implications: Importantly, this study acts to offer a preliminary assessment of this method’s reliability and validity in this context, and further research exploring SAS within the MFA would be hindered without having an established method to explore them in this context.

Clinical Implications: Clinically, we were able to first explore how a mother begins to display these attachment strategies with her unborn baby.

This evaluation can open the door to helping develop interventions that can help prevent the transmission of these strategies to the baby within the mother infant relationship.