



Maternal and paternal infant representations: A comparison between parents of term and preterm infants



Anneke Tooten^{a,*}, Ruby A.S. Hall^b, Hannah N. Hoffenkamp^a, Johan Braeken^c, Ad J.J.M. Vingerhoets^d, Hedwig J.A. van Bakel^{e,f,g}

^a International Victimology Institute Tilburg, Tilburg University, The Netherlands

^b Department of Developmental Psychology, Tilburg University, The Netherlands

^c Research Methodology Group, Wageningen University, The Netherlands

^d Department of Medical and Clinical Psychology, Tilburg University, The Netherlands

^e Department of Tranzo, Tilburg University, The Netherlands

^f Centre for Infant Mental Health, Dimence, Deventer, The Netherlands

^g Herlaarhof, Centre for Child and Adolescent Psychiatry, Vught, The Netherlands

ARTICLE INFO

Article history:

Received 14 June 2013

Received in revised form 24 February 2014

Accepted 4 May 2014

Keywords:

Preterm birth

Attachment representations

Disrupted attachment representations

Mothers

Fathers

ABSTRACT

Objective: Research on parental attachment representations after preterm birth is limited and inconclusive. The present study is the first in which maternal and paternal attachment representations after term, moderately and very preterm birth are compared. In addition, special attention was directed toward disrupted attachment representations.

Method: Mothers and fathers of term infants (≥ 37 weeks of gestational age, $n = 71$), moderately preterm infants (≥ 32 – 37 weeks of gestational age, $n = 62$) and very preterm infants (< 32 weeks of gestational age, $n = 56$) participated in the present study. Attachment representations (balanced, disengaged, distorted) about their infants were evaluated with the Working Model of the Child Interview (WMCI). To assess disrupted representations the coding of the WMCI was extended with the disrupted scale (WMCI-D).

Results: The three main classifications of attachment representations were not affected by preterm birth. In addition, there were no gender differences in the rate of balanced representations. In case of non-balanced representations however, maternal representations were more often distorted, whereas fathers showed more often disengaged representations. Results further revealed that maternal disrupted attachment representations were marked by role/boundary confusion or disorientation, whereas paternal disrupted attachment representations were characterized by withdrawal.

Conclusion: Given the gender differences it is essential to tailor interventions according to the attachment representations of the parent, in order to be able to alter their non-balanced and/or disrupted attachment representations.

© 2014 Elsevier Inc. All rights reserved.

Abbreviations: T, parents of term infants; MP, parents of moderately preterm infants; VP, parents of very preterm infants; NICU, neonatal intensive care unit; GA, gestational age; WMCI, Working Model of the Child Interview; WMCI-D, Working Model of the Child Interview Disrupted scale.

* Corresponding author at: INTERVICT, P.O. Box 90153, 5000 LE Tilburg, The Netherlands. Tel.: +31 13 4668759; fax: +31 13 4663546.

E-mail address: vip@uvt.nl (A. Tooten).

<http://dx.doi.org/10.1016/j.infbeh.2014.05.004>

0163-6383/© 2014 Elsevier Inc. All rights reserved.

1. Introduction

Parents of preterm infants are confronted with various difficulties and challenges in the process of bonding and attachment engendered by timing of birth, a prolonged hospital stay, and the infants' distinctive patterns social behavior and development (Goldberg & DiVitto, 2002). After preterm birth, the onset of a good balanced parent–infant relationship might be disrupted or impeded due to several factors. First, during the second and third trimester of pregnancy, women develop an emotional bond with their unborn baby (Ammaniti et al., 1992). Before delivery mothers already form clear and rich representations, ideas and expectations concerning their infant's appearance, characteristics and behavior. However by the end of the last trimester the quality of these attachment representations decline. This decline might be explained by the need for women to prevent disappointment when faced with the “real child” after childbirth (Stern, 1991, 1995). When childbirth occurs too early, the formation the parent–infant bond is not yet in progress or becomes abruptly interrupted. As a consequence, parents do not have elaborated ideas yet how the infant will look like or how it will behave. Having an infant at this moment will increase their feelings of incompetence and insecurity. Secondly, the stressful and traumatic aspects of preterm birth and its psychological impact on parents may negatively interfere with the process of attachment. Parents spend most of their time in the hospital with their ill infant and often they do not even know whether their infant will survive. This situation can be so emotional, frightening and overwhelming for parents that they keep an emotional distance from their infant (Feldman, Weller, Leckman, Kuint, & Eidelman, 1999; Müller-Nix & Ansermet, 2009; Shah, Clements, & Poehlmann, 2011). The aforementioned factors might negatively affect parental attachment toward their infant and negatively affect parent's ideas, expectations and internal working models about their infant and the relationship with their infant, i.e., parental attachment representations (Ammaniti et al., 1992). However, in the past decades more attention has been directed to the support and guidance for parents with an infant that is admitted to a neonatal intensive care unit (NICU). Presently, mothers and fathers are encouraged and supported by the hospital staff to take on an active role in the daily care for their preterm infant (as much as possible). This support may facilitate the formation of positive (balanced) parental attachment representations about the infant and the relationship with the infant (Korja et al., 2009).

Research on parental attachment representations after preterm birth is limited. Until now only a few studies compared maternal representations after term and very preterm birth. Moreover, findings from these studies are seemingly contradictory and inconclusive. Some studies underlined differences between attachment representations after term and preterm birth (Borghini et al., 2006; Forcada-Geux, Borghini, Pierrehumbert, Ansermet, & Müller-Nix, 2011) i.e., lower percentages of balanced representations after preterm birth, whereas other studies found no differences in distributions of attachment representations after full- or preterm birth (Korja et al., 2009; Korja et al., 2010; Meijssen et al., 2011). Although these three latter studies failed to demonstrate differences in attachment distributions, they did find differences in maternal representations with respect to content and quality; i.e., mothers of preterm infants had lower levels of coherence and acceptance, and more unrealistic fear for their infants' safety (Korja et al., 2009). In addition, after preterm birth mothers had to cope with negative feelings when first seeing their baby and they experienced more negative or ambivalent feelings during the first weeks at home than mothers of term infants (Meijssen et al., 2011). With respect to fathers, until now no studies focused on paternal attachment representations after (preterm) childbirth.

Next to parental attachment representations, in the current study special attention will be directed toward disrupted attachment representations. This type of parental attachment representations can be observed in addition to the three the main classifications, i.e., balanced, disengaged or distorted (Crawford & Benoit, 2009). Parental disrupted attachment representations evolve after unresolved mourning or trauma (e.g., abuse or neglect) of the parent during his or her own child-rearing history. Subsequently, parental representations are so biased by trauma, that the parent is unable to perceive their infants' state of mind, consequently the parent cannot respond in a sensitive and responsive manner to their infant's contact signals, needs and desires. To date, only Crawford and Benoit (2009) focused on disrupted attachment representations. They demonstrated a connection between caregivers' disrupted attachment representations and infant disorganized attachment. Infant disorganized attachment is known as a severe risk factor for later psychopathology (Deklyen & Greenberg, 2008). This type of infant attachment evolves when infants' cannot rely upon their primary caregiver during stressful situations since the caregiver is also a source of fear (Ainsworth, Blehar, Waters, & Wall, 1978; Main & Hesse, 1990). During childhood, these infants display bizarre, oppositional, hostile, aggressive behavior. In nonclinical samples 15% of infants are found to have a disorganized attachment, whereas in high-risk samples this percentage is two to three times higher (Van IJzendoorn, Schuengel, & Bakermans-Kranenburg, 1999). After preterm birth, representations might be more often disrupted than after full-term birth, as disorganized behavior might increase due to the traumatic experience of the preterm birth.

To our knowledge, the present study is the first in which maternal and paternal attachment representations after term, moderately and very preterm birth are systematically compared. We hypothesized that after preterm birth parental attachment representations would be less often classified as balanced, and more often as disrupted than after term birth. Moreover we expected no significant differences between mothers and fathers.

2. Methods

2.1. Participants

This study is part of a longitudinal project in which parents of term and preterm infants are followed during the first six months after childbirth (Tooten et al., 2012). The study received medical ethical approval. Parents were recruited between

Download English Version:

<https://daneshyari.com/en/article/10452658>

Download Persian Version:

<https://daneshyari.com/article/10452658>

[Daneshyari.com](https://daneshyari.com)