Parental Attachment Style and Severity of Emotional/Behavioral Problems in Toddlerhood

Ebeveynin Romantik Bağlanma Stili ile Erken Çocukluk Döneminde Sosyal Duygusal Sorun Düzeyi

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ABSTRACT

Objective: We aimed to investigate the association between maternal and paternal attachment style and severity of emotional and behavioral problem severity in toddlers and to explore the effect of toddlers' gender, presence of autism, and parental depression on this relation.

Methods: All patients (n=103) (male=75; female=28) younger than 43 months old (range: 14-43, mean: 30.93±8.26 months) were included from a clinical sample. The Structured Clinical Interview for DSM-IV-TR, Beck Depression Inventory, and Adult Attachment Scale (AAS) were used for assessing mothers and fathers; the Child Behavior Checklist/2-3 (CBCL) and Aberrant Behavior Checklist (ABC) were applied to evaluate associated psychopathology in toddlers.

Results: Both maternal and paternal AAS-avoidance scores were found to be significantly correlated with ABC-hyperactivity and ABC-irritability scores of the toddler (p<.001). A multiple regression model significantly predicted ABC-hyperactivity scores, F(4,47)=5.74, p<.001, with two variables (higher paternal BDI score, and maternal insecure attachment style) significantly contributing to the prediction.

Conclusion: The overall results of this study indicate that maternal (but not paternal) insecure attachment style is significantly associated with the severity of toddlers' emotional and behavioral problems, such as hyperactivity, and irritability. Especially when combined with paternal depression, this association becomes stronger. (Archives of Neuropsychiatry 2011; 48: 147-54)

Key words: Attachment, father-infant interaction, mother-infant interaction

Introduction

Bowlby introduced the term attachment to refer to a secure-base formulation of infant-caregiver relationships (1). Attachment is the strong emotional bond that develops between infant and caregiver, providing the infant with emotional security (2). By the second half of the first year, infants have become attached to familiar people who have responded to their need for physical care and stimulation (2). The attachment system has a complementary purpose of ensuring the child’s safety by maintaining proximity to or achieving contact with the caregiver if novel, stressful and/or dangerous events
occur while the child is exploring the environment (1). Starting from Bowlby’s attachment studies (3), insecure attachment styles was believed to correlate with later psychopathology, while secure attachments predicted healthier psychological profile (4).

Several risk factors have been found to be related to the development of psychopathology in early childhood (5). These risk factors, especially the genetic vulnerabilities, may directly predispose children to disorders or may increase their susceptibility to environmental conditions (6). Likewise, several psychiatric disorders in adulthood, including social anxiety disorder, depression, obsessive compulsive disorder, and chronic pain disorders have been shown to have correlations with insecure attachment styles (7-10). In early childhood, externalizing disorders are associated with multiple interacting risk factors including biological and neurological vulnerabilities, and ecological, communal, and home environments, especially quality of parenting (11). Such risk factors are in turn associated with disruptions or deficiencies in a variety of developmental domains or processes, such as attachment, emotion regulation, social attributions and moral reasoning that are also associated with the expression of externalizing symptoms and common co-occurring symptoms (1). The results of a recent study, that explored maternal sensitivity to infant distress and nondistress as predictors of infant-mother attachment security, support the notion that the protective function of the child-mother attachment relationship may be especially salient during early infancy (12).

Guttmann-Steinmetz and Crowell reviewed the literature on the attachment system’s theoretical and empirical associations with domains of emotion regulation, social attributions, socialization and moral development, and intergenerational transmission of behavior, as well as with externalizing behaviors (1). They concluded that attachment relationships can contribute to an understanding of etiology, maintenance, and treatment of externalizing disorders. However, most of the recent studies evaluated only the attachment style of children, but did not assess the attachment style of their parents. In addition, studies that assess the association between attachment style of fathers and their toddlers’ psychopathology are lacking.

Key components of attachment theory, developed by Bowlby, Ainsworth, and others to explain the development of affectional bonds in infancy, may be translated into terms appropriate to adult romantic love and a person’s attachment style may be determined in part by childhood relationships with parents (13). Two questionnaire studies indicated that relative prevalence of the three attachment styles is roughly the same in adulthood as in infancy. These three kinds of adults differ predictably in the way they experience romantic love, and attachment style is related in theoretically meaningful ways to mental models of self and social relationships and to relationship experiences with parents (13).

Previous studies mostly investigated the relation between maternal depression and the psychopathology of the offspring and most of them found a strong relation (8,11,15). However, the association between maternal and paternal attachment style and the psychiatric problem severity in toddlerhood has not been previously targeted, or the studies are scarce. To examine the relation between parental attachment style and toddlers psychiatric symptoms, the confounding effect of parental depression should be taken into account. In addition, in toddlers with autism, problems with social interaction and develop-

Table 1. Correlations between parental BDI and AAS avoidant style scores and toddlers’ CBCL and ABC scores

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*p<.05; **p<.01 (Spearman’s correlations)

# CBCL total scores comprise internalizing and externalizing scores, that’s why some correlations are not shown in the table. Correlation scores (r scores) are shown in the table. Numbers in the parenthesis indicate number of cases. AAS: Adult Attachment Scale; ABC: Aberrant Behavior Checklist; CBCL: Child Behavior Checklist; 2-3.
development of attachment may be problematic and may be another confounding factor (2,15).

In this study, we aimed to investigate the association between both maternal and paternal romantic attachment style and severity of emotional/behavioral problems in toddlers. As maternal depression is reported to be significantly related with the toddlers’ emotional and behavioral problems (6,14-16), the association between parental attachment style and severity of the toddlers’ psychopathology were analyzed further with regression analysis, analyzing several proposed cofactors, such as maternal and paternal depression, gender of the toddler and presence of autism.

Methods

Participants

All of the participants in this study were toddlers in a clinical sample referred to a child psychiatry outpatient setting at University hospital. From the clinical referrals, all patients younger than 43 months old and without exclusion criteria were included. The study group consisted of 103 toddlers (boys n=75; girls n=28) with a mean age of 30.93±8.26 (range: 14-43) months. Mothers were 30.0±5.03 (range: 19-42) and fathers were 34.42±5.45 (range: 23-53) years old on average. One mother (0.9%) and seven fathers (6.7%) could not complete the AAS.

Exclusion criteria: To avoid possible confounding effects on the research variables, we excluded children with height and weight under the 3rd percentile (17) and/or children with severe motor retardation, diagnosed chronic neurological, pulmonary, cardiac, nephrologic and/or systemic disease. Likewise, the children in foster care, those living in an institute, adopted children, and the ones whose mothers had died or had been separated from their children for more than 4 weeks, finally, the children whose parents were divorced were excluded from the study.

Instruments for Mothers and Fathers

Beck Depression Inventory (BDI) (18,19): The BDI shows high convergent validity with psychiatric ratings of depression severity in psychiatric samples. It contains 21 items that describe various symptoms occurring over the course of the past week in parents. Each item is scored on a 0-3 scale (0=no depressive symptom, 3=a strong symptom). The BDI is widely used instrument also in Turkey and the reliability and validity of the Turkish translation of BDI were reported to be quite adequate (20).

Adult Attachment Scale (AAS): AAS is a Likert-type self-report scale developed by Collins and Read (21) based on Hazan and Shaver’s Attachment Style Measure (13). It assesses three adult attachment styles, namely secure, avoidant and anxious/ambivalent styles. Avoidant and anxious/ambivalent styles are grouped as insecure attachment style. AAS was translated into Turkish and validated by Alp (22).

The Structured Clinical Interview for DSM-IV-TR (SCID-I/Depression): SCID is a semi-structured diagnostic interview designed to assist clinicians, researchers, and trainees in making reliable DSM-IV psychiatric diagnoses (23). The Depression module of the interview was used to assess maternal and paternal depression for “now” and “life-time” in our study. Ozkurckugil and colleagues have done the Turkish adaptation of the SCID-I and reliability studies (24).

Instruments for Toddlers

Child Behavior Checklist/2-3 (CBCL/2-3) (25): As a CBCL/1.5-5 translation did not exist when this work was being done, we used the CBCL/2-3. The CBCL/2-3 is designed for evaluating young children to obtain ratings of behavioral/emotional problems from parents. It consists of 99 main items rated 0, 1, and 2. It includes internalizing, externalizing, and total problem scales, plus six syndrome scales. Respondents rate the child on each item to describe the child’s behavior now or in the previous 2 months. The Turkish translation has a good one-week reliability.

<table>
<thead>
<tr>
<th>Table 2. Parental Attachment Style and Mean Parental BDI and Toddlers’ ABC and CBCL scores</th>
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<td><strong>Maternal attachment style</strong></td>
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<td>ABC-inappropriate speech</td>
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<td>Child is diagnosed with autism (percentage)</td>
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N.S.: not significant

ABC: Aberrant Behavior Checklist; BDI: Beck Depression Inventory; CBCL: Child Behavior Checklist; 2-3
test-retest reliability (r=0.88), one-year stability (r=0.73), internal consistency (alpha coefficients: Internalizing, 0.77; Externalizing, 0.76; Total Problems, 0.82), and interrater agreement (26).

The Aberrant Behavior Checklist (ABC) (27-29). The ABC has 58 items that are rated on a four-point scale ranging from 0 ("not at all a problem") to 3 ("the problem is severe in degree"). The items are scored onto five subscales as follows: (I) Irritability, Agitation, Crying, (II) Lethargy, Social Withdrawal, (III) Stereotypic Behavior, (IV) Hyperactivity, Noncompliance, and (V) Inappropriate Speech. Psychiatric clinical validation and reliability study of ABC in toddlerhood has shown good to excellent validity and reliability (30). The ABC subscales revealed significant differences between the diagnostic groups. ABC Total (p=0.005) as well as Irritability (p=0.005) and Hyperactivity (p=0.005) subscale scores were significantly higher in children with externalizing disorders; the Lethargy/Social Withdrawal (p<0.001) and Stereotypic Behavior (p=0.005) subscale scores were significantly higher in toddlers with autism. The ABC appears to be capable of discriminating several syndromes in early childhood (30).

**Study Design and Procedure**

This study had a cross-sectional design. Parents and children were assessed in our outpatient clinic at least twice within two weeks time, and if parents failed to complete any items of the scales on their first visit, they were asked to fill them in on a subsequent visit. All families were met and the instruments were filled in two weeks time, and if parents failed to complete any items of the scales on their first visit, they were asked to fill them in on a subsequent visit. All families were met and the instruments were collected by the first author. The severity of emotional and behavioral problems in toddlers and parental depression were explored by clinical assessments and standardized diagnostic scales (see Instruments). This study was approved by the institutional review board of the senior author's university. The parents or guardians of all participants signed written consent forms that described the purposes of the study and indicated that the results would be reported only for scientific purposes. If parents chose not to participate in the study, they were assured that clinical care of their children would not be affected.

**Data Analysis**

Variable distributions were examined for normality, and nonparametric statistics were used in cases, in which the scores were not normally distributed. Correlations between the BDI, AAS, CBCL/2-3, and ABC were calculated with the parametric (Pearson's correlation) or nonparametric tests (Spearman's correlation) depending on the normality of the variables. Statistical differences between the groups (e.g., fathers with secure attachment style vs. fathers with insecure attachment style) were assessed by chi-square tests for categorical variables, and by t-tests or Mann-Whitney U tests for continuous variables. In addition, in case of significant difference in terms of severity of emotional and behavioral problems between the groups of parents with different attachment style, we aimed to assess the additional cofactors that predict higher emotional and behavioral problem scores in toddlers. Therefore, we performed multiple regression models, and the possible predictors included gender, age, maternal and paternal BDI scores, maternal and paternal attachment styles, and presence of autism. All p values were based on two-tailed tests with α= 0.05. All values are reported as either percentages or mean ± standard deviation. SPSS 11.0 was used for all statistical calculations.

**Results**

According to AAS, 67.6% of mothers (n=69) and 70.8% of fathers (n=68) were found to have a secure attachment style. Because only 5 mothers (4.9%) and 2 fathers (2.1%) were found to have an ambivalent attachment style, they were included along with parents with avoidant attachment in composite groupings of mothers or fathers with insecure attachment style. In addition, 22.3% of mothers (n=23) and 9.9% of fathers (n=10) were diagnosed with major depressive disorder by the time of study interview.

As expected, depressive symptom severity, which was measured with the BDI, was significantly higher both in mothers and fathers diagnosed with major depressive disorder (p<0.001). In addition, both maternal and paternal BDI scores were found to be highly correlated with each other and their AAS-avoidance (AAS-av) scores. While 45.5% of mothers with insecure attachment style were diagnosed with depression during the interview, only 10.3% of mothers with secure attachment style were depressive (p<0.001). Similarly, 21.4% of fathers with insecure attachment style and 5.9% of fathers with secure attachment were depressive (p=0.03).

Correlations between parental BDI and AAS-av scores and toddlers’ CBCL and ABC scores appear in Table 1. As shown in Table 1, both maternal and paternal AAS-av scores were found to be significantly correlated with ABC-hyperactivity and ABC-irritability scores of the toddler. Differences in mean parental BDI scores and toddlers’ ABC,
CBCL scores and the percentages of presence of autism between parents with or without secure attachment style are shown in Table 2. We could not find any significant difference between autism and non-autism groups in terms of parental attachment style. In the group with autism, CBCL-totalizing (p=0.004), CBCL-total (p=0.026), ABC-lethargy (p=0.031), and ABC-hyperactivity (p=0.035) scores were found to be significantly higher in the toddlers with insecurely attached mothers. In addition, in the group without autism, ABC-hyperactivity (p=0.031) and ABC-irritability (p=0.036) scores were found to be significantly higher in the toddlers with insecurely attached mothers.

As shown in Table 2, maternal attachment style is found to be significantly related mostly with the ABC-hyperactivity and CBCL-total scores of the toddlers; we performed multiple regression analysis to explore several cofactors to predict higher scores. A multiple regression model was conducted to determine the best linear combination of gender, age, maternal and paternal BDI scores, maternal and paternal attachment styles, and presence of autism. The means, standard deviations, and intercorrelations can be found in Table 3. As several factors are highly correlated and/or significantly related with each other as shown in Table 1 - not all factors are presented in Table 3. This combination of variables significantly predicted ABC-hyperactivity scores, F (4,47)=5.74, p<.001, with two variables significantly contributing to the prediction. The beta weights, presented in Table 4, suggest that higher paternal BDI score and maternal insecure attachment style contribute most to predicting significantly higher ABC-hyperactivity scores. The adjusted R square value was 0.18. This indicates that 18% of the variance in ABC-hyperactivity scores was explained by the model.

Discussion

The overall results of this study indicate that maternal, but not paternal, attachment style is significantly associated with the severity of toddlers’ emotional and behavioral problems. In addition, among several proposed factors, higher paternal depressive symptom severity and maternal insecure attachment style were found to be the most significant predictors of higher externalizing problem scores in toddlerhood.

The neural basis of human attachment security remains unexamined (31-33). Several studies investigated correlates of adult attachment, and a scale to measure adult attachment style dimensions (ASDs) was developed based on Hazan and Shaver’s categorical measure (21). Factor analyses revealed 3 dimensions underlying this measure: the extent to which an individual (1) is comfortable with closeness, (2) feels he or she can depend on others, and (3) is anxious or fearful about such things as being abandoned or unloved (21). ASDs were related to self-esteem, expressiveness, instrumentality, trust in others, beliefs about human nature, and styles of loving (21).

We found that significantly more mothers and fathers with avoidant attachment style were diagnosed with depression compared to those with a secure attachment style. In addition, maternal and paternal avoidant style scores were significantly correlated. In accordance with these findings, previous studies have found insecure attachment cognitions to be associated with depression (10,34-36). In addition, a link between depressive symptomatology and cognitions of avoidant attachment has also been identified among the nonclinical youth (36). Also, puerperal depression rates have been reported as high as 40% in some samples (37) and recent studies have found relations between mother’s insecure attachment and puerperal depression (38,39). In accordance with these studies and with our previous assumption (i.e. to examine the relation between parental attachment style and toddlers psychiatric symptoms, the confounding effect of parental depression should be taken into account) depression and attachment style are interrelated.

Previous studies report that avoidant people tend not to be attuned to emotions (40), and they have difficulty giving social support (41) and providing care in romantic relationships, in part because they lack empathy for others (42). Recent studies based on Bowlby’s attachment theory reveal that both dispositional and experimentally enhanced attachment security facilitate cognitive openness and empathy, strengthen self-transcendent values, and foster tolerance of out-group members (43).

On the other hand, toddler development is a dynamic unfolding of biological potential within a continuously evolving environmental context, the most important of which is provided by parents or primary caregivers (44). For young children, risk associated with the caregiving environment centers around parenting that is negative and inconsistent, and around family and social adversity (45). In the clinical literature, parental unresponsiveness and lack of care is a significant source of emotional distress for children (46).

A study with a sample of 956 young adults, 294 of whom had a history of physical abuse, explored the association between attachment, social support, and psychopathology symptoms (47). The results indicated that attachment security, particularly when characterized by a positive view of self, strongly predicted lower levels of psychopathology, irrespective of abuse status. Both theory and research emphasize the attachment system’s contribution to domains of emotion regulation, social attributions, socialization and moral development, and inter-generational transmission of behavior, all relevant issues with respect to externalizing disorders (1).

Previously, it has been hypothesized that attachment-relevant interactions impact on early patterns of emotion regulation via neural organization and conditioning processes (48,49). From a socialization perspective, caregiver response to the child’s distress signals indicates the acceptability of particular emotions, and how they should be managed (1). Inadequate secure base support by the caregiver is hypothesized to be a major risk factor for the development of externalizing disorders (1). A study evaluated the impact of depressed mothers’ marital intimacy and attachment security in romantic relationships on internalizing and externalizing symptoms of children aged 8 to 12 (50). Maternal avoidance of closeness predicted increases in children’s internalizing symptoms over a 6-month period (50). A study tested a maternal attachment model of behavior problems in early childhood using a prospective study of 1,364
children from birth through sixth grade (51) It was concluded that there were meaningful associations between attachment insecurity and behavior problems as assessed not only by mothers but also by caregivers.

On the other hand, the children of depressed mothers are at risk for emotional distress (6,14,15,16,52). A meta-analytic review quantified this association; maternal depression was associated with both internalizing and externalizing symptoms in children (53) However, we have a very limited understanding of why maternal depression is detrimental to children’s well being. Previous research has indicated that clinical depression in adults is associated consistently with anxiety about rejection or abandonment. Thus, depressed mothers should vary along the dimension of comfort with closeness versus avoidance (50). It is not clear whether attachment style predisposes to depression or attachment style changes during depression. A study has investigated stability of adult attachment style and concurrent covariation between attachment security and coping and well-being within a 6-year longitudinal -sequential study, with a sample ranging from late adolescence to late adulthood (54). The findings indicate that attachment style was relatively stable over the six-year period (54). Another longitudinal study examined continuity and discontinuity of attachment quality from infancy to late adolescence in a sample of 125 (55). Disorganized infants were significantly more likely than organized infants to be insecure or unresolved in late adolescence (55). Empirical studies support continuity of attachment status from infancy to young adulthood when the caregiving environment is stable (55). Thus, while the attachment style appears in early childhood and mostly stays stable, these results suggest that insecure attachment style may be an indicator of later depression. Likewise, in the multiple regression analysis, we found maternal insecure attachment style as a significant predictor of higher externalizing problem scores in toddlerhood, but the severity of maternal depressive symptoms were not found predictive.

In this study, we did not report the attachment style of the toddlers as it is not directly related to the research question. However, best-validated attachment methodology pertains to infancy and early childhood (1). Infants who behave as if they are confident in their caregivers’ availability and responsive-ness are called secure (1). Preschool children referred to mental health clinics are more likely to have insecure attachment relationships with their mothers than with non-problem peers (57). Insecure parental attachment status increases the likelihood of biased perceptions and expectations of the child, lower tolerance of and effectiveness in managing child affect and behaviors, as well as diminished personal stability and supports (49) Such biases may interact with the mother and child’s genetic vulnerabilities and lead to the intergenerational transmission of externalizing behavior problems (58). REF: 1 A study reported that maternal attachment security made unique contributions to the prediction of child outcomes at 36 month (59).

A review that examined the attachment behaviors in autism (Pehlivanturk, 2004) concluded that autistic children show similar attachment behaviors when compared to children with normal development. Although autism does not exclude the development of secure attachment relationships, it may delay the development of secure attachment and change the behavioral patterns related with attachment security (60). A metaanalysis of sixteen studies on attachment in children with autism showed that children with autism were significantly less securely attached to their parents than comparison children (61). In our study, we could not find any significant difference between autism and non-autism groups in terms of parental attachment style. Both in the group with autism and in the group without autism, several CBCL and ABC scores were found to be significantly higher in the toddlers with insecurely attached mothers. Therefore, the diagnosis of autism does not seem to affect the relation between maternal attachment style and severity of toddler’s social, emotional, and behavioral problems.

As a limitation, this study had a cross-sectional design. Consequently, significant correlations and group differences cannot substitute for cause-effect relations, for which longitudinal studies are necessary. Secondly, while parental depression is evaluated with structured scales and clinical interviews, attachment styles of parents are not assessed with a clinical interview. In this study, we did not report the attachment styles of the toddlers as they are not directly related to the research question.

Implications for Research, Policy, and Practice

As attachment theory addresses specific aspects of the parent-child relationship, future research should explore the hypothesis that maternal avoidance of closeness is associated with specific caregiving behaviors in interactions with their children, such as lack of empathy or poor caregiving (50). To investigate the significance of independent effect of attachment security, as well as parental depression and other factors, longitudinal studies are warranted.

Conclusion

In this study, we aimed to investigate the association between maternal and paternal romantic attachment style and severity of emotional and behavioral problems in toddlers and to explore the effect of toddlers’ gender, presence of autism, and parental depression on this relation. All patients were younger than 43 months old and they were included from a clinical sample. The SCID-I/Depression, BDI, and the AAS were used for assessing mothers and fathers; the CBCL/2-3, and ABC were applied to evaluate associated psychopathology oftoddlers. The results reveal that both maternal and paternal AAS-avoidance scores were found to be significantly correlated with ABC-hyperactivity and ABC-irritability scores of the toddler. A multiple regression model significantly predicted ABC-hyperactivity scores, with two variables (higher paternal BDI score, and maternal insecure attachment style) significantly contributing to the prediction. The overall results of this study indicate that maternal (but not paternal) attachment insecurity is significantly associated with the severity of toddlers’ emotional and behavioral problems, such as hyperactivity and irritability. Especially when combined with paternal depression, this association becomes stronger.
References


47. McLewin LA, Muller RT. Attachment and social support in the prediction of psychopathology among young adults with and without a history of physical maltreatment. Child Abuse Negl 2006; 30:171-91.


