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**Self-reliance during pregnancy: A correlate with social support
and adult attachment**

Reeves, Mary Elizabeth, Ph.D.

City University of New York, 1991

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**SELF-RELIANCE DURING PREGNANCY:
A CORRELATE WITH SOCIAL SUPPORT AND ADULT ATTACHMENT**

by

Mary E. Reeves

**A dissertation submitted to the Graduate Faculty in Psychology in partial fulfillment
of the requirements for the degree of Doctor of Philosophy, The City University of
New York.**

1991

This manuscript has been read and accepted by the Graduate faculty in Psychology in satisfaction of the dissertation requirement for the degree of Doctor of Philosophy.

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Abstract

Self-Reliance During Pregnancy:

A Correlate with Perceived Social Support and Adult Attachment

by

Mary E. Reeves

Adviser: Professor Arietta Slade

The present study investigates the theoretical notion that a pregnant woman's internal working model of attachment will influence her capacity to recognize and express her need for support and to see herself as someone who can be relied upon by others, including her baby. Data for the present study were gathered on 17 primiparous women during their third trimester of pregnancy. The measures used were part of the larger study protocol and collected in two separate interviews. All women were interviewed individually about their attachment-related experiences with their own parents (The Adult Attachment Interview), and their experiences of pregnancy (The Pregnancy Interview). They were also asked about the amount of support they received during their pregnancy and their satisfaction with that

support (The Crockenberg Social Support Scale).

A coding system that assesses self-reliance was developed by the author. Transcripts of the Pregnancy Interview were used to assess individual differences in women's capacity to see themselves as supportive, to recognize their needs for support and to identify others who were capable of giving support. The subjects were given an attachment classification of secure or insecure, based on the scoring of the transcript of their attachment interviews and a measure of high or low perceived social support from the social support interview.

The findings support the hypothesis that pregnant women who were rated as securely attached on the basis of the attachment interview were more likely to see themselves as supportive figures, to recognize the baby's needs for support as well as their own needs for help and support and to see others who are willing and able as capable of giving them support. Women who were rated insecurely attached were also more likely to have difficulty recognizing their needs and demonstrated either compulsive self-reliance or compulsive reliance upon others. Some women demonstrated aspects of both types of rigid reliance upon self and other and were overwhelmed by some aspects of pregnancy and parenting as well as overconfident at times. The hypothesis that women's security of attachment would be related to their perceived satisfaction with social support was not supported in this study.

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No one, however, has contributed more to this paper than my husband, John Reeves. His material and emotional sustenance and his careful editing are reflected in every page. I dedicate this paper to him and to our son Jack.

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INTRODUCTION

Pregnancy presents unique physical and psychological challenges for women. It is a phase unlike any other in the life-cycle. Pregnant women may suffer from fatigue, nausea, loss of sleep, muscle aches and cramps and shortness of breath. They must cope with rapid hormonal shifts and dramatic changes in their physical appearance. One woman interviewed for this study, referring to the dramatic and rapid changes she was experiencing, described pregnancy as "accelerated adolescence." Physical changes of this magnitude clearly have psychological implications as women face changes in self-perception and identity, in social role, and in their relationships. These changes can be most stressful for first-time mothers, who are presented with the extraordinary developmental task of becoming a parent. Inherent in the changes brought about by the demands of the pregnancy is an increased need for help and support that can be greater than at any other time in a woman's adult life.

At the same time, a pregnant woman must also begin to see herself as a suitable attachment figure for her baby: i.e., responsive and reliable. In preparation for the physically and emotionally difficult phases of childbirth and early motherhood she must also see herself as strong and capable. A woman's ability to successfully

balance her needs with those of her infant is crucial to her successful transition into parenthood. The proposed study examines the differences in the way that women manage this transition and explores the hypothesis that these differences are rooted in women's early experiences with attachment, experiences which begin in infancy and continue through the lifecycle.

An examination of individual differences in the way women regard the support they and their babies need and the way women's representations of others as sources of support differ may yield clues about the way women can integrate two complex and complementary needs: the need to rely on others and the need to become a reliable figure. It is proposed that both aspects of reliance--reliance on self and others--are directly related to the task of caregiving and that an examination of this capacity will add to our knowledge about the development of the caregiving role and the formation of the caregiver-infant bond known as attachment.

The term "self-reliance" as it is used here comes directly from attachment theory, a biologically and ethologically based theory of human development which proposes that the bond that forms between a caregiver and infant is instinctive and necessary for the infant's survival. During the second half of the first year of life, according to the theory, the attachment system becomes organized. The goal of the system, which can be described in biological terms, is to maintain proximity and contact with a discriminated person for safety. In psychological terms, the infant experiences security in the presence of the attachment figure, distress at separation

and joy at reunion. Eventually the feeling of security becomes the primary impetus for attachment behaviors in infants and young children (Bowlby, 1969; Ainsworth, 1978, Bretherton and Waters, 1985).

The intensity of the subjective experience of security diminishes in strength with development. As the infant matures, he or she becomes less vulnerable and more capable of maintaining the set goal of felt security in the absence of the attachment figure. The strength of the attachment system does not diminish, however, and later "the mere knowledge that an attachment figure is potentially accessible and responsive provides a strong and pervasive sense of security" (Bowlby, 1969).

Thus the attachment system is a relatively stable and cohesive behavioral system which predicts later behavior. This holds true throughout the lifecycle:

"The priority that a parent accords to attachment issues in relation to his or her infant tends to be closely linked to working model of the parent acquired in childhood. The infant tends to be closely linked to working models of attachment relationships built up in childhood." (Bretherton, 1987)

Bowlby initially used the term "reliance" in an essay on the subject in his book Loss , Vol. III of the Attachment series (Bowlby, 1980). He argued that a close and trusting bond between an infant and a stable caregiver during the infant's stages of

immaturity and dependence leads to the capacity for relying on others for help and support later in the lifecycle when the infant becomes an adult. Bowlby proposed that this correlation between attachment and what he termed mature or "healthy self-reliance" is best demonstrated by women during pregnancy and the early stages of motherhood. During this uniquely stressful time in a woman's life, he suggested, a woman's capacity to recognize and express her need for support in an appropriate fashion to trusted people will positively correspond to her capacity to see herself as a person who can give to others, including her baby.

Bowlby also suggested that the adult's attachment system, which is not normally activated as it is in infancy, is more readily observable during the stages of pregnancy and the transition to parenthood. There is evidence from studies which examine the emotional changes that occur during pregnancy (Leifer, 1980; Lederman, 1984) that pregnancy is stressful, in part, because women feel that they have less control over their bodies and aspects of their lifestyle; diet, work, rest, etc. It is assumed here that because of this stress, women have an increased need for support during pregnancy.

Leifer found that pregnant women must reexamine their relationships with others, perhaps for the first time in their adult lives, as the balance between being supported and being supportive within those relationships shifts during pregnancy and childbirth.

Statement of Purpose

The proposed study will examine women's experiences of support during pregnancy in order to test Bowlby's assumption that healthy self-reliance--the ability to balance one's need for support with the need to be a supportive caregiver--is related to an individual's model for representing attachment. The theory assumes that early experiences of attachment, separation and loss are organized and represented internally. This "internal working model" (Bowlby, 1973, 1980) guides attachment-related behaviors in both infants and adults. For adults, however, attachment needs, the need to be secure, for example, are less pressing. It is proposed here that the sequelae of various attachment experiences in infancy may influence adult's experiences of themselves and others, specifically in their ability to balance caregiving with their need for support.

Bowlby suggested that the ability to be self-reliant and to recognize one's needs for support are directly related to whether an individual has a secure or insecure working model of attachment. If Bowlby's hypothesis is correct, individual differences in the ways that women view themselves as capable of being relied upon to provide support for others during pregnancy and early parenthood and their capacity to recognize their own needs for support will be predicted by the differences in the way that women represent their early experiences of attachment, separation and loss.

A related concept, perceived social support, is different from reliance. Measures of social support examine the individual's social network and the types and amounts of support they receive from others. Differences in the amount of perceived social support will be examined in this study because social support has been found to be associated with differences in the way that women cope with pregnancy and parenting. It has also been suggested that the quality of perceived social support predicts the quality of the subsequent mother-infant attachment (Crittenden, 1985; Crockenberg, 1981).

A second aim of this study is to look at individual differences in self-reliance and perceived social support as they relate to attachment. It is hypothesized that women who are healthily self-reliant will also be able to name more people who help them in a satisfactory way. Women who are not healthily self-reliant will name fewer people who help and support them satisfactorily.

Finally, this study will examine the relationship between women's perceptions of the amount of help they receive from others during their pregnancy and their representations of their early attachment experiences. It is hypothesized that maternal attachment predicts perceptions of the amount and quality of social support received during pregnancy.

CHAPTER ONE

Literature Review

The review of the relevant literature for the present study will be divided into three areas: attachment theory and research, the psychology of pregnancy and social support. The review of attachment research will focus on the recent work of Mary Main and others in the area of adult attachment. Main's Adult Attachment Interview, which is being used in the present study, assesses individual differences in attachment organization by looking at the way that an individual represents the self in relationship to others. The Main interview is part of a body of research that attempts to move away from the study of the behavioral correlates of attachment by looking at the way attachment experiences are represented structurally and mentally in memory, language and affects.

The review of the literature on pregnancy will be broader and include a range of theoretical perspectives, partly because there is a dearth of literature which specifically examines women's experiences of their pregnancies. Those studies which provide evidence supporting the hypotheses presented here will be highlighted. The third body of research reviewed is the social support literature. Susan Crockenberg's measure of perceived social support is being used in the present study. The results of her study of social support as well as paper by Crittenden

which looks at perceived social support, pregnancy and attachment will be reviewed in detail.

Attachment Theory and Research

The attachment construct is an original concept in developmental and clinical psychology which was developed by John Bowlby, a British psychoanalyst. Bowlby originally became interested in attachment and loss and the process of mourning in his adult patients. He later extended his observations to the separations and losses experienced by young children who were abandoned during wartime. He suggested that humans form unique bonds which he called attachment relationships. The infant's capacity to form a critical attachment arises from a biologically determined, innate system which he called the attachment system. He identified the infant's experience of a "warm, intimate and continuous relationship with his mother (or permanent mother-substitute)" as an essential factor for mental health (Bowlby, 1965). Bowlby's notions were not immediately accepted by clinicians, but they were adopted by developmental theorists. As a result, there have been numerous studies on the attachment system in infants but there has been very little attention paid to adult attachment in general and maternal attachment in particular.

This is true despite the fact that attachment is not an individual trait or characteristic. The bond known as attachment does not exist independently, but only in the context of a dyadic relationship such as the mother-infant bond, and although

the quality of attachment can be observed and assessed individually, clearly both members of the dyad are critical factors in the formation and maintenance of the attachment bond. L.A. Sroufe, who has conducted a number of empirical studies of the correlates of attachment in children and the continuity of attachment developmentally, asserts that "behavior is dependent on environmental support" and "the issue of continuity of maternal variables is at least as important as continuity of infant variables" (Sroufe 1979).

Studies of the bond that forms between mother and infant have focused primarily on the infant's attachment to the mother. In a pioneering study, Mary Ainsworth used a brief structured laboratory paradigm called the Strange Situation in which mother and infant were separated and reunited in order to activate the attachment system. She observed the quality of attachment in the infant and, although she considered maternal behavior crucial to the quality of the infant's attachment, her study yielded very little empirically testable information about maternal variables.

Ainsworth, in her original attachment study (Ainsworth, 1978), identified three components of maternal behavior: recognition of the infant's attachment behaviors, and the timing and appropriateness of the mother's response to the infant's signal of distress in the face of danger, i.e. separation or the presence of a stranger. Taken together, these are the attributes of what she called a "sensitive maternal style." Implicit in Ainsworth's findings is that maternal style is somehow linked to attachment but the concept of maternal style is not well-defined and how these

particular behaviors related to attachment were not examined. If the attachment system is a distinct motivational system through the lifespan as Bowlby suggests, it is important to examine maternal attachment as well as infant variables in defining the attachment relationship.

In the context of attachment theory, the present study represents a conceptual development in several regards. It expands the parameters for the study of attachment relationships by examining maternal attachment, which is thought to be of importance in the mother-infant attachment relationship. This study also looks at attachment outside the context of a particular relationship such as the mother-infant bond. This allows researchers to focus on the mental models which guide feelings and thoughts about attachment as well as attachment-related behaviors, and to examine the ways that models for attachment influence social behaviors.

Internal Working Models

The notion that the quality of the mother-child relationship influences that child's ability to parent later in life is not new, particularly among psychoanalytic theorists (Benedek, 1959; Fraiberg, 1975; Winnicott, 1975). The mechanism for the transmission of patterns of development is thought to be intrapsychic as well as social (Lewis, 1984; Ricks, 1985). Attachment theorists are concerned with the transmission of social behaviors from parent to infant, and like psychoanalytic

theorists, they believe that internal structures govern social behaviors.

Recently, attachment research has focused on the quality of the adult's representation of early attachment experiences by examining individual differences in the ways adults mentally represent and organize their early experiences with caregivers. Researchers are now beginning to identify stable and cohesive patterns in the way in which adults organize memories of loving or rejecting experiences with caregivers as well as experiences of separation or loss. These patterns of representation were originally cast in systems theory terminology by Bowlby and have been expanded by subsequent attachment theorists (Main, 1985; Kobak, 1988; Bretherton, 1987).

The concept of an internal working model for attachment is a simple metaphor for the complex task of constructing a model of self and other in relationship. Like other representational models (the psychoanalytic concept of introjects and object-relations theory's "part objects"), internal working models are constructed from experiences with others. They are different, however, in that they are sets of conscious or unconscious rules for the organization of attachment-relevant information. They direct not only feelings and behavior, but attention, memory and cognition as well. Bretherton (1987) defines what Ainsworth called maternal sensitivity in terms of working models of attachment: "Sensitivity is grounded in the parent's ability to construct, correct, fine tune and update an adequate working model of the infant."

Recently published studies of attachment in parents as well as children have added to our understanding of adult attachment and transmission of the quality of attachment between generations (Morris, 1980; Ricks, 1985; Main and Goldwyn, 1987). These studies have moved away from attachment as behavior, which is context-specific, and examine how attachment is represented by the individual. Of particular relevance for the present study is Roger Kobak's work with attachment in adults and Main's development of an assessment tool for adult attachment which is being used in the present study. Kobak's work will be mentioned briefly for its relevance to the present study. The Main interview will be examined in detail since it is being used in the present study.

Kobak has made some critical contributions to Bowlby's original conception of the attachment bond and to Main's work on mental representation of attachment relationships in adults. Kobak examined young adults' mental organization of early attachment experiences and correlated their model of attachment with a variety of factors related to social adaptation, including perceptions of the self as deserving of support and perceptions of social desirability. His findings, which suggest a single underlying system for representing both early experiences of being parented and current peer and parental relationships, are of particular interest. He concluded that secure attachment in the young adult correlates with the perception of others as supportive and the self as deserving of support during times of distress (Kobak and Sceery, 1988).

Although Bowlby suggested the relationship between a balanced capacity for self-reliance and reliance on others and the secure attachment that results from a close bond with a stable caregiver, he did not have a method for testing this hypothesis. The Main attachment interview provides the methodology for looking at adult attachment. The interview examines adult's organization of attachment relationships in their generality by asking the subject to recall early attachment experiences--experiences of separation and loss, comfort and security--and by examining semantic organization and modes of speech which are thought to reflect an underlying organization or model for attachment.

The Adult Attachment Interview

The Adult Attachment Interview (AAI) is a structured interview consisting of 18 questions and prompts. It is orally administered and takes about an hour to complete. Adult subjects are asked to describe the early memories that characterize their relationships with their parents. They are then asked to choose five adjectives that describe the relationship as well as to provide supportive memories for those adjectives. Questions are also included which ask about separations and loss in early childhood and feelings of security or rejection. Finally, subjects are asked about changes in their relationships with their parents since childhood and to assess the impact their early experiences have had on their current relationships with their

parents and their own personalities, especially with regard to their thoughts about themselves as parents (or prospective parents).

A coding system developed by Main, et. al. allows the researcher to interpret patterns of speech and organizational and structural qualities of subjects' accounts rather than inferring what actually happened during childhood. The final classification, which places the subject into one of the three attachment categories described below, is based on a reading of the entire transcript and ratings on five nine-point scales. Some of the scales reflect the subjects' experience of their parents in childhood, e.g., whether the parent was loving, rejecting or weak. Other scales reflect the subjects' thoughts on his or her experiences of being parented with regard to attachment. Scores on these scales illustrate content, e.g. anger or idealization of the parent, and they reflect the degree to which the subject has access to early memories and the consistency and coherency with which these memories are organized on the semantic and episodic levels of recall.

Adults classified as secure on this interview value attachment relationships. They tend to give full, rich descriptions of their childhood relationships with each of their parents that are supported by specific memories. Although these adults do not necessarily have loving relationships with both parents, they are able to integrate painful or negative experiences into their overall view of the relationship, and they are thoughtful and reflective about the effects of these experiences on their adult personalities. As a result, they tend to be objective, forgiving or understanding with

regard to their parents, yet realistic.

Adults who fall into the dismissing category usually have difficulty remembering early childhood experiences. They tend to dismiss or place little value on attachment relationships. They may have no recall for negative or painful experiences and may stress that their childhood or their parents were "fine," "normal" or "wonderful" despite a lack of evidence or memories to support their claims or even clear evidence to the contrary.

Adults classified as preoccupied have very little objectivity regarding their early experiences. Their accounts are often long, incoherent and even tangential, and these subjects tend to be flooded with memories that they are unable to organize or put into perspective. They usually do not have a well defined sense of self and are caught up with parental relationships that are characterized by childlike dependency or unsuccessful attempts to separate.

The AAI has only been used concurrently with measures of infant attachment which were based on the infant's behavior in the Strange Situation. Main and her colleagues found "an impressive correspondence between parental attachment organization as assessed in the adult attachment interview and the organization of the infant's attachment toward that parent as assessed in the Ainsworth Strange Situation." (Main and Goldwyn, 1987). Ricks (1985) also found compelling evidence that the quality of the mother's caregiving behavior was strongly related to

her memories of her childhood relationships. Although memories are reconstructions of events and may not reflect actual events, Ricks postulates that the coherence of these memories, which can be directly observed through the Main Adult Attachment Interview, suggests continuity in the representation and transmission of attachment from parent to child. Rick's study, like Main's, looked at maternal and infant attachment concurrently rather than prospectively.

Pregnancy is a transitional period in which the links between early attachment experiences and current relationships can be explored more fruitfully. Kobak's findings suggest a connection between the way in which adults mentally organize their thoughts and feelings regarding attachment, and a particular aspect of social relationships: support.

In the current study, the attachment interview is given to women prospectively, that is before they become parents. The usefulness of the AAI for this study is that it was not developed to make predictions about the quality of a particular attachment relationship, but to assess an individual's organization of attachment in general. It is suggested here that an adult's working model of attachment will affect current relationships and that the way women view themselves and others in supportive relationships has implications for their capacity to form warm and loving attachments with their babies.

In the following section, I will review some of the theoretical and empirical

studies of pregnancy which suggest that pregnancy is indeed a period of psychological upheaval. Many of these studies focus on outcomes, such as adaptation to pregnancy or parenting, but there are few studies which look at the emotional or psychological processes of pregnancy itself, including shifts in self-perception and perceptions of others. The findings I will stress are those related to the aims of the present study: the capacity for reliance and the shifting balance between being supported and becoming a supportive parent.

The Psychology of Pregnancy

Theories of pregnancy encompass a wide range of phenomena, some of which will be reviewed here. For example, pregnancy has been described as a crisis, as a time for emotional growth and development, and as a time for changes in social roles, interpersonal relationships and self organization. Psychoanalytic theory has added to our understanding of the role of childbirth in female psychological development, but most writers view motivation for motherhood as derivative of other developmental phases rather than attributing to it the importance of a distinct developmental phase (Notman, 1982). Thus two theories predominate in the literature: pregnancy as a crisis and pregnancy as the gratification of an instinct.

Theoretical Literature

Bibring focused on the uniqueness of pregnancy as a developmental phase. She believed that pregnancy was a turning point in the development of the adult woman's psychological separateness. According to Bibring, separateness has been achieved when a woman sees herself as a "single, circumscribed self-contained organism (though capable of intense closeness in a relationship)" (1961). She suggests that there is an inherent link between a woman's ability to be a self-contained and separate individual and her ability to develop one of the most intense attachments she will experience, the bond with her infant.

The notion of separation and individuation as a developmental process that coincides with becoming a mother is central to many theorists, including Fairbairn (1952), Winnicott (1965), and Mahler (1975). Theories of psychological individuation were developed, in part, as a response to the construct of dependency as an immature personality trait. Bibring's theory of pregnancy and motherhood as a crisis of separation is incomplete, however. Although she describes the outcome of successful individuation for the woman as close mother-infant attachment, she does not acknowledge the dependency needs which are the cornerstone of the attachment bond. It is proposed here that the need to rely on others for support is, for a woman, part of her successful adaptation to pregnancy and parenthood which corresponds to the immature infant's need for dependence and caretaking.

Helene Deutsch, in her book, The Psychology of Women (1945), put forward a theory of female development in which healthy development parallels the development of a motherly role. Deutsch and others proposed that the experiences of pregnancy and birth satisfied women's most powerful wish--the wish to be motherly--and were seen as the gratification of an instinct. Horney (1967) describes pregnancy as the "blissful consciousness of bearing a new life within oneself, the ineffable happiness of the increasing expectation of the appearance of this new being and the joy when it finally makes its appearance." Empirical studies of pregnancy, including the present study, reveal that it is not a uniformly "blissful" experience, however, nor is it necessarily gratifying for women, regardless of their acceptance of their pregnancies.

Empirical Literature

Many view pregnancy as a time of psychological crisis. Therese Benedek used the term "critical phase" to describe the combination of biological processes and psychological adaptations that occur during the developmental phase of pregnancy. There is empirical evidence (Lederman, 1984; Benedek, 1959; Leifer, 1980) as well as anecdotal accounts that support the view that pregnancy is a crisis of development. Many women report an increase in anxiety, emotional lability and fantasy during pregnancy (Lederman, 1984; Leifer, 1980). Specifically, pregnant women report an increase in irrational fears and concerns about themselves and the people who are important to them, including their fetuses.

Therapists also have found that pregnancy for their patients is a time for reappraisal, redefinition and potential psychic growth and integration (Raphael-Leff, 1980; Davis, 1983; Bibring, 1961). Offerman-Zuckerberger (1980) points out that the interest and heightened sensitivity of pregnant women toward their intrapsychic processes makes them more, not less, open to sharing their thoughts, fantasies and wishes with others and to forming a positive alliance with a professional helper. Leifer (1980) also noted that a pregnant woman's need for turning inward and her increased introspection were not exclusive with her ability or need to share her experiences with others at this time.

Leifer was also concerned with describing the developmental and psychological consequences of change in women's social role, self-concept and marriages, which were typically ignored by researchers in the area of pregnancy. She found that pregnancy was not experienced by women as a crisis so much as a challenge for which they felt unprepared. Women were surprised to find that they had to renegotiate relationships and their role within relationships which they felt had been quite stable and established before pregnancy. She found that women frequently experienced pregnancy as a stressful period, even when they both desired and accepted their pregnancies. As women progressed through their pregnancies, their status and roles changed and they needed to redefine themselves and their relationships, which often proved to be challenging and difficult.

An earlier study of women's experience of pregnancy (Wenner, et al., 1969) yielded some interesting results in light of the hypotheses of the proposed study. Wenner and her colleagues explored identification and acceptance of the maternal role, and they found that the capacity for motherliness and tenderness was also closely related to other criteria of healthy ego development.

Their data essentially supports a psychoanalytic viewpoint, but of greater importance for the present study are Wenner's discovery of the individual variations and patterns of accepting or failing to accept the maternal role. Wenner interpreted 'mature femininity' as the ability to be aware of others' needs, particularly a husband's or child's, and to respond to them in way that is pleasurable and that allows a woman to maintain an independent identity. Less adaptive styles were reflected in woman who could only derive pleasure from giving by merging with the recipient, by subjugating herself to the recipient or who were unable to derive pleasure from giving.

Wenner's concept of relationships as mutually giving and supportive are relevant for the present study. The data on mature femininity corresponds with another finding of Wenner's: healthy ego development alone cannot account for successful adaptation to pregnancy. The marital relationship proved to be a discriminating factor. Women who had mature and satisfactory relationships with their husbands had fewer emotional difficulties during pregnancy, despite their less-than-healthy ego resources. In looking more carefully at the marital relationship, Wenner identified the woman's "mature dependency" (Fairbairn, 1952) as a critical factor.

Mature dependency patterns were characterized by effective communication and the ability to accept help from the appropriate people. She found that women who exhibited this pattern had satisfactory working relationships with their husbands, from whom help and support were available and acceptable.

Wenner's findings provide support for the hypothesis that one of the psychological tasks of pregnancy is achieving a balance between the needs of self and others during a time when the needs of both are central. Wenner's findings suggest that women cope in different ways with the task of becoming supportive and that these differences are reflected in the way that they view their role as parents.

In Sherefsky and Yarrow's 1973 study, the overall marital adjustment of the couple was strongly related to a variety of measures of maternal adaptation, and Wise (unpublished dissertation) found that when a teen-age mother had a relationship with the baby's father, it enhanced accommodation to pregnancy. Grossman, et. al. (1980), found that the quality of the marriage was the strongest predictor of women's psychological adaptation to pregnancy. The authors concluded that women who felt more positive about their marriages were less anxious and depressed in late pregnancy, at two months postpartum, and at one year postpartum. Their analysis showed, furthermore, that women's satisfaction with their marriages and the centrality of the marriage in their lives declined somewhat with the birth of the child, but that the marriage remained the central source of support to women both during pregnancy and through the phases of motherhood. Both men and women

reported satisfaction with the marital relationship which the authors attributed to their mutually positive feelings for the infant.

These findings suggest that support is a critical factor in the marital relationship and moreover, that this is true when support is experienced as mutually positive by both partners. One of the aims of this study is to examine not the marital relationship alone, but individual differences in the ways that women represent supportiveness within the marital relationship. Grossman, et. al. (1980), also concluded that the parent's establishment of an attachment to the infant is tied to the quality of the support within the marital relationship. This conclusion was speculative, however, and it will be interesting to examine this hypothesis more specifically, since it points to a correspondence between support within the parent-infant relationship and support within the marital relationship.

More generally, these empirical studies of women's experience of pregnancy reveal that it is not a uniformly blissful period and the psychoanalytic model of conflict and anxiety is of limited use in describing the processes involved. Because pregnancy is a time of growth and change for women, anxiety is often viewed as a positive sign that they are doing the psychological work of preparing to become mothers.

A more relevant question is a normative one: What degree of ambivalence and psychological conflict during pregnancy can be accounted for by the range of

individual variation, and what are the particular experiences that lead to ambivalence? Large sample, longitudinal data such as the Leifer's and Grossman's suggest that, although intrapsychic factors are of some importance, it is useful in terms of describing women's experiences to examine current relationships, particularly close relationships such as the marital relationship, in the context of attachment.

Winnicott's notion of primary maternal preoccupation (1965) is based on intrapsychic processes but it is one that also focuses on the quality of relationships. Winnicott noted that women tended to become less concerned with the events of everyday life and more preoccupied with their private thoughts and feelings during the phases of pregnancy and the postpartum period. This turning of attention inward was described as a regressive tendency and necessary for the formation of the mother-infant bond. In order for a woman to communicate with and understand her infant's cues, she must return to and reexperience her own early infantile experiences.

In this way women prepare themselves for the intensity of the emotional bond they will form with their infant. At the same time, women are left more vulnerable during this process because their attention is not deployed toward the outside world. It is proposed that a woman's need to rely on others during this period increases. Rather than assuming that women have less need for others during this time because of maternal preoccupation, it is clear that their need for support and connection with

others increases.

Data which adds to our understanding of the psychological processes of pregnancy have been limited to a few studies. The results of the studies reviewed here show that pregnancy is indeed a time of stress, and the redefinition of self-concept and social role in important relationships that takes place during this period are both the cause and the result of the psychological upheaval that occurs during pregnancy. Of the many factors that play a role in adaptation to pregnancy, the role of the marital relationship and other supportive relationships are key, yet individual differences in women's ability to use support and their representations of support within these relationships has not been explored. Why, for example, are some women more successful at getting support while others are not satisfied with the support they receive? In the following section, the literature on social support during pregnancy will be reviewed. The emphasis will be on individual, psychological factors, such as perceptions of social support, rather than on social or situational factors which define social support.

Social Support

It is widely recognized that parenting and infant development take place within a social context (Bronfenbrenner, 1977; Erikson, 1963; Lewis, 1984), yet there is debate among researchers on the origins of social development and the transmission

of social behaviors. Some have focused on factors which are internal to the individual. It is thought, for example, that the way that the infant is conceptualized by the mother influences the way she is able to respond to the infants needs (Fraiberg, 1975; Mahler, Pine and Bergman, 1975; Kaplan, 1978). Others have focused on characteristics that are external to the individual--situational or social network variables--which allow researchers to examine a variety of relationships beyond the mother-infant dyad (Lewis, 1984; Feiring, 1987; Belle, 1982), including the role of marital support and other types of social support (Wandersman, 1980; Dunst, 1986) in the development of parenting.

Recently there has been an attempt to synthesize findings that emphasize both individual and environmental factors related to social development rather than to view these factors as mutually exclusive. There is some data that suggests that the amount and kind of social support a woman receives during pregnancy and the postpartum period is one of the many predictors of the quality of the mother-infant relationship. Attempts have been made to relate maternal patterns of social support (both prenatally and postnatally) to the quality of the infant's attachment (Grossman, 1980; Dunst, 1986; Wandersman, 1980).

The aim of these studies is to provide a theoretical explanation for the transmission of social behaviors from mother to child, and the quality of the attachment relationship is one such proposed mechanism. The quality of parental social support is also believed to directly affect infant social behavior. Studies by

Crockenberg (1981) and Crittenden (1985) will be reviewed in detail in the following section. Both studies look at the relationship between social support and infant attachment with similar findings, yet the authors interpret the results differently. Crockenberg suggests that social support influences attachment and Crittenden suggests that maternal attachment influences maternal social support which in turn predicts infant attachment.

Crockenberg (1981) examined the influence of infant irritability, maternal responsiveness and social support on the development of secure and anxious infant attachment at one year. The measure of maternal responsiveness was the number of seconds before a mother responded to her infant's distress signal at 3 months. Results showed that the adequacy of the mother's social support was clearly associated with the security of the mother-infant attachment when the family was stressed (in this case, when the baby was irritable). Thus support has an impact on the attachment relationship in a particular context.

But what about the non-stressed families, those with easy babies? Those findings are more difficult to interpret because some of the less irritable babies seemed to be impervious to both the effects of the amount of support the mother received and the quality of her responsiveness. Crockenberg speculated that the easy babies were unaffected by their mother's behavior by virtue of their own easy temperaments or that some mothers were "supercopers" and were able to be responsive to their babies despite the stress they were experiencing. The

relationship between support and attachment becomes less clear in the non-stressed families. Attachment theorists would argue that it is not the absence of stress nor the level of support alone which affects maternal responsiveness, but the way in which women perceive themselves as nurturant and the way they perceive their infants as dependent which will mediate behavior and lead to responsive mothering.

Social support was defined by Crockenberg as the affective and material assistance experienced by the mother in her maternal role. The way that support is perceived, she argued, is a more valuable index than a simple measure of available support, but Crockenberg was unable to address differences in women's perceptions of the supportiveness of others and the satisfaction with support. It is being argued here that differences in the way that women conceptualize their need for support and others willingness to provide it will determine their satisfaction with support.

Crittenden (1985) also looked at the way in which social support and infant attachment are linked. Qualitative differences in social support were positively related to infant attachment. Specifically, women who receive more practical kinds of support, such as help with chores or child care, were found to be more responsive to their children. Quantitative differences in social support were not predictive of attachment, nor were demographic variables. Crittenden interpreted these results within an attachment framework and suggested that a mother's approach to relationships might have influenced her selection of networks that were more helpful in practical ways.

Crittenden also examined the mothers' relationship to the interviewer and found them to be positively related to infant attachment. This provided additional support for the possibility that mothers may systematically draw themselves to different types of support networks and thereby influence their environment. Crittenden interpreted her findings within an attachment framework: "the construct of internal working models of relationships postulated by attachment theory permits an understanding of the high degree of similarity among an individual's various interpersonal relationships" (p. 1311).

More generally Feiring, et. al., found that different sources of support (i.e., fathers, relatives and friends) were important factors in understanding maternal behavior. Wandersman and Wandersman (1980) looked at different types of support (i.e., emotional, marital and network) and found them to be related differentially to adjustment to parenthood for mothers and fathers. And Feiring (unpublished manuscript) found that maternal behaviors were influenced by the nature of the mother-secondary parent relationship.

The literature on social support and women's adjustment to pregnancy and parenting provides compelling evidence for the importance of the social milieu for the development of the mother-infant relationship and the transmission of social behaviors from parent to child. The factors that influence women's perceptions of their social networks, particularly their perceptions of the supportiveness of others

and their own needs for support, has not been examined. It is proposed here that women's working models of relationships will influence their current social networks.

Both Crockenberg's and Crittenden's studies were limited to predictive studies of infant attachment. The results suggest that there is an emotional-perceptual system in adults, and that this construct guides the particular variable of perceived social support. There is no research, however that examines the relationship between adult attachment and perceived social support. With the development of the Main Adult Attachment Interview, these two variables can be studied prospectively, before the birth of the baby, and independent of the mother-infant relationship, rather than concurrently.

Limitations of social support

One of the problems that has been raised and addressed by the Crockenberg study is that social support is typically defined as a unidimensional variable. More likely, it is not possible to characterize supportive relationships with a single measure, and different aspects of supportive relationships have been found to have different effects on maternal behavior as indicated in the studies cited here. Crockenberg used a relational measure of social support which reflected the functional quality of support for the needs of specific mothers. Crittenden also defined social support qualitatively

and functionally on the assumption that the type of help needed may be a function of what is needed, and what help is actually available may depend on women's perceptions of their social network. Crockenberg's measure of social support is being used in the present study with the aim of relating differences in women's perceived social support to differences in their models for self and other in relationships, particularly in supportive relationships.

In addition, maternal social support does not account for a large percentage of variance in infant behavior (Crittenden, 1985) or in maternal adaptation (Grossman, 1980). These findings do not negate the influence of social support but suggest that support, as it is defined in these studies, appears to be only one aspect of a more complex phenomenon. Finally, most of the studies on social support and parenting have been conducted with high risk or disadvantaged populations with the aim of developing interventions for these groups on the basis of research findings. Not only are these findings not necessarily generalizable to non-disadvantaged groups, but little is known about the extent to which social support is a significant factor in the normal development of parenting and the mother-infant relationship. Although the fact that support is a buffer against stress has been well demonstrated, the role of social support in non-stressed families has not been examined and as the Crockenberg study points out, the relationship between support and the mother-infant relationship in the non-stressed families is less easily defined.

Summary and hypotheses

This study examines the relationship between three variables: self-reliance, social support and attachment. Pregnancy, a normal part of women's adult development, signifies a period of stress and change. It is proposed that women's attachment systems are more readily observed during times of distress, making pregnancy an ideal time to study the phenomenon of adult attachment. Pregnancy is also a transitional phase to parenthood, one in which women's adult roles are redefined, giving researchers a fruitful window into the processes of attachment and its relationship to the development of parenthood in general and to becoming an attachment figure in particular.

This study looks at the way in which women differ in their ability to seek support from others and to examine the relationship between these differences and the way that women mentally represent their attachment experiences. Data from the social support literature strengthens the hypothesis that perceptions of support mediate outcomes related to pregnancy and parenting, including infant attachment, but very little is known about the internal processes in pregnant women which lead to these outcomes. In looking at perceptions of social support in the context of pregnancy, I hope to find evidence for a structure or model of relationships that guides, attachment, reliance on self and others and perceived social support.

The following hypotheses will be tested:

Hypothesis #1:

The quality of maternal attachment will be related to the degree to which women can adequately recognize their need for support and comfortably seek support from others; what Bowlby calls "healthy self-reliance."

a) It is expected that women who are securely attached will be more able to recognize their need for support throughout pregnancy and that they will be more likely to express those needs to people who are willing to provide them with support.

b) Women who are not securely attached and fall into the Dismissing of Attachment category will be more likely to deny or minimize their need for support. They may view their need for support as unchanged from their prepregnant state. They may feel overwhelmed by the needs of others who rely on them, including their baby, and be less confident in others' ability to be supportive of them.

c) Other women who are not securely attached but who fall into the Preoccupied with Attachment category may not deny their need for support and yet not be self-reliant. They may overemphasize their need for support during this time to such a great extent they are unable to see themselves as capable of meeting the needs of their infant or of coping with the demands of pregnancy and motherhood, and thus they rely excessively on others and seek help in inappropriate ways.

Hypothesis #2

Differences in patterns of self-reliance and reliance on others will be related to the amount and satisfaction of social support received during pregnancy.

a) Women who are self-reliant and reliant on others will name more people who help them satisfactorily because they will be more likely to express their need for help and support directly to those most likely to be helpful.

b) Women who are overly self-reliant and who are unable to rely on others for support or see others as supportive will name fewer people who help them satisfactorily since they will tend to express their needs indirectly or be dismissing of their needs.

c) Women who are not self-reliant and who are excessively reliant on others will name fewer people who help them satisfactorily since they will tend to feel a need for support regardless of the amount of support available to them and they will also be less adept at eliciting help because of their helplessness.

Hypothesis #3

The quality of maternal attachment will be related to the quality and quantity of perceived social support.

- a) **Women who are securely attached will name more people who help them satisfactorily.**
- b) **Women who are dismissing of attachment, although they may be satisfied with the help they receive since they tend not to recognize their needs, will name fewer people overall who help them satisfactorily.**
- c) **Women who are preoccupied with attachment will name fewer people who help them satisfactorily since they will tend to feel they are not receiving enough help.**

CHAPTER TWO

Method

Subjects

Subjects for the present study were recruited for "The Pregnancy Project," an ongoing longitudinal prospective study of pregnancy and mother-infant attachment. The senior researchers for the pregnancy phase of data collection are Dr. Arietta Slade and Dr. Steven Tuber, Department of Psychology, The City College of the City University of New York.

Participants in the study were recruited from the New York metropolitan area. Fliers with a brief description of the study and a telephone number for prospective subjects to call were the chief method of recruitment. They were distributed to maternity and baby clothing stores, exercise and prenatal classes. In addition, an announcement was placed in a local newspaper devoted to pregnancy and parenting. Finally, staff from the Pregnancy Project visited pregnancy exercise and prenatal classes to present the study to groups of women who might be interested in joining and to answer their questions about the study. Participation in the study was voluntary and only one of the subjects used in the present study received remuneration.

Prospective subjects were screened over the telephone by the project

coordinator who was trained in administering a brief intake interview developed for the project. Women were invited to participate if they were 34 weeks gestation or less, between the ages of 25-35, primiparous and living with or married to the father of the baby. Women who agreed to participate were sent a letter welcoming them to the project and a description of the procedure. Subjects were asked to sign consent forms and were told they could withdraw from the project at any time.

Subjects were guaranteed confidentiality in a number of ways. All interview data were labeled with coded numbers so that no subject's name appears on the data. Data were stored at one facility and were accessible only to senior research staff. All staff for the project received training in maintaining the confidentiality of the subjects.

The subject pool was a self-selected and homogeneous group of middle to upper-middle class women. This subject group was sought for the present study in order to eliminate, as much as possible, pregnancy risk factors associated with other groups, such as lower class or uneducated samples. The sample was also selected in an attempt to minimize subject attrition. An educated, middle class group of women in the age range selected is less likely to have birth-related difficulties and is generally more stable than women who are younger or older.

Although the sample for the present study does not represent women in the general population, and results cannot be generalized beyond this group, it was expected that there would be sufficient diversity in religious affiliation, occupation

and ethnic background among subjects to insure a variety of responses to the Pregnancy Interview. Lederman (1984) and Leifer (1980) found that variation in these demographic variables ensured variation in subject response to interview questions in their study of women's psychological experiences of pregnancy. Main also found differences in women's attachment status on the Adult Attachment Interview despite the relative homogeneity of the middle- to upper-middle class sample group used (Main and Goldwyn, 1987).

Facilities

All interviewing was done at one of two locations. Subjects chose either the City University's Graduate Center located in midtown or the City College campus uptown. The interviews were conducted in a private office-like setting. Rooms were furnished with two comfortable chairs and a table with some refreshments which were offered for the women's comfort. The interviewer strove for a natural and conversational tone. The only equipment used was an audio taperecorder and unobtrusive lapel microphones which were used by both subject and interviewer.

Measures

1. The Pregnancy Interview

The Pregnancy Interview was developed for the Pregnancy Project (Slade, Grunebaum, Haganir and Reeves, 1986). It is an hour long structured clinical interview designed to assess a woman's psychological experience of pregnancy (Appendix I). The interview reflects the specific questions and concerns of the

project as well as current theoretical and empirical observations on pregnancy and parenthood. The interview was piloted during its development stage and the results of information gathered from pilot subjects were also used to guide the construction of the interview.

The Pregnancy Interview is designed to gather information about women's experiences during pregnancy and their thoughts about becoming parents. The specific issues addressed in this interview are women's attachment to the fetus, and the impact of the attachment on the development of the parenting role. The pregnant woman's relationships with her mother, spouse and other people in her social network are also examined with respect to perceived support and the subject's attachment status.

The interview consists of 39 questions and is divided into two parts. The first part of the interview elicits information about the development of the woman's attachment to the fetus and the woman's representations of the baby and the maternal role. Questions in this section also elicit information about the woman's perceptions of her need for support and her perceptions about the availability of support from others during her pregnancy.

Although the entire first section of the interview is used in data analysis, which involves looking at differences in women's patterns of reliance, the questions which specifically address issues of support and reliance provided the primary data for

analysis of reliance. The reliance classification system which was used to quantify the results from the pregnancy interviews will be described in the section headed "Data Collection." The "body image" section of the Pregnancy Interview comprises a separate section of the interview and results from this section were not used in the present study.

2. The Adult Attachment Interview

The Adult Attachment Interview (George, Kaplan and Main, 1985) is a 60 to 90 minute structured interview consisting of 18 questions that permit classification of mental organization of attachment in adults. The focus of the interview is the subjects' earliest memories of their relationship with their parents, particularly attachment-related experiences such as separation, loss and security. The subject is also asked to describe her current relationship with her parents and the effect that her experiences have had on her adult personality.

The scoring of the interviews requires extensive training in the use of a manual developed by Mary Main. Subjects are rated on several nine-point scales. Scales which depict qualitative aspects of the subject's relationship with her parents (loving vs. unloving, role-reversal in childhood) are scored separately for each parent. Other scales reflect the adult subject's representation of the parental relationship both in the way they think about past events (ease of recall, access to early memories, coherence and idealization of parents) and the way they represent the relationship currently (anger expressed toward parents now).

To make the final attachment classification, scale ratings are integrated with more general patterns of experience and state of mind regarding attachment. There are three major adult attachment categories: secure, or autonomous; dismissing of attachment and preoccupied with attachment. Those rated as secure, although not always having happy memories of loving parents do, however, have access to a wide range of attachment related memories which they are able to reflect upon thoughtfully and integrate with their current feelings about attachment toward their parents and spouses.

Those who are rated as dismissing of attachment seem to place little value on attachment related events in their backgrounds. This is reflected in their paucity of early memories and the inability to reflect on the influence of events, particularly distressing ones, on their current attitudes towards attachment. Some subjects are flooded with memories when asked to describe their parents or events in childhood. They appear to have placed little distance between feelings about the past and their current feelings about relationships and even become confused and tangential in interviews as they describe memories of early disappointments or the failures of their parents.

The classification system was developed from 36 pilot interviews collected by Main. In a recent study (Main and Goldwyn, 1987), inter-rater reliability was calculated across 32 cases and ranged from .74 to .87 in the subclassifications upon

which an overall score is given. The interjudge agreement on classifications calculated across 32 cases was 81 percent. Subsequent studies using the Adult Attachment Interview had similar results for inter-rater reliability (Green-Eichberg, 1987; Kobak, 1989). In the present study two raters independently scored each interview. Raters were given extensive training and judged to be reliable in the use of the Main scoring system by the senior researcher, Dr. Slade who was trained by Mary Main. Differences in final classification were resolved by a third expert scorer whose score was considered final. The average percent agreement between raters was .75.

The validity of the Adult Attachment Interview has been demonstrated recently in research with both adults and adolescents. The Grossmans (1987) found that security in German mothers (using a modified Adult Attachment Interview) correlated with the the security of the infant in the strange situation at one year. Kobak and Sceery (1987) correlated attachment in college freshmen with a variety of measures of social and psychological adaptation, including social competence and social support. Ricks (1985) found that mothers of secure children had higher self esteem scores and felt more accepted as children by their parents than those with children rated insecurely attached. It is of note for the hypotheses of the current study that in follow-up studies with the same sample, Ricks found that social support and family support were connected with security of attachment in the preschooler despite a maternal history of rejection or disruption of attachment.

3. Crockenberg Social Support Scale

The Crockenberg Social Support Scale (Crockenberg, 1981, 1987) is a brief, structured interview which assesses a woman's subjective estimation of the amount and kind of social support she receives and her satisfaction with that support (Appendix II). Subjects are asked to list the names of people who help them during their pregnancy and to indicate how often they receive help from that person (from daily to less than once a month). They are also asked to give a rating for their level of satisfaction with the help they receive from each person named (from very satisfied to strongly dissatisfied). To determine the final score, the number of people who helped either very frequently (daily) or frequently (weekly) were counted. If the subject considered the help of any of the people counted unsatisfactory, those people were not included in the final score.

Crockenberg (1981 and 1988) has published data on the validity of the Crockenberg Social Support Scale using non-normative samples. Similar instruments measuring perceived social support have been validated, however, (Belle, 1982; Procidano, 1983) using normative samples, and these studies provide support for the validity of the measure being used in the present study. Because the women in the present study were older and from a higher socioeconomic group, and because they were interviewed prenatally, adjustments were made in administration with the permission of Susan Crockenberg.

Procedure

1. Data collection

Women participating in the Pregnancy Project were interviewed three times during pregnancy, beginning at approximately 28 weeks' gestation and at intervals of about two weeks thereafter. Data for the present study were collected at the first and third interviews and only the data collection points for the present study will be described here. Subjects were assigned different interviewers for each of the three interview sessions and the interviewers were blind about the content of any interviews other than the one she administered (All interviewers were female). Interviews were administered orally and the Adult Attachment Interview and the Pregnancy Interview were audiotaped as well.

In the first interview session, subjects were given a description of the procedure for the entire study and asked to sign a consent form after all their questions about the procedures were answered by the interviewer. The Pregnancy Interview was administered in addition to other measures which were not used in the present study.

In the third and final interview, which took place approximately four weeks after the second interview, the subject was asked if there had been any changes since her last interview. Occurrences such as change in the due date, prenatal tests or complications, as well as life events such as moves or job changes, were noted by the interviewer. The Crockenberg Social Support Scale, a pencil and paper measure, was administered, followed by the Adult Attachment Interview. The subjects were

then thanked warmly for their participation and told that they would be contacted by the interviewer approximately four weeks after the birth of their baby. Both sessions took about 2 hours to complete.

2. Scoring

In order to develop a classification system that would assess a woman's capacity for self-reliance during pregnancy, Pregnancy Interviews were transcribed verbatim. A classification system for reliance was developed and piloted by the author based upon the transcripts of eight pregnancy interviews selected from the data set. Pilot interviews were not selected randomly but chosen to reflect as much individual variation as thought to exist in the entire sample. The classification system is described in detail in the coding manual presented in Appendix III). Sandra Lazdins, who was trained by the author in the use of the reliance classification system, also collaborated with the author in refining the scoring criteria presented in the manual during the training phase of scoring.

The Reliance Classification System. The reliance classification system consists of six subscales which are scored independently on a three point nominal scale. The subscales are presented in Table 1 as well as in the coding manual. Each subscale yields one of three possible scores for reliance: 1, compulsively self-reliant; 2, compulsively other-reliant; and 3, healthily self-reliant. The subscales, which will be described below, and the scoring categories were derived from both theoretical as well as empirical data.

Bowlby suggested that there were three styles or types of reliance. These types reflect a range of reliance from extremely self-reliant, or unable to seek support, to extremely reliant on others but unable to be self-reliant. The optimum is reflected in the individual who can flexibly be both self-reliant and reliant upon others as the situation demands. Although Bowlby felt that these styles could be most easily observed in women during pregnancy and the postpartum period, there exists very little empirical evidence about the way women view the supportiveness of others and in the way they view themselves as reliable figures for their baby during this significant developmental phase.

The Pregnancy Interview was developed, in part, to provide information about aspects of reliance during the prenatal period in order to see if, in fact, these patterns of reliance would emerge as Bowlby predicted. The scales, generally, differentiate women's responses to the following questions: Does she see herself as someone who needs help and support at times or is she unable to recognize her needs? How does she balance the baby's needs and dependence upon her as a caregiver with her own needs? Is she able to view herself as a caregiver or attachment figure? Does she view people as willing to help her or does she feel compelled to be completely self-reliant? Finally, is she able to flexibly adjust to the stress and limitations imposed upon her by her pregnancy and the newborn period or does she attempt to deny those changes by feeling that she must be in control of herself and the situation at all times, a virtual impossibility for the new mother or mother-to-be.

Criteria for assignment of the three possible scores, which reflect different types of reliance, were developed from a thorough reading of all the interview responses as well as theoretical considerations. Generally, Kobak found that secure attachment in late adolescence is associated with the following behavioral qualities: actively seeks support; positive affect and enthusiasm in approaching novel situations; and persistence, flexibility and resourcefulness in problem solving. Slade and Aber (Unpublished manuscript, 1987) similarly found that mothers of toddlers who were rated secure were more aware of distress and at the same time more positive and enthusiastic overall about parenting. In the Pregnancy Interviews, these qualities appeared to be relevant in characterizing the ways in which women approach the challenging task of motherhood and in how they recognize and elicit support for themselves.

Insecurity in the older adolescent in Kobak's study, on the other hand, was linked with anxiety and anger or lack of positive affect, heightened distress, fear or neediness, lack of self confidence in novel situations and impulsive or helpless behavior. Mothers of insecure toddlers (Slade and Aber, 1987) tended to restrict expression of negative feelings or to separate strong feelings such as anger from their experiences as parents. As a result, they lacked the intensity of affect that the mothers of secure toddlers displayed and they were less aware of the complexity and the difficulties inherent in the task of parenting. Criteria for scoring reliance across the six dimensions therefore, reflect such qualities as affect tone, tolerance of

ambivalence, flexibility and resourcefulness in the way that women viewed the challenges connected with pregnancy and their awareness of current or anticipated difficulties.

Subscale scores are categorically arranged, as described above, but each subscale is scored independently and thus reflects one dimension of self-reliance. Therefore a woman can receive a score of 1, 2 or 3 on each of the scales. The hypothesis is that there will be continuity rather than discontinuity in styles for reliance between particular dimensions of reliance, e.g. reliance on self and reliance on others or seeing oneself as a reliable caretaker.

Although it follows from the presumption of continuity that a woman who receives a "1" for one subscale is more likely to receive "1's" in other dimensions of reliance, the subscales are qualitatively distinct and it is more likely that there will be variation in the distribution of subscale scores within subjects. It is predicted here that the patterns of reliance will discriminate reliant from non-reliant women and that there are three distinct styles of reliance: compulsively self-reliant, compulsively other-reliant and healthily self-reliant. It is hoped that these differences will be reflected in the pattern of scores, but the examination of individual patterns of reliance will also be hypothesis generating because of the exploratory nature of the study and the small sample size.

CHAPTER THREE

Results

In this chapter, the results of the data analysis will be presented in two parts. The first section will describe the findings for reliance. This section will include the level of inter-rater agreement for scoring reliance on the Pregnancy Interviews, the interitem correlation observed between reliance subscales, and the patterns of reliance.

The second section will include the results of the hypothesis testing. The relationships between attachment, self-reliance and perceived social support will be examined. The findings were, briefly, that the hypothesis that healthy self-reliance is related to secure attachment and a high amount of perceived social support was supported. The hypothesis that a relationship exists between attachment and perceived social support was not supported in this study

I. Reliance scoring

1. Interrater agreement

A rater (Sandra Lazdins) was trained by the author in the use of the reliance

classification system. Five Pregnancy Interviews (PI's) were used for training and for refining the criteria for scoring on each dimension. Four of the PI's were from the data set and one was not included in the final data analysis because the subject withdrew from the study. Training was completed when interrater agreement reached an acceptable level using the revised manual. The data were then simultaneously and independently coded by two raters (the author and SL). The codes were periodically reviewed and discrepancies were resolved. Cohen's kappa, a coefficient of agreement once chance has been removed from the calculation, was used to determine the level of agreement between the author and SL (Cohen, 1960).

The reliability coefficient or "k" is the computed proportion of agreement. The mean k for the five training interviews was .78. The four Pregnancy Interviews used for training were included in the final data analysis and rescored using the revised and final draft of the reliance classification manual. In the final scoring of the six subscales of the Reliance Classification System across all interviews, k ranged from .49 to .92, with a mean k of .73. Refer to Table 1 for individual subscale correlations for final scoring. Agreement was substantial for both training and final scoring.

Table 1

<u>Interrater Reliability for Reliance Subscales</u>		k
I. Sees self as needing help and support		
a. Acknowledges needs for help and support		.92
II. Accepts baby's dependence		
b. Accommodates baby during pregnancy		.49
c. Concerned about baby's well-being		.90
III. Sees self as reliable		
d. Concerned about taking care of baby		.71
IV. Relies on others		
e. Turns to others for help and support		.79
f. Acknowledges limited control		.57

2. Patterns of reliance

Two groups were identified: the healthily self-reliant (reliant) group and a non-reliant group consisting of subjects with aspects of both types of compulsive reliance, compulsively self-reliant and compulsively other-reliant. Subjects were assigned to the reliant or non-reliant group on the basis of their scores for reliance on transcribed Pregnancy Interviews.

The subjects' raw scores for each of the reliance subscales in the reliance classification system as well as mean reliance score are presented in Table 2. The table shows that two groups can be easily identified. The reliant group consists of the subjects who were given a score of 3, or healthy self-reliance, for the six subscales and a mean score of three for the subscale scores combined.

The non-reliant group consists of the subjects who received scores of 2 or 1, or compulsive reliance, on subscales and mean of 2.2 or less on subscale scores combined. Two subjects in this group received scores for healthy self-reliance on some subscales, but their overall mean scores were low (< 2.2) which placed them in the non-reliant group. There were 11 women in the non-reliant group, 61 percent, and 7 in the reliant group, 39 percent.

Table 2

Summary Table of Frequency of Social Support, Attachment Classification,
Mean Reliance Scores, and Reliance Subscale Scores

PSS	AAI	Reliance	Subject	Reliance Subscales					
<i>f</i>	Code	<i>x</i>	No.	a	b	c	d	e	f
6	F ₃	3.00	002	3	3	3	3	3	3
6	F ₄	3.00	005	3	3	3	3	3	3
7	UF _{3/4}	3.00	006	3	3	3	3	3	3
8	E	3.00	009	3	3	3	3	3	3
2	F _{2/4}	3.00	012	3	3	3	3	3	3
4	UF _{4/2}	3.00	015	3	3	3	3	3	3
5	D/U	3.00	016	3	3	3	3	3	3
7	D	2.20	013	3	1	-	2	3	2
4	F ₃	1.83	019	1	1	3	2	2	2
1	E ₂	1.83	021	2	1	2	2	2	2
4	D ₂	1.83	001	2	1	-	2	2	2
12	F ₃	1.80	008	2	1	-	2	2	2
2	UE ₂	1.80	007	2	1	-	2	2	2
2	D ₄	1.67	020	2	1	1	2	2	2
2	E ₂	1.50	017	2	1	1	2	2	1
4	D ₂	1.50	003	1	1	1	2	2	2
3	D ₁	1.30	004	1	1	1	1	2	2
6	E ₂	1.19	018	1	1	1	1	1	2

The table of raw reliance scores clearly reveals that the level of interitem correlation for the reliant group was perfect. All subjects in the reliant groups received healthy self-reliance scores across subscales. The lack of variation in the reliance scores for this group prohibited statistical analyses of the differences in interitem correlation between the reliant and the non-reliant group, although differences between the two reliance groups will be discussed in the next section of this paper.

It should be noted here, however, that there were some interesting results in the distribution of reliance scores between subscales, across reliance groups. Subscale "b," accepts baby's dependence, yielded no scores for "compulsively other reliant." This subscale also had the lowest interrater agreement coefficient (.49). On the other hand, three of the six subscales: "d" (concerned about taking care of the baby), "e" (turns to others for help and support), and "f" (acknowledges limited control), produced relatively few scores for compulsively self-reliant. In the next chapter, difficulties in scoring and sampling which may have contributed to these results will be discussed.

In conclusion, the three reliance types that were predicted were not found in this sample. Two reliance groups were identified. The healthily self-reliant group had very clear patterns for relying on self and others. The compulsively reliant group, however, did not have a clear pattern of reliance scores, with one exception. There were very few compulsively self-reliant scores in this sample.

II. Relationships

Before the tests of the hypotheses are presented, it should be noted that statistical analyses conducted on a sample of this small size should be interpreted cautiously. Findings should be viewed as merely suggestive of real group differences, and interpretations of the results found here should not be generalized beyond this sample.

The following analyses were conducted on 17 cases. One woman (#008), from the original sample of 18 cases received an unusually high score for perceived social support. Her score of 12 was greater than 2 1/2 standard deviations from the mean. Although this score was clearly an outlier, an examination of her Social Support Interview, AAI interview and Pregnancy Interview revealed nothing that would preclude her from participating in the study, so she will be included in qualitative data analyses but excluded from the statistical analyses since a deviant score could substantially affect the results in a small sample.

1. Adult Attachment and Reliance

The distribution of Adult Attachment scores are as follows: 7 Autonomous, 6 Dismissing and 5 Preoccupied. The subject who was removed from statistical tests

was Autonomous, yielding a total of 6 in that group.

In order to test the hypothesis that differences in patterns of reliance are related to security of attachment, the reliant and non-reliant groups were crosstabulated with the three attachment groups, Autonomous, Dismissing and Preoccupied. The results show that there is a clear difference in the mean reliance scores for the three attachment groups ($p = .03$), but there were no clear differences between the means for the Dismissing and Preoccupied groups so they were collapsed into one insecure group. Collapsing the data in this way also increased the frequency within cells, increasing the power of the Chi-square test.

A Fisher's exact probability test, suitable for the small sample size of 18, was used to test the hypothesis that a relationship existed between the two attachment and reliance groups. The hypothesis was supported ($p = .03$, 15 df, two-tailed test). The analysis showed that women who were securely attached in this sample were significantly more likely to be healthily self-reliant than women who were insecurely attached.

It was expected that there would be differences between the healthily self-reliant group and the compulsive reliance types, but there was no clear difference within the non-reliant group between compulsively-self reliant and compulsively other-reliant women. Since it is not clear from the distribution of reliance scores that there are in fact categories or types of reliance as predicted, reliance was treated as

a continuous variable in post-hoc analysis. A one-way analysis of variance was done using the mean reliance scores and the three attachment categories (See Table 3). Again, healthy self-reliance was related to secure attachment ($p \leq .05$.)

Treating reliance as a continuous rather than nominal variable did not substantially add to or alter the results of the analysis, which showed that reliance and attachment are positively related in this sample.

Table 3

One-Way Analysis of Variance Between Attachment Groups and Mean Reliance Scores.

<u>Group</u>	<u>N</u>	<u>Mean</u>	<u>F</u>	<u>Significance of F</u>
Autonomous	6	2.80	4.681	.029
Dismissing	6	1.92		
Preoccupied	5	1.86		

2. Reliance and Perceived Social Support

The relationship between the subject's scores for social support and their reliance scores was tested (Scoring for both measures is described in the methods section). The Crockenberg Social Support Interview was used to obtain a count of the number of people who helped during pregnancy either very frequently (daily) or frequently (weekly). Only people whose help was considered satisfactory by the subject were counted. The perceived social support score (PSS) is essentially a measure of frequency of help the subject received but, because the score reflects the subject's perception of helpfulness, frequency is adjusted for level of satisfaction. Contrary to findings in previous studies using this measure, no women in this sample reported dissatisfaction with the help they received from others.

PSS scores ranged from 2 to 12 with a mean of 4.7 and a standard deviation of 2.74. The score of 12, received by subject #008, was greater than 2 1/2 standard deviations from the mean and considered to be an outlier. This score was removed from the data analysis rather than run the risk of an inflated score giving one subject undue weight in the data analysis.

A Pearson correlation coefficient was computed on the mean reliance scores and PSS scores in order to examine the relationship between these two variables. The correlation coefficients are presented in Table 4. A moderately strong relationship was found between reliance and perceived social support ($r = .459$, $p = .06$, two-tailed test), supporting the hypothesis that women who are healthily reliant are

more likely to name more people who help them satisfactorily

Table 4

Correlation Between Attachment Group, Mean Reliance Score and Perceived Social Support Score

	<u>AAI</u>	<u>REL</u>	<u>PSS</u>
AAI	1.000	0.537*	0.137
REL	0.537	1.000	0.460**
PSS	0.137	0.460	1.000

*p ≤ .01

**p ≤ .05

3. Adult Attachment and Perceived Social Support

The relationship between security of attachment and perceived social support was also tested. A one-way analysis of variance was computed on the three attachment groups by PSS score (see Table 5). The hypothesis that women who were securely

attached would also feel that they are helped by more people than women who are insecurely attached was not supported in this study.

Although the means between the three attachment groups were not significantly different from one another ($p = .736$), the rank order of the means is of note. The Autonomous group had the highest PSS score, followed by the Dismissing group. The Preoccupied group had the lowest PSS scores. Thus the clearest difference in perceived social support lay between the Autonomous and Preoccupied groups. A t-test was used to compare the means for PSS in the Autonomous and Preoccupied groups. The results for the one-tailed test were not significant ($p = .253$), although in the direction expected.

Table 5

One-Way Analysis of Variance Between Attachment and Social Support.

<u>Group</u>	<u>N</u>	<u>Mean</u>	<u>E</u>	<u>Significance of F</u>
Autonomous	6	4.83	.313	.736
Dismissing	6	4.17		
Preoccupied	5	3.80		

Summary of Findings

The three main variables, attachment, reliance and perceived social support were positively related as expected with one exception. There was no relationship between attachment classification and frequency of perceived social support. This result contradicts previous findings in studies of mother infant attachment and parental or maternal social support. This is the first study which looks at maternal attachment and maternal social support prospectively, before the infant is born and the negative finding may shed light on the relationship between attachment and PSS.

The relationships examined are summarized in Table 4, which presents the correlations between the three variables. The relationship between attachment and reliance is strong; between reliance and perceived social support, moderately strong; and there is virtually no relationship between attachment and perceived social support

CHAPTER FOUR

Discussion

I. Patterns of reliance

The findings for reliance suggest that there are at least two distinct patterns of reliance: healthy or flexible reliance upon self and other, and compulsive reliance upon self and/or other. Among the seven subjects who fell into the healthily reliant group, there was virtually no variation in the pattern for reliance. Within the compulsively reliant group, one subject was compulsively self-reliant, five were clearly compulsively other-reliant, and five had a mixed pattern of compulsive self-reliance and compulsive reliance upon others. Although the results of this study suggest that there may not be three distinct types of compulsive reliance, this possibility has not been ruled out. A larger sample would be required to test this hypothesis. Another possibility raised by the results here is that there is a fourth, or mixed, pattern for compulsive reliance in addition to the healthy and compulsive patterns that were predicted.

Healthy reliance

The women who fell into the healthily reliant group had a consistent and predictable pattern of reliance. They were consistently flexible in turning to others

for help and in seeing themselves as capable or resourceful. For these women, turning to others for help when needed was, in fact, one example of their resourcefulness.

Subjectively, most women in this group experienced ambivalence about their increased dependency, but the positive feelings outweighed the negative feelings. Ambivalence was characterized by their genuinely positive feelings overall about the pregnancy and becoming a parent and their awareness of feelings of sadness or anxiety about these changes, which represented the loss of their pre-pregnant self-image or lifestyle. For example, one subject described feeling "overly emotional," "unattractive" and said she was "worried about the physical changes" during pregnancy. She also described herself as the type that expects support from others and she was satisfied that she got "more support than she could ask for."

In addition to being able to express their ambivalent feelings, the transcripts of the healthily self-reliant subjects were imbued with an intensity of positive affect, which was characterized by their enthusiasm and joy about becoming mothers. For example, they often compared the pleasure and excitement they felt about becoming a mother with the pleasure they derived from their marriages or their relationships with their parents.

These subjects' flexible patterns for reliance corresponded to behavioral and social patterns during pregnancy. They were able to make the personal, social and

lifestyle adjustments needed to ensure that their own needs were being met as well as the baby's. They were more direct and effective in eliciting help and support from others, and they were more active and persistent in getting what they needed to prepare themselves, so that they would feel capable of caring for a newborn. One woman who was concerned about her own health as well as her baby's health during pregnancy, talked to her doctor about her concerns: "My doctor talked about [my] worries with me and I realized that...I was still very healthy, so I...felt that I owe a lot to her." Another subject said this about what she imagines it will be like caring for the baby: "It's a little scary, taking care of a baby--they look so helpless and fragile. I'm going to have to learn so I will feel a little more confident."

Compulsive reliance

The compulsively reliant group is more varied in their reliance patterns. Roughly half, 6 of 11, could be identified as either compulsively self-reliant (CSR) or compulsively other-reliant (COR). The remaining subjects in this group had "mixed" patterns. They received subscale scores for both types of compulsive reliance and, in two cases, subscale scores for healthy reliance. The findings for reliance within the compulsively reliant group will be discussed generally as well as separately according to type: CSR and COR, and Mixed.

General findings. Despite the lack of clear patterns for relying on self or other within the compulsively reliant group, there are a few unifying characteristics.

Unlike the healthily reliant women, the compulsively reliant subjects tended to be less positive and less enthusiastic about pregnancy and about becoming mothers. Some women expressed more negative feelings and others simply lacked strong feelings. The latter were less intense about their feelings and less reflective about their experiences of the pregnancy in general.

As a group they were less ambivalent than the healthily reliant group. They tended to express positive and negative feelings through oscillation or negation. In other words, rather than talk about having positive and negative feelings simultaneously, as the healthily reliant women did, they either alternated between positive and negative feelings or they expressed positive feelings which were contradicted by their descriptions of specific situations in which they felt angry or resentful.

Generally these women lacked the enthusiasm found in the healthily reliant group. Their positive feelings about caregiving were frequently expressed in generalizations such as "it's going to be great!" These comments were not supported by other expectations about parenting the subjects described in the interview. In addition, many women in this group tended to idealize their experiences and minimize personal difficulties.

Behaviorally and socially they were much less predictable and could be characterized as a group by their unpredictability. For example, they might be

equally likely to be helpless in some areas but resourceful in others. They also might recognize their needs in some areas but not in others. They were generally capable of making some baseline changes to accommodate the baby's needs, but were preoccupied with their own needs and either unaware of some of the baby's needs or negated their own unmet needs. Finally, their thoughts and feelings about their needs and the availability of others frequently contradicted their patterns for turning to others.

Compulsive self-reliance. Only one woman fell into this category, subject #018. Her mean reliance score of 1.19, the lowest score in the entire sample, reflects a pattern for rigid self-reliance. Although it was expected that she would receive a score of "1" for relying on others (does not turn to others; does not see others as reliable), She did not and, in fact, no one in the sample received this score. This may reflect a problem with the scoring criteria for this subscale of reliance. All women in the sample turned to others for help, but the compulsively reliant women, such as #018, turned to people who were not helpful rather than to people who were willing and able to help.

Subject #018 minimized difficulties. Yet she was angry at having to support her husband financially and emotionally, and angry and resentful about making changes for the baby. She felt criticized, not helped, by nursing staff and generally turned to people for help whom she viewed as unavailable or unsupportive. When asked if she had any difficult feelings during pregnancy, she avoided the question and finally said

"I don't think so."

Of all the subjects, she had the most difficulty responding to questions about the baby's needs. In keeping with a rigid pattern of seeing herself as capable, she needed to feel that she could control the dramatic changes that were occurring. Her general comments throughout the interview about feelings of self-confidence were contradicted by this response when asked what responding to the baby's needs felt like:

"I like it because it feels like I have more control over my life and my family's life. Um, whereas before the pregnancy and before...putting my life into so much order, I was feeling despair because of the chaos in my life (laugh). And so the order has felt really good."

Compulsively reliant upon others. This was the most homogeneous subgroup within the compulsively reliant group. The most striking characteristic of the five women in this group was the negative affect tone that pervaded the interviews. These women tended to view the baby, parenting and pregnancy as a negative experience. This negativity could be largely attributed to their excessive needs. They consistently viewed others as unavailable and, at the same time, minimized or dismissed their needs. One woman acknowledged being very needy but claimed: "it's not me...it's the hormones." Another woman, when asked whom she turns to for help with difficult feelings, said: "I think pretty much I just keep them inside cause I know...people don't want to hear the same thing from you they hear from their other

friends, you know, [that] you think the baby's going to be abnormal."

Fear was another notable feature of these interviews. Although the sources of their fears were numerous, the most prevalent concern was that the subject would not get enough help or that her needs would not be met. Frequently, positive statements or feelings expressed by these women were directly contradicted by their explicit fears.

The compulsively other-reliant women also had difficulty relying on themselves or seeing themselves as capable. They had trouble preparing for the task of mothering or even preparing for the arrival of the baby. Some were unable to anticipate what kinds of changes the baby would bring to their lives.

Mixed compulsive reliance. There were five subjects in this group. Despite the label "mixed," these women had virtually identical patterns of reliance scores. They are also much harder to characterize as a group. Rather than adopt a single style of compulsive reliance, these women were equally compulsively self-reliant and compulsively reliant upon others. When talking about their needs and the needs of their babies, they were rigidly self-reliant. One woman, who was clearly needy, said: "I don't need any assistance" and "I don't expect it." Another, responding to the question about her baby's dependence on her said: "Babies are pretty durable," adding that she felt the baby could take care of itself, even in utero.

When talking about relying on others, they were usually negative and quite fearful. They viewed others as unable or unwilling to support them. They also had a great deal of difficulty in seeing themselves as caregivers. They received scores for compulsive reliance upon others for these two subscales and for the scale titled Accepts limited control.

Overall their interviews were marked by excessive neediness which was frequently denied or dismissed. Unlike the other groups, this group tended to feel more vulnerable and threatened by their pregnancies. They expressed fears that their relationship with their husbands would be jeopardized by the baby. One woman expressed this concern quite concretely by describing her fear that the baby would cry while she and her husband were making love. This woman turned almost exclusively to her husband for support. Another woman viewed her husband as unsupportive and was terrified by the fact of her pregnancy: so much, in fact, she had thoughts of aborting it even though it was a planned pregnancy.

Summary

The results here are encouraging and provide a direction for further research on internal representations of prenatal support. The importance of the support network during the early stages of parenthood has been well documented in both the social support literature (Belle, 1982; Feiring, 1987; Wandersman, 1980) and attachment literature (review in R. Thomson, 1988). The findings of the current

study suggest that patterns for relying on self and other can be reliably identified during pregnancy, and these patterns may allow researchers to examine how women's representations of support influence psychosocial behaviors during pregnancy and the development of the caregiver role in the postnatal period.

It is not clear, from the results here, that there are in fact two or more "categories" or types of reliance as Bowlby suggested. The reliance classification system should, therefore, be piloted on a larger sample before any revisions are made. While healthy or flexible self-reliance can be clearly distinguished from a non-flexible pattern, the range of responses within the non-flexible group suggest that this type of reliance may be a continuum, from an overly self-reliant pattern to an overly other-reliant pattern.

Although it was expected that the healthily reliant women would view the task of caregiving with more enthusiasm and pleasure than the compulsively reliant group, the fearfulness among the compulsively reliant women was not predicted. The women in this group had a number of explicit fears, but there appeared to be two main sources of anxiety. The first is the fear of being overwhelmed by the demands of pregnancy and parenting. These women, who tended to be compulsively other-reliant, were afraid that they would not get the support they needed and would be unable to care for the baby. The "mixed" compulsive group had similar fears and, in addition, there was the fear that the marital relationship would be jeopardized by their new relationship with the baby.

Theoretical implications for Reliance

The finding that the compulsively reliant group was more fearful and less trusting is, in fact, supported by the findings of Wenner's psychoanalytic study of the emotional difficulties of pregnancy (Wenner, et al., 1969). Although the women in her study displayed a wide range of fears, those with the greatest difficulty adjusting to pregnancy had more intense fears and were dissatisfied with the help they received from their spouses. Anxiety outweighed hope and expectancy which prevailed in the group who showed successful adaptation to pregnancy.

The woman who adapted well had much in common with the healthily reliant women in the present study. Wenner characterized subjects in the well adapted group as having a sense of well-being, tolerant of the minor discomforts of pregnancy, and having enough energy to plan and prepare for the birth. These women had confidence in obstetricians and nurses and willingly made the required changes in diet and other prenatal routines.

Pregnancy can be viewed as a time when, ideally, confidence in the future, joy and hopefulness are mixed with anxiety and fear, and even despair at times. The findings of the current study, as well as Wenner's data, suggest that pregnancy is, as many psychanalytic theorists have observed, a period of crisis. (Bibring, 1961; Deutsch, 1945; Benedek, 1970) The nature of the crisis may be due, more specifically, to a shift toward increasing complexity in object relations than to

regression under the sway of increasing libidinal and aggressive impulses (Bibring, 1961; Davis, 1983), or a "biologically motivated process of maturation" (Benedek, 1970).

All the subjects in the current sample struggled with increased dependency and anxiety which stemmed from changes in social status and role and changes in marital and parental relationships. One concept which describes both the increased anxiety over "obstinate attachments," or immature internalized imagos of parental identifications and the development of new and more mature object relations, is Fairbairn's "mature dependency." (Fairbairn, 1952) This level of relating to others is characterized by the capacity of a differentiated individual for cooperative relationships with differentiated objects (Greenberg and Mitchell, 1983).

The notion that developmental shifts in internalized relationships lead to greater social adaptation and are, in fact, a precondition of social development and social adaptation (Mayman, 1967) is supported by the current findings. The healthily reliant women appear to weather the crisis of pregnancy, in part because of greater adaptation to social change and social needs.

The view that others are essentially trustworthy and reliably available is developed out of actual experiences with reliably available caretakers. The social milieu, however, contributes to and supports these internalized versions of relationships. The healthily reliant women selectively turn to those from whom help

is available and with whom they can develop mutually satisfying working relationships. The findings on reliance also show that internalized versions of the self as worthy of help and others as reliable and available correspond to effective strategies for expressing needs and for tolerating both positive and negative affective experiences within social and marital relationships.

II. The Relationships

1. Attachment and Reliance.

Women who were categorized as Autonomous with regard to attachment were also more likely to be healthily self-reliant. Women who were Dismissing or Preoccupied with attachment were more likely to be compulsively reliant. This finding supports the hypothesis that there is a single model (or models) of relationships which guides both retrospective accounts of women's experiences with her parents and experiences of support in current relationships.

The correlation between attachment and reliance found here builds upon a body of attachment research. Studies with toddler and preschool groups (Matas, Arend and Sroufe, 1978; Main, Kaplan and Cassidy,1985) correlated secure attachment with increased social competence and self-confidence, flexible strategies for seeking help in problem-solving, greater affective sharing with peers and more positive affect. The enthusiasm expressed by the secure mothers in the present study about

pregnancy and parenting, their ability to see themselves as capable, and their flexible patterns for turning to others when needed corresponded to the social, affective and behavioral characteristics of young children who are securely attached.

The lack of positive affect, negative expectations with regard to help and the fearfulness of the insecure group of women in the present study, on the other hand, corresponded to the behavioral and emotional qualities; clinginess or helplessness and greater negative affect, of the insecurely attached toddlers and preschoolers in the studies cited above.

A study which examined the relationship between security of attachment and representations of self and mother in 6-year-olds (Cassidy, 1988), found that secure children were able to reveal both strong and weak points about the self in a balanced fashion. They also characterized maternal interactions in doll play as "clear, direct, positive and supportive." Finally Kobak and Sceery (1987) correlated secure attachment with greater acknowledgement of distress and turning to others for support.

In the present study, the secure women were more aware of personal difficulty and more able to tolerate negative feelings and ambivalence. The patterns of reliance among the secure group in the present study suggest that the secure individual is more likely to have expectations that they will be helped and to see others as available. This kind of "insurance" may give them the freedom or the flexibility to

tolerate distress. Awareness of needs, in turn, may enable these individuals to be "clear" and "direct" in eliciting help from others.

The findings of the present study, taken together with the attachment research cited here, clearly suggest that a model of relationships built upon experiences of safety and acceptance are different from relationships that result from rejecting or inconsistent experiences with caregivers. The findings also suggest that representations of the self as reliant in adulthood reflect a coherent style derived from early experiences of security in infancy and childhood. The correspondence in the findings for patterns of self-reliance and reliance upon others from childhood to adulthood are tentative and require more refined methods of assessing patterns of social and emotional behavior and attachment at various points in development. But the results of the present study suggest that reliance is one aspect of attachment that is transmitted from parent to child.

Although the secure and insecure women in this sample could be distinguished by their reliance patterns, the Dismissing and Preoccupied groups could not be differentiated by reliance. Despite the lack of a clear correspondence between insecure attachment classification and reliance type, there were some interesting regularities in the transcripts of the pregnancy interviews that were not revealed in reliance scores. They will be described in more detail, but first, the notion of multiple internal working models of attachment will be presented as one way that the findings here can be interpreted.

Bowlby (1980) has suggested that the insecure attachment organization is based upon multiple models of self and other, whereas the secure attachment organization relies on a single model of self as worthy and capable and others as available and supportive. In the case of multiple models or belief systems, one belief system is dominant and is based on what the child has been told by the parents. This is perhaps the model that has been developed later in childhood when the child is capable of being influenced by not only behaviors but by verbal messages as well, thus developing "cognitive biases" (Bowlby, 1980). The less accessible model is the earlier model and is based on what was experienced by the infant and young child. These models are often contradictory and do not operate simultaneously. They are not independent, however, and "the way in which information relevant to attachment is processed is a function of representational models of attachment figures and self...built during childhood and adolescence." (p. 233).

While the theory of multiple models is still untested, the variability within the group of insecure women in this sample may be due to the fact that more than one model is being accessed. Indeed the stress of pregnancy and the process of forming a new affectional bond with the baby, may activate the attachment system. For the insecure women, who may have contradictory models of self and others, it becomes more difficult to predict how differences in the organization of attachment-relevant information lead to differences in the way this information is accessed and communicated to others. Interestingly, Kobak (1988) also found this kind of

variability in his adolescent sample. While the secure group consistently viewed others as supportive, the insecure group did not have a clear pattern for seeing others as supportive.

In order to examine the reliance patterns of the insecure group more closely, two interviews were chosen for study. Although two women cannot represent the entire insecure group in this sample, a closer examination of one of each of the Dismissing and Preoccupied groups with "typical" reliance scores for the insecure group as a whole yielded some suggestive findings.

Differences in the Dismissing and Preoccupied Groups. Subject #001 was classified as devaluing of attachment and subject #007 was classified as preoccupied and ambivalent, or conflicted concerning attachment. Both women had identical patterns for reliance despite their different attachment classifications. A closer look at their transcripts revealed important distinctions that were not reflected in their reliance scores.

Both subjects tended to see themselves as needy and others as unavailable however, they coped with these difficulties differently. Subject #001 tended to dismiss her neediness. She appeared to be somewhat cool or detached in the interview. Subject #007 struggled more with her dependency needs and tended to express angry feelings about the unavailability of others. Both subjects also turned to people who were not helpful. Subject #001 was contradictory. She stated that

her husband was helpful and supportive when it was clear from her descriptions that he was not. Subject #007 was more aware of her needs but she used humor and rationalization to explain the unavailability of others and was preoccupied with getting their support.

Both subjects #007 and #001 were concerned with their own needs, not the needs of the baby, but #007 was more articulate about her needs and concerns and #001 tended to be unaware of her needs, and so did not talk about them directly. For both women, preoccupation with their own concerns prevented them from thinking about the needs of the baby.

Finally, both subjects were extremely fearful about becoming mothers and taking care of the baby. They had explicit fears both during pregnancy and about the postnatal period, including the fear that they would be abandoned by their husbands. Subject #007 tended to be more resourceful despite her fears, but her overwhelming fearfulness placed her in the compulsively reliant category. Subject #001 made global statements such as "it'll be great," "it'll be pleasant," and "I'm so happy about it" that were directly contradicted or not supported in the interview.

Thus, despite different attachment classifications, both women had many of the same concerns and behaviors with regard to reliance, and in some ways, represented themselves and others similarly, but there were key differences. Subject #001 was characterized by her inability to be aware of feelings of dependency or helplessness

and her denial of interpersonal difficulties. Subject #007 struggled more with her fears about her increased dependency and she was angry and preoccupied with getting support. She also alternated between feeling helpless and resourceful. She acknowledged that it was difficult to ask for help, showing a greater awareness of interpersonal difficulties.

Kobak, like Bowlby and Bretherton, also used the notion of multiple models, but he examined affective rules or "strategies" for accessing and communicating attachment-relevant information. These strategies could be seen particularly in the way that painful or difficult feelings were avoided or excluded in attachment-relevant situations. The notion of affect strategies may be useful in understanding the differences between subjects #001 and #007. Both, for example, seemed to be avoiding or excluding relevant information about the availability of others since they turned to people who were not helpful, but they had different defensive strategies. Subject #001 tended to use defenses such as isolation of affect, denial and dissociation. Subject #007 used splitting, oscillation and projection.

An example of how attachment-relevant information is accessed and communicated can be found in the ability to get support. Some strategies allow more direct expression of needs to potentially helpful people than other strategies. Theoretically, the more aware a woman is of her need for help, the more direct she will be in expressing that need to others and enhancing opportunities for others to be helpful. This will in turn affect her perceptions of others' availability.

The defensive strategies of the two subjects were also directly related to the observed differences in affect tone. The predominant tone of subject #001's interview was cool detachment and subject #007 tended to be more angry and involved. Both, however, were fearful. This suggests that the affective strategies used by each are secondary to the fear which causes them to exclude information by shutting down the attachment system or alternating between two contradictory models.

Theoretical Implications for Attachment

The fearful quality of these two interviews, and of the compulsively reliant group in general, was not predicted, but Kobak's findings on affect strategies in late adolescents are relevant. On a variety of peer ratings of personality measures, including ego-control and resiliency, hostility and anxiety, the only ratings that discriminated the Dismissing from the Preoccupied groups were hostility and anxiety, and the only rating which discriminated each of the attachment groups from one another was anxiety. One item correlated with anxiety was fearfulness.

Both groups- adolescents leaving home to enter college and pregnant women- are embarking on new experiences which will affect current affectional ties. The relationship between the fearfulness of the insecure group and attachment

organization merits further study. Although it is expected that the insecure attachment organization would lead to anxiety in adult attachment relationships, there may be something particularly fearful or anxiety provoking about the process of pregnancy, which like adolescence, is a period of social and biological change. Many of the women in the present study represent their pregnancies as a series of losses. Their ability to form a new attachment to their baby and to accept the caregiving role may turn on their ability to adequately mourn the old self as they embark on new or changed relationships.

The finding that the insecurely attached group was fearful and the ambivalence of the securely attached group can be explained, alternatively, within an object-relations framework which provides a richer and expanded context for the data on reliance.

The finding that both groups looked more "regressed" than would be expected in a normal sample can be attributed to pregnancy. The securely attached women were anxious and ambivalent in addition to appearing confident and hopeful. The insecurely attached women were more intensely fearful, affectively constricted and displayed more rigid or less stable defensive functioning. Psychoanalytic theorists have attributed regressions during pregnancy variously to the instinctual demands of pregnancy and the developing relationship to the baby. Winnicott (1965) describes the state of "primary maternal preoccupation" as a necessary condition for the development of an attachment to and empathy with the relatively helpless baby.

Winnicott emphasizes, however, that solitude, which results from a state of preoccupation, is not withdrawal. The tendency in the psychoanalytic literature is to view regression, narcissistic preoccupation or neediness (all of which occur during pregnancy!) as maladaptive. The findings of the current study suggest that the conflictedness and anxiety of the securely attached women are signs of positive development and growth in object-relating. The findings for reliance, particularly, imply that it is within the context of supportive and trusting relationships that women have the confidence to tolerate the ambiguity of change and ambivalent feelings during pregnancy.

The state of "being alone in the presence of another" which Winnicott so eloquently describes, is the developmental achievement of the infant and the equivalent of the healthy adult's capacity to be alone. This capacity is also reflected in the clinical setting in which the patient's preoccupation with the transference relationship leads to solitude which allows the patient to develop new and expanded ways of relating. (Schafer, 1983) Schafer notes that the hallmark of more mature patterns of relating within the transference is an increased tolerance for ambivalence. Increased ambivalence was observed in the healthily reliant group in the current sample, and can be considered a sign of development in object relations. The particular aspects of internalized views of self and other that shift during pregnancy are suggested in Winnicott's description of the transitional space.

For Winnicott, the key to the creation of a space in which solitude leads to increasingly expanded opportunities for loving relationships is trust. Trust is hampered by loss of support in two ways: failure of reliability creates mistrust, and loss also creates mistrust and longing. The concepts of trust and longing, distrust and loss naturally have considerable relevance to attachment theory and to the finding that the women in the current sample find the loss and change of established relationships, not only to others but to themselves, one of the greatest challenges of pregnancy.

It is also this "space" in which theoretical concepts overlap, such as the concepts of attachment theory and object relations theory, that provide the most useful directions for further research. One question for further study is: What are the internalized qualities of supportive relationships and the social-behavioral correlates of those relationships which are of use in identifying differences between the Dismissing and Preoccupied styles? It is also important to note that there is a fourth attachment classification which is used in addition to and which precedes the three major adult classifications already described in this paper. A "U" rating is given to women who are unresolved with respect to the loss or death of an attachment figure. 4 of the 18 subjects in the current sample were given "U" ratings. The finding of a mixed compulsively reliant group, which was not predicted, may have to do with the number of "U" ratings and, more specifically, issues of loss and mistrust or longing however, a larger sample would be needed to examine this hypothesis.

2. Reliance and Perceived Social Support

There was a moderately strong relationship between reliance and perceived social support in this study, suggesting that a secure model of attachment allows women to get help and support from others more frequently than an insecure model of attachment. This finding was expected for two reasons. Both measures, reliance and PSS, are based on self-report and both rely, to some extent, on the availability of help in the network. The finding that reliance and PSS are correlated, however, provides concurrent validation for the reliance construct. This finding also supports the hypothesis that internal models of support are related to external support factors.

3. Attachment and Perceived Social Support

There was no relationship between women's attachment classification and the frequency of social support reported by women in interviews. This finding was unexpected. Empirical studies from both attachment and social support literature found a positive relationship between perceptions of support and the subject's attachment classification. There are, however, several differences between the present study and the body of empirical work it builds upon.

Crittenden (1985) and Crockenberg (1981 and 1988) both used highly stressed populations: adolescent or abusive mothers. The sample in the present study is a normative one in that it is not subject to the stresses of the high-risk groups that have been studied. One explanation for the negative finding here in looking at the correlation between social support and attachment is that for educated, middle-to-upper middle class women, "stress" is not a factor. If social support is primarily a buffer against stress, it may also not be a discriminating factor for these women. The findings here do not support this idea, however. Pregnancy itself constitutes significant stress for the women in this sample. There was also considerable variation in network size and perceptions of the helpfulness of others in this sample despite the social and economic heterogeneity of the group.

Although Crittenden (1985) found a positive relationship between mother-infant attachment and perceived support, social network variables only accounted for 20% of the variance in attachment. Given the small size of the current sample, no conclusions should be drawn about the negative finding. A larger normative sample is needed to examine the role of support, particularly since this study and other studies of pregnancy suggest that pregnancy is normatively stressful and there is a strong link between stress and the effects of support.

Previous studies did not look at maternal attachment. Only recently, with the development of the Adult Attachment Interview, has it been possible to look at maternal attachment, and this study represents one of the first attempts to look

maternal variables such as attachment and perceived support prenatally.

Kobak (1987) used the Adult Attachment Interview to obtain a measure of attachment, but he used a late adolescent sample. The secure group reported higher amounts of support. The insecure group as a whole reported lower amounts of support, but there were some differences in the Preoccupied and Dismissing groups not found in the present study. The Dismissing group reported low support from family and friends and the Preoccupied group reported high family support and low peer support. The difference in perceived family support may have been found in this adolescent group and not in the women in the present study because of the adolescents' continuing involvement with the family and reliance upon parents. These differences were not predicted for the adult women in the present sample. Although all the women reported some involvement with parents or in-laws, it was hypothesized that early experiences of support would influence not only the current parental relationship, but marital and social relationships similarly.

Crockenberg (1988) used a scale of maternal acceptance/rejection in childhood which, like the Main interview, is an index of the security of the mother's own maternal relationship history. Crockenberg found that a rejecting history was correlated with a current pattern of rejecting or insensitive parenting when support from a partner (e.g. spouse or baby's father) was low, but not when partner support was high. She concludes that support mediates maternal behavior and that rejecting childhood experiences can be "overcome" if there is adequate social support. She also

acknowledges that there may be an association between maternal history and social support; that mothers with a rejecting history may not make use of or elicit support that is potentially available.

The findings of the present study support the latter interpretation. Although the results of these studies suggest that social support is clearly a powerful, even necessary factor in parenting, and that this is particularly true when external stress is part of the parenting experience, the results of the present study indicate that support may not be so much a network variable as a relationship variable.

Conclusion

Attachment has been shown to be a relatively stable variable (Sroufe, 1979) not easily changed or "overcome," as Crockenberg suggests. When change in attachment organization does occur, it is usually the result of a powerfully reorganizing life experience like therapy. It may be that the process of pregnancy and childbirth is, in itself, a reorganizing experience. There is evidence in this study that pregnancy is challenging and stressful for the securely attached woman and an anxiety-provoking, fearful situation for many of the women within the insecure group. The effects of pregnancy on attachment organization merit more longitudinal study.

Furthermore, factors such as social support or the absence of stress, while not shown to directly mediate or influence attachment, may play a role in the

maintenance of attachment organization in the early years when attachment systems are more malleable (Bretherton,1987; Thomson,1988; Sroufe,1979). The relationships between attachment, support and reliance found in the present study suggest that reliance may be a better index of support than network variables which look at frequency or source of help. It is more closely related to models of self and other and tells us more about the way individuals use, or fail to use, support.

Limitations

A measurement limitation in this, and all studies which use the Adult Attachment Interview, is the assumption that what is being measured by the interview is, in fact, attachment and not a general structure for organizing other types of information; some aspect of personality organization, or even psychopathology.

The internal working model is a metaphor for representations of thoughts and feelings regarding attachment, and it has been shown to have great heuristic and predictive value as a research tool. But theoretical application of these findings should be considered very cautiously. Some factors which may have influenced the distribution of attachment classifications and reliance types will be discussed.

The distribution of both attachment scores and reliance scores in this sample are of theoretical interest since the frequency of secure vs. insecure attachments in adults has been found to vary as a result of cultural, social and economic factors. In

middle and upper-middle class samples, for example, the ratio of secure to insecure is about 3:1. The ratio of secure to insecure in the present study is about 2:3, almost the inverse of what is expected. Factors which may have contributed to the large number of insecure women in the present study are the small sample size and the recruitment method which targeted women who wanted help in the form of information or supportive attention in exchange for their participation. Feelings about reliance and support may have been artificially heightened by the testing environment, which in some ways mirrored the clinical setting of the therapist's office. Participating in the study and answering interviewer's questions is a social situation that, for many of the women in the study involved enlisting the support of someone and relying on them for help in the form of information, guidance or reassurance.

Many women in this study complained of lack of support despite their reported satisfaction with support in interviews. For example, they felt isolated from single or childless friends, neglected by doctors or, that their bosses and coworkers were unsympathetic to their difficulties. Many professional women in large urban centers, which this sample represents, have less direct support from extended family and rely more on their social network for help and support. To the extent that this support fails or is inadequate, their reliance and social support scores reflect what is essentially a pervasive cultural and social problem--lack of contact with extended family among new parents--making the distinction between the compulsively reliant types less clear.

One could also speculate on the cultural influences on reliance scores for this white, educated, mostly professional sample. One of the most obvious influencing characteristics of the sample is pregnancy. The sanctions against being overly reliant upon others, or the emphasis on autonomy, in the culture generally may have been lifted by the fact of pregnancy, making scores for compulsive self-reliance less likely. The relatively few CSR scores in the sample may have contributed to the lack of distinction between the Dismissing and Preoccupied groups.

The positive finding of the relationship between attachment and reliance should also be weighed against the likelihood that the reliance scale is, itself, a measure of attachment organization. Nonetheless, the differences between the two variables allows the researcher to ask some important questions. Since attachment is based largely on retrospective accounts of experience, and the measure of reliance is based largely on accounts of current experience, it allows us to examine continuity and discontinuity in models of relationships. Questions raised by the results here are: How do belief systems about attachment get expressed in social relationships as well as attachment relationships, and how do these styles for expressing and limiting information about support influence social competence and self-confidence, two important variables which may have an impact on the quality of caregiving?

Clinical Applications and Conclusion

In the course of any treatment with a woman, pregnancy and childbirth will play a role regardless of the individual woman's childbearing status. Her childbearing history influences the way she defines herself socially and interpersonally as well as intrapsychically. Her feelings and thoughts about her competency and achievements, her frailties and desires are very likely to be influenced by this central developmental step. Clearly, the more that is known about the psychological experience of pregnancy, the more that can be understood about its impact on normal adult development, including the development of a sensitive and caregiving maternal style. This was cogently illustrated by one subject's reply to the query: Do you feel like a mother yet?: "Being a mother means...a whole new way of relating to this other person [the baby] and lots of other people as well."

The healthily reliant woman demonstrates several characteristics that seems to enhance her experience of the pregnancy and to enable her to accept the caregiving role. Her ability to flexibly rely on herself and others is tested by the pregnancy and her ability to sustain this flexible pattern despite the profound changes that are occurring physically, emotionally and interpersonally, represents a level of achievement in adult development that parallels the process and goals of most psychodynamically informed therapies. A successful treatment is one in which the patient can allow herself to rely on the therapist and see the therapist as willing and able to help her and, at the same time, to be aware of ambivalent or helpless feelings

that arise or are evoked by the new attachment.

The trust within the therapeutic alliance also enables the patient to have the courage and confidence to explore new ways of thinking and feeling. The intensity of feeling, particularly the enthusiasm found in the healthily reliant women, might play a role in helping her to look beyond temporary difficulties and to persist in this new relationship without feeling that current relationships will be jeopardized. It allows her to give more freely of herself and also to feel secure within the knowledge that she can get help if she needs it.

The compulsively reliant women demonstrated characteristic ways of seeing themselves and others that, translated to the analytic setting, would contribute to a negative transference reaction. They are likely to have an expectation that the therapist is unavailable or unwilling to help. Although this reaction is quite common and familiar to the clinician, a variety of theoretical positions have been used to explain and deal with the negative therapeutic transference. It is posited here that knowing something about current patterns of relationships, especially with regard to support, provides useful diagnostic and therapeutic applications.

The results of the present study suggest that Dismissing and Preoccupied women use different strategies which allow the therapist to infer very different attachment patterns or histories. The Dismissing woman's coolness toward attachment-relevant feelings and situations can be contrasted with the Preoccupied woman's anger. Thus

both may see the therapist as unavailable, but they will express this in different ways. The affective quality that both shared was fearfulness, which is likely to be evoked in the development of any new affectional bond. The therapist should not treat this fear as a common resistance to treatment that should be "overcome," but as an indication of a system of beliefs about others that is based on rejecting or inconsistent experiences, and should be respected as such.

In conclusion, knowing the adult patient's history of attachment relationships and the way it impacts on current social functioning can be a valuable tool for understanding behavior in the treatment process. It may allow a clinician to examine the mutual influences of internalized models of relationships and the ways of communicating within those relationships in understanding the transference.

It has also been shown that external support in the form of social networks are necessary for the maintenance of secure mother-infant attachment. It follows from this finding, and the results of the present study, that support from others may be a crucial factor in managing the stressful transition to parenthood. Therefore, knowing something about the ways that women successfully use their support system during pregnancy or why they fail to get the help and support they need may be of use in the diagnosis of attachment-related disorders during infancy or in preventing possible dyadic problems prenatally.

Appendix I

RELIANCE CODING MANUAL
for the PREGNANCY INTERVIEW:
THE PREGNANCY PROJECT

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The City College and Graduate Center
of the City University of New York

May, 1988

Please do not duplicate or circulate without permission.

The Pregnancy Interview

Introduction: This is the interview that is going to be about the emotional experience of your pregnancy. As you probably know, very little is known about what women think about and feel during the course of their pregnancies and our lab is very interested in finding out more about what this experience has been like for you and what kinds of changes you've been through. The whole interview will probably take us about an hour.

Questions:

1. Can you start by telling me why you wanted to have children?

Prompt: Why did you want to have a child at this time in your life?

2. How did you feel when you found out you were pregnant?

Comment: Here, we are looking for the subject's affect about knowing she was pregnant in the first days and weeks. Be sure to get elaboration if necessary. For example, if subject says she was scared or excited, find out what she means by this, what she was scared of or excited about.

Prompt to help subject elaborate if necessary.

3. What was your husband's [or baby's father] reaction when you became pregnant?

Prompt: What was he _____ about? (e.g, scared or excited)

In what ways was your husband's reaction to finding out you were pregnant similar to yours and in what ways was it different?

Comment: Looking for his affect about early pregnancy here. Again, be sure to ask for elaboration about specific feelings.

4. What kinds of changes have you made in your lifestyle during your pregnancy?

Prompts: Have you had to adapt your diet, physical activity, sleep schedule, work habits or other aspects of your life?

How did you feel about making these changes?

Comment: Here we are interested both in whether subject has in fact made any changes as well as in how she feels about having had to make these changes---does she feel happy, deprived, etc.? If the subject brings up emotional changes, explain that we'll be getting to emotional changes in a minute but for now we're specifically interested in changes in habits and patterns.

5. Now we're going to talk some about what your pregnancy has been like for you emotionally. Have there been aspects of the pregnancy that have been emotionally difficult for you?

Prompt (if subject does not bring it up spontaneously):

Have there been times when you've felt needy or unsupported or worried or just surprised by your emotional state?

Have you had any concerns about the well-being of your baby?

6. How have you dealt with these feelings?

Prompts: Is there anyone (or anyone else) with whom you can talk about your difficulties in pregnancy?

Comment: Be sure to find out how subject has dealt with her feelings of neediness, etc.

7. In addition to these difficult feelings, have you had any other strong feelings during your pregnancy?

Comment: Here, we're looking for positive feelings, but don't prompt for these.

8. What's the pregnancy been like for your husband emotionally and how has he handled these feelings?

Prompt: Has he had feelings of neediness, loneliness, rejection, or other fears?

How has he dealt with these feelings?

9. In what ways has your relationship with your husband been affected by your pregnancy?

Prompt: Has your sexual relationship with your husband been affected by your pregnancy?

Comment: Be sure to find out subject's feelings about any changes in relationship with her husband.

10. What do you expect the relationship with your husband to be like after the baby is born?

Prompt: How do you expect him to be involved with the baby?

Comment: We are trying to find out, indirectly, whether the subject feels satisfied with her expectations of her husband and whether she feels she can count on him for emotional and/or caretaking support.

11. Now, we're going to go back to talking about your feelings about the baby during pregnancy. When would you say you first really believed there was a baby growing inside of you? How did this affect you?

Prompt: How did it affect you when the baby first started moving?

How does it feel to have a baby growing inside of you now?

12. Would you say you have a relationship with your baby yet? How would you describe it?

Prompt: For example, do you or your husband ever talk to your baby, do you have a nickname for your baby, or are there things you imagine about your baby?

- 12a. What do you imagine your baby will be like?

13. Do you know the sex of the baby?

If "yes": How do you feel about it?

If "no": Do you have a preference or feelings either way?

14. Now we're going to talk about becoming a mother. Do you have a sense of your baby's growing dependence on you and how do you feel about this?

Comment: Here we are trying to find out. indirectly, whether the subject feels the baby is taking from her, depriving her, etc. or whether she enjoys the baby's needing her.

15. Do you have a sense of whether your baby needs anything from you now?

Prompt: How do you feel about responding to those needs?

Comment: Be sure to find out what subject feels her baby needs, e.g., protection by subject, good health of subject, etc. We are trying to get a sense of whether the subject can identify with and respond to the needs of her baby yet.

16. How comfortable do you feel about taking care of your baby once it's born? What do you think this will be like for you?

17. Have you thought about whether you'll bottle-feed or breast-feed your baby?

Comment: Make sure to find out why they've chosen one or the other and how they feel about their choice (i.e., certain, ambivalent, etc.).

18. When you think of your baby's earliest months, what do you imagine will be the most pleasurable times with your baby?

19. What do you imagine will be the most difficult times in your relationship with your baby?

20. What are your current plans for caretaking after the baby is born?

Prompt (If subject is planning to return to work): What kind of babysitting or daycare arrangements have you thought about?

Comment: Try to get a sense of whether the subject anticipates feeling in need of help after the baby is born and whether there is anyone she can count on to help her (e.g., mother, mother-in-law, husband, etc.)

21. What kinds of feelings have you had about your own mother during your pregnancy?
22. Have these feelings affected your actual relationship with your mother?
23. How do you think your early experiences of being parented have affected your feelings during pregnancy?
24. In what ways do you imagine you'll be like your mother as a parent? In what ways do you imagine you'll be different?
25. Are there things that you're afraid you'll do as a mother that you wish you wouldn't?
26. In what ways do you think that being a parent will change your life? How do you feel about these changes?

Prompt: What kinds of changes in your lifestyle do you anticipate having to make and what will this be like for you?
27. Has the way you think about yourself or the way you view yourself as a person changed since you've been pregnant?

Prompt: Do you feel like a mother yet?

Interviewer: Now we're going to switch gears slightly and talk about your feelings about body changes during pregnancy. As you are probably well aware of by now, one of the most dramatic experiences of pregnancy is how much your body and your appearance change over the course of these nine months. I'd like to ask you some questions about what this experience has been like for you as well as about how you felt about your body before pregnancy and even back when you were a child.

- 27a. How have you felt about your body and your appearance during your pregnancy?

28. How early in your pregnancy did you first notice changes in your body and appearance?

Prompts: What was it like when you first realized you couldn't wear your own clothes anymore?

When did you begin to wear maternity clothes and what was this like for you?

Who shopped with you for maternity clothes?

How did you feel about looking pregnant?

Comment: Be sure to find out how subject feels about changes in appearance, about wearing maternity clothes, about looking pregnant, etc.

29. How has your husband's experience of your body during your pregnancy been the same as yours and how has it been different?

30. How do you imagine you will feel about your body and your appearance once your baby is born?

31. Can you remember how you felt about your body or your appearance when you were growing up? Are there any specific incidents or memories that illustrate these feelings?

Comment: If subject describes a shift in feelings about her appearance at some point in her life, find out what brought about the change.

32. Did you get any sense of how your parents or anyone else in your family felt about the way you looked when you were growing up? Can you remember any specific incidents that illustrate this attitude?

33. How do you think your feelings about your appearance when you were young have affected the way you feel about your body as an adult, especially now during pregnancy?

34. I'd like you to try to remember watching your mother getting ready for a social event when you were a child. Try to remember:
- a. whether she took a bath or a shower;
 - b. what parts of her body she touched;
 - c. what she was feeling while getting dressed;
 - d. whether her clothes fit;
 - e. whether she used make-up;
 - f. whether her mirror image pleased her;
 - g. how comfortable she felt with herself; and
 - h. how you felt watching her.

I'll give you a few moments to think about it, then I'd like you to describe what comes to your mind...

35. How did your father feel about your mother's appearance when you were a child? How did she feel about his appearance? Do any specific incidents or comments they might have made to each other come to mind?
36. How do you think their attitudes about appearance influenced the way you feel about yourself physically?
37. I'd like to finish up the interview by asking you how satisfied you've been, overall, with your pregnancy? Is there anything you would have wanted to be different?
38. Is there any other aspect of your pregnancy that has been important to you that we haven't asked you about?

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102-118, Appendix II - Crockenberg Social Support Scale

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