Personality disorder and maternal mental health
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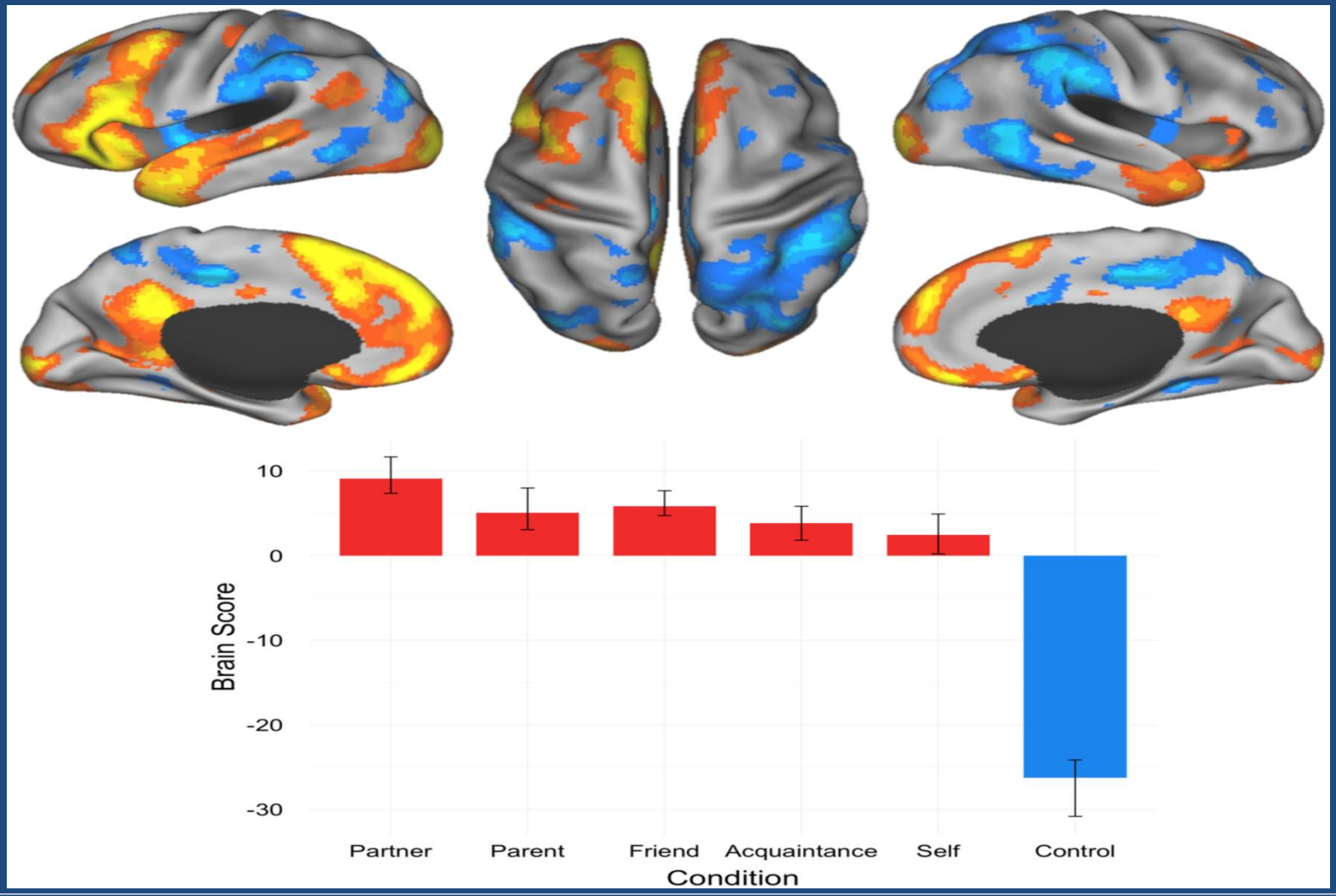
- Gwen Adshead,
- Forensic Psychiatrist &Psychotherapist
- G.adshead@nhs.net

Attachment systems in humans

- A biobehavioural system that develops in first 1000 days
- A kind of immune system for stress in social relationships
- Represented in neuroanatomical and psychological structures
- A well functioning system is called ‘secure’: associated with ‘good enough’ functioning



From: Dissociable patterns of brain activity for mentalizing about known others: a role for attachment

Soc Cogn Affect Neurosci. 2017;12(7):1072-1082. doi:10.1093/scan/nsx040

If you have a secure attachment system

- You can cope with distress, loss, life-threat
- You still feel distress but you get help
- You don’t become violent or psychotic or somatise (very much)
- You reorganise around your loss
- You can symbolise what you think and share it with others

Attachment insecurity

- 40% of the population have insecure attachment patterns
- Insecure avoidant (16%): I'm fine, I don't need help, relying on others is pathetic
- Insecure ambivalent (20%): I must get close to that person because I need help but I can't get too close or I'll be overwhelmed…I can't choose!
- Disorganised: a mixture of both (4%)

Insecure attachment

- NOT a psychopathology in itself
- But a risk state: associated with less good developmental outcomes
- Insecure attachment associated with a range of psycho-social difficulties
- Disorganised/unresolved distress found more commonly in clinical population. High levels of distress but poor mechanisms for managing

PD and attachment insecurity

- High levels of attachment insecurity in people with PD
- Patrick et al (1994) BPD and enmeshed attachment
- Van Ijzendoorn et al (1997) insecure attachment and mixed PD
- Excess of dismissing or preoccupied attachment in people with PD diagnosis

Implications for maternity

- Caregiving and care eliciting systems are both aspects of attachment system
- Carers learn to be carers by being cared for
- Especially at times of distress/threat and perceived vulnerability
- Attachment systems activated at times of care giving and care eliciting
- Attachment insecurity transmitted through attachment relationship

Maternal attachment status predicts infant's attachment

- Assess attachment in adult pregnant women; then assess attachment in their offspring 2 years later
- Maternal attachment security predicts infant attachment with 80% accuracy (Steele et al 1991)

Personality structure and attachment

- Sroufe et al Minnesota study
- Studied attachment in high risk mother-baby dyads
- Insecure attachment in childhood tended to persist into adolescence and adulthood
- Associated with later diagnosis of personality disorder
- Relevance for affect and arousal regulation; *mentalising*

Reflective function (RF)/mentalising

- RF subscale: Parental RF correlates with infant security in SS 15 mo later
- Babies had secure attachment in 100% mothers *adversity + high RF*, but only 1/17 mothers with adversity + *low* RF
- Mediating factor is maternal capacity to mentalise: to be mind-minded

Mind-mindedness is an aspect of personality function

- Recognition and monitoring of other's distress/needs
- Appropriate regulation of arousal and distress response to others' distress
- Appropriate care-eliciting and care- giving behaviour
- Tolerating negative affects in the self
- A 'secure' care giver icon

From a nursery observer

Mum seemed vacant…she did not seem to have the capacity to think about what her child might be thinking… so she didn't have the basis for *a true connection*….

Sonia's story

Sonia was 19. When she was younger, her stepfather sexually abused her; but her mother did nothing when Sonia told her and Sonia began to develop self-harming behaviours. She dropped out of school; fell pregnant unexpectedly, and had a little boy called Joel. Sonia fractured his femur when he was 18 months old. When I asked Sonia about her relationship with her mother, she said:

'*There's something between us that isn't there*'

Personality disorder: association with childhood adversity

- Childhood adversity significantly increases the risk of being diagnosed with a pd in adolescence and adulthood (Afifi et al 2011;)
- Most true for neglect & CPA (Taillieu et al 2016)
- Dose response effect: the worse the abuse/neglect, the worse the pd?
- Important relationship with attachment behaviours and parental sensitivity

ACEs, attachment and parenting

- Moe V, von Soest T, Fredriksen E, Olafsen KS and Smith L (2018) The Multiple Determinants of Maternal Parenting Stress 12 Months After Birth: The Contribution of Antenatal Attachment Style, Adverse Childhood Experiences, and Infant Temperament. Front. Psychol. 9:1987. doi: 10.3389/fpsyg.2018.01987

- Maternal ACEs predicted parenting stress
- Mediated by attachment insecurity
- Also predicted scores in perceived childhood temperament

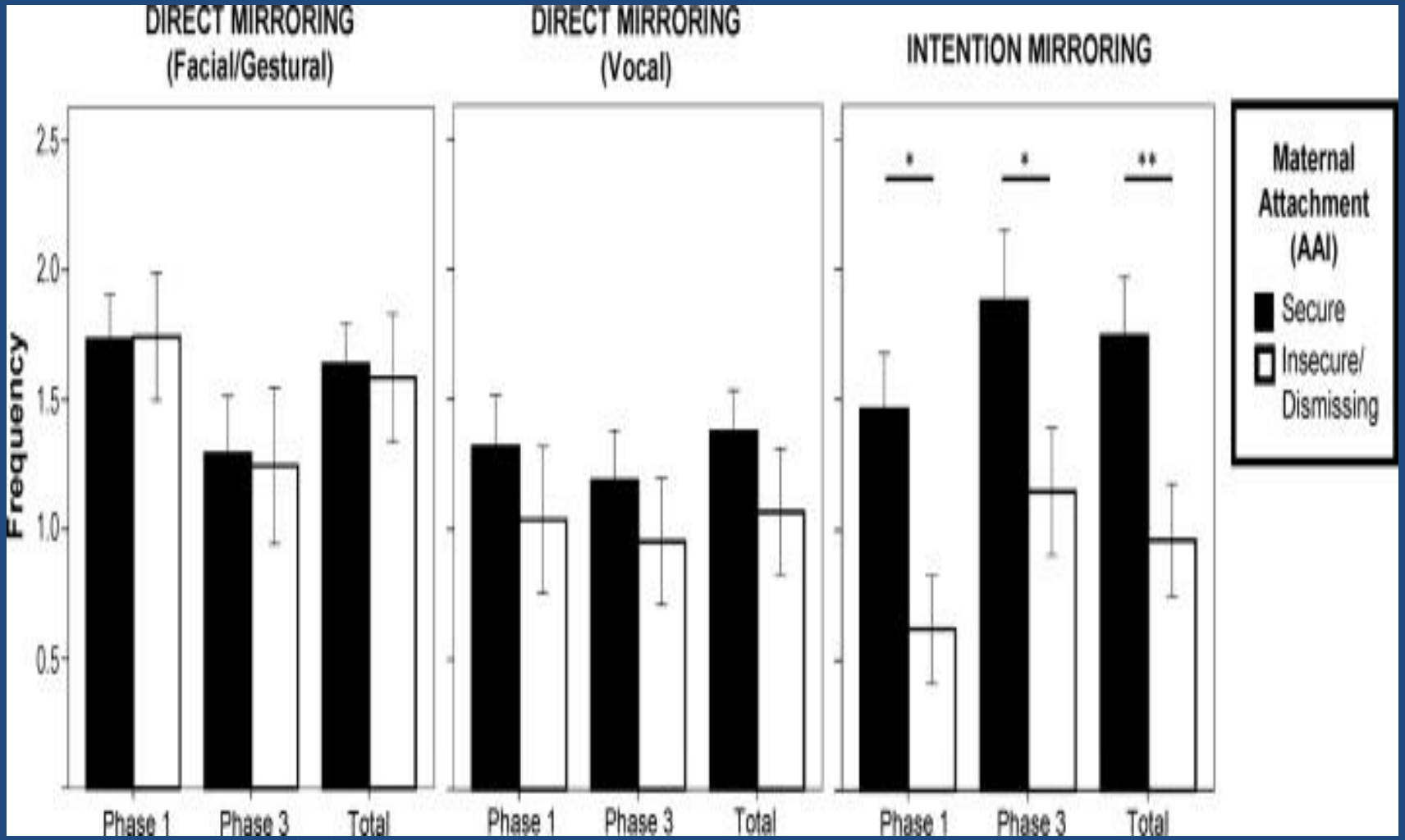
PD affects parental sensitivity

- Ability to respond contingently with appropriate affective response
- Mums with BPD show less or disorganised response as early as 6 weeks (Hobson et al)
- PD related to maternal insecurity of attachment
- The way a mother responds to a child's distress

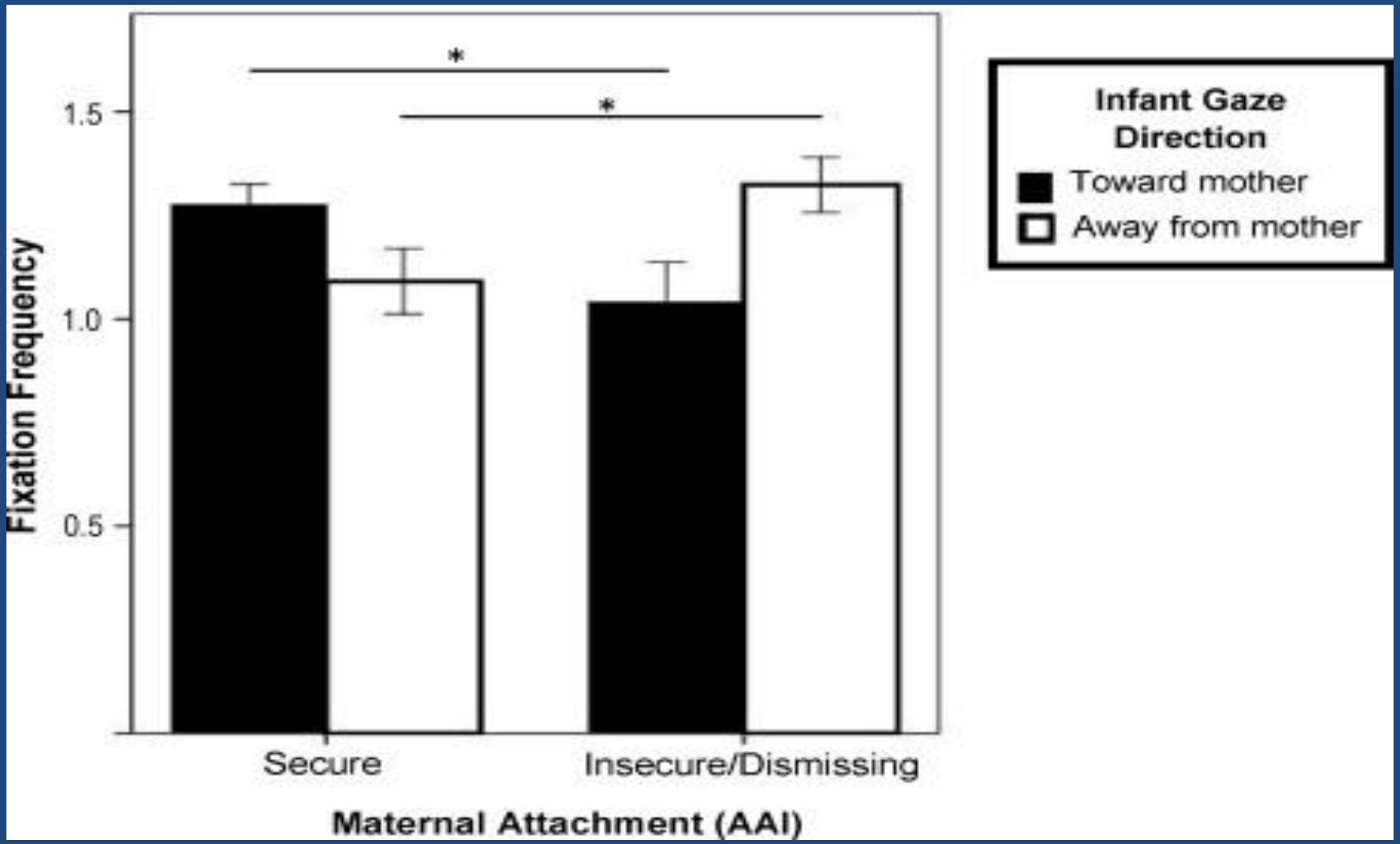
Strathearn et al (2009)

- fMRI study; mothers divided into secure and insecure shown images of their infants' smiling, neutral or crying faces
- Secure mothers' reward-response centres activated equally with crying *or* smiling faces;
- Insecure mothers respond to smiling, but *insula and other disgust centres activated by crying + lower oxytocin levels*.

Kim et al 2014: the impact of maternal attachment on mirroring



Maternal attachment affects infant gaze



Pd and child maltreatment

- Studies of detected child abusers find high rates of pd (60-70%)
- Parental ASPD is significant predictor of neglect and abuse by parents
- PD present in 33%-50% of abnormal illness behaviour cases
- Link with defence style: projection of agency on to child

Lyra's story

Lyra was physically abused and neglected as a child; and was taken into care. She left care at 16 and married soon after. She had 4 children in quick succession; and then her marriage broke up. She made a new partnership immediately and had a baby boy, Peter. She failed to act when her partner and his brother abused Peter.

Relevance for parenting assessment

- Parents with pd are likely to have had histories of abuse and neglect themselves
- Poor mentalising and negative affect management: *so pregnancy is super-stressful*
- Hostility when stressed: perceptions of babies as angry, challenging, competitive
- Can't ask for help effectively from professionals
- Parenthood is traumatic for mothers with PD

PD and poor care-giving

- Failure to monitor or react to distress
- Indifference to need for care
- Reacting to vulnerability or need with hostility, anxiety, panic, distress,
- Helplessness and confusion
- Frightened or frightening carers
- Failure to relate to other carers: controlling care giving

So what can be done to help mothers with PD?

- Don’t reject them from your service!
- Assess strengths as well as weaknesses: the main issue will be affect regulation (anger, fear, hostility)
- Given information about why looking after babies is stressful
- Gently explore ACEs; and explain why this might impact on attachment
- Group work: using mentalising skills, shared experiences
- Individual therapy with baby: nice if you can get it.

So what can be done to help mothers with PD (ii)?

- Read NICE guidelines for treatment of PD!
- Well established evidence base for treatment of BPD, especially
- A variety of 3 letter acronyms: all useful
- DBT and MBT may be best, and have group element
- In OPD programme, we train up staff to mentalise better and to deliver MBT

So what can be done to help mothers with PD (iii)?

- Train yourselves in DBT or MBT!
- Or use of attachment questionnaires
- Think about developing a more relational aspect to your services
- Think about risk of re-enactment of toxic relationships with staff
- Reflective practice to all team members; especially inpatient settings

So what can be done to help mothers with PD (iv)?

- Don’t panic! And don’t beat yourself up if you don’t like mums with PD
- Their dislikeability is a symptom: part of the problem
- But we have to ensure we don’t make it worse; by unconsciously acting out negative feelings
- Counter-transference is real in PD

References

Iyengar, U., Kim, S., Martinez, S., Fonagy, P. and Strathearn, L., 2014. Unresolved trauma in mothers: intergenerational effects and the role of reorganization. *Frontiers in psychology*, *5*, p.966.

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