

Unresolved attachment state of mind, maternal care and child attachment security in two mother-child dyads¹

Estado mental de apego no resuelto, cuidado materno y seguridad del apego en dos diadas madre-hijo/a

Estado mental de apego não resolvido, cuidado materno e segurança do apego infantil em duas díades mãe-filho

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Abstract: This study aims to describe the attachment representations of two mothers classified as unresolved in their state of mind with respect to attachment, as well as the specific characteristics of their interactions with their children: the quality of their care and the security of the child's attachment. The Adult Attachment Interview was used to evaluate attachment representations, the Maternal Behavior Q-Set 2.1 was used for the quality of maternal sensitivity, and the security of the child's attachment was evaluated with the Attachment Q-Set 3.0. The results show that while attachment is unresolved in both mothers due to their own experiences of childhood abuse, their sub-classification (secure attachment in one case and insecure in the other) is associated with differences in how they perceive and respond to the child's needs, and in the security of the child's attachment.

Keywords: adult attachment representations; attachment relations; children care; physical abuse

Resumen: El presente estudio busca describir las características de las representaciones de apego de dos madres clasificadas con un estado mental de apego no resuelto, así como las características particulares de la interacción con su hijo/a: la calidad de su cuidado y la seguridad del apego del niño/a. Para las representaciones se empleó la Entrevista de Apego Adulto, para evaluar el cuidado de las madres el Maternal Behavior Q-Set 2.1, y la seguridad en el apego del niño/a se evaluó a través del Attachment Q-Set 3.0. Los resultados muestran que a pesar de que ambas madres tienen un apego no resuelto en función a experiencias de abuso vividas en la infancia, la sub-clasificación (apego Seguro en un caso e Inseguro en otro) está asociada a diferencias en la manera de percibir y responder a las necesidades de su hijo/a y en la seguridad del apego de éstos últimos.

Palabras clave: representaciones de apego adulto; relaciones de apego; cuidado infantil; abuso físico



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Resumo: O presente estudo busca descrever as características das representações de apego de duas mães classificadas com estado mental de apego não resolvido, bem como as características específicas de suas interações com seus filhos: a qualidade do cuidado e a segurança do apego da criança. O Adult Attachment Interview foi usado para avaliar as representações de apego, o Maternal Behavior Q-Set 2.1 foi usado para a qualidade da sensibilidade materna e a segurança do apego da criança foi avaliada com o Attachment Q-Set 3.0. Os resultados mostram que apesar do fato de ambas as mães possuírem um apego não resolvido baseado em experiências de abuso vividas na infância, sua subclassificação (apego seguro em um caso e inseguro no outro) está associada a diferenças em como elas percebem e respondem às necessidades da criança, e na segurança do apego da criança.

Palavras-chave: representações de apego de adultos, relações de apego, cuidado de crianças, abuso físico

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One important tenet of the study of adult attachment is that individuals possess a repertoire of representations of their early experiences with their own caregivers, which Main, Kaplan and Cassidy (1985) called states of mind with respect to attachment. These states of mind function as a set of conscious and/or unconscious rules to organize an adult's perception of information concerning attachment (Bowlby, 1969/1982; Main et al., 1985), and have a direct impact on parental behaviors. A number of studies have found a direct connection between a mother's state of mind with respect to attachment and her sensitive care behavior towards the child (Behrens, Haltigan, & Bahm, 2016; Madigan et al., 2006; van IJzendoorn, 1995; Verhage et al., 2016).

How a person articulates and organizes their discourse around experiences with significant caregivers reflects their states of mind with respect to attachment, and so do the strategies they deploy in the process. Based on the classification scheme proposed by George, Kaplan and Main (1985), individuals can present an organized pattern of attachment, broken down into the secure-autonomous, insecure-preoccupied, and insecure-dismissing categories, or a disorganized pattern, identified as unresolved/disorganized. The latter classification is assigned based on signs of disorientation and disorganization in the state of mind, due to situations of loss or violence (Main & Hesse, 1990). However, Hesse (2016) points out that, since such signs appear as a result of specific experiences and can be temporary, the unresolved attachment classification is always assigned an alternative sub-classification based on an organized pattern. So, even when an individual presents an unresolved state of mind in the face of certain experiences, their general mode of organization reflects an organized pattern of attachment.

Potentially traumatic experiences of loss or violence can prompt the configuration of an unresolved state of mind with respect to attachment. This is due to the fact that in cases where the loss of a parent has occurred, their absence increases physical danger and voids the feelings of well-being and security that the relationship provided (Bowlby, 1969/1982; Fraley & Shaver, 2016). With experiences of abuse, be it physical or sexual, the infant's very source of security becomes also source of danger, and the person faces trauma that is chronic in nature (Main & Hesse, 1990). Berthelot et al. (2015) demonstrated that individuals with a history of childhood loss or abuse are more likely to develop unresolved states of mind with respect to attachment: their study found that this was the case for 42% of mothers with a history of abuse or neglect. Given this, Hesse (2016) proposes that when such experiences are poorly integrated, as revealed by a lack of clear awareness of the traumatic events and their implications, signs of disorientation and disorganization appear with regards to those situations or to later events that recall them, for instance in childrearing. Thus, an unresolved attachment classification is understood to be a significant risk factor in maternal care and childrearing, and the study of the category has gained great relevance (Lyons-Ruth & Jacobvitz, 1999).

Moreover, exploring unresolved attachment is especially important in contexts where its incidence is elevated. Bakermans-Kranenburg and van IJzendoorn (2009) found that an unresolved attachment classification is present in 32% of high-risk populations, such as low-income mothers, and in 38% of contexts of family violence. These situations are of particular resonance in Peru, where between 19% and 21% of children younger than 14 live in single-parent households, 58.8% of women report a history of physical punishment by their own parents, and, most significantly, 34% of mothers with children between the ages of 1 and 5 report having experienced some form of physical and/or sexual violence (National Institute of Statistics and Informatics, 2016). Additionally, 29.6% of households in Lima metropolitan area are classified in the D and E socio-economic groups (APEIM, 2017).

The importance of exploring maternal representations of attachment in greater depth is further supported by studies that have found them to be associated with a mother's sensitivity in the care of her children (Behrens et al., 2016; Madigan et al., 2006; van IJzendoorn, 1995; Verhage et al., 2016). The meta-analyses indicate that parents with unresolved attachment are more prone to develop disorganized relationships with their children (van IJzendoorn, 1995; Verhage et al., 2016). Hesse and Main (2000) argue that unresolved traumatic experiences can produce the intrusion of partially dissociated frightful memories during interactions with the child. These elements of the caregiver's own traumatic, non-integrated emotional world are reactivated by the infant's emotional expressions and attachment initiatives (Hsiao, Koren-Karie, Bailey, & Moran, 2015; Lyons-Ruth & Jacobvitz, 1999), which may trigger unpredictable, disruptive, or inadequate responses (Madigan et al., 2006; van IJzendoorn & Bakermans-Kranenburg, 1996).

Mothers classified as unresolved with respect to attachment display insufficient signs of monitoring their behavior in interaction with the child (Schuengel, Bakermans-Kranenburg, & van IJzendoorn, 1999). Hsiao et al. (2015) found that such mothers also encounter difficulty in effectively guiding and sustaining their interactions with children, as well as in engaging the child in shared activities. According to the authors, this is due to the mother's adoption of a passive role, bemoaning or complaining about the level of attention given her by the child. Similarly, Crugnola et al. (2013) found, in mother-child dyads with children younger than 1, that a mother's unresolved state of mind with respect to attachment is significantly associated with a negative engagement with the child ($r = .33$) and a lower degree of involvement in play activities ($r = -.45$). Meanwhile, in mothers with a history of abuse (which often explains or is at the base of an unresolved attachment classification) Moehler, Biringen, and Poustka (2007) found lower levels of sensitivity, non-intrusiveness, and non-hostility in comparison with the control group; these authors emphasize that an intrusive behavior is the most salient characteristic of such

mothers' disorganized attachment, indicating a lack of appropriate response and emotional availability to the child's needs.

In this context of difficult interactions with their children, mothers can begin to display hostile behaviors (Lyons-Ruth & Jacobvitz, 1999). Reijman et al. (2016) found that 42% of maltreating mothers presented unresolved attachment, while only 17% of a group of non-maltreating mothers were assigned that classification. Similarly, Bakermans-Kranenburg and van IJzendoorn (2009) found that 38% of individuals who behaved violently in the family context (for instance, towards their children) were classified as unresolved with respect to attachment.

Some studies, however, have shown that the negative effect of unresolved attachment on care behaviors can vary depending on an individual's alternative sub-classification, which is assigned based on their pattern of organized behavior (secure, secure-preoccupied, or insecure-dismissing). According to Ballen, Demers and Bernier (2006), adults classified as unresolved/insecure can be expected to have greater difficulties in rearing and interacting with their children. It has been shown that mothers with this classification engage in more frightening/frightened behaviors and increase their intrusiveness in the presence of their infants (Goldberg, Benoit, Blokland, & Madigan, 2003; Schuengel et al., 1999), while mothers with an unresolved/secure state of mind demonstrate comparatively greater closeness and less frightening behaviors in interactions with their children (Ballen et al., 2006; Saunders, Jacobvitz, Zaccagnino, Beverung, & Hazen, 2011).

Research has also confirmed a significant degree of correspondence between the adult caregiver's state of mind, their care behavior, and the infant's pattern of attachment (Ainsworth, Blehar, Waters, & Wall, 1978; Behrens et al., 2016; Madigan, Hawkins, Plamondon, Moran, & Benoit, 2015; Verhage et al., 2016). In the case of children whose mothers present an unresolved state of mind, their attachment system will be activated as they experience fright at the mother's behavior, which motivates the infant to seek the mother's protection; given that the same figure is the source of fright, the child is faced with an unresolvable dilemma that precludes any coherent strategy. This situation drives the child towards disorganized behaviors (Main & Hesse, 1990). The most recent meta-analysis, by Verhage and collaborators (2016), found that 42% of mothers with unresolved attachment had children who presented disorganized behavior. In turn, Berthelot et al. (2015) found that 92% of cases of insecure attachment in children and 67% of cases of disorganized attachment behavior in children corresponded with a mother's unresolved attachment classification. It is thus to be expected for children whose mothers present unresolved attachment to encounter difficulties in constructing a secure image of their figures of attachment and of their environment, which impedes the establishment of a secure attachment bond.

In light of these considerations, this study will seek to describe representations of attachment in two mothers classified as having unresolved attachment, as well as the characteristics of the quality of their maternal behavior (sensitivity) and their children's security of attachment.

Method

Design

This study is part of a multi-centered research project designed by Altmann, ATI Group and Carbonell with the goal of exploring the contributions of a mother's quality of care, her regulatory strategies, and her representations of attachment to the child's attachment security during the first year of life (Bárrig-Jó et al., 2016; Nóblega et al., 2016). This article focuses on two specific cases, selected for the presence of shared features relevant to the project's objectives. Both cases are of mothers assigned an unresolved attachment classification, both are

from a low-income stratum, and both report a history of violence in childhood. The goal is to elicit the mothers' discourse by means of the Adult Attachment Interview (AAI), and to describe the behaviors that characterize the mother-child bond in both cases, as observed in free interaction.

Participants

The first participant, identified here as "Luisa" (a pseudonym), was 33 years old and a high school graduate. At the time of the interview, Luisa was a married homemaker living in a household that included her own family unit and her in-laws. She had three children: a 15-year-old, a 6-year-old, and a 9-month-old infant girl with whom she participated in the study. Two important pieces of background information are that the infant girl was hospitalized earlier in life due to an illness, and that the mother was absent on a separate occasion for less than a week, leaving her older child in charge of the baby.

The second participant, identified as "Claudia" (also a pseudonym), was 23 and a high school graduate as well. At the time of the interview, Claudia was a homemaker living with her common-law partner. She participated in the study with her single child, a 9-month-old infant. Claudia had also been absent for less than a week in one occasion, due to an illness in the family; during that separation, the child was left to the care of his grandmother.

All mothers agreed to participate in the study voluntarily and signed an informed consent that guaranteed their anonymity. Five mothers were interviewed initially; Luisa and Claudia were selected from that group because they were both classified as unresolved in terms of their state of mind with respect to attachment. At the end of the study, all five participants were invited to a final interview and received childrearing advice.

Measurements

Adult Attachment. The mothers' representations of attachment were evaluated using the Spanish version (Main & Goldwyn, 2002/2004) of the AAI (George, Kaplan, & Main, 1985). The AAI is a semi-structured, 18-question protocol focused on exploring an individual's state of mind with respect to attachment as a reflection of early experiences, and on the effects those experiences have on the person's current functioning (George et al., 1985; Hesse, 2016). Based on the content and the form of their answers, participants are assigned a global classification or category: Secure-Autonomous; Insecure-Preoccupied; Insecure-Dismissing; Unresolved/Disorganized; or Unclassifiable. In the two latter cases, participants must also be assigned an alternative sub-classification based on organized patterns, either Secure or Insecure (George et al., 1985).

The analysis of the interview includes, on the one hand, ratings of parental behavior during infancy based on the content of the experiences recalled by the interviewees, and, on the other, a formal analysis of the discourse, which refers to the coherence of thoughts about those early experiences. This formal analysis is based on Grice's maxims (1975): *quality*, referred to the accuracy of what is said and the supporting evidence provided; *quantity*, or the ability to be succinct while offering a complete answer; *relation*, which implies providing relevant information; and *manner*, which alludes to the clarity and orderliness of the answers.

Additionally, an unresolved attachment classification is assigned when signs of disorientation and disorganization are present around the traumatic events experienced by the individual. This can manifest as diminished monitoring of thought, discourse, or behavior when discussing the events in question, or when the experiences appear poorly integrated and confused, which evinces lack of a clear awareness of what occurred and its implications (Hesse, 2016; Main & Hesse, 1990).

It must be noted that, although the analysis is conducted on the formal content and the linguistic manner of the answers, the classifications assigned by the AAI have been shown to

bear no relation to most intelligence measures, or to short- or long-term memory concerning experiences not connected to attachment (Bakermans-Kranenburg & van IJzendoorn, 1993; Hesse, 2016).

The interview is administered in one hour and is transcribed verbatim. The coder for both interviews was independent of the research team, trained and certified by Main and Hesse, University of California – Berkeley, and worked exclusively with transcripts.

Maternal Sensitivity. The Maternal Behavior Q-Set 2.1 (MBQS 2.1; Pederson & Moran, 1995), in its Spanish version by Posada and collaborators (2002), was used to evaluate the mothers' sensitive behavior. This instrument assesses a caregiver's levels of sensitivity in everyday contexts, via 90 statements that describe a broad range of general features of the person's quality of behavior. The behaviors in question include such aspects as the sensitivity of the mother's response to the child's signals, her emotional tone and active participation in interactions, and her availability to the child even when engaged in other activities, among others.

This instrument is applied by observing the mother's interactions with her child and distributing the 90 statements in 9 groups of 10, ranging from the most to the least typical of the mother's behavior. To obtain the overall sensitivity rating, the ratings obtained in the 90 items are correlated to those describing a highly sensitive caregiver (Pederson & Moran, 1995).

For this study, mother-child interactions were recorded on video and rated by two independent raters, trained in the subject. Neither rater was familiar with the mother's type of attachment. Calculated using the interclass correlation coefficient method, inter-observer reliabilities for the ratings thus obtained were .865 and .719 for the dyads 1 and 2, respectively.

Attachment Security. The child's attachment behavior was evaluated using the Attachment Q-Set 3.0 (AQS; Waters, 1995). This instrument evaluates a child's attachment security based on the observation of his or her relationship with the caregiver. The child is rated in 90 separate behavior-related items, including warmth in interactions with the mother, proximity-seeking and enjoyment of physical contact, and exploratory behaviors, among others. The items are organized in 9 groups of 10, ranging from the most to the least typical. Then, an overall rating for secure base behavior is obtained by comparing the ratings obtained in the 90 items to those describing an ideally secure child (Waters, 1995).

For this study, mother-child interactions at home were recorded on video and rated by two independent raters trained in the instrument and knowledgeable about attachment. Neither rater was familiar with the mother's type of attachment. Calculated using the interclass correlation coefficient method, inter-observer reliabilities for the ratings obtained by the two dyads were .912 and .721, respectively.

Procedure

The instruments were administered as part of a broader battery of evaluations, in the context of the multi-centered research project mentioned earlier from which this study derives. This article is based on data from free mother-child interactions observed during the first meeting, and from the AAI administered in the fourth meeting. The observation of mother-child interactions took place in the participant's home, visited by an observer in order to record behaviors in their natural environment. The interviews were conducted in the laboratory facilities of the University backing the study, a private space occupied exclusively by the participant and the interviewer.

Results and Discussion

Luisa's case will be analyzed first and Claudia's second, independently of one another. Specific aspects of the interviews that help describe and characterize the participants' state of mind with respect to attachment will be highlighted. Those sensitive behaviors by the mother and attachment security behaviors by the child that were observed to be most characteristic and can be explained based on each case's state of mind classification, will also be discussed.

Luisa "dances between angels and ghosts"

When talking about her relationship with her mother during childhood, Luisa describes the latter as "close-minded", "anxious", "very much a homemaker", "worried", and "alert". Asked about why she described her mother as "close-minded", Luisa responded: *"Yes, because she was not one of those moms who understands things, she never asked me why something had happened, why that other thing had happened... her solution was always to punish."* Luisa describes a number of episodes of maternal violence, such as beatings with a stick, and also threatening attitudes, such as frightening Luisa with objects she was scared of, like a sheep's head.

Thus, the mother, the main figure of attachment, is remembered as a source of fright, which faces Luisa with an unresolvable paradox. Speaking about these issues, her discourse turns disoriented; at times, she can't name the violence or finish her sentences, and uses meaningless words to describe her abuse: *"Ehhh... I... let's say, but mom, wait, nooo but meeee... she began to yell and ta ta ta ta... my mom found the pretext and hit me with whatever because I was dad's favorite otherwise."*

It can also be inferred in the narrative that Luisa's mother rejected her daughter's approaches and was not a figure Luisa could seek in stressful situations. When Luisa felt overwhelmed, she talked to her sister; when she hurt herself, she would not go to her mother; and when she fell ill, it was her father who took her to the doctor. Luisa does not seem to trust her mother's availability in the present, either: forced to absent herself from the household due to an emergency, she left her 15-year-old daughter in charge of the infant, which may signify a lack of confidence in her own mother's ability to care for the child.

When asked to explain why she describes her mother as "anxious", Luisa says:

"Yes, see, all kinds of memories, my mom is one who, for instance, I picked up a cup with water or with milk and nooo, nooo! you are going to trip and fall, you are going to! so mi mom is, she was already thinking the milk was spilled, I had already burned myself, I was already in the hospital. So, before anything happened, she had, she already was predisposed, but she would not see the good side, she always, the tragic side, or something is going to happen, what cra...! but nothing has happened yet, but it will! She, no, no, at some level she can be scary and even now, for example, my little baby is walking and aaaaaaiihhh! Don't shout I tell her because, leave her alone! If she falls, she can get up. No, I don't follow on that path, but my mom is like that to this day."

Some violations of the manner of the narrative (according to Grice's classification, 1975) can be seen in this passage, when Luisa uses exaggerated language ("all kinds of"; "always the tragic side") or introduces exchanges she had with her mother as if they were taking place in the present. A lowering of Luisa's temporal monitoring of her state of mind with respect to those experiences is also observed, as she moves from speaking about the past (her childhood) to the present and to events related to her own daughter. This way of narrating experiences with her mother indicate that Luisa remains "involved" in the situation.

Luisa describes her current relationship with her mother: *"My mom helps me plenty now, but she meddles (...) I see her like she's trying to mend some things. My mom several times has apologized to me for her abuse."* Luisa says that several characteristics of her mother still bother

her, yet she articulates a possible explanation for her mother's behavior (*"I see her like she's trying to mend some things"*) and seems to imply forgiveness.

Meanwhile, the adjectives Luisa chooses to describe her father are neither too positive, nor too negative: "grouchy", "perfectionist", "joyful", "a friend", and "responsible". Regarding the adjective "grouchy", Luisa says: *"(...) when he got exasperated, he would raise his voice, but never hit us (...) We have no memories of major episodes with him, but I was aware he could grumble or could be preoccupied about work, he yelled at my mom."* While describing him as someone who yelled and fought often with his partner, Luisa says that her father would defend her from her mother (*"My dad was there to defend me"*), which made her feel special. In general, the adjectives used to describe the father are supported in Luisa's discourse, which allows us to infer in him an attitude of care towards his daughter. No significant violations of Grice's maxims are observed. Luisa states that she had a closer relationship with her father than with her mother, and indicates in her discourse that having her father as a source of support during childhood was important for her.

Alongside her father and mother, another figure has been important in Luisa's life: her godmother (an aunt), who also functioned as a figure of support. *"She took me, during school vacations, she took me to her home, which was the opposite of my home, in the sense that my mom, due to her pro... my mom didn't let us, she didn't let us play anymore (...) And I would wait for the weekend to arrive and again try to get my godmother to take me."* Luisa recounts episodes of greater calm with her godmother, in the absence of the mother's psychological violence. It can also be observed that Luisa's rage when speaking about her mother is contained, as she does not complete the word in *"my mom, due to her pro..."* Luisa may have been about to say "due to her problem", but stopped herself short, not allowing herself to talk about the subject in those terms.

Luisa's manner of speaking is spontaneous and light-hearted, not clichéd, with expressions like *"look, something just came to mind right now."* Her discourse is coherent, her rage is contained, and at times she employs a humorous tone. She appears involved in the relationship with her mother, consciously articulating active complaints, yet displaying recognition and acceptance of who the mother and the relationship itself are, and evincing forgiveness of flaws. At the same time, Luisa does not identify with her mother's negative characteristics. All of the above are features of a secure state of mind with respect to attachment.

Also present in Luisa's discourse are metacognitive processes related to her monitoring and reporting of thought process in the course of the interview, a good indicator of secure attachment. These operations refer to the recognition of a change in the presentation of the figure of the mother. Luisa says: *"So, that was the part that my mom, well, later when I was an adolescent I was able to understand why she did those things, right? (...) As a child, one doesn't know the troubles they had as a couple, right? It was a way of blowing off steam, but I came to understand that later."*

Based on the classification and the analysis of the interview, the conclusion is that Luisa tends toward an unresolved state of mind with respect to attachment due to traumatic childhood experiences, yet her characteristics, despite those experiences, justify an alternative sub-classification of secure-autonomous attachment.

Fonagy, Steele, Moran, Steele and Higgitt (1993) write that the AAI makes it possible to measure the "ghosts in the room", a metaphor to describe the way in which a mother's relationship with her infant is imbued with unresolved experiences. In this case, Luisa's experiences of violence manifest themselves in her relationship with her own children, to the point that she finds it extremely difficult to separate and leave her infant under the care of someone else; she says she does not trust her mother to care for the baby. Nevertheless, although Luisa's experiences of violence are unresolved, she is given a secure sub-classification. It is possible that Luisa's godmother functioned as an alternative figure of protection, an "angel in the

room” (Lieberman, Padrón, Van Horn, & Harris, 2005). Several studies underscore the importance of the presence of alternative care figures in the face of an individual’s negative experiences with his or her parents during childhood. When such figures are able to provide adequate emotional support, they ease the acquisition of security and internalization of relationship patterns that are conducive to a more secure state of mind (Saunders et al., 2011; Zaccagnino, Cussino, Saunders, Jacobvitz, & Veglia, 2014). Luisa navigates daily life between such “ghosts” and “angels”, albeit which of them comes to the fore may shift from moment to moment.

With regards to her own maternal behavior, Luisa displays the ability to detect, interpret, and respond to her daughter’s needs ($r = .749$). Observed among Luisa’s most characteristic behaviors is a sensitive response to the child’s signals, maintaining a positive mood (MBQS, item 36) and a high degree of participation in their interactions. The ability to notice the child’s signals (MBQS, item 1) and to seek face-to-face interactions are also characteristic. It is important to note that, while negative feelings towards the child may be present, Luisa is able to set them aside when interacting (MBQS, item 22). So, while Luisa presents unresolved attachment, her ability to recognize her own state of mind and that of her child makes it possible to sustain more regulated and positive interactions (Berthelot et al., 2015; Madigan et al., 2015).

On her part, Luisa’s daughter has been able to establish a secure bond with her ($r = .383$). The infant displays warmth in interactions with her mother and is open to exploring the environment and interacting with others. She is observed to be lighthearted, playful (AQS, item 9), active most of the time (AQS, item 68), expressive in her interactions (AQS, item 89), and attracted to new activities (AQS, item 85). The child does not easily become angry and does not appear impatient, demanding, or upset at her mother’s behaviors (AQS, items 30, 38 and 65). As Hsiao et al. (2015) point out, mothers who display elements of secure attachment provide greater opportunities for their children to express emotions and needs, which can then be adequately processed.

Claudia “swims” under her traumatic childhood experiences

Claudia grew up with her mother, father, and three siblings. The experiences of enduring violence at the hands of her father and witnessing domestic abuse were traumatic for her, and her narrative during the interview was suffused with those events. “...because my dad wasn’t, I mean, he wasn’t someone to pick up a belt, right?, I mean he hit you with whatever was at hand, so, eh, that’s what I was afraid of, for my dad to be holding something whack! he throws me down because if I remember correctly once my dad (...) my dad pulled me by my hair and left me, he pulled me to the floor, later, I have a scar here or here, something like this on my face (aha) because, because he threw me down and... and... I fell on my face, like that I got scratched, that was what I have worst, right?” A different episode Claudia recounts is of one time when “...my eye got swollen because when he hit me with the belt, the buckle caught me and gave me a bump.”

Claudia says that her mother did not pay much attention to her. “Oh my mom when I said mom, eh, how do you say it, help me with my homework, my mom said ‘no, can’t you see I have to be selling? you need to realize that if I don’t sell, you’ll have nothing to eat.” Claudia’s discourse posits high levels of rejection and negligence in the inferred experiences of her parents.

Claudia was not able to obtain support from her parents in stressful situations. Asked about an episode of her childhood when she may have felt overwhelmed, she says: “I cried, cried, cried... when my parents fought I sometimes felt that, I’d say, God I want to die... Ehhh... sometimes I wanted to run away from home (...).” The subject of violence again comes up in her narrative, as does the fact that such violent episodes prompted depressive feelings and ideas of death.

When physically hurt, Claudia says she sought her mother's attention by causing herself even more harm: *"Sometimes I tried to push it out, to, to, to have it, to have the hurt be bad, sometimes when I fell doing that, I scratched myself to make it bigger, to to have them pay attention and maybe that way, right?, my mom paid attention to me, she helped me heal, and sometimes, that's when I asked her do you love me, and my mom said yes, I love you very much, and I said no, you don't love me, and even now sometimes."*

Throughout the interview, Claudia appears confused, frightened, and distraught by her traumatic experiences. The subject dominates the interview and emerges in incoherent ways; several moments are suffused with fear, giving the impression that Claudia is unable to distance herself from the issue or to control it, as it overwhelms her thought process. For example, in a passage of the interview when she is talking about the adjectives used to describe her father, Claudia says: *"I was sometimes scared of... sometimes seeing myself like that my my my trembled, I I felt weird seeing them like that, better I went to my grandma's and told my grandma. (...) when I saw my dad I was trembling like that or if I saw I would keep very quiet, very still so he didn't, because everything set him off."*

Claudia's discourse also features violations of Grice's maxim of quantity (Grice, 1975), as she provides more information than necessary, taking long conversation turns in several passages of the interview. There are evidences of diminished monitoring in connection with trauma-inducing situations. When Claudia talks about the situations of violence she experienced, emotional and cognitive dysregulation can be observed: she hesitates and speaks of fear, which generates a frightened/frightening pattern of maternal behavior.

In summary, Claudia suffered physical violence from her father and witnessed violence between her parents. Her narrative is confused, frightened, and distraught, and her thoughts include visual intrusions. Claudia presents an unresolved state of mind, frightened and preoccupied with traumatic events. This classification is rarely found in low-risk samples. It describes individuals who have lived through frightening experiences regarding attachment, for whom such experiences remain active concerns and may even dominate mental processes in unpredictable ways.

Claudia is affected by her traumatic experiences in the present and in connection with her own children. Asked by the interviewer *"Does this experience influence in any way how you relate to your children?"* Claudia responds: *"Yes, at times I feel I am treating my little boy badly. There are times when he doesn't want to eat and I you don't want to eat ok ooooook now you have nooooooohing, like that, right? (...) There are times I see my boy crying and when I see him crying I cry with him because I say I am not well."* This shows how, not having had a figure of support and containment in childhood, Claudia becomes overwhelmed and anxious when her child cries; it is her who needs attention and containment. This is characteristic of preoccupied attachment patterns.

Low levels of sensitivity were observed ($r = .197$) in Claudia's behavior, with inadequate responses to the child's signals. It was also found that Claudia tends to interfere in the child's activities and shows scant interest in his physical appearance. Her most characteristic behaviors focus on tending to the child's physical needs, such as providing nutritional snacks (MBQS, item 48) or placing toys within the child's reach (MBQS, item 90); however, she tends to dismiss the child's emotional state, either ignoring his signals of anxiety or distress or delaying response (MBQS, item 11), and responding only when the signals become frequent, prolonged, or intense (MBQS, item 7). Such maternal behaviors are in agreement with what the literature describes in connection with an unresolved state of mind, which results in low levels of emotional availability and sensitivity (Moehler et al., 2007). The mother's inability to monitor her behavior in interactions and to respond to the child's stress appear to be the result of childhood trauma and her difficulty in integrating those experiences. (Lyon-Ruth & Jacobvitz, 1999).

On his part, Claudia's child has not been able to develop a secure bond with his mother ($r = -.322$). His behavior displays limited warmth in interactions with Claudia and diminished proximity-seeking in stressful situations (AQS, item 88). The child's interactions with other adults are equally limited. His secure base behavior was found to be characterized by difficulties in regulating emotional states and finding adequate strategies to elicit the mother's care: the child becomes upset when his mother leaves (AQS, item 13); is demanding and impatient when he wants something from her (AQS, item 38); behaves generally as if she will not do what he wants (AQS, item 74); and expresses his needs through fussiness, crying, or discomfort (AQS, item 81 and 38). Studies by Hsiao et al. (2015) and by Negrão, Pereira, Soares, and Mesman (2016) have pointed out that mothers with unresolved and preoccupied attachment, like Claudia, often redirect interactions to focus on their own emotional experience rather than the child's. This renders the mother incapable of organizing the child's experiences (especially in the case of negative emotional experiences such as pain, sadness, or grief) and unable to function as a secure base that can help resolve them.

Conclusions

This study describes representations of attachment in two mothers assigned an unresolved state of mind classification. While both cases feature unresolved childhood experiences of violence, substantive differences in discourse organization prompted differing sub-classifications. In one case, a secure sub-classification was given based on the presence of elaboration of those early experiences and of alternative figures of support in the individual's life; the insecure sub-classification assigned in the second case is due to the presence of preoccupation and fear in connection with traumatic experiences. Taking these sub-classifications into account, it becomes clear that the individual with unresolved/secure attachment displays greater levels of maternal sensitivity and security in her bond with the child, compared to the individual classified as unresolved/insecure. These results are in accord with the literature.

The results of this study show that, by providing information about the effects of past trauma on present behavior, the classification and detailed analysis of unresolved states of mind and the corresponding sub-classification contribute in significant ways to an understanding of traumatic experiences. This makes it possible to plan interventions that are pertinent to each specific configuration. Based on her results, treatment for Luisa would involve working with the "angels" and "ghosts" that are rooted on her traumatic experiences, as well as with her rage levels, in order to foster greater narrative coherence and to avoid the repetition or unraveling of that rage in the relationship with her children. An intervention for Claudia, meanwhile, would focus on understanding and integrating her lived experiences, and on promoting secure attachment by improving Claudia's sensitive response to her child's needs.

These results show that the AAI and the observation of a dyad's behavior mutually validate one another. It would nevertheless be pertinent to analyze larger groups of mothers, allowing for greater systematization. Those results would be of capital importance for clinical work with mothers, especially in high-risk populations.

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