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Attachment and Social Competence of Children with a Mother Coping with Bipolar Disorder

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ATTACHMENT AND SOCIAL COMPETENCE OF CHILDREN WITH A MOTHER COPING WITH BIPOLAR DISORDER

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Dissertation Approval

This is to certify that the thesis presented to us by Jennifer Forster on the 18th day of April, 2016, in partial fulfillment of the requirements for the degree of Doctor of Psychology, has been examined and is acceptable in both scholarship and literary quality.

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Abstract

The purpose of this study was to provide a better understanding of the attachment between a mother diagnosed with bipolar disorder and her child and the subsequent social competence of the child. A descriptive survey design was chosen due to the lack of existent literature in this area and the need to identify problematic areas of attachment and social competence in this identified population. A sample of ten mothers diagnosed with bipolar disorder with at least one school-aged child (between kindergarten and sixth grades), to whom the mother is the primary caregiver, participated in this study. Each participant was given two questionnaires to complete: one assessing attachment between the mother and child and one assessing social competence of the child. Recurrent themes of attachment and social competence were identified based on the participants' responses. The findings of this study indicate areas of impairment in the attachment and social competence of children of mothers with bipolar disorder. These findings will add to the existent literature in this area and provide a basis for future studies and areas of possible therapeutic mediation.

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Chapter One: Introduction

Statement of the Problem

Parental psychopathology has been shown to have a negative effect on the social, emotional, and behavioral development of the child offspring (Chang, Blasey, Ketter, & Steiner, 2001; Panaghi, Shooshtaria, Sharafib, & Abbasi, 2009). Although there is a multitude of research supporting the negative consequences of parental psychopathology on biological children for some mental disorders (e.g. depression and anxiety) (Weinberg & Tronick, 1998; Chang, Blasey, Ketter, Steiner, 2001), research is lacking in the area of bipolar disorder. However, the research that does exist in this area suggests that children of a bipolar parent are, themselves, at increased risk for psychopathology and psychiatric treatment, impairment in overall functioning, school-related problems, and social impairment (Henin, Biederman, Mick, Sachs, Hirshfeld-Becker, Siegel, McMurrich, Grandin, & Nierenberg, 2005).

Genetic study has been the primary means of assessing the risk for development of psychopathology in the children of a parent with bipolar disorder. Biological children of parents diagnosed with bipolar disorder may be four times as likely to develop a mood disorder as those children of parents without a psychiatric diagnosis (Chang, Blasey, Ketter, & Steiner, 2001). Although it is clear that a hereditary component exists with regard to bipolar disorder, the environmental effects of having a parent with bipolar disorder in areas such as parental attachment and familial relationships have been minimally investigated.

This study aims to examine attachment and social competence. The nature of the relationship and the attachment between the parent and child has been viewed as the

foundation for the child's future social development (Parke & Ladd, 1992). There is a lack of research focusing on the quality of the relationship between the parent and child and the possible repercussions of the formation and maintenance of poor attachment styles in the population coping with bipolar disorder.

Although bipolar disorder itself has not been studied a great deal with regard to attachment styles, the attachment styles of depressed mothers were considered because depression many times presents with similar symptom manifestations as does bipolar disorder (Ledingham, 1990). Research to date has identified that the mother-child attachment between depressed mothers and children is often regarded as an insecure attachment style (Carter, Garrity-Rokous, Chazan-Cohen, Little, & Briggs-Gowan, 2001; van Ijzendoorn, 1995; Teti, Messinger, Gelfand, & Isabella, 1995).

Early attachment styles formed with a caregiver have been identified as having future implications for the child in the realm of social interaction and in the forming of peer relationships. Kerns, Contreras, and Neal-Barnett (2000) posited that the quality of interactions and relationships between the parent and child have been linked to the formation and maintenance of the child's peer relationships. Kerns, Klepak, and Cole (1996) suggested that a secure attachment formed in infancy allows the child to feel confident in exploring his/her surroundings and initiating interactions with other individuals, whereas insecure attachment has been a predecessor for maladaptive initiation and maintenance of interactions with others.

Furthermore, parental psychopathology, namely depression, has largely been implicated in problematic development of social competence in children (Luoma, Tamminen, Kaukonen, Laippala, Puura, Salelin, & Almqvist, 2001; Prinstein & LaGreca,

1999). Social competence of children of a parent with bipolar disorder has not been widely researched. However, one study that has provided attention to this topic suggested that these children display significant developmental delays in the area of social interactions and relationships (Zahn-Waxler, Chapman, & Cummings, 1984).

Given the limited information known about the effects that bipolar disorder can have on the relationship between a parent coping with bipolar disorder and child, a study examining the possible effects will increase our knowledge base and provide insight to create prevention and intervention programs targeting problematic areas, including improving communication skills between the mother and child, fostering more adaptive and open relationships, and increasing the child's confidence and abilities to interact appropriately with regard to peer relationships.

Purpose of the Study

Although there is much research investigating the effects of maternal depression as related to the child offspring, there is a dearth of literature in the realm of bipolar disorder. This study examined the types of attachments formed between mothers diagnosed with bipolar disorder and their children. This study considered the role of a mother coping with bipolar disorder and her attachment to her child and the possible effects on the social competence of the child. Furthermore, this study identified themes within the responses regarding both attachment and social competence in an effort to provide information for future research in this area. Research has suggested that style of attachment between parent and child plays a role in the child's ability to interact with peers in a social setting (Kerns, Contreras, & Neal-Barnett, 2000). A better understanding of the parent child attachment and the social competence of the child will serve to

increase the knowledge base on this topic and serve for future bases of research in this understudied area.

This study has built upon the past examinations which propose the formation of insecure attachment styles in the children of mentally ill parents (van Ijzendoorn, 1995; Goodman & Gotlib, 1999; Carter, Garrity-Rokous, Chazan-Cohen, Little, & Briggs-Gowan) and the implications of insecure attachment styles on the development of social competence in children (Parke & Ladd, 1992; Mallers, Charles, Neupert, & Almeida, 2010; Cohn, 1990).

Chapter Two: Review of the Literature

The purpose of this chapter is to review the existing literature regarding mothers diagnosed with bipolar disorder and their children, specifically the mother/child attachment and the children's social competence. Although there is currently minimal literature that examines these particular relationships, literature has examined each of these individually (i.e. mothers diagnosed with bipolar disorder, mother/child attachment, and children's social competence). Literature has also examined mother/child attachment style with a mother diagnosed with a mental illness, namely depression (not specifically bipolar disorder). This chapter reviews the available literature in an effort to provide a framework for the study and for future research, particularly with the population of mothers diagnosed with bipolar disorder and their children.

Kerns, Contreras, and Neal-Barnett (2000) indicate that the quality of interactions and relationships between a child and parent and a child and peers are interconnected. Models of childhood attachment conceptualize the idea that childhood and adolescent relationships are formed, based on the expectations gained from early attachment with the primary caregiver (Hazan & Shaver, 1994). Understanding the basis of the relationship formed with the parent in early childhood may help to explain the subsequent trajectory of the relational styles and behaviors of the children.

Research has suggested that the quality of the relationship between a parent and child is one which has effects throughout childhood and into adulthood. Mallers, Charles, Neupert, and Almeida (2010) indicate that the quality of the mother-child relationship is associated with levels of psychological distress and with psychological and physical well-being throughout life. Furthermore, parental psychopathology has been associated with

the formation of insecure attachment with the child (van Ijzendoorn, 1995; Goodman & Gotlib, 1999).

In the social realm, the parent-child relationship has been viewed as the foundation for future social developments of the child (Parke & Ladd, 1992). Putallaz and Heflin (1986) observed that warmth and responsiveness of a parent may have an influence on the child's emotional needs, which in turn, may have an effect on the child's ability to trust and care about others, such as peers. Secure attachment with a parent has been linked to more positive affect, better relationships, and fewer behavioral problems with regard to peer relationships, when compared with insecure attachment with a parent. Cohn (1990) posited that secure parent-child attachment is related to social competence, suggesting that securely attached children display a greater level of social competence in early to middle childhood. Conversely, it was found, by their peers, that insecurely attached children were viewed as less likeable and more aggressive than their counterparts. This research suggests that the basis of the parent-child attachment can be examined and applied as a predictor and risk-factor of levels of social competence amongst children.

Parental Mental Illness and Parent-Child Attachment

Attachment theory defined. Attachment is generally defined as an emotional bond between two people. Attachment is particularly important in the parent-child relationship. John Bowlby, the pioneer in attachment theory, described attachment as "lasting psychological connectedness between human beings" (Bowlby, 1969, p.194). Bowlby's attachment theory states that early attachment patterns between a child and his/her caregiver play an integral role in normal versus abnormal development (Abela,

Zinck, Kryger, Zilber, & Hankin, 2009). Bowlby's central tenet is that caregivers who display availability and responsive behaviors toward their infants create a sense of security and establish themselves as a secure base for the infants to explore the world. Bowlby termed the interaction of the parental response to the child and the child response to the parent "attachment patterns." These patterns stem both from the quality and from the quantity of interaction between the child and caregiver (Ainsworth, Blehar, Waters, & Wall, 1978).

Bowlby differentiates between secure and insecure attachment amongst infants and caregivers. In order to form a secure attachment, caregivers must be sensitive and alert to the child's needs, and have quick and appropriate reactions to these needs (Wenar & Kerig, 2000). The formation of a secure attachment provides the child with a secure base through which the child may explore the environment, with the understanding of the parent as a safety resource (Bowlby, 1982). Kerns, Klepak, and Cole (1996) posited that due to the securely attached child's perception of the parent being available and responsive, the child will have the initiative and self-assurance to explore new surroundings and situations. According to attachment theorists, secure attachment during infancy results in the formation of future trusting and dependable relationships and has implications for the child's perception of security, attachment to others, and emotional expression (Abela et al., 2009). When secure attachment is not formed and these normal developmental processes discussed do not follow this trajectory, insecure attachment may form between the caregiver and child.

Insecure attachment predisposes the infant and child to a multitude of psychological problems and mental disorders (Davila, Ramsay, Blum, & Steinberg,

2005). There are three main types of insecure attachment which include: avoidance, ambivalence, and disorganization towards the primary caregiver/attachment figure (Ainsworth et al., 1978). Avoidant attachment has been characterized by infants who explore surroundings without concern about their mothers' whereabouts, show minimal distress in the absence of their mothers, and ignore and/or snub their mothers upon their return. Ambivalent attachment has been characterized by infants who show a great deal of distress when separating from their mothers, and upon their return, seek contact from them, but are not readily settled down and do not readily return to exploration of the surroundings. The final attachment style, disorganized attachment, is characterized by odd behaviors of the infant (including inability or unwillingness to approach the caregiver even when extremely distressed) insinuating that the infant is either frightened or confused by the caregiver (Ainsworth, et al., 1978). As previously stated, the study of attachment is important due to the ramifications on the mental health of the child. In addition, it has been suggested that increasing attachment security may be helpful in lessening the level of psychopathology, if present (Mikulincer & Shaver, 2012).

Attachment between a mother with depression and child. A prominent issue that is evident when examining parental depression and child attachment appears to be that of insecurity (van Ijzendoorn, 1995). An insecure attachment is thought to be a by-product of inconsistent, less sensitive, less responsive, and extreme parenting behaviors, including avoidance and intrusiveness, which are influenced by the manifestation of depression (Goodman & Gotlib, 1999). With regard to parenting while suffering with mental illness, evidence of a relationship between maternal depression, unfavorable

interactions with the child, and the formation of an insecure mother-child attachment has been identified (Carter, Garrity-Rokous, Chazan-Cohen, Little, & Briggs-Gowan, 2001).

Parental depression has been associated with inconsistent, permissive, and ineffective child management techniques and behaviors (Fendrich, Warner, & Weissman, 1990). Literature has consistently described depressed parents as less engaging with regard to positive behaviors and structured interactions and activities with the child and as showing signs of aggravation at a lower threshold, including verbal and physical outbursts directed towards the child (Lyons-Ruth, Lyubchik, Wolfe, & Bronfman, 2002), when compared with non-depressed parents. These behaviors have a negative effect on the children, including the inability of the child to adapt to certain settings and situations when these behaviors are displayed during the formation of early attachment in infancy (Weinfield, Sroufe, Egeland, & Carlson, 1999).

Teti, Messinger, Gelfand, and Isabella (1995) found rates of 80% and 87% of insecure attachments between depressed mothers and their infants and preschool offspring, respectively. This study examined fifty infants and 54 pre-school aged children and their attachments with their mothers. The study based the attachment profiles on the classifications devised by Mary Ainsworth (as referenced previously). These findings support the idea posed in past research that children with mothers suffering from a mental illness are at risk for maladaptive attachment development (Teti, Messinger, Gelfand, & Isabella, 1995). The role of attachment appeared to be based critically on the parent's responses and behaviors directed towards the infant and/or child. Manifestations and behaviors displayed by parents with a mental illness appear to be the most significant contributor to the formation of attachment during infancy and early childhood.

There has been little research on parent-child attachment with regard to bipolar disorder; however, due to the commonalities in emotional expression of parents suffering from depression and bipolar disorder, it is possible that similar parental behaviors, emotional expressions, and attachment styles will be exhibited by parents coping with either disorder (Ledingham, 1990).

Attachment between a mother diagnosed with bipolar disorder and child. Zahn-Waxler, Chapman, and Cummings (1984) examined the concept of attachment in mothers with bipolar disorder and their children. Specifically, in this study, the authors examined the cognitive and social development of seven children from families who had a parent with bipolar disorder and 20 children from families (both followed longitudinally during the second and third years of life) without a parent who had a bipolar diagnosis. Children of a parent with bipolar disorder were observed to have impairment in displaying empathy; they also displayed insecure patterns of attachment with the parent. Similarly, Radke-Yarrow, Cummings, Kuczynski, and Chapman (1985) examined the attachment of children and parents with unipolar and with bipolar depression. The study found that insecure attachment was observed more commonly in children of a bipolar parent than in children of a depressed parent and those mothers with the insecure attachment tended to express more negative than positive emotions.

DeMulder and Radke-Yarrow (1991) performed a study which examined attachment between mothers with bipolar disorder and their children, as compared with non-affected mothers and their children. A longitudinal study examining one hundred and twelve mothers and their children, aged 15 to 52 months, was conducted using the Strange Situation procedure to assess for attachment. Of this sample, 67% of children of

bipolar mothers in this study were categorized as insecure with regard to attachment style. The mothers of the insecurely attached children were described as more negative with regard to mood, less tender, displayed less expressions of affection, and were more likely to express extreme anger and irritability than those mothers of securely attached children (DeMulder & Radke-Yarrow, 1991). These behaviors have been implicated in the development of an insecure attachment style between the mother and child. Furthermore, these negative behaviors appear to be the polar opposite of warmth, positive regard, and responsiveness, which have been discussed previously as indicators and predictors of a secure attachment formation (Bowlby, 1969; Wenar & Kerig, 2000). The corroboration of these findings lends itself to a resulting, extremely high risk of insecure attachment in the children of bipolar parents.

Parenting With A Serious Mental Illness

Parenting with depression. The effects of serious mental illness are of a multifaceted nature and therefore require examination both of genetic risk factors and of environmental stressors in relation to the effect of parenting behaviors and manifestation of psychopathology on the children. Although there is evidence of higher rates of psychopathology, behavioral problems, classroom engagement, and emotional expression in children of parents with mental illness, only a small amount of research focuses on the actual behaviors and possible limitations (e.g. communication, expression of emotion and affect) of the parents, which may have an effect on the child (Hoffman, Crnic, & Baker, 2006; Cox, Puckering, Pound, & Mills, 1987).

Depressed mothers differ significantly from non-depressed mothers with regard to expression of affect and interaction with their children. Social, emotional, and

cognitive functioning of the children are at risk when a mother is suffering from depression (Weinberg & Tronick, 1998). Mothers suffering from depression have been observed to provide less emotional, motivational, and technical support for their children (Hoffman, Cmic, Baker, 2006). In a 2006 study, Hoffman, Crnic, and Baker studied 208 three-year-old children and their mothers over a period of one year. Mothers' endorsements of depressive symptoms were identified as a risk factor to their children's ability to exhibit emotional and behavioral competence (i.e. appropriate emotional expression and behavioral regulation). This study pointed out that the deficit in these competencies may be inhibited due to the lack of scaffolding (i.e. promotion and assistance with appropriate behaviors and emotional expression) provided by the parent in novel tasks and/or situations and environments, which provides modeling and encouragement for the child to display the appropriate responses and behaviors.

In another study, Cox, Puckering, Pound, and Mills (1987) compared depressed mothers of two-year-old children with non-depressed mothers via interviews of the mothers, in-home observation between the mothers and children, and assessment of the children's development. The results of this study indicated that mothers who were diagnosed with depression admitted to a greater number of past and current negative experiences, namely in close relationships, were less responsive to their children, and had a lesser ability to maintain social interactions than those mothers without the diagnosis of depression. These reported behaviors and experiences may directly impact the parenting behaviors of the observed individuals and the children's outcomes with regard to cognitive and behavioral development. The children of mothers diagnosed with depression displayed a greater deal of problematic functioning with regard to emotional

and behavioral expression and a delay in language development, in comparison with the children of non-depressed mothers (Cox, Puckering, Pound, & Mills, 1987). Similarly, Lovejoy, Graczyk, O'Hare, and Neuman (2000) analyzed 46 observational studies to examine the correlation between maternal depression and parenting behaviors. The study identified a relationship between maternal depression, negative behaviors expressed towards the child, and disengagement from the child. This research suggested impairment in both the quality and quantity of interactions between the affected parent and child, which, as previously discussed, could lend to the formation of an insecure attachment between the parent and child.

A majority of literature focuses on families and children of depressed parents due to the prevalence of the diagnosis and presentation. Many studies which compare parenting abilities of depressed versus non-clinical populations can also be generalized to other clinical populations and diagnoses (Ledingham, 1990). It is suggested that these problematic relational behaviors found amongst parents with depression and their children are not limited to this diagnosis of depression. Research on parental depression, parenting skills and behaviors, and interactions with children can be applied to other diagnoses due to the similarity of manifestation. Children of depressed parents show an array of behaviors and psychopathological signs and symptoms very similar to children of parents with other psychiatric disorders (Ledingham, 1990). Research on depression can also be used as a framework to discuss other serious mental illness in this context. However, it should be noted that research focused on parental depression can be generalized only to the extent to which the parental psychopathology manifests itself similarly in expression and severity.

Parenting with bipolar disorder. Although there is not a great deal of research examining parenting and bipolar disorder**,** Davenport, Zahn-Waxler, Adland, and Mayfield (1984) examined reported parenting behaviors of families with a bipolar parent. Seven married couples, one of which had a diagnosis of manic depressive disorder, were compared with families with parents who did not have a mental health diagnosis. The mothers with bipolar disorder were identified as less attentive to the child's health needs and concerns, displayed more negative affect towards the child, and were more overprotective of the child than those mothers in the non-affected families. Disorganization, less engagement in activity with the child, and unhappiness were also observed in the mothers of the affected families.

Research has also examined the thoughts and feelings of parents with bipolar disorder in relation to parenting with the diagnosis. Themes held by the affected parent include inadequacy, fear, and bleak predictions of the future of the child's well-being. The stigma of the diagnosis has a negative effect on the parent's sense of self and belief regarding parenting competence and efficacy in many cases (Link & Phelan, 2001).

Risk factors of children of a bipolar parent. There are multiple genetic risk factors which are associated with being a biological child of a bipolar parent. It is estimated that children of parents with bipolar disorder may be up to four times more likely to develop a mood disorder than those children of parents without a psychiatric disorder (Lapalme, Hodgins, & Laroche, 1997). Family studies have provided evidence for an increased risk of first degree relatives in the hereditary link of bipolar disorder (Smoller & Finn, 2000). Twin studies have also recognized the genetic contribution to bipolar disorder (Geller & Luby, 1997). Much research has corroborated the genetic

transmission of bipolar disorder as well as the increased risk for other psychopathological disorders, making the genetic implications and risk factors for children of a parent with bipolar disorder at the forefront of study.

Biological children of bipolar parents have been found to be at increased risk for psychopathology (Decina, Kestenbaum, Farber, Kron, Garger, Sackeim, & Fieve, 1983; Zahn-Waxler, Mayfield, Radke-Yarrow, McKnew, Cytryn, & Davenport, 1988). Specifically, offspring of bipolar parents have been shown to have increased risks and rates for major depression, bipolar disorder, anxiety disorders, and disruptive behavior disorders when compared with offspring of parents without a mood disorder (Henin, Biederman, Mick, Sachs, Hirshfield-Becker, Siegel, McMurrich, Grandin, Nierenberg, 2005). Henin et al. (2005) also pointed out the increased rates of psychiatric treatment in this population. Chang, Steiner, and Ketter (2000) examined psychiatric disorders and diagnoses in bipolar offspring. In this study, 23 children (of 20 parents with bipolar disorder) were compared with children of parents without this diagnosis. The previous findings were supported, with 51% of bipolar offspring in this study displaying symptoms and signs of diagnosable psychiatric disorders, including attention-deficit/hyperactivity disorder, major depressive disorder or dysthymia, and bipolar disorder. Klein, Depue, and Slater (1985) examined 41 adolescent offspring of a parent with bipolar disorder, as compared with 22 adolescent offspring of a parent with a non-affective psychiatric disorder and also with 26 adolescent offspring of parents with no psychiatric diagnosis. Their findings supported the increased rates of affective disorders in the offspring of bipolar parents.

The concordance rate of bipolar disorder manifestations is not 100% (Post, 1992); therefore, it is necessary to examine the environmental stressors and individual risk factors, along with the role of genetics in the affected and non-affected individuals' lives. Specifically, with regards to bipolar disorder, a parent who is suffering from this illness who at times may become psychotic, dysfunctional, neglectful towards the child, or absent for a period of time must be considered as an extremely powerful factor in and influence on the child's development (Chang, Blasey, Ketter, & Steiner, 2001). The effect of parental instability is one which is very common in a parent with bipolar disorder due to the criteria of the diagnosis itself. It is suggested that a parent's instability of moods, behaviors, and/or emotions may cause disruption in the child's life and have a negative effect on the child's well-being. Panaghi, Shooshtaria, Sharafib, and Abbasi (2009) examined the behavioral and emotional problems of child and adolescent offspring of a bipolar parent as compared with a child and adolescent offspring of a non-clinical sample. In this study, 86 children and adolescent offspring of parents with bipolar disorder were compared with 93 children and adolescent offspring of non-psychiatrically diagnosed parents. The findings suggest that children and adolescents of a bipolar parent show higher scores (more problematic reports) on the Child Behavior Checklist with regard to somatic complaints, anxiousness/depression, attention problems, aggression, internalizing, and general problems scales. This is consistent with the previous findings which suggest the possible effect of parental psychopathology on the child's level of functioning.

Families which include a parent with bipolar disorder many times appear to lack the structure and supportiveness of families without a bipolar parent. These families

appear to lack the level of cohesion and organization of an average family, and portray lower levels of achievement orientation and less independence amongst family members (Chang, et al., 2001). The paradoxical lack of reported cohesion within the family and co-existing lack of independence amongst family members may provide a mixed message to the children. The inconsistency of the supposed familiar environment may lend itself to inconsistency present in the relationship between the parent and the child.

Communication style between a parent diagnosed with bipolar disorder and his/her child has been reported to be more negative than the communication style between a non-diagnosed parent and child (Vance, Jones, Espie, Bentall, & Tai, 2008). One specific measure of communication styles is the Parental Attributions for Children's Events questionnaire (Berrebbi, Tashman, Alloy, & Abramson, 2000). The results from this questionnaire suggest that parents with bipolar disorder tend to respond more negatively than do those parents without bipolar disorder to hypothetical interpersonal events in relation to their child. It was suggested that parents diagnosed with bipolar disorder were less expressive than those parents in the control group. These constructs, along with the child's perception of the familial environment, tend to also correlate with the child's mood. Communication and expressiveness are constructs which appear to be lacking or lesser in degree in those individuals diagnosed with bipolar disorder and in insecure parent-child attachment relationships.

Parent-Child Attachment and Social Competence

Attachment theory suggests that the attachment relationship developed initially between the parent and child serves as a prototype for future relationships (Crowell & Treboux, 1995). Included in these future relationships are those relationships built with

peers in the social realm. Specifically, it has been suggested that offspring of a parent with bipolar may be impaired with regard to social functioning (Reichart, van der Ende, Wals, Hillegers, Nolen, Ormel, Verhulst, 2007).

Social competence defined. Welsh and Bierman (2003) define social competence as social, emotional, and cognitive skills that are necessary for a child to develop and adapt successfully in the social sphere. Included in these realms are 1) general fund of information, skills for processing and acquiring knowledge and interactions, and the taking of another's perspective (cognitive skills), 2) regulation and proper display of affect (emotional skill), and 3) conversation skills and initiation of prosocial behaviors (behavioral skills) (Nangle, Grover, Holleb, Cassano, & Fales, 2009). A wide breadth of social skills, self-confidence, and the presence of social awareness increase the perception of social competence in a child.

Peer relationships are a major contributor to the level of social competence of a child. Piaget (1932) asserted the role of peer interactions as a major source of cognitive and social development. Ladd (1999) suggests that the quality of peer relationships is the primary determinant of social competence. Therefore, the skills associated with social competence must be understood and possessed by the child in order to achieve a sufficient level of competence in this domain. Children who are most socially skilled have been observed to exhibit strong positive peer relationships and are therefore accepted by their peers. This acceptance by peers leads to the development of a peer support system, which provides a more successful prognosis in the social, emotional, and academic realms of life (Rubin, Bowker, & Gazelle, 2010). Similarly, Kinsey (2000)

indicated the importance of the child's relationships with peers and adults on socio-emotional, cognitive, and academic development.

In order for a child to have the foundational skills and confidence to initiate interaction and build peer relationships, the parent-child attachment must again be considered. Kerns, Klepak, and Cole (1996) studied the peer relationships as they related to the child's attachment to his/her mother. The first study examined 74 fifth grade students who endorsed a secure attachment with their mothers. These students were accepted by peers, displayed reciprocal interactions and friendships, and were described as less lonely than children who endorsed a lesser level of security of attachment with their mothers. The second study examined the interactions between 44 pairs of same gendered friends. The findings provided evidence for increased responsiveness, less criticism, and a greater level of companionship for dyads in which each displayed a secure attachment with the mother; this is in contrast to those with an insecure maternal attachment. This study suggests that a secure attachment formed by the parent and child provides the child the confidence to explore the social surroundings and environment and initiate interactions with peers.

Effect of parent-child attachment on social competence. Research has suggested that early attachment styles formed with a caregiver have future implications for the child in the realm of social interaction and forming of peer relationships (Kerns. Klepak, & Cole, 1996; Engels, FInkenauer, Meeus, & Dekovic, 2001). Research suggests that secure attachment with the primary caregiver(s) during infancy is a predictor of positive relationships and interactions with peers and adults in early and middle childhood (Youngblade, Park, & Belsky, 1993). It has been posited that young

people learn from their parents how to initiate and maintain friendships and social relationships (Engels, Finkenauer, Meeus, & Dekovic (2001). For these reasons, the attachment relationship built between the parent and the child can be examined to aid comprehensively in the understanding of the social competence of the child.

A relationship has been found between the child's perception of attachment with the mother and peer relationships (Kerns, Klepac, & Cole (1996), identifying that a secure attachment with the mother increases a child's acceptance by peers and quantity of reciprocated friendships, and decreases perceived loneliness, when compared with an insecure mother-child attachment relationship. Similarly, McDowell and Parke (2009) suggest that parent behaviors also have an effect on children's social interactions. This study examined 159 fourth grade students' peer interactions and the parent behaviors. Observation of the parent/child interaction, parent self-report, child self-report, and ratings of the child by teachers and peers were used as data sources for the study. Specifically, this research identifies parent-child interaction along with advice giving and conditions for opportunity set by parents as predictors of future social competence and peer acceptance.

Sturge-Apple, Davies, Winter, Cummings, and Schermerhorn (2008) conducted a study examining the effects of insecure internal representations of the relationship between parent and child on the child's classroom engagement, emotional engagement, and adjustment to the classroom setting. This longitudinal study examined 229 children over a three-year period of time. It was suggested through the findings that children with this insecure representation had noticeable difficulty with regard to classroom engagement. Due to the nature of social relationships and the formation of these

relationships in the classroom as the basis for social competence in many instances, this study is illustrative of a major setting in which social competence is formed and observed, and it also points out the lack of social engagement of children with insecure internal representations in this setting.

Furthermore, a relationship between parental attachment and the social competence of their children has been demonstrated in adolescents (Engels, Finkenauer, Meeus, & Dekovic, 2001). It has been posited that the nature of the development of peer relationships formed in adolescence have a strong basis derived from the attachment formed in childhood with the parent (Kahen, Katz, & Gottman, 1994). Other past attachment relationships in childhood did not impart as much influence on the adolescent's social relationships and competence, when compared with the parent-child relationship. Moving into adulthood, Connors (1997) suggested that insecure attachment between child and adult (i.e. caregiver) is associated with relational difficulties as time progresses. Specifically, Connors focused on the avoidant attachment style, which is described as a predecessor and cause of the formation of a defensive nature in the child turned adult and is implicated in the child's future ability to love.

Maternal Mental Illness, Attachment Style, And Social Competence

Repetti, Taylor, and Seeman (2002) identified specific families "at risk" for fostering environments which leave children vulnerable to multiple physical and mental health disorders. These families include those with a parent diagnosed with a serious mental illness and parents who interact negatively with the children. Specifically, children in these families have been found to have deficits in their emotional control and expression and social competence (Repetti, Taylor, & Seeman, 2002). Children whose

parents act with hostility and aggression were identified as displaying fewer positive skills and behaviors which create and maintain successful interactions with peers (Crockenberg & Lourie, 1996). Parenting characteristics, including sensitivity, warmth, and responsiveness have been indicated as factors used to predict the child's initiation of social interactions and social relationships (Kerns, Klepak, & Cole, 1996; Brody & Flor, 1998). It has been suggested that parents in families in which mental illness has an effect on the parenting skills and quality and quantity of interaction are models of poor social competence for the children to model. Accordingly, these children tend to have difficulty gaining the knowledge and experiences (gained from parents) which lead to the development of prosocial behaviors and the social skills associated with social competence (Repetti, Taylor, & Seeman, 2002).

Specifically, with regard to maternal, serious mental illness, a significant relationship between maternal depression and subsequent social competence of the biological children of the diagnosed individual has been established (Luoma, Tamminen, Kaukonen, Laippala, Puura, Salelin, & Almqvist, 2001; Prinstein & LaGreca, 1999). Zahn-Waxler, Chapman, and Cummings (1984) examined a sample of two and three-year old children of a parent diagnosed with bipolar disorder as well as a control group consisting of the same aged children who had parents without a diagnosis. Findings suggest that the children of a parent with bipolar disorder showed significant developmental delays with regards to social interactions and relationships. It was stated that these children displayed insecure attachment styles. Specifically, children who had parents with bipolar disorder have shown insecure patterns of attachment and a deficit in taking the perspective of another (Zahn-Waxler, Chapman, & Cummings, 1984).

Perspective taking has been recognized as a critical aspect of social competence (Nangle et al., 2009).

Due to the effect of maternal mental illness on the attachment formed between the mother and the child and the researched effect of the attachment style on social competence of the child, these variables (i.e. maternal mental illness, namely bipolar disorder, and attachment style) may be viewed as precursors to the formation of the social competence of the children. It is for this reason that it is necessary to examine all of these areas.

Chapter Three: Research Questions

Research Questions

Individual research questions include:

1. Are there signs of impairment between the attachment of a mother diagnosed with bipolar disorder and her child?
2. Are there signs of impairment with regard to social competence of a child of a mother diagnosed with bipolar disorder?

Chapter Four: Methodology

Design and Design Justification

This research study is descriptive in design and examined the responses of ten mothers diagnosed with bipolar disorder in regard to attachment and social competence of their children. A descriptive survey design was chosen due to the limited research in this area, the investigative nature of the study, and the limited number of participants..

As is often the basis of descriptive survey research, information was gleaned from participants through the use of questionnaires, and their responses were then organized and described (Glass & Hopkins, 1984). Due to the limited sample available for this study, the data analysis was descriptive in nature assessing areas of possible impairment in mother-child attachment and child social competency.

Participants

The study participants consisted of ten mothers who self-reported a diagnosis of bipolar disorder. At the time of the study, all of the participants were residing in the Mid-Atlantic region. All of the participants were biological mothers of school-aged children, between grades kindergarten and sixth (due to the Social Skills Rating System assessment used for this age group). At the time of the study, each participant was living with the child of reference and was identified as the child's primary caregiver.

Inclusion and exclusion criteria. Those included in this study were mothers who self-reported a diagnosis of bipolar disorder. The participants had a biological offspring in elementary school who had been in their care since birth. The participants were required to be English speaking and able to give verbal and written consent for participation. There were no exclusion criteria once inclusion criteria were met.

Recruitment. The participants were recruited via purposive sampling, followed by convenience sampling and snowball sampling. Purposive sampling consists of selection of subjects based on a certain characteristic or characteristics (Patton, 1990). Participants were recruited from a support group for bipolar disorder housed in a counseling center and snowball sampling, by which one participant refers another, was also implemented during the recruitment process. The leader of the support group shared information about the study with possible participants. Those interested were given contact information to email the responsible investigator, who then screened them for eligibility; those who met inclusion criteria were deemed appropriate to participate in the study. The participants were screened a second time by the responsible investigator prior to participation to ensure that inclusion criteria had been met.

Measures

Disturbances of attachment interview questionnaire. A written questionnaire was created, based on the Disturbances of Attachment Interview (Smyke & Zeanah, 1999). This measure addressed the attachment between a mother with bipolar disorder and her offspring. The formatting of the interview was changed to a pen and paper questionnaire that could be easily completed by participants; this was accomplished on their own without a face-to-face interview. For example, the original questionnaire posed questions for the interviewer to ask, regarding the child: “Does s/he have one special adult that s/he prefers? Who is it? How does s/he show that he prefers that person? Could you give me a specific example? Are there any other adults that are special, like this? Who does he prefer most of all?” For this particular study, the questions were changed to closed-ended responses. The original question stated previously now reads: “My child

has a special adult that he/she prefers." The participant was then asked to choose "yes" or "no." The questionnaire was structured to assess attachment behavior in children with regard to their primary caregiver (in this case, the biological mother). The items assessed by the Disturbances of Attachment Interview included: discrimination or preference of adult by the child, seeking of comfort by the child when distressed, responsiveness to comfort when given/offered, social and emotional reciprocity, emotional regulation, checking in with adult after being away for a short period of time, reluctance to be with unfamiliar adults, willingness to be with those considered relative strangers, self endangering behavior by the child, excessive clinging, vigilance/hypercompliance and worry with regard to maternal mood (Smyke & Zeanah, 1999). This measure was used in a 2014 study which examined 126 foster children and their attachment disorder symptoms; these were subsequently compared with the internalizing and externalizing scales of the Child Behavior Checklist and the Teacher Report Form (Jonkman, et al., 2014). This study examined attachment via these previously listed areas of assessment, and coded responses based on the presence or absence of attachment behaviors. For example, the items of the scale were given a score of 0 if no symptom of attachment disorder was present; a 1 if there was possible evidence of a symptom, and 2 if there was definite presence of a symptom of attachment disorder. This study determined interrater reliability using two separate interviewers, which ranged from .88 to 1.00 and identified acceptable validity and internal consistency.

Social Skills Rating System. The Social Skills Rating System (SSRS) (Gresham & Elliot, 1990) was used in this study to examine social domains in school-aged children (between kindergarten and sixth grades). This measure included questions regarding the

behaviors of children with regard to social competence, including cooperation, assertion, responsibility, empathy, and self-control. Problem behaviors were also assessed.

The SSRS was normed on a sample of 4,170 children and 1,027 parents, who rated their children, based on the domains listed previously. Internal consistency reliability for the measure was identified as .90 for the Social Skills scale and .84 for the Problem Behaviors scale. Test-retest reliability for parents completing ratings of their children was identified as .65 on Problem Behaviors scale and .80 on the Social Skills scale (Diperna, & Volpe, 2005). With regard to construct and convergent validity, the SSRS Elementary Parent form was compared with the Child Behavior Checklist Parent Report Form. The correlations between the Social Skills scale of the SSRS and the CBCL subscales were identified as between .20 and .30. The correlation between the SSRS Problem Behaviors scale and the CBCL subscales were identified as between .40 and .70.

Procedure

The participants were recruited from a bipolar support group in a counseling center in the Mid-Atlantic region, as well as via snowball sampling. The participants were screened via email to ensure that criteria were met for inclusion. If the individuals met criteria and wished to participate in the study, they received the questionnaires from the group leader and mailed the forms back to the responsible investigator. The length of time for participation in the study was approximately fifteen minutes. Appropriate contact information was given if questions should arise in the future regarding the study.

Procedure for analyzing data. The data were examined to identify areas of impairment with regard to attachment and social competence. Attachment was analyzed, based on the participants' responses to questions on the Disturbances of Attachment

questionnaire and was coded, based on the presence or absence of impairment in attachment. Social competence data were analyzed, based on the domains of the Social Skills Rating System, including cooperation, responsibility, assertion, and self control. The number of individuals in the study who fell below the scale norm was reported. The sample's mean for each domain, as a whole, was then compared were the mean of the normative sample identified on the scale to provide a comparison between the two groups (i.e. the normative data versus the sample data of the study).

Chapter Five: Results

Disturbances of Attachment Questionnaire Results

The Disturbances of Attachment Questionnaire was examined in order to identify themes of possible insecure attachment. The questionnaire was analyzed based on categories of attachment derived from the previously discussed literature, including: preference of a special adult by the child, behaviors of the child in an unfamiliar situation or with unfamiliar people, and mood monitoring of the mother by the child and the response to this mood monitoring. Each item of the questionnaire was assigned a point ranking, with 2 points given to the item that represents the most secure attachment; 1 point given to the response that indicates a lesser secure attachment, and 0 points given to the response which is indicative of the least secure attachment behavior. For example, Item #3 asks "Does your child prefer you most out of all adults/caretakers?" A response of "always" received 2 points; "sometimes" received 1 point, and "rarely" received 0 points. The questionnaire was based solely on the responses of the mothers, which is important to remember due to the subjectivity of the data.

The first category of the questionnaire, preference of a special adult, includes five items: child preference of a special adult, identification of the special adult as the mother, preference of mother most highly above all caretakers, preference of mother for comfort in situations where the child is hurt, and seeking of help from strangers when the child needs comfort. Six of the ten participants' responses indicated that their children do not view them as the preferred adult in most situations/settings (i.e. the mother is preferred less than other adults). Four of the ten participants' responses indicated that their children do prefer them over other adults in most situations/settings. Additionally, with regard to

emotion, half of the mothers in this study reported that their children do not consistently engage in reciprocal conversation and/or sharing of emotions and feelings with them.

The second category of the questionnaire, behaviors of the child in an unfamiliar situation or with unfamiliar people, includes three items: child's behavior in an unfamiliar place (i.e. wandering off without checking back in with the mother), child's clinging to mother when in presence of unfamiliar adults, and child's willingness to go off with an unfamiliar adult. All of the participants' responses indicated that their children display appropriate behaviors in unfamiliar situations 67% of the time or more, with four participants responding that their children display appropriate behaviors in this setting 100% of the time.

The final category, mood monitoring of the mother by the child and the child's response to this mood monitoring, includes three items: child's watching of the mother to observe mother's mood, child's display of fear based on mother's mood, and child appearing worried about the mother. Half of the participants responded that their children appear to monitor their moods and respond, based on this mood more than 50% of the time. Only one of the ten participants responded that her child does not appear to monitor her mood or to react, based on the mood.

Social Skills Rating System Results

The Social Skills Rating System (Gresham & Elliot) asks mothers to identify how often particular social behaviors and skills are displayed by their child. Each participant was asked to rank her child's behavior as occurring "never, sometimes, or very often." The scale items were then assigned a score of 0 (never), 1 (sometimes), or 2 (very often). For example, Item #17 on the scale reads "Receives criticism well." The participant

chose if this behavior occurs as “never, sometimes, or often.” The scale items are broken into four categories of social competence, which include: cooperation, assertion, responsibility, and self-control. As with the attachment responses, the data gained was based solely on the responses of the mothers and is subjective in nature. The responses of the participants were compared with the normative sample of the scale and are detailed in Table 1.

Table 1

Social Skills Rating System Results

Social Domain	N	Range	Min	Max	Mean	SD	Normative Mean
Cooperation	10	11	4	15	10.50	3.100	12.5
Assertion	10	14	4	18	11.60	4.195	12
Responsibility	10	8	10	18	14.70	2.946	13
Self Control	10	10	6	16	11.70	2.830	14

Items of the scale which are included in the cooperation category include: uses free time at home in an acceptable way, keeps room clean and neat without being reminded, asks sales clerks for information or assistance, attends to speakers at meetings such as church or youth groups, puts away toys or other household property, volunteers to help family members with tasks, helps parent with household tasks without being asked, attempts household tasks without first asking for help, completes household tasks within a reasonable time, uses time appropriately while waiting for help with homework or another task. According to the reported norms of the scale, the average score on the scale of cooperation is between 12 and 13. Six of ten participants’ responses indicated below

average behaviors with regard to their children's cooperative behaviors. Three participants' responses indicated behaviors in the average range of cooperation, and one participant indicated behaviors in the above average range of cooperation. The mean of the study sample (M=10.5) was below that of the norm of the scale (12.5).

Items of the scale which are included in the assertion category include: joins group activities without being told to do so, introduces himself or herself to new people without being told, invites others to their home, congratulates family members on their accomplishments, makes friends easily, shows interest in a variety of things, starts conversations rather than waiting for others to talk first, gives compliments to friends or other children in the family, is self-confident in social situations such as parties or group outings, and acknowledges compliments or praise from friends. According to the reported norms of the scale, the average score on the scale of assertion is between 11 and 13. Three of ten participants' responses indicated below average behaviors with regard to their children's assertive behaviors. Four participants' responses indicated behaviors in the average range of assertion, and three participants indicated behaviors in the above average range of assertion. The mean of the study sample (M=11.6) was slightly below that of the norm of the scale (M=12).

Items of the scale which are included in the responsibility category include: congratulates family members on accomplishments, answers the phone appropriately, helps parent with household tasks without being asked, appropriately questions household rules that may not be fair, is liked by others, asks permission before using another family member's property, requests permission before leaving the house, easily changes from one activity to another, cooperates with family members without being

asked to do so, and reports accidents to appropriate persons. According to the reported norms of the scale, the average score on the scale of cooperation is between 11 and 15. One of ten participants' responses indicated below average behaviors with regard to their children's responsible behaviors. Three participants' responses indicated behaviors in the average range of responsibility, and six participants indicated behaviors in the above average range of responsibility. The mean of the study sample (M=14.7) was above that of the norm of the scale (M=13).

Items of the scale which are included in the self-control category include: speaks in appropriate tone of voice at home, responds appropriately when hit or pushed by other children, politely refuses unreasonable requests from others, avoids situations that are likely to result in trouble, receives criticism well, controls temper when arguing with other children, ends disagreements with parent calmly, controls temper in conflict situations with parent, responds appropriately to teasing from friends or relatives of his or her own age, and accepts friends' ideas for playing. According to the reported norms of the scale, the average score on the scale of self-control is between 12 and 16. Four of ten participants' responses indicated below average behaviors (below 60% endorsement by the parent) with regard to their children's self-control behaviors. Six participants indicated behaviors in the average range of self-control. The mean of the study sample (M=11.7) was below that of the norm of the scale (M=14).

Results by response frequency. The results of the SSRS were also examined according to frequency of response with regard to the individual items of the scale. The most common maladaptive responses with regard to social competence, identified by 40% of the mothers in this study, were those of the child not seeking assistance from

sales clerks and the child not volunteering to help family members with tasks. Thirty percent of the mothers reported that their children do not introduce themselves to others without being prompted, inappropriate responses of the children to being hit or hurt, inappropriate responses to criticism, lack of displayed ability to control temper when angry, not ending disagreements with mother calmly and not keeping bedroom clean without being reminded. Self confidence in social settings was indicated as a concern by 20% of the mothers. Last, the following items were endorsed once throughout the responses to the scale: lack of appropriate response to unreasonable requests, lack of appropriate use of time during waiting periods, not joining a group without being prompted, not inviting others to the home, not congratulating family members on accomplishments, lack of appropriate transition from one task to another, not answering the telephone appropriately, lack of conversation initiation, not complimenting friends or other children in the family, not attempting tasks without being prompted, and not making friends easily.

Chapter Six: Discussion

This study examined the possible impact of mental illness, specifically bipolar disorder, on the attachment relationship between a mother with bipolar disorder and her child, as well as the social competence of the child. Parenting with a mental illness, namely in the presence of maternal depression and unfavorable interactions with the children, has been associated with the formation of an insecure attachment between the parent and the child (Carter, Garrity-Rokous, Chazan-Cohen, Little, & Briggs-Gowan, 2001). Research has also suggested that early attachment styles formed with a caregiver have future implications for the child in the realm of social interaction and forming of peer relationships (Kerns. Klepak, & Cole, 1996; Engels, FInkenauer, Meeus, Dekovic, 2001). The results of the current study identified certain areas of impairment with regard to attachment and social competence.

The first theme of attachment examined was that of preference of the mother over other adults by the child. More than half of the participants reported that their children do not prefer them over other adults in most cases, including not seeking their mothers for comfort when needed and, in cases where comfort is sought, the inability of the children to be calmed easily. Congruent with the majority of the responses of the children in this study, children with insecure attachment styles, particularly avoidant, often do not seek their primary caregivers/parents for comfort (Ainsworth et al., 1978). Children who display avoidant attachment and lack of preference for their primary caregivers tend to suppress their emotions and learn to self- soothe rather than seek their caregivers for comfort, which may, in theory, be traced back to the early attachment relationship between the mother (primary caregiver) and the child, in which the needs of the child

were not met appropriately. Implications for the development of an insecure attachment with the primary caregiver include development of poor self esteem and self regulation, problematic social interactions, less positive affect, delay in cognitive and developmental areas, and behavioral problems (Egeland, Carlson, & Sroufe, 1993).

Lack of sharing of emotions between the mother and child was identified as another theme present throughout the responses. A majority of the mothers in this study identified the fact that reciprocated sharing of information does not occur frequently. Ease of communication and openness in communication is a sign of a secure attachment (Bowlby, 1969), but a lack of openness and communication could be indicative of insecure attachment. It has been stated that communication between the parent and child (and within the family) promotes a healthy identity formation of the child (Barnes & Olson, 1985). Identity formation serves as the basis of social competence, not only in relationships between the parent and child, but also with peers. If a child has developed an unhealthy identity, based on poor communication style with the parent, and is not able to express emotions appropriately, the child will then not be able to express him/herself effectively to others, which could lead to the failure to develop social relationships and competence in the social realm.

The final theme of attachment identified when examining the responses of the mothers was that of reaction to maternal mood. An overwhelming majority of the mothers (80%) noted that the children were observant of their (the mothers') moods, always aware when their mothers were angry, and sometimes appeared worried about their mothers. Half of the mothers also reported that their children were sometimes scared by the moods of their mothers. Mothers diagnosed with bipolar disorder, who had

insecurely attached children, have been described as more negative with regard to mood, less tender, displayed fewer expressions of affection, and were more likely to express extreme anger and irritability, as compared with the mothers with children who had secure attachment features (DeMulder & Radke-Yarrow, 1991). Whereas, typically, a parental role would include being in tune with the mood of the child and reacting accordingly, it appears that a large number of children in the current study are monitoring moods of their mothers. It is possible that children are engaging in role reversal (taking on the role of the parent) by monitoring their mothers' moods. Hooper, DeCoster, White, & Voltz (2011) discussed role reversal in a meta-analysis examining twelve studies of 2,472 participants. The findings indicated that children and adolescents who experienced high levels of role reversal displayed a greater number of psychological symptoms in adulthood. Furthermore, the fact that many children were observed to display worry regarding their mothers' moods is an indicator of psychological distress (even if minimal). Children of a parent with bipolar disorder are more at risk for developing a mental illness (Chang, Blasey, Ketter, & Steiner, 2001). It is possible that distress caused by parental mood and/or behaviors plays a role in the development of a mental illness in the offspring.

The themes of attachment prominent in this study, including lack of a preference of caregiver, lack of reciprocated communication and emotional sharing, and the presence of role reversals with regard to the parent and child, are consistent with qualities of insecure attachment between the parent and the child. Consistent with the literature, insecure attachments are often formed between a mother with bipolar disorder and her child (Zahn-Waxler, Chapman, & Cummings, 1984; Radke-Yarrow, Cummings,

Kuczynski, & Chapma, 1985). Insecure attachment predisposes the infant and child to a multitude of psychological problems and mental disorders (Davila, Ramsay, Blum, & Steinberg, 2005). For this reason, it is important to identify the factors that add to the development and maintenance of an insecure attachment and attempt to mediate, where appropriate, with treatment.

In the social realm, the parent-child relationship has been viewed as the foundation for future social developments of the child (Parke & Ladd, 1992). The second aspect of this study examined the social competence of children of mothers with bipolar disorder. According to attachment theorists, secure attachment during infancy results in the formation of future trusting and dependable relationships and has implications for the child's perception of security, attachment to others, and emotional expression (Abela et al., 2009). Cole, Martin, and Dennis (2004) identify the importance of the early dyadic emotional expression and response between the mother and infant, stating that the mother regulates the child's emotions by assessing the child's emotional signals and responding appropriately (or inappropriately in some cases). Vice versa, the child learns how to express emotions in order to get his/her needs met. A mother with bipolar disorder may display patterns of behavior in which she does not respond to meet the child's needs, which in turn could create a child that learns to rely on him/herself and consequently suppress emotions instead of expressing them.

The four specific areas of social competence examined include: cooperation, assertion, responsibility, and self-control. Six of the ten mothers' responses indicated below average behaviors (as compared with normative data) with regard to their children's cooperative behaviors. The mean of the study sample (M=10.5) was below that

of the norm of the scale (M=12.5). This is congruent with the research because children of parents with a mental illness may have difficulty cooperating with others to accomplish a task. Children of parents with bipolar disorder have been observed to display impairment in upholding friendly interactions with peers, sharing, and assisting their peers. In addition, these children have been observed to have difficulty controlling hostile and aggressive impulses towards adults and towards peers (Zahn-Waxler, Cummings, McKnew, & Radke-Yarrow, 1984). Cooperation is an important aspect of social competence, hence identifying strategies to increase cooperative behaviors of these children may serve to increase their overall social competence and functioning.

Three of ten participants' responses indicated below average behaviors (as compared with normative data) with regard to their children's assertive behaviors. Four participants' responses indicated behaviors in the average range of assertion, and three participants indicated behaviors in the above average range of assertion. The mean of the study sample (M=11.6) was slightly below that of the norm of the scale (M=12). Overall, assertion did not appear to be a problem for the majority of the children identified in the study; however, the mean of the sample is slightly lower than that of the norm. Perhaps, due to the lack of appropriate response at times by the mother, the majority of the children in this study have learned to assert themselves in order to get needs met. It had been stated previously that, according to attachment theory, an insecure attachment is one in which a specific behavior that is intended to elicit a certain response may not actually be effective in this type of relationship. Therefore, it would make sense, that in a relationship of this sort (i.e. insecure attachment between the mother and child), a more powerful behavior (i.e. assertive behavior) will be necessary to elicit the desired response

from the parent. Although assertiveness may be positive, in the interest of this study and to identify possible areas of concern, it has been noted that many researchers and tools used to measure assertiveness have not differentiated between assertiveness and possible aggressiveness (Rich & Schroeder, 1976) because they share similar features, to an extent. In addition, children of a parent with bipolar disorder have been observed to display a deficit in the ability to control hostile and aggressive impulses, which would add to the discussion regarding possible aggressiveness (which could be mistaken for assertiveness at times). Further research in this area would benefit from delving into this specific topic more thoroughly in order to differentiate and identify if these behaviors are indeed indicative of positive assertion.

One of ten participants' responses indicated below average behaviors (below 55% endorsement by the parent) with regard to their children's responsible behaviors. Three participants' responses indicated behaviors in the average range of responsibility, and six participants indicated behaviors in the above average range of responsibility. Nine of the ten children identified in the study showed average or above average behaviors in the realm of responsibility, with more than half being identified as above average. The mean of the study sample (M=14.7) was above that of the norm of the scale (M=13). Although responsibility is typically viewed as positive, for the purpose of this study, consideration is given to the presence of responsible behaviors as possibly being due to the child taking on the role of the parent. Chase (1999) identified that the fact that, when parentification occurs, the child may abandon his/her own needs to meet the needs of the parent (both emotional and tangible). When a parent is diagnosed with a serious mental illness (i.e. bipolar disorder), it is possible that the child may take on the role of the parent, or in

other words be parentified. Hooper, DeCoster, White, & Voltz (2011) reported that children and adolescents who experienced high levels of role reversal displayed more psychological symptoms in adulthood.

Four of ten participants' responses indicated below average behaviors (below 60% endorsement of positive self control behaviors as identified by the parent) with regard to their children's self-control behaviors. Six participants indicated behaviors in the average range of self-control. The mean of the study sample (M=11.7) was below that of the normative data (M=14). Although the majority of the children identified in this study displayed average ability in this area, four of the children displayed a possible impairment, and the mean of overall behaviors with regard to self-control was lower than the identified normative mean of the scale. This is congruent with research identifying children with parents with bipolar disorder may have difficulties controlling their aggressive and hostile impulses (Zahn-Waxler, Cummings, McKnew, & Radke-Yarrow, 1984). It appears that the majority of the children identified in this study are reported to display the ability to control their impulses and emotions; however, some of the children reportedly do not. With the incidence of mental illness higher than average in the offspring of individuals with a serious mental illness, it may be important to examine the issue of self control as it relates to mood and behavior. It has been identified that childhood mental illness is the combination both of environment and of coping skills (Feldman, Stiffman, Rubin, Jung, 1987). Although some children of a parent with bipolar disorder will maintain a protective environment and develop appropriate coping skills, others will not. Feldman et al. (1987) pointed out the importance of the relationship between the mother and the child, the number of mentally ill people in the child's family,

and the child's participation in extracurricular activities as possible risk factors for the development of a mental illness and/or behavioral problems in the child.

In conclusion, the results of this study have identified aspects of an insecure attachment present between a mother with bipolar disorder and her child, as well as specific areas of impairment of social competence of the child. Research has suggested that early attachment styles formed with a caregiver have future implications for the child in the realm of social interaction and forming of peer relationships (Kerns. Klepak, & Cole, 1996; Engels, Finkenauer, Meeus, & Dekovic, 2001). This current study is illustrative of this idea. With regard to attachment, the main themes identified in this study, including lack of preference for the mother by the child, lack of reciprocated emotional sharing/communication, and role reversal of the parent and child, is indicative of insecure attachment behaviors. Insecure attachment has been identified as a precursor to deficits in social competence, which can be seen in the responses which relate to the children's cooperative behaviors, the most identified deficits in this study. Conversely, the social competence of responsibility was identified as above average for the majority of the children in this study. With regard to attachment and responsibility in this population of children, it could be concluded that responsibility would be displayed due to the nature of the parent child relationship and the role reversal which may occur in the absence of the mother's ability or desire to display the appropriate parental (i.e. responsible) behaviors. The child may engage in monitoring the mood of the mother, adapting to this mood, and behaving accordingly, behaviors that typically are seen in a parent. The child may also take on the unmet responsibilities of the mentally ill mother. The results of this study are congruent with much of the literature in indicating that

specific areas of attachment and competence may be impaired in the presence of a mother with bipolar disorder.

Although this discussion has identified a few areas of possible impairment of the children with a mother with bipolar disorder, it is important to note that being a child of a parent with a mental illness does not automatically coincide with negative behaviors and/or emotions. For example, Marsh, Appleby, Dickens, Owens, and Young (1993) noted that many adults reflecting on their childhood and upbringing in a family in which a parent had a serious mental illness actually described a higher level of self awareness with regard to compassion, sensitivity, resourcefulness, strength, and independence.

Limitations

With regard to demographics, the study sampled participants from a limited Mid-Atlantic region. Each participant was recruited from a counseling center referral. The fact that these individuals took initiative to seek counseling, as well as the availability and possible funds needed for this counseling, are indicative of a sample that may not be representative of the entirety of those suffering from a mental illness.

The sample was limited to ten participants due to the lack of individuals meeting the specified criteria for the study and/or lack of willing participants who met the criteria. Many individuals met the criteria for having a mental illness and being a primary caregiver (mother) of a school-aged child; however, individuals with bipolar disorder were not as prevalent in the available population. This made gaining a sample for the study very difficult. A larger sample size would have been ideal for this study in order to gain a greater database of responses to explore both attachment and social realms.

With regard to identification of possible impairments in attachment, much of the available research is based on subjective response and observation. Depending on the mental state of the participant, i.e. possible depressive state or manic state, the information could possibly be skewed. The questionnaire used to assess attachment was a closed- ended tool. Open ended questions used in an interview format would assist in gaining a context and clarification for responses, which could provide a more detailed understanding of the themes. The mothers in this study self- selected to participate, and were willing and open to examine their children's behaviors. Of note, the mothers were the only source of information in this study with regard to the behaviors of the children. No other informants were present in this study. Another perspective, namely that of a teacher, would have been helpful in identifying possible behaviors of concern, as well as corroborating or disputing the information provided by the mother. This would, in turn, add more credibility to the results of the study.

With regard to possible comparison, lack of a control group was a limitation for this study. A control group would be advantageous to differentiate clearly the types of attachment in mothers with and without bipolar disorder, as well as possible issues with social competence in their offspring. If those differences exist, perhaps prevention and intervention strategies could be tailored to address these deficits.

With regard to the children identified in the study, it would have been beneficial to have information regarding specific age and gender. Due to the wide range of "school aged" children included in this study (i.e. kindergarten through sixth grade) and gender differences, some of the aspects of attachment and social competence may be better understood within these contextual factors. For example, attachment behaviors may be

different at varying ages. An older child may be more apt than a younger child to explore the environment without checking in as frequently with the mother. An older child, who has been exposed to more social settings than a younger child, may have learned to develop more social competencies than a younger child who has not yet been given the opportunity (i.e. less time in school and activities with other children). Similarly, gender may play a role in the display of certain behaviors as well. For example, a school-aged girl may be more open and communicative than a boy of the same age, or vice versa, depending on the specific attachment or social behavior being observed.

Future Directions

Given the dearth of research on attachment style between a mother with bipolar disorder and her child and social competence of the child specifically, it is the hope that this study provides a starting point for future studies in this area. It may be beneficial to examine the role of bipolar disorder in parenting, initially, to gain more information in this realm. Following the expansion on this topic, attachment between mothers diagnosed with bipolar disorder can be further examined. Although it has been stated throughout that other mental illnesses have been used as the framework of the study due to the applicability of the theory, the research can be applied only to the extent that the manifestations of the mental illnesses are similar. Future studies with regard to bipolar disorder and parenting, specifically, would add to the literature in understanding possible issues related to parenting and attachment and the possible connection to social competence of the children.

Clinically, the information gained from this study could be used in treatment, including both preventative and secondary. The information gained in this study would

be useful for expectant mothers who are coping with bipolar disorder. By understanding the possible implications of the diagnosis and the behaviors which may result in an insecure attachment with the infant, the mother may be able to receive treatment and also information regarding positive parenting behaviors and those which are congruent with creating a secure attachment with the child. This information could be disseminated in OB/GYN offices, where most individuals receive prenatal care. If preventive treatment is not possible, it would be suitable for mothers to seek help both in positive parenting behaviors and in modeling appropriate social behaviors for their children. Dissemination of information for treatment would be appropriate in pediatricians' offices, where they are easily seen and viewed by the parent taking their child for visits, as well as in primary care physicians' offices where the mothers receive care.

Ultimately, the well-being both of the parent and of the child should be considered for future study. By identifying the areas of concern, research can begin to focus on possible treatment options to enhance parental behaviors to increase secure attachment between the parent and child, which will ideally result in the formation of a secure attachment and the basis for which the child can view other relationships.

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