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Teenage pregnancy, attachment style, and depression: A comparison of teenage and adult pregnant women in a Portuguese series

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Abstract
The aim of this Portuguese study is to compare the experience of pregnancy in teenage years and later adulthood and to examine insecure attachment style as a risk factor for depression during pregnancy. The Attachment Style Interview (ASI; Bifulco, Moran, Ball, & Bernazzani, 2002) and the Edinburgh Postnatal Depression Scale (EPDS; Cox, Holden, & Sagovsky, 1987) were administered to 66 pregnant adolescents and 64 adult women. Pregnant teenagers were found to be nearly three times more likely to have an insecure attachment style of Enmeshed, Angry-Dismissive, or Fearful style than adults, all at high levels of impairment (54% vs.19%, $p < .02$). Logistic regression showed, when all risk factors were entered, highly Enmeshed style and poor partner support provided the best model for depression with age at pregnancy no longer adding. Insecure attachment style should be addressed in prevention and intervention strategies with teenage mothers.

Keywords: *Attachment, depression, adolescent mothers, pregnancy*

Introduction

Teenage pregnancy is a main cause of concern in European countries (European Commission, 2000) and the USA (American Academy of Pediatrics Committee on Adolescence, 1989). This is not only because of its high rate, but also because of its association with social exclusion, lower social class, and lower educational attainment in mothers (e.g., Coley & Chase-Lansdale, 1998; Figueiredo, Pacheco, & Magarinho, 2005; Pacheco, Costa, & Figueiredo, 2003; Social Exclusion Unit UK, 1999; Stevens-Simon & McAnarney, 1996). It is also highly associated with mothers' depression (Deal & Holtz, 1998; Hudson, Elek, & Campbell-Grossman, 2000; Leadbeater & Linares, 1992; Prodromidis, Abrams, Field, Scafidi, & Rahdert, 1994; Troutman & Cutrona, 1990) and with subsequent poor parenting of the child (e.g., Barnard, Osofsky, Beckwith, Hammond, & Appelbaum, 1996; Hann, Osofsky, & Culp, 1996), including child maltreatment and neglect (e.g., Baranowski, Schilmoeller, & Higgins, 1990; Brown, Cohen, Johnson, & Salzinger, 1998; Zuravin & DiBlasio, 1996). In terms of prevalence, the highest European fertility rates between the ages of 15 and 19 are in the UK (0.023) followed by Portugal

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(0.017), although Eastern European states are also shown to have increasingly high rates (Eurostat, 2000). Prevention strategies currently in place in the UK focus largely on sexual behavior, contraceptive knowledge, and options concerning termination (Social Exclusion Unit UK, 1999). The latter is not an option in Portugal where termination is illegal, so most of the teenage conceptions will be expected to lead to live births. This has specific implications for appropriate interventions. There are generally few psychological approaches for prevention and intervention with such young mothers to help both in parenting and using support effectively (Figueiredo, 2001).

Attachment theory is a lifespan approach to understanding child and adult relationships. Bowlby (1988) argued that poor care or inconsistent and hostile parenting in childhood distorted the development of "internal working models" or representations of early relationships, introducing biases in the formation of later relationships in adulthood. Thus adult relationships become characterized by anxious/ambivalence or avoidance rather than security, consistent with patterns developed in infancy and childhood. The study of adult attachment style shows insecure attachment is related to a range of social and psychological ills; poorer support and partner relationship satisfaction (Feeney, Noller, & Callan, 1994; Koback & Hazan, 1991; Rholes, Simpson, Campbell, & Grich, 2001), depression (Bifulco, Moran, Ball, & Lillie, 2002; Cole-Detke & Koback, 1996; Patrick, Hobson, Castle, Howard, & Maughan, 1994), low self esteem (Benoit, Zeanah, & Barton, 1989; Bifulco, Moran, Ball, & Lillie, 2002) and lower social class (Michelson, Kessler, & Shaver, 1997).

Insecure attachment style has been identified as a vulnerability factor for depression, as well as for antenatal and postnatal depression (Besser, Priel, & Wiznitzer, 2002; Bifulco et al., 2004; Feeney, Alexander, Noller, & Hohaus, 2003; Rholes & Simpson, 2004; Rholes et al., 2001; Simpson, Rholes, Campbell, Tran, & Wilson, 2003; Simpson, Rholes, Campbell, Wilson, & Tran, 2002). Anxious-ambivalent styles are shown to be particularly important in the antenatal period, having negative impact on support and the quality of relationship with partner and significant others (e.g., Feeney, 2003; Simpson et al., 2003). However, less research has been conducted on attachment style and pregnancy in teenage years, although there is some indication that adolescent mothers have more insecure attachment, particularly avoidant styles (Levine, Tuber, Slade, & Ward, 1991; Tarabulsy et al., 2005; Ward & Carlson, 1995), although another Portuguese study shows raised rates of Enmeshed style (18%) in addition (Matos, Figueiredo, Martins, Jongenelen, Iglésias, & Soares, 2000). Consistent with the attachment approach are findings that adolescent mothers also report more adverse childhood experience including childhood abuse and neglect and father absence (Ellis et al., 2003; Roberts, O'Connor, Dunn, Golding and the ALSPAC Study Team, 2004; Vikat, Rimpela, Kosunen, & Rimpela, 2002).

High rates of depression have been reported by adolescent mothers in the transition to parenthood (Deal & Holtz, 1998; Hudson et al., 2000; Leadbeater & Linares, 1992; Prodromidis et al., 1994; Troutman & Cutrona, 1990). This contributes significantly to poor outcomes in their children (Osofsky, Eberhart-Wright, Ware, & Hann, 1992). The transition to parenthood is recognized as having an important negative impact in the marital relationship, with an increase of conflict and ambivalence in the couple (e.g., Belsky, Rovine, & Fish, 1989; Fleming, Ruble, Flett, & Van Wagner, 1990). Partner absence and difficulties in the relationship, and high rates of violence are also reported, especially in younger mothers (e.g., Parker, McFarlane, & Soeken, 1994; Radestad, Rubertsson, Ebeling, & Hildingsson, 2004). Studies show that partner support and the quality of significant relationships are associated with postpartum depression (e.g., Bernazzani et al., 2004; Glazier, Elgar, Goel, & Holzapfel, 2004; Ritter, Hobfoll, Lavin, Cameron, & Hulsizer, 2000; Rubertsson, Waldenstroem, & Wickberg, 2003). Moreover, there is some evidence that

women with poor early relationships tend to have less satisfaction and perceive lower availability of partner's support, which in turn increase vulnerability for depression during the transition to parenthood (e.g., Priel & Besser, 2002).

However, there is also evidence of positive impacts with regard to support and relationships. Good support and positive relationship with the partner can positively impact on the psychological adjustment of the pregnant adolescent (Apfel & Seitz, 1996; Davis & Rhodes, 1994; Osborne & Rhodes, 2001; Piccini, Rapoport, Centerano-Levandowski, & Royer-Voigt, 2002; Rhodes, Ebert, & Meyers, 1994), even more than on adult mothers (Schilmoeller, Baranowski, & Higgins, 1991). Teenage mothers frequently report more support from their family of origin than adult mothers (Piccini et al., 2002; Wasserman, Brunelli, & Rauh, 1990; Wasserman, Rauth, Brunelli, Garcia-Castro, & Necos, 1990). Positive mother–grandmother relationships characterized by autonomy and mutuality are found to be as highly associated with good adjustment and parenting (Hess, Papas, & Black, 2002), as is positive relationship with the partner (Gee & Rhodes, 2003; Krishnakumar & Black, 2003). However, in some studies these adolescent mothers with more familial support show worse subsequent parenting of their babies (Contreras, Mangelsdorf, Rhodes, Diener, & Brunson, 1999; Davis & Rhodes, 1994; Spieker & Bensley, 1994; Unger & Cooley, 1992).

In order to examine attachment style in pregnancy, a standardized tool is required which reflects partner relationship and other quality of support as well as overall attachment style classification. The use of an interview measure has the additional benefit of gathering contextual information about relationships. The Attachment Style Interview (ASI) belongs to the social psychology strand of attachment investigation which asks questions about concurrent close attachment figures including partner and close support figures, as well as negative attitudes to closeness/autonomy to derive the overall classification. It was developed to test for psychosocial risks for major depression in a program of research taking a social epidemiological approach to disorder incorporating a vulnerability-provoking agent model (Brown & Harris, 1978), together with a lifespan perspective including childhood adverse experience (Bifulco & Moran, 1998). The approach follows the intensive investigator-based interview approach of family life (Brown & Rutter, 1966) which was developed in relation to depression to encompass life events (Brown & Harris, 1978), self esteem (Brown, Bifulco, & Andrews, 1990), support (Brown, Andrews, Harris, Adler, & Bridge, 1986), and childhood experience (Bifulco, Brown, & Harris, 1994). Attachment style was examined as a theoretical model unifying the other interpersonal factors, self-esteem, and childhood experience. Insecure attachment style was shown to be highly associated with DSM-IV major depression in a high-risk community series of women and to be highly correlated with negative evaluation of self and poor support (Bifulco, Moran, Ball, & Bernazzani, 2002; Bifulco, Moran, Ball, & Lillie, 2002). While there was little differentiation between Enmeshed, Fearful, and Angry-Dismissive styles and depression, the relationship only held at "marked" or "moderate" levels of impairment in relationships. Withdrawn style was unrelated to disorder, as were mild levels of insecure style once symptoms at interview were controlled (Bifulco, Moran, Ball, & Bernazzani, 2002). Insecure styles (particularly Fearful and Angry-Dismissive) were also significantly related to neglect and abuse in childhood, an assessment made retrospectively but validated in a sub-series of 98 sister pairs where high levels of corroboration of experiences were found among independently collected accounts (Bifulco, Brown, Lillie, & Jarvis, 1997). Subsequent follow-up of the same community series showed Fearful and Angry-Dismissive styles, again at marked or moderate levels of impairment, to relate prospectively to new episodes of depression and anxiety and to mediate childhood neglect and abuse (Bifulco, Kwon, Moran, Jacobs, & Bunn, submitted).

The ASI has been used on a European study of 204 pregnant women in nine different study sites (including Oporto, Portugal) and found insecure attachment styles predicted postnatal depression prospectively when assessed by clinical interview (Bifulco et al., 2004). While on average the rates of insecure styles were not significantly different from the original London rates, the type of style differed from one site to another with Portugal having the highest rates of Enmeshed or Fearful style (54% compared with 33% in London, Bifulco et al., 2004). In the full series, the more anxious styles (i.e., Enmeshed and Fearful) were found to predict postnatal depression significantly, while the more avoidant styles (i.e., Angry-Dismissive and Withdrawn) were associated with depression earlier in the antenatal period suggesting some specificity of style and depression in relation to the psychological and social demands made during pregnancy and after the baby was born.

The current study aims to examine the role of attachment style using the ASI and teenage pregnancy in a new Portuguese cohort of expectant mothers. An association of teenage pregnancy and insecure attachment style could thus provide a useful conceptual framework to account for the known problems associated with pregnancy at a young age including unsupportive relationships, subsequent poor parenting, and poor mental health. Understanding the relationship of teenage pregnancy to insecure attachment style could thus become a tool in providing successful preventative action in the future.

This study aims to compare psychosocial risk factors in two groups of pregnant women attending antenatal care in North Portugal; teenagers aged 14 to 18 and adults aged 19 to 40. Socio-demographic risks, childhood parental loss, quality of relationship with partner and other support figures, and overall attachment style were assessed in both groups and examined in relation to depression symptoms. Specifically the aim was to examine:

(1) Differences between the pregnant adolescent and adult group in terms of socio-economic risk factors, childhood parental loss, and depression.
(2) The relationship of insecure attachment style, quality of partner relationship, and support from significant others during pregnancy in relation to depression.
(3) A model of depression including insecure attachment style, support, and childhood experience and age of pregnancy.

Method

Sample

The sample consists of 130 pregnant women aged between 14 and 40 (mean = 22.6 years). The participants were consecutive attendees at the antenatal obstetric service of the Julio Dinis Maternity Hospital (Oporto, Portugal). All women selected were between 24 and 36 weeks pregnant. Nearly all were Portuguese nationals (94.6%) and Caucasian (98.5%). Selection criterion was by age, with half (66) selected for being under the age of 19 years and half (64) for being over the age 18 years. Eighty-two per cent of those approached agreed to be interviewed.

Measures

Demographic factors. At interview the women were asked about their employment and occupation, marital status, household arrangements, and educational attainment. They were also asked about the father of the child and his occupation. Background questions on losses of parent were also asked, including parental divorce, death of parent before or after

age 18, and separation from either parent for 12 months or more continuously before the age of 18.

Attachment Style Interview (ASI; Bifulco et al., 2002a). An investigator-based interview assessed respondents' attachment styles on the basis of ability to make and maintain supportive relationships, together with attitudes about closeness/distance from others and fear/anger in relationships. Inter-rater reliability of the measure is satisfactory (Bifulco et al., 2002a, Bifulco et al., 2004). The ASI includes an assessment of (1) support and (2) attachment style. (A summary of the scoring procedure is given in the Appendix.)

Support. An assessment is made of overall quality of relationship of partner and up to two support figures described as close by the respondent who can be family members or friends. Ratings are made of level of confiding, active emotional support, quality of interaction, and felt attachment. These are ''objective'' assessments based on frequency, intensity, and extent of supportive interaction as evidenced by specific recent examples of confiding behavior with standard questions followed by additional probes to determine details of context and interaction. This aims to minimize any impact of respondent ''idealizing'' or ''minimizing'' in reporting support available. An overall summary scale assesses the relationship on a 7-point scale with 1–3 reflecting: 1 = very good; 2 = good average support with negative interaction; and 3 = good average support with no negative interaction.

Attachment style. On the basis of both the number and quality of supportive relationships, a rating is made of ''ability to make and maintain relationships,'' which forms the basis for a rating of degree of security of attachment. Having at least two out of three close support figures scored as ''good'' on overall quality of support is the basis for a ''clearly secure'' or ''mildly'' insecure attachment rating. Having less support is the basis of either marked or moderate levels of insecure attachment style. The ASI uses seven attitudinal scales assessing types of avoidance (e.g., mistrust, constraints on closeness, self-reliance, and fear of intimacy) and anxious/ambivalence (e.g., desire for engagement, fear of separation, and anger). On the basis of these, a classification is made both of the *type* of insecure attachment (Enmeshed, Fearful, Angry-dismissive, Withdrawn, or Clearly Secure), and the degree to which the styles are ''markedly,'' ''moderately,'' ''mildly,'' or ''not'' insecure, rated on a 13-point scale (see Appendix). These ratings are made according to manualized benchmarked examples and consensus ratings used to enhance reliability.

The Portuguese team was trained in the ASI by the interview's author (AB) with regular communication on rating maintained. A Portuguese translation of the interview and rating schedules was undertaken for the EU funded study of postnatal depression (Bifulco et al., 2004). Satisfactory inter-rater reliability was found with levels of agreement between observers ranging from 0.81 to 1.00 and relatively high stability rates at follow-up with correlations between antenatal and postnatal ASI ratings ranging from 0.67 to 0.90.

Edinburgh Postnatal Depression Scale (EPDS; Augusto, Kumar, Calheiros, Matos, & Figueiredo, 1996; Cox, Holden, & Sagovsky, 1987). The Portuguese version of the Edinburgh Postnatal Depression Scale, a self-report questionnaire composed of 10 items in a Likert scale of 4 points (0–3), was used to assess depressive symptomatology. This questionnaire has been used in several studies with pregnant and postpartum women (e.g., Da Costa, Larouche, Dritsa, & Brender, 2000; Eberhard-Gran, Tambs, Opjordsmoen, Skrondal, & Eskild, 2004), including use in Portugal (Areias, Kumar, Barros, & Figueiredo,

1996a, 1996b; Augusto et al., 1996; Figueiredo, 1997). Although this instrument does not assure a clinical diagnosis of depression, a score higher than 13 indicates the probable presence of a major depressive episode (Augusto et al., 1996). The psychometric studies of the EPDS Portuguese version show good internal consistency (with a Cronbach Alpha of 0.85), test–retest reliability (0.75), and external validity with the SADS psychiatric interview (0.86) (Figueiredo, 1997).

Procedures

Medical registers of pregnant women attending the maternity hospital were consulted to identify those women whose pregnancy gestation time was between 26 and 36 weeks. These pregnant women were contacted and asked to participate in this study during their routine medical consultation. They were informed about the nature and goals of this study, assured total confidentiality of information, and asked for voluntary cooperation. Ethical permission was obtained from the Julio Dinis Maternity Hospital Ethical Commission.

Analysis

SPSS-12 was used for the statistical analysis, with chi-square statistic used for analysis both between groups and an intra-individual analysis. Binary logistic regression was used for the final model of factors contributing to depression outcome.

Results

Social and demographic factors in teenage pregnancy

Social and demographic characteristics were examined in relation to the two pregnant age groups. It can be seen in Table I that the pregnant teenagers were a more deprived group in terms of lower education, lower social class (higher unemployment and more manual occupations), and were more likely to be single and non-cohabiting during pregnancy. They were more likely to be living with family of origin and in larger households.

Depression was examined in relation to the two age groups. Although the mean number of symptoms was significantly higher in the teenage group (8.58 vs. 6.78, $t = 2.103$, $p < .05$)

Table I. Socio-demographic factors by age at pregnancy group and depression.

		Teenagers ($n = 66$) %	Adults ($n = 64$) %	$p <$	EPDS ≥ 13 $p <$
Primiparous		95.5	45.3	0.001	n.s.
Education < grade 9		89.4	57.8	0.001	0.01
Unemployed		75.0	14.5	0.001	n.s.
Manual occupation		83.3	43.5	0.001	n.s.
Partner unemployed		23.0	3.2	0.001	n.s.
Partner manual occupation		81.8	45.2	0.001	n.s.
Single (non-cohabiting)		51.5	3.1	0.001	n.s.
Living with family of origin		81.8	64.1	0.05	n.s.
≥ 5 persons in household		39.7	9.4	0.001	n.s.
Depression symptoms	EPDS ≥ 13	18 (12)	11 (7)	n.s.	
	EPDS ≥ 9	45 (30)	27 (17)	0.02	

and using a 9 score cut-off, this did not hold for the more acceptable 13 or higher cut-off point (see Table I, bottom two rows). When the other demographic factors were examined in relation to case depression at the higher level, only education was significantly related at the 5% level (see Table I, column 4). However, there was a trend for manual occupation, single status, and living with family of origin to also relate to depression.

Other risk factors and teenage pregnancy

Support. Quality of marital relationship and that of close support figures was examined in the teenage and older pregnant group. It can be seen in Table II that there was no difference in the level of support offered by either partner or first other named as ''very close (VCO)'' with only around a quarter or less reporting poor support. It was also noted that over two-thirds (65%) of the teenagers were likely to name their mothers as their very close other compared, with 45% of the adult pregnant women. As many as three-quarters of the pregnant teenagers described a supportive relationship with a partner even though most of the teenagers were not cohabiting. However, when cohabitation was examined by support from partner it proved that while most cohabiting relationships were supportive (94% or 30/32) this was much less common in those non-cohabiting (64% or 21/33, $p < 0.003$). When ability to make and maintain relationships was examined, it can be seen that teenagers were much more likely to score as ''poor'' (20% vs. 4% among older women, $p < 0.02$) showing absence of any adequate support, or that restricted to only one other person.

Attachment style

Teenagers had significantly higher rates of marked or moderate level Enmeshed (20%), Angry-dismissive (20%), or Fearful (14%) attachment style than older women (6%, 5%, and 8%, respectively) with only 8% of teenagers having a ''clearly secure'' style compared with 30% of the adult women. Mildly insecure styles were somewhat more common in the older

Table II. Risk factors and age at pregnancy group.

	Teenagers ($n = 66$) % (n)	Adults ($n = 64$) % (n)	$p <$
SUPPORT (Overall quality of relationship)			
Poor partner support (4–7 overall scale)	21 (14)	28 (18)	n.s.
Poor VCO support (4–7 overall scale)	15 (10)	16 (10)	n.s.
Poor ability to make and maintain relationships	20 (13)	4 (4)	0.02
ATTACHMENT STYLE			
Marked or Moderately Enmeshed	20 (13)	6 (4)	
Marked or Moderately Fearful	14 (9)	8 (5)	
Marked or Moderately Angry-Dismissive	20 (13)	5 (3)	
Marked or Moderately Withdrawn	–	5 (3)	
Any Mildly insecure style	39 (26)	47 (30)	
Clearly secure style	8 (5)	30 (19)	0.0001
PARENTAL LOSS			
Separation from parents for 1 year < age 18 years	33 (22)	8 (5)	0.0001
Divorce of parent ever	41 (27)	5 (3)	0.0001
Death of parent < age 18 years	12 (8)	8 (5)	n.s.
Death of parent ever	14 (9)	28 (18)	0.03

group (47% vs. 39%). There were no instances of Withdrawn style in the teenage group (see Table II).

Parental loss

Pregnant teenagers were more likely to have been separated from their parents for 12 months or more before age 18, and to have parents who had been divorced (see Table II, last 4 rows). There was no difference in rates of childhood death of parent, but the older women were more likely to have suffered a death of parent at any age.

Risk factors and depression

Support, attachment style, and parental loss were examined in relation to case depression (EPDS cut off ≥ 13) in the series as a whole. Poor support from partner was highly related to depression ($p < .01$), but support from VCO was unrelated, while ability to make and maintain relationships showed an association, but just short of 5% significance level ($p < .06$, see Table III). Insecure attachment style was significantly related to depression ($p < .0001$), but this was largely accounted for by increased risk in the marked or moderate Enmeshed category where 59% were depressed. When parental loss was examined in relation to depression, childhood separation from parent for 12 months or more and death of parent under age 18 were both significantly related (see Table III).

A binary logistic regression was undertaken examining the main risk factors and depression and showed that poor support from partner and Enmeshed attachment style (at marked or moderate level) provided the best model (see Table IV). Separation from parent

Table III. Risk factors and depression in pregnancy in the combined series.

Risk Factor		EPDS ≥ 13 % (*n*)	*p*<
SUPPORT			
Support partner (Overall scale 1–7)	POOR (4–7)	34 (11/32)	0.001
	GOOD (1–3)	9 (8/93)	
Support VCO (Overall scale 1–7)	POOR (4–7)	15 (3/20)	n.s.
	GOOD (1–3)	14 (15/107)	
Ability to make and maintain relationships (1–4)	POOR (3–4)	22 (11/50)	0.06
	GOOD (1–2)	10 (8/78)	
TYPE OF ATTACHMENT STYLE			
Attachment Style (Marked or moderate)	Enmeshed	59 (10/17)	0.0001
	Fearful	0 (0/14)	
	Angry-Dismissive	6 (1/18)	
	Withdrawn	0 (0/3)	
	Any mildly insecure style	13 (7/54)	
	Clearly secure	4 (1/24)	
PARENTAL LOSS			
Separation from parents for 1 year < age 18 years	YES	33 (9/27)	0.005
	NO	10 (10/101)	
Divorce of parents ever	YES	23 (7/30)	n.s.
	NO	12 (12/98)	
Death of parent < age 18 years	YES	38 (5/13)	0.02
	NO	12 (14/115)	
Death of parent ever	YES	26 (7/27)	0.06
	NO	12 (12/101)	

Table IV. Binary logistic regression of key risk factors and depression (EPDS $\geq$ 13).

Variable	Odds-ratio	Wald	*p*
Teenage or adult pregnancy	1.31	.16	n.s.
Poor support partner	4.44	5.98	.01
Enmeshed attachment style	13.25	14.31	.00001
Separation from parents for 1 year < age 18 years	3.66	3.69	.056

The best model is Enmeshed attachment style and poor partner support. Childhood separation from parents falls just short of .05 significance. Goodness of fit = 84.8%.

in childhood fell just short of the 5% level and pregnancy age did not contribute. This showed that partner support and attachment style together accounted best for the depression outcome overriding the age effect.

Discussion

This study of Portuguese pregnant women shows a clear relationship between teenage pregnancy and various indicators of disadvantage in both social class and marital terms, consistent with the literature (e.g., Coley & Chase-Lansdale, 1998; Social Exclusion Unit UK, 1999). Thus the teenagers were much more likely to have lower educational attainment and social class, to be unemployed and to have partners who were unemployed, and to be single and living with family of origin in larger households. However, on the positive side, most were in contact with the babies' father, and individual relationships with the partner and very close other relationships were no less supportive than in the older group, contrary to what has been found in studies abroad. The main differences between the age groups lay in the very high rates of Enmeshed, Angry-Dismissive, and Fearful attachment styles in the teenage group indicating a reduced range of support accessed and a higher level of negative attitudes about closeness and autonomy. Other studies show high insecure-avoidant styles in pregnant teenagers using the Adult Attachment Interview (range of 33% – 51%, compared with 3% – 10% Preoccupied (Levine et al., 1991; Ward & Carlson, 1995), although it is interesting a comparable Portuguese study, also using the Adult Attachment Interview, while finding similarly high avoidant styles (38%), also had high rates of Preoccupied/ Enmeshed styles (18%; Matos et al., 2000). It is debatable whether Fearful style reflects "anxious-ambivalent" or "avoidant" style, given it has characteristics of both. More comparative data using the same categorization is needed cross-culturally to settle the issue. The teenagers in this study also experienced more parental separation in childhood suggestive of worse early life experience. Although the teenagers were only marginally more likely to be depressed, Enmeshed style was one of the main predictors of depression in the series as a whole. The other factors that were associated with disorder across the series were low support from partner and childhood separation from parents. These factors superseded age as the main risks for depression. Limitations of the study include the use of a self-report symptom scale rather than clinical interview, the cursory nature of assessing childhood experience, and the cross-sectional nature of the study, whereby contamination of attachment style by symptoms is a possibility. The same sample is being followed up postnatally which will then allow for a prospective examination of the relationship of attachment style to symptoms postnatally.

The findings therefore suggest that early age at pregnancy is not necessarily a risk factor in itself, but rather a marker for higher risk status in terms of childhood experience, attachment

style, and quality of support. An attachment theory interpretation would suggest that these stemmed from a range of negative early life experiences. In this series only parental loss was collected, with most due to parental divorce and most commonly loss of father, which is shown in the literature to relate to early sexual activity (Ellis et al., 2003). Such loss may have on the one hand made it more difficult to develop stable relationships with men and the babies' father and on the other hand made the group more sensitized to loss making the prospect of future separation from mother and family of origin more difficult. Further research is required to find out whether the precursors of both teenage pregnancy and insecure attachment style lie in experiences of paternal loss in particular or with the associated experiences of parental conflict, neglect, or abuse in childhood. This would be consistent with lifespan models of vulnerability for depression (Bifulco & Moran, 1998).

Another factor to be considered is the impact of the developmental stage at which the young women were having their babies. Studies have indicated that Enmeshed styles are more common among younger than older people, and among those in lower social classes, which might in part account for the preponderance of this style among the pregnant adolescents (Michelson et al., 1997). It was of interest that most of the teenage women voluntarily selected their own mother as their closest support figure. It is possible that this group had not yet individuated from their parents and developed adult autonomy in making a range of relationships outside the home. This may become a future stumbling block as their baby develops and the young mothers remain dependent upon the babies' grandmother for resources and have less opportunity for autonomous development.

Understanding possible cultural reasons for the high vulnerability among Enmeshed pregnant teenagers in Portugal is as yet only speculative. Although the pregnant teenagers were significantly more likely to have Enmeshed, Angry-Dismissive, or Fearful style, disorder was only raised in the Enmeshed style during pregnancy. In ASI terms such individuals have high need for the company of others, low self-reliance, and fear of separation, in the context of poor support and poor ability to make close relationships. In contrast, those Fearful and Angry-Dismissive have greater self-reliance and autonomy and more solitary behavior differentiated by their fear of rejection and angry-mistrustful attitudes towards others (see Appendix). Perhaps these more avoidant characteristics have a temporary protective effect during the pregnancy period where less psychological conflict is experienced from the prospect of having to attain greater autonomy with the responsibility of parenthood (Allen & Land, 1999). Another cultural factor to be taken into account is that termination is illegal in Portugal, therefore teenagers who become pregnant have fewer choices than in other countries about whether to continue with the pregnancy. This in itself may have a differential impact on attachment style and depressive risk.

There was a hint in the analysis that some potential protective factors may have been present in terms of the support received. None of the young women were homeless; those not cohabiting were living with the family of origin and this usually capitalized on where the best support was located. Quality of support outside of the partner relationship was generally good and this was more likely to be from the mother. This may relate specifically to the Portuguese context; studies in the UK show that pregnant teenagers are often made homeless, which adds substantially to the level of stress and adversity experienced (Social Exclusion Unit UK, 1999). It may also relate to a more stable and less mobile population in Portuguese cities such as Oporto, where mothers retain the close relationship to their daughters and where even non-cohabiting partners are in contact. In the absence of such

good mother–daughter relationships, the rates of depression among these pregnant teenagers would be expected to be considerably higher with a worse prognosis for future mothering.

In conclusion, it is clear that attachment theory can be critical to understanding the risks associated with teenage pregnancy, including parental loss, poor support, and depression. The development of contextual investigator-based assessment tools which are effective in translation and in use in European settings have formed the basis for extending understanding of lifespan risk for depression in relation to motherhood roles. Attachment theory can be used not only in providing a conceptual framework for such risk but also for pointing to effective interventions.

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Appendix: The attachment style scoring procedure

The Attachment Style Interview requires a 3-day training. The following is a brief summary of scoring procedure. Details of training can be obtained from A.Bifulco@rhul.ac.uk

SUPPORT SCHEDULE

Rated for (i) partner and (ii) VCO 1 and (iii) VCO 2: adults described as very close and scored on the basis of probed questions concerning intensity and frequency of behavior in recent interaction

Support scales: Scored: 1 = marked, 2 = moderate, 3 = some, 4 = little/none	**Overall quality of relationship** (Scored: 1–3 good support, 4–7 poor support)
Confiding: evidence of recent confiding of emotionally charged topics.	1. Very good support: (marked confiding/ emotional support)

(*continued*)

Appendix (*Continued*).

SUPPORT SCHEDULE

Emotional support: evidence of recent support received as evidenced by active listening and offering sympathy and/or advice.
Negative interaction: evidence of recent rows, quarrels, and disagreements.
Positive interaction: evidence of recent pleasant and enjoyable companionship.
Felt attachment: report of felt closeness, dependence on other, and distress if other were absent.

2 – 3. Good support: (moderate confiding/ emotional support with or without negative interaction)

4 – 5. Poor average support (''some'' confiding/ emotional support with or without negative interaction)

6 – 7. Poor support (''little/no'' confiding or emotional support with or without negative interaction)

Ability to make and maintain relationships (1 – 4): overall judgment based on the number of support figures rated as highly supportive and the quality of interactions.

ATTACHMENT SCHEDULE

Attachment subscales	**Overall attachment style (1 – 13)**
A. Scored: 1. Marked, 2. Moderate, 3. Some, 4. Little/none	1. Markedly Enmeshed
Mistrust: suspiciousness of others motives, belief that others let you down or are hostile and out for themselves.	2. Moderately Enmeshed
Constraints on closeness: attitudinal barriers to confiding and asking for help.	3. Markedly Fearful
Fear of rejection: expectation of others being rejecting and letting you down.	4. Moderately Fearful
Fear of separation: distress at even brief separations form close others.	5. Markedly Angry-Dismissive
Anger: hostility in close relationships including family of origin, resentment about childhood experience.	6. Moderately Angry-Dismissive
	7. Markedly Withdrawn
	8. Moderately Withdrawn
	9. Mildly Enmeshed
	10. Mildly Fearful
	11. Mildly Angry-Dismissive
	12. Mildly Withdrawn
	13. Clearly Secure
B. Scored: 1. High, 2. Moderate/ average, 3. Low, 4. Contradictory	
Desire for company: need for others company and presence.	(1 – 8 score ''poor 3 – 4'' on ability to make and maintain relationships; 9 – 13 score ''good 1 – 2'').
Self-reliance: ability to seek help in asking advice and coping.	

Overall Attachment Styles

There are five main attachment styles in the ASI: Clearly Secure and four types of insecure styles; Enmeshed, Fearful, Angry-Dismissive, and Withdrawn. Clearly Secure has no subdivisions, but the other styles are rated at marked, moderate, or mild levels of insecurity on the basis of ability to make and maintain relationships, and intensity and generalization of negative attitudes. The subscale ratings combine to provide the overall attachment profile:

Enmeshed (Rated 1, 2, or 9 on overall scale): This is a dependent style exhibited by **high desire for company** (rated 1-high), and **low Self-reliance** (rated 3-low or 4-contradictory) with **high Fear of Separation** (1-marked or 2-moderate). Thus avoidant characteristics are rated as low (Constraints on Closeness rated 3-some or 4-little/none and Fear of Rejection 3-some or 4-little/none). At times this style will involve high Anger (1-marked or 2-moderate), typically when dependency needs are not met.

Fearful (Rated 3, 4, or 10 on overall scale): This attachment style is characterized by **high fear of rejection** (1-marked or 2-moderate). This may relate to actual experiences of having been let down which has generalized to fear of future interactions. Mistrust is high (1-marked or 2-moderate) as are constraints on closeness (1-marked or 2-moderate).

Angry-Dismissive (Rated 5, 6, or 11 on overall scale): This style is characterized by **high Anger** (1-marked or 2-moderate) with accompanying high Mistrust (1-marked or 2-moderate), high Self-reliance (1-high), and low Desire for Company (3-low).

Withdrawn (Rated 7, 8, or 12 on overall scale): This is characterized by **high Self-reliance** (1-high) and high Constraints on Closeness (marked or moderate); often expressed as desire for privacy and clear boundaries with regard to others. It presents as unemotional, with neither Fear of Rejection, nor Anger rated.

Clearly Secure (Rated 13 on overall scale): This style shows a lack of negative attitudes and good ability to make and maintain relationships (1-marked or 2-moderate). Self-reliance and Desire for Company will usually be rated as 2-Moderate/Average and this will denote flexibility in approach/avoidance issues.