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The Role of Pregnant Women’s Attachment Relationships in Predicting Maternal Adjustment during Pregnancy

By Mahshid Zamani, Parisa Sadat Seyed Mousavi, and Ali Reza-Pezhman

Abstract

Maternal adjustment is a woman’s response to the challenges she experiences from the moment pregnancy is discovered until the baby is born. This adjustment is achieved gradually during pregnancy and has considerable importance. Studies in the field of maternal adjustment have mainly focused on the importance of this factor in maternal postpartum experience, whereas less attention has been paid to the identification of predictors of this adjustment in pregnant women. The aim of this study was to explain the role of pregnant women’s attachment relationships in predicting maternal adjustment during pregnancy. The methodology was correlational, and the statistical population consisted of pregnant women in the six-to-nine-month gestation period of their first pregnancy. 317 Iranian pregnant women who met the inclusion criteria were selected by convenient sampling. Before giving birth, these participants filled out the online Self-Evaluation Questionnaires (SEQ) and the form Experiencing Close Relationships (ECR-RS). The methods of the Pearson correlation analysis and linear regression were used for data analysis. The results show that higher anxiety and avoidance in attachment relationships are significant predictors of pregnant women’s low maternal adjustment during pregnancy. Likewise, a strongest linear relationship was established between maternal adjustment and anxious and avoidant attachment to a partner. All in all, the findings reveal that in the situation of the stressful transition to parenthood and the presence of an insecure attachment schema (especially to a partner), participants experienced depression and anxiety, the formation of negative attitudes toward maternity, and the development of negative conditions for the fetuses.

Keywords: Parenthood, Pregnancy, Maternal adjustment, Attachment relationships, Iranian women

Introduction

Pregnancy, delivery, and the transition to parenthood encompass intricate physiological, social, and psychological variations. During the nine months of pregnancy, pregnant women must adjust to bodily, identity, relational, and occupational changes and begin to identify themselves with the role of motherhood (Brandon et al., 2009). Indeed, maternal adjustment is a woman’s response to the challenges she experiences from the onset of pregnancy to the neonates’ birth.

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Among the most significant dimensions of maternal adjustment are pregnancy acceptance, motivation for playing the maternal role, a woman’s relationship with her partner, and a woman’s relationship with her mother (Lederman & Weiz, 2018).

Pregnancy acceptance is reckoned as the first and one of the most paramount dimensions of maternal adjustment. Many women plan to have children and become pregnant, and when their pregnancy is confirmed, they experience joy and happiness. But research shows that most expectant mothers, even those who had unplanned pregnancies, were able to resolve their motherhood conflicts within nine months (Lederman & Weiz, 2018). On the whole, the acceptance of pregnancy by a woman is measured by several factors such as conscious planning for pregnancy, accepting bodily changes, gradually reducing negative feelings, and ambivalence about the pregnancy (Kuo et al., 2007).

In addition to pregnancy acceptance, pregnant women go through the process of attaining a maternal identity. According to interviews conducted by Liderman et al. in 2018, in most cases, identification with the motherhood role entails accepting the transformation from a childless existence to one with child. The pregnant woman goes through this developmental trajectory by forming a mother-child unit, and finally giving birth which creates a separation between mother and fetus and allows for the growth of individual identities. Generally, two factors contribute to evaluating the formation of maternal identity: to what extent the woman is motivated to undertake the maternal role, and to what extent she has been prepared to play her maternal role (Had & Kil, 2007; Slade et al., 2005).

Research shows that if the mother of a pregnant woman positively reacts to her daughter’s pregnancy, remains available during her pregnancy, talks about her childbearing and parenting memories with her daughter, and maintains a mutual relationship (an adult-to-adult relationship respecting the daughter’s autonomy), the pregnant woman will most likely be eager to be a mother and accept maternal roles (Lederman & Weis, 2018; Mazzeschi et al., 2015). On the other hand, if the woman’s mother is a criticizer and not a supporter, then the daughter tends to avoid her mother’s consultation and companionship. She prefers to not resemble her mother in playing her own maternal role (Obagi et al., 2010). Finally, the results of studies reflect the significance of marital relationships after delivery and upon maternal adjustment (Keefer et al., 2012; Kooli, 2020). The support and endorsement of the partner improve the well-being of the pregnant woman during pregnancy and with pre-birth care (Wilson et al., 2007). On the contrary, a poor marital relationship is linked to fetuses being small for their gestational age, utilization of sedatives to relieve anxiety, and premature birth (Lederman & Weis, 2018).

If a pregnant woman receives environmental support (especially emotional support from her mother and husband), this positively affects her adjustment and reduces the possibility of mental disorders. This issue is important not only for the pregnant woman but also for her newborn and the onset of their relationship (Zarers, 2007; Kooli, 2020). Studies on maternal adjustment have mainly focused on the significance of this factor in the post-delivery experiences of mothers, such as their adjustment to neonates’ growth and temperament and mothers’ willingness to breastfeed their infants (Dew, 2005). However, what is less accentuated is the contribution of pre-birth factors and the identification of predictors of this maternal adjustment.

Numerous studies have confirmed the association of attachment with interpersonal relationships (such as the relationship with mother and partner that constitute the crucial dimensions of maternal adjustment), emotional regulation, self-esteem, acceptance, adjustment in relations, others’ perceptions, and self-efficacy. Thus, it seems that attachment is one of the integral predictors of maternal adjustment (Haggerty et al., 2009; Allen et al., 2003; Keefer et al., 2012;
Ravitz et al., 2008; Butzer et al., 2008). Furthermore, since the transition to parenthood is conceptualized as stressful, the attachment system and its respective problems are reactivated in this period. When the mother reflects upon her relationship with her neonate, both during and after pregnancy, her own attachment experience is revived. In this period, the problems associated with relationships can be robustly reactivated, potentially modified, and transferred from the mother to the neonate across generations (Mazzeschi et al., 2015).

Studies so far conducted on attachment and its effects in the pregnancy period have illuminated that the attachment style of this period correlates with a risk for developing a mood disorder which can impact, a mother’s emotional relationship with the fetus, the formation of mother-fetus attachment, fetus growth, fetus age, weight during delivery, and somatic impacts of pregnancy (Woods et al., 2010; Rakul et al., 2003). However, these studies considered attachment holistically, so the role of attachment to father and mother has not been examined in isolation. Likewise, they have not focused on pregnant women’s attachment during their pregnancy. Therefore, the present study aimed to determine the relationship of attachment to mother, father, and partner with maternal adjustment during pregnancy.

**Methods**

The current research was a descriptive correlational study. The statistical population consisted of Iranian pregnant women who were in their sixth through ninth months of pregnancy. The participants were selected by convenient sampling and entered the study voluntarily from different cities of Iran. The online questionnaires were designed on Porsline, a Persian survey-making platform, and their links became available to the public through social networks. Inclusion criteria consisted of women whose mothers were alive, were experiencing their first pregnancy, not suffering from any specific illnesses impacting or endangering the pregnancy process, living with their spouses and not intending to divorce, and who had lived with both parents for at least five years in their childhood. Those participants who had left out over 10% of the questions in every questionnaire were excluded. Finally, 357 respondents filled out online Parental Self-Evaluation and Experiences in Close Relationships-Relationship Structures (ECR-RS) questionnaires. After the removal of the cases that did not meet the inclusion criteria, 317 participants were left. According to the research method (correlation), sufficient volume for the sample is 40 times the number of predictor variables, so this sample of 317 is large enough so as not to skew the results (Gall et al., 2006). The mean (SD) age of the participants was 28.8 years, and the mothers ranged in age from 17 to 42.
Table 1: Descriptive Statistics

<table>
<thead>
<tr>
<th>Maternal Characteristics</th>
<th>Number of Participants (Percentage of Participants)</th>
<th>Number of Participants (Percentage of Participants)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant Women’s Education</td>
<td>Less than High School 20 (6.3%)</td>
<td>Pregnant Women’s Full-time 72 (22.7%)</td>
</tr>
<tr>
<td></td>
<td>High School Diploma 73 (23%)</td>
<td>Occupations Part-time 55 (17.3%)</td>
</tr>
<tr>
<td></td>
<td>Bachelor’s Degree 149 (47%)</td>
<td>Stay at Home 190 (59.9%)</td>
</tr>
<tr>
<td></td>
<td>Master’s Degree 59 (18.6%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ph.D. 16 (5%)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fetal Characteristics</th>
<th>Number of Participants (Percentage of Participants)</th>
<th>Number of Participants (Percentage of Participants)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fetal Age (Gestational Age)</td>
<td>24-28 weeks 153 (48.2%)</td>
<td>Fetal Sex Male 144 (45.4%)</td>
</tr>
<tr>
<td></td>
<td>29-32 weeks 74 (23.3%)</td>
<td>Female 173 (54.5%)</td>
</tr>
<tr>
<td></td>
<td>33-36 weeks 70 (22%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>37-39 weeks 20 (6.3%)</td>
<td></td>
</tr>
</tbody>
</table>

Measures

*Experiences in Close Relationships-Relationship Structures Questionnaire (ECR-RS)*

Experiences in Close Relationships-Relationship Structures is a self-report questionnaire for the degree of attachment and is derived from the revised form of Experiences in Relationships (ECR-R) questionnaire (Fraley et al., 2011). This scale was designed for the measurement of individual differences in four domains, including relationships with mother, father, romantic partner, and best friend (non-romantic). The ECR-RS is composed of 36 items, nine for every relationship domain (father, mother, romantic partner, and best friend). In each domain, the first six items measure the avoidant dimension, and the last three assess the anxious dimension. Every item is scored based on a 7-point Likert scale, ranging from strongly disagree to strongly agree. Individuals acquire scores of 6-42 for the avoidant and 3-21 for the anxious dimensions, and the
first four questions are reversely scored. Higher scores indicate more insecure attachment in every domain. Likewise, concerning the 1-7 scores individuals acquire in anxious and avoidant attachment, we can assign them into the secure, preoccupied-insecure, insecure-anxious, and insecure-avoidant groups. If both avoidant and anxious attachment scores are <4, the individual falls in the secure group, and if the anxious and avoidant attachment scores are >4 and <4, respectively, the individual falls in the preoccupied-insecure group. However, if the anxious and avoidant attachment scores are <4 and >4, respectively, the individual falls in the insecure-avoidant group, and if both anxious and avoidant attachment scores are >4, the individual falls in the insecure-anxious group.

Shortening questions without losing measurement precision helps with minimizing some estimation constraints. Meanwhile, the Cronbach alpha coefficient has been calculated for the anxious and avoidant attachments by the use of all three relational dimensions. The estimated coefficients depict higher levels of reliability for anxious attachment (0.82) and avoidant attachment (0.81). The results of the confirmatory analysis show that ECR-RS possesses two avoidant and anxious factors in every relational domain, and this result conforms to the findings of (Fraley et al., 2011; Pouravari, 2014).

**Parental Self-Evaluation-II Questionnaire (PSEQ-II)**

PSEQ-II (Lederman, 2018) measures social-psychological adjustment with pregnancy in seven dimensions, including: acceptance of pregnancy, identification with motherhood role, relationship with mother, relationship with partner, preparation for labor, control in labor, and well-being of self and baby during delivery. The responses to this 79-item instrument, which takes about 10-20 minutes to be completed, fell into four categories: very much so, moderately so, somewhat so, and not at all. The total score varied from 79 to 316, wherein lower scores indicate higher levels of adjustment and lower levels of conflict. The reliability Cronbach alpha coefficients of the PSEQ-II subscales ranged from 0.75 to 0.92 for a group of pregnant women (Lederman & Weis, 2009). The correlation coefficients among seven subscales fell in the 0.06-0.54 range, showing that the subscales were fairly independent and call for separate actions (Lederman & Weis, 2009). The reliability Cronbach coefficients between 0.67 and 0.91 have been reported for the subscales, while 0.89 is the Cronbach alpha coefficient of the total score (Wisger, 2013). In the current study, the credibility and validity of this questionnaire in Iran were studied. Cronbach’s alpha for the total score of maternal compatibility during pregnancy is 0.935. As for the subscales of pregnancy acceptance (maternal role identification, relationship with mother, relationship with spouse or partner, preparation for childbirth, helplessness and loss of control in childbirth, and concern for the well-being of self and baby), the Cronbach’s alphas are 0.869, 0.821, 0.837, 0.806, 0.790, 0.810, 0.833, respectively. The SPSS software version 22 was used for data analysis. Pearson correlation coefficient and linear regression were applied to analyze the results.

**Results**

Since higher scores of PSEQ-II indicate poor adjustment with pregnancy, the results show that anxious and avoidant attachments to the mother, father, and partner were positively and significantly correlated with lower adjustment during pregnancy. The highest correlation coefficient was observed between insecure anxious attachment to a partner and adjustment to pregnancy. After that, avoidant attachment to the partner, avoidant attachment to the mother, anxious attachment to the mother, avoidant attachment to the father, and anxious attachment to the
father, had the maximum positive and significant correlations with the adjustment of pregnancy score, respectively. Table 1 shows the correlations among variables.

Enter regression analysis was used for examining the predictive roles of anxiety and avoidance dimensions of attachment to mother, father, and partner in maternal adjustment. According to results observed in table 2, the results of regression analysis revealed that 33% of variations in maternal adjustment were generally determined by the avoidant and anxious dimensions of attachment. The β coefficient also shows that the strongest linear relationship was established between maternal adjustment and avoidant and anxious attachment to partner scores.

Table 2: Correlation Matrix among Variables (N=317)

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>SD</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Adjustment with pregnancy</td>
<td>22.03</td>
<td>6.50</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Acceptance of pregnancy</td>
<td>24.32</td>
<td>6.17</td>
<td>.711</td>
<td>**</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Identification with motherhood role</td>
<td>18.51</td>
<td>5.50</td>
<td>.773</td>
<td>**</td>
<td>.604</td>
<td>*</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Relationship with partner</td>
<td>15.87</td>
<td>5.25</td>
<td>.586</td>
<td>**</td>
<td>.374</td>
<td>*</td>
<td>.329</td>
<td>**</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Relationship with mother</td>
<td>22.03</td>
<td>6.50</td>
<td>.497</td>
<td>**</td>
<td>.258</td>
<td>*</td>
<td>.277</td>
<td>**</td>
<td>**</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Avoidant attachment to mother</td>
<td>16.53</td>
<td>8.85</td>
<td>.336</td>
<td>**</td>
<td>.183</td>
<td>*</td>
<td>.239</td>
<td>**</td>
<td>**</td>
<td>.73</td>
<td>**</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>7. Anxious attachment to mother</td>
<td>5.56</td>
<td>4.17</td>
<td>.322</td>
<td>**</td>
<td>.205</td>
<td>*</td>
<td>.221</td>
<td>**</td>
<td>.108</td>
<td>.44</td>
<td>.40</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>8. Avoidant attachment to father</td>
<td>23.28</td>
<td>10.38</td>
<td>.282</td>
<td>**</td>
<td>.194</td>
<td>*</td>
<td>.300</td>
<td>**</td>
<td>.161</td>
<td>.31</td>
<td>9</td>
<td>.33</td>
<td>9</td>
</tr>
<tr>
<td>9. Anxious attachment to father</td>
<td>6.73</td>
<td>5.30</td>
<td>.207</td>
<td>**</td>
<td>.139</td>
<td>*</td>
<td>.126</td>
<td>*</td>
<td>.171</td>
<td>.27</td>
<td>.16</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>10. Avoidant attachment to the partner</td>
<td>12.56</td>
<td>7.88</td>
<td>.418</td>
<td>**</td>
<td>.302</td>
<td>*</td>
<td>.196</td>
<td>**</td>
<td>.639</td>
<td>.29</td>
<td>.23</td>
<td>2</td>
<td>.19</td>
</tr>
<tr>
<td>11. Anxious attachment to the partner</td>
<td>8.02</td>
<td>5.71</td>
<td>.459</td>
<td>**</td>
<td>.280</td>
<td>*</td>
<td>.315</td>
<td>**</td>
<td>.438</td>
<td>.23</td>
<td>.15</td>
<td>0</td>
<td>.29</td>
</tr>
</tbody>
</table>

P<.001 **
P<.05 *
Table 3: Results of Linear Regression to Predict Maternal Adjustment during Pregnancy
Based on Anxious and Avoidant Attachments

<table>
<thead>
<tr>
<th></th>
<th>B</th>
<th>β</th>
<th>t</th>
<th>Sig.</th>
<th>Tolerance</th>
<th>VIF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constant value</td>
<td>101.392</td>
<td>26.855</td>
<td>.000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avoidant attachment to mother</td>
<td>2.489</td>
<td>.135</td>
<td>2.453</td>
<td>.015</td>
<td>.697</td>
<td>1.434</td>
</tr>
<tr>
<td>Anxious attachment to mother</td>
<td>2.895</td>
<td>.148</td>
<td>2.538</td>
<td>.012</td>
<td>.620</td>
<td>1.612</td>
</tr>
<tr>
<td>Avoidant attachment to father</td>
<td>2.792</td>
<td>.178</td>
<td>3.148</td>
<td>.002</td>
<td>.664</td>
<td>1.506</td>
</tr>
<tr>
<td>Anxious attachment to father</td>
<td>.737</td>
<td>.048</td>
<td>.815</td>
<td>.416</td>
<td>.612</td>
<td>1.633</td>
</tr>
<tr>
<td>Avoidant attachment to partner</td>
<td>4.186</td>
<td>.202</td>
<td>3.715</td>
<td>.000</td>
<td>.714</td>
<td>1.400</td>
</tr>
<tr>
<td>Anxious attachment to partner</td>
<td>3.960</td>
<td>.277</td>
<td>5.022</td>
<td>.000</td>
<td>.693</td>
<td>1.443</td>
</tr>
</tbody>
</table>

R=.587 R2=.345 ADR2=.332 F=27.226 Durbin-Watson=2

Then, the stepwise regression method was used for comparing the roles of predictor variables and determining the variable with the highest contribution to predicting adjustment for pregnancy. The avoidant and anxious dimensions of attachment to the mother, father, and partner, and maternal adjustment during pregnancy as the criterion variable, were inserted into the equation. Table 4 presents the results of these analyses.

Table 4: Stepwise Regression Results to Predict Maternal Adjustment during Pregnancy
Based on Anxious and Avoidant Attachments

<table>
<thead>
<tr>
<th>Stepwise</th>
<th>R</th>
<th>R2</th>
<th>ADR2</th>
<th>ΔR2</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>.45</td>
<td>.21</td>
<td>.209</td>
<td>.211</td>
<td>84.26</td>
<td>.00</td>
</tr>
<tr>
<td>2</td>
<td>.53</td>
<td>.28</td>
<td>.279</td>
<td>.073</td>
<td>32.01</td>
<td>.00</td>
</tr>
<tr>
<td>3</td>
<td>.55</td>
<td>.31</td>
<td>.306</td>
<td>.028</td>
<td>12.77</td>
<td>.00</td>
</tr>
<tr>
<td>4</td>
<td>.57</td>
<td>.33</td>
<td>.323</td>
<td>.019</td>
<td>8.908</td>
<td>.00</td>
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<tr>
<td>5</td>
<td>.58</td>
<td>.34</td>
<td>.333</td>
<td>.012</td>
<td>5.913</td>
<td>.01</td>
</tr>
</tbody>
</table>

The results of Table 3 and 4 show that among the predictor variables, five variables—including anxious attachment to the mother, avoidant attachment to the mother, avoidant attachment to partner, avoidant attachment to father, and anxious attachment to partner—were inserted into the regression equation, respectively. Anxious attachment to a partner could predict 20% of the variance of the adjustment for the pregnancy variable. According to Table 4, with the insertion of the avoidant attachment to the mother variable, the coefficient of determination increased to 27%. Likewise, with the entry of the avoidant attachment to the partner, avoidant attachment to the father, and anxious attachment to mother, the correlation coefficient rose to 30%, 32%, and 33%
Discussion

The present study aimed to achieve a better understanding of the association between the attachment relationships of the pregnant woman (with the father, mother, and partner) and her maternal adjustment during pregnancy. The results of this study generally supported the anticipated link between the attachment relationships of pregnant women and maternal adjustment during pregnancy. The results showed that higher anxious and avoidant attachments gave rise to lower maternal adjustment in this period. These findings are in line with the results of studies by Slade et al., (2005), Huth-Bocks et al., (2003), Priel and Besser (2005), Steele, Steele, and Fonagy (1996), Wilson et al. (2007), and Lindgren (2003). Seemingly, the transition to parenthood, as a stressful factor, reactivates the attachment system and its associated problems (Mazzeschi et al., 2015). The dominance of the insecure schema engenders depression and anxiety in pregnant women. Further anxiety in this period accompanies more negative attitudes toward maternity and provides negative cognitions for the fetus (Hart & McMahon, 2006). When the fear of intimacy and a sense of insecure relationships constitute a woman’s dominant schema, she experiences her pregnancy and its related intimate bonds in an extremely anxious way and fails to properly adjust herself to her pregnancy (Brandon et al., 2009).

Wilson and associates (2007) revealed that what the mother thinks of herself is reflected in her attitude toward her child. Therefore, due to possessing a negative inner model of themselves, mothers with insecure-anxious attachments not only face many problems in building their maternal identities, but also attribute more negative characteristics to their infants and thus establish less positive relationships with their fetuses. Both of these factors, i.e., a negative image of self as a mother and a negative image of the fetus, negatively affect the pregnancy experience of the mother and cause anxiety (Brandon et al., 2009).

Furthermore, the findings confirmed that the strongest linear relationship was established between maternal adjustment and anxious and avoidant attachment to a partner. To explain this outcome, we claim that attachment is an important factor impacting the quality of the marital relationship. Many studies have shown that this relationship is the most significant dimension during pregnancy. Consequently, the more insecure the attachment to the partner, the lower the maternal adjustment to pregnancy and vice versa (Lederman et al., 2002; Capogna et al., 2007; Trainor, 2002). The conforming studies display that the active support and participation of the partner during pregnancy leads to lower levels of maternal anxiety. When the partner sympathizes and is available and responsive during pregnancy, the pregnant woman is more capable of coping with the problems of this period. Moreover, her self-confidence in facing these problems, and hence her adjustment to pregnancy, is escalated (Wilson et al., 2007; Bronte-Tinkew et al., 2007; Schultz et al., 2006; Lawrence et al., 2008).

Empathetic partners generally endeavor to accept the mental instability and anxiety of their wives, their bodily changes, and disinterest in sexual intercourse. In addition, they play valuable roles as sources of stability and assurance for their partners. Tanner Stapleton and associates (2004) displayed that attachment to a partner was specifically associated with the emotion regulation of the mother during pregnancy, such that secure attachment to a partner highly correlated with sharing pregnancy concerns and solving its connected conflicts. In contrast, non-emphatic male partners were described by their pregnant female partners as emotionally distant and disinterested individuals. These male partners sometimes ridiculed the pregnant body of their wives, were insensitive to their feelings of helplessness, regarded a raised need for kindness and confidence as intolerable, and were perceived by their pregnant spouses as unreliable sources of support (Wilson et al., 2007; Haedt & Keel, 2007).
Simpson and Rholes (2002) found that pregnant women with anxious attachment to their partners experienced further depression during their pregnancy since they were engaged with several concerns and anxieties such as affective distance, negligence, or abandonment by their partners. Likewise, the study of Zachariah (1994) demonstrated that mothers with insecure attachments to their partners experienced more interpersonal conflicts due to their unmet needs. This issue strengthens the symptoms of depression and anxiety in these mothers; thus, they become more dissatisfied with their pregnancy.

**Conclusion**

The results of this study revealed that the attachment relationships of pregnant women were positively and significantly correlated with their maternal adjustment during pregnancy. Furthermore, concerning the results of stepwise regression, these relationships could predict maternal adjustment during pregnancy. According to the results of this study, in relation to the importance of maternal attachment relationships in predicting maternal adjustment during pregnancy, the following items are recommended to improve maternal mental health during this period:

- Eliminate financial barriers to counseling services so low-income pregnant women can have access.
- Use public media to inform grandmothers and partners of the importance of their role in supporting the emotional and psychological health of their pregnant loved one.
- Use online services to improve and expedite access for women without support (healthy relations with partner or mother) to counselors and social service providers.
- Use group counseling services to help pregnant women by enabling them to talk and emphasize with one another.

Also, it is necessary for counselors, especially family counselors, to:

- Identify women with insecure attachments early in order to help reduce negative attitudes towards themselves and their fetuses. Improving the quality of their relationship with the fetus will then decrease intergenerational transference of weak attachment.
- Improve low self-esteem and perceptions of low self-control in pregnant women. Improved mental health would allow for the pregnant woman to better adjust to her maternal role.
- Provide training for partners so that they are aware of the needs of their pregnant partners, which would improve relationships.

Similar to other studies, this research was not devoid of any limitations, namely the convenient sampling method, utilization of self-report instruments, and the possibility of bias in responses. Another example is online sampling, wherein the inquiry becomes exclusive to groups accessing the internet and enjoying computer literacy. These examples constitute the limitations of the present study according to the effect of the partner’s attachment style and their accountability regarding the needs of the pregnant partner. It is recommended for future researchers to study the partner’s attachment style and its role in accountability regarding the pregnant woman (considering the partner’s attachment style and the interaction of the couple). Also, according to the significance of the relationship with the partner in maternal compatibility during pregnancy, further study is
recommended concerning the role of attachment to the non-pregnant partner in sexual relations during pregnancy.

References


