

Université de Montréal

Validité convergente entre l'Entrevue de l'attachement adulte et le Projectif de l'attachement
adulte auprès de mères de familles d'accueil

Par

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**Validité convergente entre l'Entrevue de l'attachement adulte et le Projectif de
l'attachement adulte auprès de mères de familles d'accueil**

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Résumé

Il est bien documenté que les représentations d'attachement des parents ont une influence sur différents aspects du développement de leurs enfants notamment le développement du lien d'attachement. Ceci est également observé chez les parents d'accueil et les enfants qu'ils hébergent, pourtant les représentations d'attachement de ces parents ne sont pas prises en compte lors de leur évaluation pour devenir famille d'accueil. Les représentations d'attachement des adultes peuvent être évaluées à l'aide de l'Entrevue de l'attachement adulte (AAI) et du Projectif de l'attachement adulte (AAP) qui utilisent les mêmes catégories d'attachement pour classer les individus, mais à partir de systèmes de codification distincts. Plusieurs études ont étudié la validité convergente entre les catégories de ces deux outils, mais aucune ne l'a fait avec un échantillon de mères de familles d'accueil. Par ailleurs, des études ont démontré que les caractéristiques individuelles de l'attachement seraient mieux représentées de façon continue plutôt que catégorielle. Ainsi, il semble pertinent d'évaluer la convergence entre les dimensions du AAI et du AAP. Ce mémoire visait donc à évaluer la convergence entre les catégories et les échelles dimensionnelles de ces deux outils ainsi que leur association à l'Inventaire de dépression de Beck (BDI). L'échantillon est composé de 54 mères d'accueil québécoises d'un âge moyen de 39 ans. Les résultats révèlent une convergence acceptable lorsque les participantes sont divisées en catégories autonomes et non-autonomes alors que les résultats ne sont pas concluants pour les quatre catégories d'attachement et la division résolue et non-réolue. Certaines échelles dimensionnelles du AAI et du AAP ont été associées et une échelle du AAP a été corrélée significativement avec le score de dépression obtenu au BDI. En somme, les deux outils catégorisent les participantes selon des systèmes de classification semblables, mais des disparités sont observées particulièrement en ce qui concerne les états d'esprit insécures.

Mots-clés : Représentations d'attachement, états d'esprit relatifs à l'attachement, validité convergente, mères d'accueil, symptômes dépressifs.

Abstract

Parents' attachment state of mind is known to influence their child's development in various domains as well as the attachment relationship. Indeed, the attachment type that children develop is significantly associated to their parent's attachment state of mind, including among foster families. Adults' attachment representations can be assessed using the Adult Attachment Interview (AAI) and the Adult Attachment Projective (AAP) that categorize adults in corresponding attachment categories with very different classification systems. Studies have examined convergent validity between the both measures among different populations, but none among foster mothers. Moreover, studies revealed significant convergence between attachment categories, but none has examined the convergence between dimensional scales of both measures. Some authors have proposed that differences according to attachment may be better explained continuously rather than with categories. Thus, this study aims to investigate the convergent validity between the overall classifications as well as dimensional scales of the AAI and the AAP and their association to the global score of depression obtained at Beck's Depression Inventory (BDI). The sample consists of 54 foster mothers (mean age: 39) from Quebec (Canada). Results show acceptable convergence when participants are separated in autonomous and non-autonomous categories but not for the four-way classification and the resolved and unresolved division. Some dimensional scales of the AAI and the AAP were significantly associated and one scale of the AAP was associated to the global score of depression as assessed by the BDI. In sum, the two measures categorized adults in similar manners, but some discrepancies are observed in the insecure states of mind.

Keywords : Adult attachment representations, attachment states of mind, convergent validity, foster mothers, depressive symptoms.

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Liste des sigles et abréviations

AAI : Adult Attachment Interview

AAP : Adult Attachment Projective

BDI : Beck Depression Inventory

BPD : Borderline Personality Disorder

CPS : Child Protection Services

MIO : Modèles internes opérants

The kindest words my father said to me

Women like you drown oceans.

-Rupi Kaur

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Introduction

Quoique les services de la protection de la jeunesse mettent tout en œuvre pour que les enfants faisant l'objet d'un signalement demeurent dans leur famille biologique, il est parfois nécessaire de les mettre sous le soin de milieux de vie alternatifs telles les familles d'accueil. En 2011, Statistique Canada recensait 17 410 ménages considérés comme famille d'accueil pour au moins un enfant de moins de 14 ans au pays (Statistique Canada, 2011). Le rapport des Directeurs de la protection de la jeunesse du Québec, en date du 31 mars 2018, relevait que 29% des enfants dont les signalements sont retenus sont placés dans des ressources de type familial, ce qui représente presque 7000 enfants placés sous les soins de familles d'accueil québécoises (Gouvernement du Québec, 2018). Dans la province de Québec, il existe différents types de familles pouvant accueillir un enfant lorsqu'il est pris en charge par les services de la protection de la jeunesse : les familles d'accueil de proximité, les familles faisant partie du projet Banque mixte et les familles régulières. Les familles de proximité sont celles déjà connues par l'enfant, provenant la plupart du temps de son entourage immédiat. Lorsque les intervenants de la protection de la jeunesse ne trouvent pas de milieu adéquat connu de l'enfant pour l'héberger, ils font appel à des familles d'accueil avec qui l'enfant n'a généralement pas été en contact. Ces familles sont soit des familles qui participent au projet Banque mixte ayant pour objectif d'adopter un enfant qui est à haut-risque d'abandon de la part des parents biologiques, ou des familles d'accueil régulières visant à prendre soin de l'enfant pour une durée de temps plus courte (Pagé, 2012). Les familles faisant partie du programme Banque mixte acceptent de prendre soin d'un enfant étant sous la garde des services de la protection de la jeunesse et de représenter un projet de vie alternatif au cas où les parents biologiques abandonneraient légalement l'enfant. La majorité des familles d'accueil postulant à ce programme sont dans l'incapacité d'avoir un enfant de façon biologique et se tournent donc vers l'adoption. Plusieurs enjeux émotionnels sont donc présents chez ces parents qui doivent vivre le deuil de l'enfant biologique. Malgré le fait que plusieurs études soient réalisées auprès des enfants pris en charge par les services de la protection de la jeunesse, très peu ont été consacrées aux ressources familiales les hébergeant. De ce fait, très peu de statistiques existent

sur les familles d'accueil au Canada comme au Québec rendant difficile de dresser un portrait clair de celles-ci.

Au Québec, ce sont les centres jeunesse de chaque région qui sont responsables du recrutement des familles d'accueil et de leur procurer l'aide et les outils nécessaires pour bien soutenir les enfants qu'elles hébergent. Comme les enfants placés en famille d'accueil ont pour la plupart vécu des expériences difficiles auprès de leurs parents biologiques telles de la maltraitance et de la négligence, il est parfois ardu pour les familles d'accueil de bien comprendre l'ampleur de leurs besoins et d'y répondre de façon optimale. En effet, les enfants dont ces familles doivent s'occuper présentent souvent différentes difficultés quant à leur développement émotionnel, social et cognitif pouvant causer divers problèmes intériorisés et extériorisés (Jaffee, 2017; Lansford et al., 2002; Salzinger et al., 1993; Toth et al., 2000). Il est donc essentiel que les parents d'accueil soient bien informés et outillés pour répondre aux besoins des enfants, particulièrement en ce qui concerne le développement d'une relation d'attachement sécurisante. Le développement d'un attachement sécurisant est souvent compromis chez les enfants pris en charge par la protection de la jeunesse vu les changements fréquents des figures d'attachement s'occupant de ceux-ci. Les milieux précaires d'où ils proviennent et la rupture du lien avec les figures d'attachement primaires sont aussi des facteurs de l'insécurité d'attachement rendant difficile la prise en charge de ces enfants. Puisque ceux-ci sont déjà à risque, la possibilité qu'ils développent des liens positifs et sécurisants avec une nouvelle famille est donc d'autant plus importante. Il est alors particulièrement pertinent de s'intéresser au développement de ces relations pour permettre une meilleure adaptation et ainsi favoriser le développement de l'enfant.

John Bowlby (1969, 1982) fut un des premiers à théoriser sur l'importance de la continuité des soins prodigués aux jeunes enfants par leurs figures d'attachement. Il observa que les enfants manifestaient d'intenses signaux de détresse lorsqu'ils étaient séparés de leur mère, même s'ils étaient nourris et pris en charge par d'autres adultes (Cassidy & Shaver, 2016). Insatisfait des théories expliquant le lien que développent les mères et leurs enfants, Bowlby (1969) élaborait donc sa propre théorie du développement de l'attachement chez les humains en se basant sur différents champs de recherche telles la biologie, la psychologie développementale et les sciences

cognitives. Selon une perspective évolutionniste, Bowlby élaborera sur l'importance du lien qui lie l'enfant à sa mère pour sa survie. Ainsi, les comportements d'attachement de l'enfant envers sa figure d'attachement permettent d'accroître la proximité, de signaler à cette dernière son intérêt pour les interactions sociales (Cassidy & Shaver, 2016) et permettent le développement d'un lien émotionnel fort que chacun développera envers l'autre (Ainsworth, 1989).

Selon Bowlby, les relations que développera l'enfant avec ses figures d'attachement s'intérioriseront en Modèles internes opérants (MIO) qui sont des représentations mentales de soi et des autres et qui le guideront dans ses relations interpersonnelles tout au long de sa vie. Ces modèles internes de l'attachement existent en partie en dehors de la conscience des individus restreignant l'accès conscient à des souvenirs et des sentiments liés à l'attachement qui concernent le soi et les figures d'attachement (Main et al., 1985). Ces MIO, agissant alors autant de façon consciente qu'inconsciente sur les émotions et les comportements de la personne, permettront entre autres à l'enfant d'interpréter les relations qu'il tisse avec ses proches et de prédire l'accessibilité des figures d'attachement lors des moments de détresse en fonction de leurs réponses antérieures. Il semble donc que la figure d'attachement joue un rôle primordial dans le système d'attachement qui se développe entre elle et son enfant (Bowlby et al., 1956). Ainsi, il est plus que pertinent de mieux comprendre de quelle façon la figure d'attachement peut influencer le développement de l'enfant et d'en apprendre plus sur ses propres représentations d'attachement.

Dans l'enfance, quatre types d'attachement ont été identifiés pour catégoriser les enfants : sécure, évitant, ambivalent et désorganisé (Ainsworth, Blehar, Waters, & Wall, 1978/ 2015; Main & Weston, 1981). Parallèlement, à l'âge adulte, on parle plutôt d'états d'esprit relatifs à l'attachement qui sont aussi représentés en quatre catégories : autonome, évitant, préoccupé et non-résolu (Main et al., 1985). Les trois premiers types d'attachement de chaque classification représentent des patterns d'attachement organisés rendant alors prévisible les réactions des individus dans leurs relations d'attachement. Le type désorganisé à l'enfance et non-résolu à l'âge adulte sont donc considérés comme étant des types attachement non-organisés qui présentent une rupture dans leurs stratégies d'attachement (Hesse & Main, 2000).

Dans les dernières décennies, les chercheurs se sont intéressés particulièrement à la constance du type d'attachement à travers le développement des individus (Groh et al., 2014) et à la transmission intergénérationnelle de l'attachement entre la mère et son enfant. Les résultats de certaines études antérieures permettent ainsi d'affirmer que les représentations d'attachement de celle-ci sont associées au développement de l'attachement que l'enfant aura envers elle (Béliveau & Moss, 2009; Berthelot et al., 2015; Bouchet, Blicharski, Duthu, & Bourdet-Loubère, 2011). En outre, plusieurs études ont démontré l'importance de la sécurité d'attachement des parents d'accueil ou d'adoption pour le bon développement des enfants dont ils s'occupent (Ballen, Bernier, Moss, Tarabulsky, & St-Laurent, 2010; Dozier, Stoval, Albus, & Bates, 2001; Dubois-Comtois et al., 2015; Steele, Hodges, Kaniuk, Hillman, & Henderson, 2003). Il est donc important que les chercheurs s'intéressent aux représentations d'attachement des parents d'accueil dans le but de mieux les outiller et de leur permettre de développer un lien émotionnel sécurisant avec l'enfant qu'ils hébergent. Cependant, selon le dernier rapport sur les pratiques de placement des enfants en familles d'accueil qui date d'une vingtaine d'années (Groupe de travail sur la politique de placement en famille d'accueil, 2000), il n'existe aucun consensus sur le processus de sélection des familles d'accueil dans les différents Centres jeunesse de la province. Un rapport effectué en 2019 par la Commission des droits de la personne et des droits de la jeunesse expose de grandes lacunes de la part des centres jeunesse quant au respect des droits des jeunes hébergés en familles d'accueil révélant ainsi de mauvais pairages entre les enfants et les familles, un manque important en ce qui concerne la tenue de dossiers de la part des intervenants et des conditions d'hébergement inadéquates de la part des familles d'accueil. Par ailleurs, le fonctionnement émotionnel des parents d'accueil n'est, la plupart du temps, pas évalué systématiquement lors du processus de sélection, encore moins leurs représentations d'attachement. Il reste donc beaucoup à faire au Québec concernant l'évaluation de l'état d'esprit relatif à l'attachement des parents de familles d'accueil.

Mesurer l'attachement à l'âge adulte

Dès les années 1980, deux courants de pensée ont guidé l'évaluation des représentations d'attachement chez les adultes. En psychologie développementale, Mary Main et ses collègues

(Main, Kaplan, & Cassidy, 1985) ont d'abord estimé que les représentations d'attachement des adultes auraient une influence sur leurs comportements parentaux influençant ainsi leur réponse aux comportements d'attachement de leur enfant. Ils créèrent donc l'Entrevue de l'attachement adulte (AAI; George, Kaplan, & Main, 1996), durant laquelle les parents devaient répondre à des questions concernant leurs expériences d'attachement dans l'enfance dans le but d'évaluer leurs représentations et de leur attribuer un état d'esprit relatif à l'attachement (autonome, évitant, préoccupé et non-résolu). Depuis, les représentations d'attachement des adultes évaluées à l'aide du AAI ont maintes fois été associées aux différents types d'attachement que présentent leurs enfants (Ainsworth, Blehar, Waters, & Wall, 1978/2015; Fonagy, Steele, & Steele, 1991; Van IJzendoorn, 1995).

À la même période, des chercheurs en psychologie sociale Hazan et Shaver (1987) ont développé un questionnaire autorapporté sur les relations romantiques basé sur les types d'attachement de l'enfant élaborés par Mary Ainsworth : sécure, évitant, ambivalent. Ce questionnaire demandait aux participants d'évaluer de façon consciente à quel type d'attachement ils croyaient appartenir en se référant à leurs expériences amoureuses. Depuis, la psychologie sociale s'intéresse à l'influence des profils d'attachement des adultes sur leurs relations sociales et leur ajustement psychologique (Bartholomew & Shaver, 1998; Graham & Unterschute, 2015).

Plusieurs travaux ont tenté de mettre en relation les résultats obtenus au AAI et aux questionnaires autorapportés provenant des recherches en psychologie sociale, mais ont échoué à associer les quatre types d'attachement du AAI et les styles d'attachement mesurés par les différents questionnaires d'attachement (Bernier & Matte-Gagné, 2011; Roisman, Holland, et al., 2007; Watkins, 2016). Il semble donc que ces deux types d'évaluation ne mesurent pas les mêmes dimensions lorsqu'il s'agit de l'attachement. Ceci pourrait être dû, entre autres, au fait que le AAI mesure les représentations d'attachement conscientes et inconscientes tandis que les questionnaires évaluent la perception des individus au sujet de leurs relations intimes ou sociales de façon consciente.

L'étude de l'attachement selon une perspective développementale

Le AAI est à ce jour l'outil le plus utilisé pour évaluer les représentations d'attachement chez les adultes. Cette entrevue semi-structurée d'environ une heure amène l'individu à élaborer sur ses différentes expériences d'attachement dans l'enfance et comment celles-ci peuvent avoir influencé le développement de sa personnalité à travers les années (George et al., 1996). La codification du AAI est un long processus lors duquel la retranscription du verbatim de l'entrevue est analysée en fonction de la cohérence du discours de l'individu afin de l'assigner à un des types d'états d'esprit relatif à l'attachement.

Un autre outil ayant pour but d'évaluer les représentations d'attachement des adultes est le Projectif de l'attachement adulte (AAP; George & West, 2001). Cet outil a été élaboré afin d'évaluer les MIO des adultes par la narration d'histoires élaborées à partir d'images dépeignant différentes situations activant le système d'attachement. Découlant de la tradition projective de l'évaluation de la personnalité, cet outil permet de déceler, par les différents mécanismes défensifs inconscients, les mêmes quatre états d'esprit relatif à l'attachement que le AAI. Les auteurs ont repris le concept clé d'*Exclusion défensive* élaboré par Bowlby (1980) dans sa théorie de l'attachement selon lequel les expériences d'attachement trop difficiles à intégrer seraient exclues de la conscience de l'individu ou transformées afin de le préserver de certains affects douloureux (George & West, 2003). Les histoires élaborées par les participants au AAP sont évaluées en fonction du discours, du contenu et des processus défensifs relevés dans le verbatim.

Quoique le AAI et le AAP classent les individus en fonction des mêmes catégories, chaque outil possède son propre système de codification basé sur différentes échelles dimensionnelles. La codification du AAI s'effectue à l'aide de cinq échelles sur les expériences avec les parents (*Amour, Négligence, Renversement des rôles, Pression sur l'accomplissement* et *Rejet*) et de 12 échelles liées aux quatre états d'esprit (*Métacognition, Cohérence du transcript, Cohérence de la pensée, Idéalisation du père et de la mère, Persistance à ne pas se souvenir, Dérogation, Peur de la perte, Colère envers le père et la mère, Passivité, Non-résolution du décès, Identification des expériences d'abus,* et *Non-résolution de l'abus*). Chacune de ses échelles se verra attribuer une cote entre 1 et 9 selon le degré de présence de l'élément dans le verbatim (Main et al., 2002).

Le AAP, quant à lui, présente un système de codification plus simple regroupant 4 échelles continues (*Expérience personnelle, Individu agissant, Synchronie et Connexion*) et l'identification de trois mécanismes défensifs (*Désactivation, Disjonction cognitive et Systèmes ségrégués*). L'échelle Expérience personnelle et les trois processus défensifs sont codés en fonction de la présence ou absence du concept tandis que les trois autres échelles définissent le degré de présence de la dimension évaluée (George & West, 2003).

Plusieurs études ont été publiées révélant des taux élevés de convergence entre le AAI et le AAP. Notamment dans un échantillon de femmes vivant avec le trouble de personnalité limite (Buchheim et al., 2008), dans des échantillons cliniques et normatifs (George & West, 2001, 2003) ainsi que dans un échantillon de 144 adultes vivant au Canada (George & West, 2011). Une seule présente des résultats révélant une absence de convergence entre les catégories des deux outils dans un échantillon d'adolescents (Jones-Mason et al., 2015). Jusqu'à maintenant, la méthode privilégiée pour mesurer la validité convergente du AAI et du AAP est de comparer les différentes catégories d'attachement entre elles. Cependant, certains chercheurs ont avancé dans les dernières années que les différences quant à l'attachement pourraient mieux s'expliquer de façon dimensionnelle plutôt que catégorielle. Ainsi, des études sur la taxonomie de l'attachement ont été réalisées pour mieux comprendre de quelle façon se différencient les individus en ce qui a trait à l'attachement évalué à l'aide du AAI (Fraley & Roisman, 2014; Roisman, Fraley, et al., 2007) et du Questionnaire sur les structures relationnelles (ECR-RS; Fraley, Hudson, Heffernan, & Segal, 2015). Les résultats révèlent que les différences concernant l'évitement chez les individus (inconfort face à l'intimité et la dépendance) se répartissent mieux selon un continuum tandis que les résultats concernant l'anxiété (peur du rejet de l'autre) sont plus ambigus et difficiles à interpréter. Puisque ces résultats démontrent la possibilité que les individus se différencient de façon dimensionnelle plutôt qu'à l'aide de catégories distinctes lorsqu'on évalue leurs représentations d'attachement, il est plus que pertinent de s'intéresser aux échelles dimensionnelles qu'utilisent le AAI et le AAP pour les catégoriser et d'ainsi mieux comprendre comment celles-ci sont associées entre elles. Évaluer les états d'esprit relatifs à l'attachement de façon continue permettrait une description plus nuancée des individus pouvant être un important atout pour les cliniciens. L'article présenté dans ce mémoire s'intéresse donc aux échelles sous-

jaçentes à la classification du AAI et du AAP en plus de comparer les catégories d'attachement entre elles.

Par ailleurs, les représentations d'attachement des adultes ont également été associées aux symptômes dépressifs dans diverses populations. Les résultats des études s'y étant intéressées sont, à ce jour, contradictoires concernant les catégories d'attachement associées aux symptômes dépressifs malgré qu'il semble y avoir une relation avec l'insécurité d'attachement de façon plus globale. Ceux-ci sont dans certaines études liés à la catégorie d'attachement évitante. Par exemple, dans un échantillon d'adolescents vivant avec un trouble obsessionnel-compulsif (Ivarsson et al., 2010). D'autres études ont obtenu des résultats significatifs avec la catégorie préoccupée dans un échantillon de mères incarcérées (Borelli et al., 2010) et chez des femmes vivant avec ou sans trouble dépressif (West & George, 2002). Une étude n'a pu trouver de correspondance entre les symptômes dépressifs et les différentes catégories d'attachement chez des mères de jeunes enfants en utilisant le AAP (Marie-Julie Béliveau & Moss, 2005). Des études utilisant le AAI chez des mères à faible revenu (Bosquet & Egeland, 2001) et chez des femmes enceintes pour la première fois (Pianta et al., 1996) ont obtenu des résultats semblables. Une seule étude s'est intéressée aux échelles du AAI révélant une absence d'association entre les scores de cohérence et les symptômes dépressifs (Pearson et al., 1993). À la vue de ces résultats disparates, il semble pertinent de s'intéresser au lien entre les symptômes dépressifs et l'attachement sous un angle dimensionnel. L'étude du lien entre les différentes dimensions évaluées par le AAI et le AAP et les scores de dépression pourrait fournir des résultats plus probants et nuancés. En outre, une meilleure connaissance des dimensions de l'attachement et de leur association aux symptômes dépressifs pourrait permettre aux intervenants de mieux détecter les besoins des individus et de les soutenir dans les différentes difficultés qu'ils peuvent rencontrer en prenant soin d'un enfant à risque.

La présente étude

L'article scientifique inclus dans ce mémoire visait à évaluer la validité convergente entre l'Entrevue de l'attachement adulte et le Projectif de l'attachement adulte dans un échantillon de mères de familles d'accueil du Québec et d'explorer l'association entre les dimensions de

l'attachement évaluées par les deux outils ainsi qu'avec les symptômes dépressifs. Il était estimé que les deux outils présenteraient une convergence significative en ce qui a trait aux catégories finales d'attachement. Par ailleurs, il était attendu que les scores obtenus par les participantes aux différentes échelles dimensionnelles associées des deux outils seraient semblables indiquant alors que ses échelles mesurent les mêmes construits sous-jacents. De plus, les échelles de chacun des outils ont été mises en corrélation avec des scores obtenus à l'Inventaire de dépression de Beck. Il était estimé que le score de dépression obtenu à l'inventaire de Beck serait corrélé à certaines dimensions témoignant de l'insécurité d'attachement mesurée par le AAI et le AAP.

Cette étude utilise des données recueillies lors d'un projet antérieur visant à tester l'efficacité d'une intervention visant à rehausser la sécurité d'attachement des jeunes enfants placés dans des familles d'accueil québécoises. Elle est la première à s'intéresser à la convergence entre les échelles dimensionnelles menant à la classification de chaque outil. Par ailleurs, c'est la seule étude à ce jour à évaluer la convergence du AAI et du AAP alors qu'ils sont administrés et codifiés en français.

Article de mémoire

Dimensional convergence between the Adult Attachment Interview and the Adult Attachment Projective in a sample of foster mothers.

Dimensional convergence between the Adult Attachment Interview and the Adult Attachment
Projective in a sample of foster mothers

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Abstract

Adult attachment representations can be assessed using the Adult Attachment Interview (AAI) and the Adult Attachment Projective (AAP). Both measures are based on distinct yet theoretically related dimensional scoring systems and categorize adult's attachment representations in four categories: autonomous, dismissing, preoccupied or unresolved. The present study aims to evaluate convergent validity between the AAI and AAP in a sample of 54 foster mothers from Quebec (Canada) and to associate attachment categories and dimensional constructs to depressive symptoms measured with Beck's Depression Inventory (BDI). Results show acceptable convergent validity between classifications when participants are divided in autonomous and non-autonomous categories pour not for the four classifications of attachment nor the autonomous and non-autonomous division. Analyses between dimensional scales of the AAI and AAP reveal that indicators of personal intrusions into the fictional narrative significantly correlate to several AAI scales. Segregated systems in the AAP are associated with autonomous, preoccupied and unresolved scales of the AAI. The number of Dismissing markers is significantly associated to the global BDI score. These results indicate that the classification systems of the AAI and AAP tap similar but not identical attachment dimensions. Discrepancies are mostly observed in insecure states of mind. Results indicate that dimensional scales of attachment measures should be the focus of more attention in future studies and be useful for clinical applications.

Keywords: Adults attachment representations, attachment states of mind, foster mothers, depressive symptoms, convergent validity, projective measure.

Introduction

During the 1930s, John Bowlby observed and reported the importance of coherency in the care provided to children from their attachment figure for them to develop a positive mental health (Gillath, Karantzas, & Fraley, 2016). From these observations, John Bowlby (1982) elaborated his own theory of the development of human attachment in which he described the children's growing bond to their attachment figures. Bowlby defined internal working models as mental representations of the self and others in oneself. These representations are formed through the child's early experiences with his attachment figures and will guide him through his relationships for his whole life (Béliveau & Moss, 2005). Despite the fact that the majority of the work done in this field is devoted to the child's attachment development, attachment theory also provides insights of the development of intimate relationships that occur in adult life (Gillath et al., 2016).

In infancy, primary caregivers are the most important attachment figures procuring a "secure base" for their child that supports their exploration of the environment (Holmes, 2014). Throughout adolescence and adulthood, peers and romantic partners gain importance as attachment figures although parents are often mentioned as an important fallback in difficult situations (Doherty & Feeney, 2004; Fraley & Davis, 1997; Gillath et al., 2016). Security of attachment in adulthood becomes especially important when adults become parents. Adults with a well-organized working model are able to provide more coherent emotional responses to their children, which will help them in turn to develop a secure attachment and to establish trustworthy relationships with others (Bretherton, 1990).

Assessing adult attachment representations is particularly important in adult populations such as foster mothers. The children they care for have often experienced problematic attachment relationships, ill-treatment and neglect, making them at risk of developing a disorganized attachment which is an important risk factor for the development of subsequent difficulties (Fearon, Bakermans-Kranenburg, Lapsley, & Roisman, 2010). A meta-analysis including 26 studies from Western countries revealed that 43% of foster children have an insecure attachment including 21.9% of children with disorganized attachment which is much higher than seen in the general population (Insecure: 39%, Disorganized: 15%; van IJzendoorn, Schuengel, & Bakermans-

Kranenburg, 1999). Moreover, approximately 40% of foster children have developmental and mental health problems (Vasileva & Petermann, 2018). According to Vasileva and Petermann, it is essential that foster parents be well prepared and trained to properly answer the needs of the children they foster.

Empirical work has shown that foster mothers' attachment representations influence the child under their care. For example, a foster child living with a autonomous mother had less chance to be categorized as disorganized in the strange situation (Dozier, Stoval, Albus, & Bates, 2001). Children fostered by parents with an autonomous state of mind display more secure behaviors and fewer avoidant behaviors during the first week of placement (Stovall-McClough & Dozier, 2004). Also, foster mothers' insecure state of mind has been associated with a higher level of atypical parenting behavior (Ballen, Bernier, Moss, Tarabulsy, & St-Laurent, 2010). Therefore, foster mothers' representations have an important impact on the way they take care of children and should be considered in foster families' assessment.

In Quebec, Canada, The Working group on the policy for placement in foster families (Groupe de travail sur la politique de placement en famille d'accueil, 2000) revealed that each region's youth center has an independent screening process to assess foster families and that parental emotional skills favorable to a positive and secure attachment are not necessarily considered in the process. A recent investigation concerning children placed in foster families in Quebec (Canada) revealed that 23% of the 88 cases examined were judged to be inappropriately paired with their foster families (Commission des droits de la personne et des droits de la jeunesse, 2019). A previous study assessing attachment representations using the AAI in a sample of foster mothers found rates of unresolved participants of 40% which is the expected rate in clinical populations (Pallanca, Béliveau, Moss, & Vandal, 2011). Such knowledge about the specific dimensions captured by each measure and empirically based recommendations for assessment could guide clinicians in their use of them. Concerning foster parents, this would help to identify more accurately their needs and to direct them toward effective interventions.

Measurement of attachment.

Bowlby's theory of attachment has yielded empirical work deriving from two distinct lines of research. Social psychologists traditionally use self-report questionnaires to measure intimacy, personality traits and social relationships such as friendship and romantic relationships in large normative populations. Developmental psychologists focus on parent-child relationships and tend to use interviews and observational measures to capture individual differences according to attachment in smaller clinical groups (Bartholomew & Shaver, 1998; Crowell, Fraley, & Roisman, 2016). According to the developmental view of attachment that originated with Mary Ainsworth, there are four distinct types of attachment. Three of them (autonomous, dismissing and preoccupied) reflect organized strategies of attachment in adults, which means that individuals are capable to use coherent strategies to face attachment distress and regulate emotions. In contrast, individuals who have unresolved attachment representations show lapses in monitoring of reasoning and discourse when traumatic events or loss are discussed in an interview (George, Kaplan, & Main, 1996).

Assessing adult attachment state of mind. Mary Main and her colleagues (Main, Kaplan, & Cassidy, 1985) were the first to measure internal working models in adults. They elaborated the Adult Attachment Interview (AAI; George et al., 1996), in which parents were asked to respond to questions about their early attachment experiences. More recently, the Adult Attachment Projective (AAP; George & West, 2001) was elaborated to measure internal working models from unconscious defensive processes exposed through the participant's stories.

The AAI is the predominant method to assess attachment representations in adults and consists of a semi-structured interview that evaluates states of mind based on early attachment events that occurred in their childhood (George et al., 1996; Hesse, 2016). In this hour-long interview, participants have to elaborate about their relationships with their parents and how they may have impacted their personality (George et al., 1996). Considerations about their actual perspective on early attachment experiences and the way participants relate them are used to code twelve continuous scales leading to the four attachment categories. During the interview, autonomous individuals value the importance of attachment relationships, present a coherent discourse and are able to use internal resources to overcome attachment distress. Dismissing adults tend to

idealise the relation with their parents, have a contradictory discourse or insist on the fact that they don't remember certain memories. Preoccupied participants often seem passive, less cooperative during the interview or worried about attachment relations (George et al., 1996). Finally, individuals categorised as unresolved present a discourse that could be classified in any other category but also show failures in their discourse and reasoning when early trauma and loss are reported (George et al., 1996).

Stemming from the tradition of using projective measures to assess attachment representations in children, George and West (2003) elaborated the AAP. It comprises eight drawings, one neutral and seven that activate the attachment system, to which the participant is asked to elaborate stories about scenes displayed in the pictures. Its classification system is partly based on the defensive processing strategies elaborated by Bowlby (1980). Bowlby conceptualized that defensive exclusion is an automatic and unconscious process that selects, exclude and transform behaviors, thoughts and emotions to make a diversion from painful attachment material. When the image or the story elaborated refers to painful attachment material, defensive processing will keep the participant from getting overwhelmed with his/her feelings (George & West, 2012).

Bowlby described two forms of defensive processing: deactivation and cognitive disconnection (Béliveau & Moss, 2005). Deactivation is an attempt to keep attachment distress away from consciousness by shifting attention from the attachment system to something less suffering like rules or social scripts. Cognitive disconnection is observed when the participant is ambivalent or unable to make a choice about the events or the characters or when he elaborates contradicting narratives (George & West, 2003). These two defensive processes are associated with organized attachment types and considered as normative and adaptative defenses (Solomon & George, 2011). When these forms of exclusion concern traumatic events or important loss, there might be presence of segregated systems which are a massive defense against painful affects and memories linked to a specific attachment trauma (George & West, 2001). Segregated systems are coded when a story contains traumatic or threatening events (George & West, 1997/2016). The authors of the AAP also included other attachment concepts to the classification system such as agency of self, connectedness and synchrony. These constructs refer to different facets of attachment and are reflected in the discourse of the participant and the content of the stories.

In the AAP, autonomous individuals tend to tell stories in which characters seek help from attachment figures or are able to draw into their internalized attachment representations to overcome distress. Stories of autonomous participants are more coherent and display fewer defensive processes because of their capacity to cope with attachment anxiety consciously. Dismissing participants often tell stories in which there is a predominance of deactivation and where attachment relationships are less valued and don't tend to use them to overcome distress. Preoccupied individuals often tell stories depicting ambivalence and confusion with contradicting storylines in which cognitive disconnection affects coherency of thought and discourse. Characters are often left alone and don't take action to resolve the situation they are facing. Unresolved participants are overwhelmed with segregated material that they are not able to contain. Characters of their stories are helpless, in despair, unprotected or abandoned in at least one story during the AAP (George & West, 2001, 2003).

Convergent validity between the AAI and the AAP.

The authors of the AAP found significant convergence between the classifications of the AAI and the AAP in different empirical studies. They found, in a study including 75 participants from three distinct clinical and non-clinical adult samples, a percentage of agreement between the four groups of attachment (autonomous, dismissing, preoccupied and unresolved) of 85% (Kappa = .84, $p = .00$) and 92% (Kappa = .75, $p = 0,00$) for the secure and insecure groups (George & West, 2001). The same authors obtained 94% of concordance between the four classifications (Kappa = .86, $p = .00$) and 96% (Kappa = .76, $p = .00$) for the distinction between secure and insecure classification. In a study using stories of 144 racially diverse adults living in North America, they found a correspondence of 90% (Pearson's $r = .84$, Kappa and phi < .00) between the four attachment groups and 97% (Pearson's $r = .99$, Kappa and phi < .001) for the secure and insecure classifications (George & West, 2011).

A small study using a sample of women diagnosed with borderline personality disorder (BPD) found significant correspondence (Kappa = .70) between the two measures for the resolved and unresolved categories (Buchheim et al., 2008). A study including BPD patients, patients living with anxiety disorders and control participants found a convergence of 84% (Kappa = .71, $p = .00$) for

the four categories, 91% (Kappa = .70, $p = .00$) for the secure and insecure classifications and 88% (Kappa = .75, $p = .00$) for the resolved and unresolved distinction (Buchheim & George, 2011).

However, a study conducted with a sample of teenagers in the US found no significant convergence between the AAP and AAI classifications for the four attachment classifications (Kappa = .03, $p = .56$; $\chi^2 = 7.23$, $p = .61$), three groups (autonomous, insecure and unresolved; Kappa = .05, $p = .40$; $\chi^2 = 2.12$, $p = .71$) and for the resolved and unresolved distinction (Kappa = -.003, $p = .98$; $\chi^2 = .001$, $p = .98$) (Jones-Mason, Allen, Hamilton, & Weiss, 2015). Jones-Mason et al. explain the disparity in the autonomous category between the AAI and AAP by the fact that, in late adolescence, individuals are still struggling to become self-reliant and the AAP requires an evolved sense of self that may be only present in the most autonomous participants. They suggest that the AAP may be more sensitive to deactivation strategies involved in dismissing classification than the AAI. Moreover, while the AAI requires an important degree of unresolved thinking to classify an individual in this category, the AAP only needs one SS indicator in one story (George & West, 2012).

The AAP has also been used in many different contexts to assess attachment representations. Béliveau and Moss (2009) found that attachment representations of mothers assessed with the AAP corresponded to their 5-year-old child's attachment type as expected from studies using the AAI. The distribution of attachment representations assessed with the AAP in a sample of teenagers was also similar to the distribution obtained with the AAI (Gander, George, Pokorny, & Buchheim, 2017). Other studies using the AAP have associated attachment representations with the ability to recognize emotions (Fizke, Buchheim, & Juen, 2013) and the quality of interaction between foster mothers and their children (Dubois-Comtois et al., 2015). The AAP has also been used in case studies: with a man during his long-term psychotherapy (Finn, 2011), with an anorexic teenage girl to help develop an intervention plan (Lis, Mazzeschi, Riso, & Salcuni, 2011) and with a foster teenager to guide recommendations about placement and psychotherapy (Webster & Joubert, 2011).

Taxonomy of attachment.

Categorical coding has been very popular to assess individual differences according to attachment among developmental researchers. A growing question in the field is whether individual differences in adult attachment are better described by categories or continuous variations. Although empirical work published in the field of attachment focus on categories, the AAI and AAP distribute individuals on continuous scales referring to different attachment dimensions. It has been suggested that attachment differences among adults measured by the AAI are better explained by two distinct states of mind dimensions, dismissing and preoccupied, rather than four categories (Haltigan, Roisman, & Haydon, 2014). In this case, adults classified as autonomous would score low on both dimensions (Haydon, Roisman, & Burt, 2012; Roisman, Fraley, & Belsky, 2007).

Based on this assumption, Fraley and Roisman (2014) undertook a study on 857 teenagers to better understand the distribution of the individual differences observed following the assessment of the AAI. On the basis of a previous factor analysis (Haltigan et al., 2014), they used the strongest scales of dismissing state of mind (Mother Idealization, Father Idealization and Lack of memory) to create a dismissing variable and the Mother anger, Father anger, Passivity of thought and Unresolved abuse scales to create a preoccupied variable. Results showed that individual differences captured by the AAI in the dismissing state of mind are better explained using a dimensional model while results for the preoccupied state of mind were too ambiguous to distinguish between a categorical and dimensional model.

Another study published in 2015 used the Experiences in Close Relationships-Relationships Structures Questionnaire (ECR-RS) to determine if differences according to attachment correspond better to a categorical or dimensional model (Fraley, Hudson, Heffernan, & Segal, 2015). To determine if variations in global avoidance and anxiety were better explained by a dimensional or categorical model, they regrouped the six items of global attachment avoidance and the three items assessing global attachment anxiety in two variables. Results for both avoidance and anxiety variables fitted better with what would be expected under a dimensional repartition of the differences according to attachment.

Results of these studies indicate that individual differences in attachment insecurities could be better explained with a dimensional continuum than with categories which bring forward a new conceptualization of attachment representations. However, even though researchers studied the continuous scales of the AAI, little is still known about the dimensions of attachment assessed by the AAP. Knowing more about dimensional constructs such as defensive processing could provide useful information about a person's functioning to orient clinical interventions. Moreover, although these two measures don't use the same concepts to assess attachment representations, it seems that they both capture similar patterns when it comes to understand how adults reach for reassurance and the different strategies they use to regulate attachment distress.

To date, convergence between the AAI and AAP has only been studied using the overall classifications. Therefore, along with studying the convergence between categories of attachment, this study will also verify the associations between dimensional scales of the two measures. Furthermore, the present study will also explore the relation between dimensions of foster mothers' attachment representations and their psychological functioning, namely depressive symptomatology.

Attachment representations and depressive symptoms.

Researchers have put considerable attention on identifying factors that may predispose an individual to develop depressive symptoms. Cognitive theories have pointed out the importance of early childhood experiences in the development of maladaptive cognitive cycles (Ingram, 2003). Thus, theorists have argued that depressogenic cognitive patterns may come from maladaptive interactions with others and depict depressive individuals as deficient in reaching support from significant others to obtain reassurance (Joiner & Coyne, 1999; Moran et al., 2008). Studies conducted in the past decades have obtained divergent results when it comes to associate depressive symptoms to the four adult attachment states of mind assessed by the AAI or the AAP. Some studies found that depressive symptoms are associated to the preoccupied state of mind as assessed by the AAI in a sample of incarcerated mothers (Borelli, Goshin, Joestl, Clark, & Byrne, 2010) and also when assessed with the AAP in a community sample comprised only of women (West & George, 2002). Another found relations with the dismissing state of mind

assessed by the AAI in adolescents living with Obsessive-Compulsive or depressive disorders (Ivarsson, Granqvist, Gillberg, & Broberg, 2010). Otherwise, some studies failed to find a significant association between self-reported depressive symptoms and AAI's four attachment states of mind in a sample of high-risk pregnant mothers (Pianta, Egeland, & Adam, 1996) and with low-income mothers (Bosquet & Egeland, 2001). A study using AAI dimensions failed to associate AAI's coherence score to depressive symptoms in a normative sample of parents (Pearson, Cowan, Cowan, & Cohn, 1993). Non-significant results were found as well between AAP's classification and depressive symptoms in a normative sample of mothers (Béliveau & Moss, 2005). Overall, results from previous studies using clinical sample tend to show significant associations between depressive symptoms and dismissing or preoccupied states of mind.

Present study.

The aim of the present study is to investigate the convergence between attachment state of mind measured with the AAI and the AAP among foster mothers and to explore the relation between dimensional scales of both measures and depressive symptoms. The classifications provided by the two systems will be compared, as well as the convergence between the underlying dimensional scales. In addition, attachment dimensions and categories will be put in relation with depressive symptoms to see if mothers differentiate according to these variables. This study will therefore enable to better understand the extent to which the underlying dimensions of two different measures of attachment state of mind tap into similar dimensions of attachment. Since the classification systems of the AAI and AAP are very different, they are likely to tap into related yet different aspects of the attachment system. This is the first study to evaluate the convergent validity between the AAI and the AAP when assessed and coded in Canadian French. This increased knowledge about the specific characteristics of the AAI and the AAP will also enable to guide clinicians when using and analysing these measures. Furthermore, it could also assist in the selection of foster families and indicate appropriate support strategies according to the parents' attachment representations. Considering previous results on the convergent validity between the AAI and AAP, it is hypothesized that there will be a significant association between the final classifications of the two measures. Otherwise, analysis will be conducted to identify if there are associations between the attachment dimensions the AAI and AAP assess. Given the high rate of

unresolved mothers previously found, more representative of a clinical than normative sample (Ballen et al., 2010; Dubois-Comtois et al., 2015), it is expected that depressive symptoms will be associated with insecure states of mind.

Methods

Participants.

Participants are 54 foster mothers recruited from various locations in the province of Quebec in the context of a larger-scale intervention study aimed at improving the mother-child relationship (Dubois-Comtois et al., 2015). The families referred had to be in long-term foster care or to want to eventually adopt the child in order to be eligible for this intervention study. Child protection services (CPS) were asked to refer families who had been fostering a child aged between 12 and 84 months for at least two months. After the first visit, twelve mothers (20%) decided not to pursue the study because it was too much demanding or because they weren't interested anymore. Thus, 53 mothers completed at least the first visit among which 42 participated also to the second visit. Most of the foster mothers of the final sample (38 out of 42) were part of a foster-to-adopt program and the mean age of the children participating in the intervention study was 61.5 months old ($SD = 21.17$, range between 12 and 84 months old). The children participating in the study had been fostered within the families for an average of 20.37 months ($SD = 11.65$, range from 2 to 49). Employees of CPS who had access to family records made liaison with researchers to identify the families. Fosters mother's average age was 39 years old ($SD = 6,87$). Their average number of years of education was 14,2 ($SD = 2,7$): 30,6% of mothers had a high school diploma or less and over 61% reported college or university level. Ninety percent lived with a spouse. Annual income for 72% of the families was more than 50 000\$CAN.

Procedure.

Employees from different CPS contacted families to obtain their consent to transmit their personal information to research assistants. Once foster families gave consent to participate to the study, the child's biological parents were contacted to give their consent for the children's participation. Following biological and foster families' agreement to participate, several measures

were administered during two baseline home visits. Data from the AAI, the AAP, and the BDI will be used for the present study, as well as the socio-demographic questionnaire. The first visit was dedicated to administering the AAP as well as the socio-economic questionnaire and the BDI. The AAI was administered during the second visit.

Measures.

Adult Attachment Interview.

The AAI is an interview composed of 20 open questions about attachment relationships. First, participant is asked for a general description of their relationships with their parents during early childhood. Then he or she is asked to provide five adjectives to define the relationship he/she had with each parent (starting with the mother) and with other significant attachment figures when applicable. A description of a specific memory is then asked to illustrate each of the adjectives chosen, as well as to which parent the participant felt closer during childhood and to explain why. Next, the participant has to describe what he/she would do when upset, hurt or ill and how attachment figures would respond to his/her conditions. The participant must describe experiences of separation, rejection or threats concerning discipline and how it may have affected his/her current personality. Following questions ask about experiences of abuse and loss through death. The participant is asked about current relationships with parents and how he/she feels about being separated from their (or imaginary) children and if he/she is worried about him. The last questions of the interview are about the participant's wishes for their children in 20 years, what he or she has gained from his/her experience of growing up and what he hopes his child will have learned from having him as a parent. Rating of the AAI is based on five continuous 9-point scales about estimated experiences with each parent during childhood and twelve continuous 9-point scales defining states of mind according to attachment. Coders begin rating the protocol with the Experience scales (Loving behavior, Rejecting of the child's attachment, Role-inverting/heightening of attachment, Neglecting and Pressuring to achieve) by providing scores about the estimated presence of the behavior of each parent during the participant's childhood. These scores vary from low presence to high presence.

The Loving behavior scale refers to the emotional support and availability of the parent. Rejecting behavior scale refers to the parent's effort to reject or avoid the child's attachment needs. Involving/Role-reversing scale is evidenced when the parent needed the child's care or presence to maintain their well-being. Neglecting scale refers to a parent being uninvolved and psychologically inaccessible even though he or she is physically accessible to respond to the child's needs. Pressure to achieve is evidenced by the parent pushing the child to achieve a specific status or to succeed in general.

When coders have scored these first five scales, they must assign scores to the continuous scales delineating an organized state of mind. Scales associated with an autonomous state of mind are Coherence of transcript, Metacognitive monitoring and Overall coherence of mind. Scales associated with a dismissing state of mind are Idealization of the parent, Insistence upon lack of recall, Dismissing derogation and Fear of loss. Finally, continuous scales associated with a preoccupied state are coded; Involving/Preoccupying anger and Passivity of discourse (Hesse, 2016).

Scales associated with an autonomous state of mind have the purpose to measure internal consistency, the capacity of the participant to monitor his/her speech, memories and own reactions during the interview, the ability to think about their own thought processes and the general coherency of the transcript. Concerning dismissing scales, coders assess Idealization by highlighting the divergence between the "image" the participant wants to give of his/her parent and the actual parental behavior depicted in the transcript. Lack of memory reflects direct references of the impossibility to remember childhood memories while Derogating dismissal of attachment is when the speaker doesn't want to talk about a person or discredits the importance of an attachment figure or experience. The scale Fear of loss refers to an important unfounded fear of the participant to lose his child through death that is affecting his behavior like keeping the child at home or accompanying him. Lastly, Involving/Preoccupying anger refers to anger about attachment-related experiences exposed through the discourse when the participant is being lengthy, unclear or irrelevant. Passivity or vagueness of discourse is based on the presence of passive sentences left incomplete or when the participant wanders away from the context.

Once the scales related to organized states of mind are coded, judges have to determine if there is presence of unresolved material in the script using the Unresolved states of mind in relation to loss and Unresolved states of mind in relation to abuse scales. The first one refers to loss resulting from the death (of a parent, relative, friend, etc.) causing disorganisation in the thinking or discourse of the participant. Indices of this scale are lapses in the monitoring of reasoning or discourse and reports of extreme behavioral reactions in response to a loss. The second one considers the participant's response to abusive experiences (physical and sexual abuse and extreme threats) from an attachment figure. Indicators of unresolved abuse are unsuccessful denial of an experience of abuse, feelings of having caused it and deserving it and the fear of being taken over by the abusive figure.

In the present study, the AAI was administered by a research assistant and transcribed by a second assistant. Codification was made by three certified coders. Two of them were graduate students and the third was a professional that received the training. Interjudge reliability agreement on the final overall classification was of 92% ($Kappa = .88, p < .01$) representing an excellent kappa value for a four code analysis (Bakeman & Quera, 2011). Intra-class correlations on 12 cases were computed to determine inter-judge reliability for the continuous scales revealing rates of association ranging between .75 and 1 (all $p < .05$) which indicates that, for all of the scales, at least 75% of variance is explained by the actual differences between participants.

Adult attachment projective.

The AAP is a 20 to 30 minutes measure that assesses internal working models reflected through the discourse while telling narratives. The participants are instructed to tell stories depicting what is happening to the character(s) in the drawn picture, what led to the scene and what is going to happen next. Using the transcribed interview, coders must evaluate responses obtained at the alone pictures first and then the dyadic pictures and must code the complete picture before moving to another. First, coders have to identify the participant's hypothetical attachment story by following the plot closely and using the participant's own words. They have to pay attention meticulously to identities of the characters, preceding and succeeding events and every element about actions, events and the outcome of the story. This summary plot must have a beginning,

middle and end even if it means that coders must rearrange the order of the events in the participant responses. Next, the coder has to code the scales of discourse (Personal experience), content (Agency of self, Connectedness and Synchrony) and defensive processing (Deactivation, Cognitive Disconnection and Segregated systems) (George & West, 2012, 1997/2016).

Alone pictures are coded according to three scales: Personal Experience, Agency of Self and Connectedness. Personal Experience refers to the fact that the participant has shifted from the hypothetical story depicted in the picture stimulus to his autobiographical experience. When this happens in a speaker's responses, judges write "1" in this section on the coding sheet, otherwise they write "0". Agency of Self reflects the capacity to take actions, to seek attachment figures or the mental activity to remedy attachment distress (George & West, 2012). Three forms of agency are coded; Internalized secure base is coded when the individual depicted is comfortable and content with solitude, willing to explore the internal working models of attachment and to engage in self-reflection. Haven of safety is illustrated by using attachment figures to re-establish security. Capacity to Act reflects concrete actions taken to change the situation. Connectedness reflects a description of characters being in a relationship and that have the desire to interact with others. Stories depicting characters being in mutual and positive relationships are coded 3. When characters show desire to relate to others, but the situation does not allow it, stories are coded 2, and stories are coded 1 when no additional characters are depicted in the alone stories.

Dyadic pictures are coded on the personal experience scale, described earlier, and Synchrony, that refers to the degree to which the characters in the dyadic pictures are engaged in a reciprocal relationship. This dimension is based on the concept of goal-corrected partnership elaborated by Bowlby (1980) of which there are two forms; Enjoyment in the relationship (two characters engaged in a mutually contingent positive interaction) and Attachment Activation and Care (a character expresses attachment-related fear or anxiety and another character gives a contingent response that provides successful comfort). Stories depicting explicitly one of these kinds of behaviors are coded 2. Stories are coded 1 on this scale when the participant describes scenarios in which there is no proof of mutual reciprocal enjoyment nor care and comfort or when he/she fails to specify that characters are engaged in a relationship. The mark 0 is rarely assigned and is

attributed to stories in which characters don't have a specific role in the relationship or are not acknowledged by the participant.

When the scoring of these scales is done, judges highlight the defensive processing found in the responses of the participant. They must record every defensive exclusion marker evidenced in each picture. Next, an overall assessment of the defensive processing is made to determine the general pattern of the entire set of pictures. The coding of deactivation and cognitive disconnection is done using the hypothetical stories created by the coders. Segregated systems are coded for the hypothetical stories and the personal experience material.

Deactivation markers are a way to diminish or devalue attachment-related themes in a story or to keep a distance between the participant and the event in the picture. Cognitive disconnection refers to uncertainty, ambivalence and preoccupation with experiences, persons or feelings. The segregated systems refer to markers that express helplessness, fear, abandonment or devastation experienced by the characters. Two features are coded for this form of defensive exclusion to indicate whether segregated systems are resolved, reflecting reintegration of attachment dysregulation, or not. Coders must follow a strict decision process to assign an individual to an attachment classification. A case is automatically judged as unresolved if there is presence of one or more unresolved segregated system markers in at least one story. If there are no segregated system or if they are resolved, judges must examine patterns of the quality of attachment representations determined from the codes attributed to the different content scales and patterns of defensive processing markers. AAP protocols were coded by two independent graduate students who obtained agreement rates of 80% throughout their training. Concordance for the four categories calculated on 24 cases was 71% ($Kappa = .62, p = .00$) which is an excellent score value according to Bakeman and Quera (2011). Individual scores for each continuous scale for the second coder were not available when analyses were made. It was therefore impossible to compute intra-class correlations for individual scales.

Beck Depression Inventory.

The BDI is a self-report questionnaire measuring affective, cognitive and physiological symptoms that takes between 5 and 10 minutes to complete (Beck, Ward, Mendelson, Mock, & Erbaugh,

1961). It comprises 21 items that refer to different depressive symptoms according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and are scored on 4-point scales ranging from 0 to 3 indicating the prevalence and intensity of the symptoms. The final score represents the summing of all the items. Scores ranging from 0 to 13 represent minimal depression, from 14 to 19 are considered to be mild depression, 20 to 28 is moderate depression and a score above 29 represents severe depression (Beck, Steer, & Brown, 1996). The validity of the BDI has been investigated in many studies in different clinical and non-clinical populations (Beck, Steer, & Carbin, 1988).

Data analyses.

Cohen's kappas will be computed to establish the percentage of convergence between AAI and AAP four attachment classifications. When two codes are compared, an acceptable kappa value for 80% of accuracy between coders is .20 when prevalence in categories is highly variable and .36 when prevalence is equiprobable. For four codes, an acceptable value of kappa for 80% of accuracy is .51 when prevalence in categories is highly variable and .54 when the repartition of individuals is equivalent between codes (Bakeman & Quera, 2011).

The same procedure will be used to determine agreement between autonomous and non-autonomous classifications and organized and unresolved states of mind. In an exploratory manner, scales of the AAI and AAP will be correlated to identify in what way the attachment dimensions measured by the two instruments are related. Analyses of variance and correlations will be computed to determine the relation between attachment data and BDI scores.

Results

Results are separated in three sections: links between sociodemographic data and attachment classifications, convergent validity between scales of the AAI and AAP and with depression symptoms total score on the BDI.

Sociodemographic data and attachment.

Analyses of variance revealed no significant differences between AAP classification and maternal age [$F(2, 46) = .897, p = .45 (R^2 = .06)$] and household annual income [$F(3, 46) = .541, p = .66 (R^2 = .03)$]. Education level was significantly associated to overall classification [$F(3, 47) = 6.773, p < .01 (R^2 = .30)$]; unresolved mothers were less educated than the mothers of the other categories. There was no significant effect of maternal age [$F(3, 37) = 1.268, p = .30 (R^2 = .09)$], household annual income [$F(3, 37) = 1.294, p = .29, (R^2 = .09)$] and education level [$F(3, 38) = 1.962, p = .14 (R^2 = .13)$] on AAI classification.

Convergent validity between AAI and AAP.

Categories.

The percentage of agreement between AAI and AAP classifications for the four categories of attachment is 50% (Kappa = .27, $p = .01$). Correspondence when the participants are separated in autonomous and non-autonomous classifications is 79% (Kappa = .53, $p < .01$) and when they are divided in unresolved and resolved categories it is 67% (Kappa = .10, $p = .04$).

Insert Table 1 here.

More specifically, results show that the two measures fail to classify dismissing and preoccupied participants in the same categories while the strongest association concern autonomous (10) and unresolved (11) classifications. Regarding the four categories and the resolved and unresolved division, considering that there is an important variation of prevalence between classifications, the kappa's values (.27 and .10 respectively) are too low to conclude that the two measures classified participants in a similar manner. Otherwise, for the autonomous and non-autonomous groups, in which the prevalence is equiprobable, the kappa's value of .53 is adequate to conclude that both measures classified participants similarly.

Dimensional scales.

Pearson's correlations were made between scales of the AAI and AAP. The presence of internal secure base in the AAP is significantly associated to Metacognitive Processing (MP) in the AAI ($r = 0.33, p = 0.04$). Dismissing and preoccupied defensive processing of the AAP were not significantly

correlated to any scales of the AAI. Significant correlations between the personal experience scale (AAP) and AAI scales are displayed in Table 2. More presence of personal experience indicators during the AAP is associated to more indications of the perception of being neglected by the mother and father, less loved by the father, more derogation and preoccupation when experiences with the mother and father are discussed as well as a higher score for unresolved trauma in the AAI. Correlations between the number of SS (AAP) and AAI scales are presented in Table 3. SS are significantly associated with lower levels of coherence, more passivity and disorganization due to loss as well as higher unresolved overall score in the AAI.

Insert Table 2 and Table 3 here.

Attachment representations and depressive symptoms.

Participants did not differ on the BDI final score according to their overall attachment state of mind score using the AAP [$F(3, 46) = 1.115, p = .35 (R^2 = .05)$] and the AAI [$F(3, 37) = 2.198, p = .11 (R^2 = .15)$]. The final depression score of the BDI was significantly related to the number of deactivation indicators (Ds) in the AAP ($r = 0.31, p = .04$). There was no significant association between any scale of the AAI and BDI total score.

Discussion

The main objective of the present study was to determine the convergent validity between the Adult Attachment Interview (AAI; George et al., 1996) and the Adult Attachment Projective (AAP; George & West, 2003) in a sample of French-speaking foster mothers recruited in the province of Quebec and to explore the associations between the scales of the two measures and depressive symptoms. The present results indicate a good convergence between the classifications of both measures when participants are separated between autonomous and non-autonomous categories, but results were inconclusive for the four categories and the resolved and unresolved division. These results support partially the high rate of convergent validity between the categories of the AAI and the AAP obtained by the author of the AAP (George & West, 2001, 2003). Many continuous scales of the two measures are related while others are not. Finally, of all the scales of the two measures, only the number of deactivation indicators of the AAP is

significantly associated to the intensity of depressive symptoms assessed by the BDI. The second purpose of this study was to determine the relevance of assessing attachment representations of foster mothers. The present results indicate an unusual high rate of unresolved mothers, which raises questions about their capacity to foster children that already have attachment challenges.

Sociodemographic data.

The association between the level of education and the AAP attachment categories were significant, revealing that unresolved mothers are significantly less educated than autonomous mothers. Indeed, the majority of autonomous mothers went at least to college while unresolved mothers mostly stopped their education in high school. The effect size reveals that almost one-third of the explained variance in the AAP category comes from the level of education. Previous studies using the AAP don't report association between unresolved participants and education level but Jones-Mason and her colleagues (Jones-Mason et al., 2015) found that unresolved participants assessed by the AAI and AAP tend to be in the low socioeconomic status group more than other participants. Further studies need to be made to better understand the possible association between attachment representations and socio-demographic characteristics.

AAI and AAP classification.

Even though the analysis is significant at the level of .05 for the four classifications, kappa's value is not high enough to conclude that both measures assessed attachment states of mind in a similar manner in our study. The category in which the convergence rate is the highest is the autonomous state of mind. Precisely, the AAI classifies 17 (40%) mothers as autonomous and the AAP finds only 12 (29%) autonomous mothers. In the present sample, almost all autonomous mothers assessed by the AAP were also classified as autonomous in the AAI but several mothers that were found autonomous by the AAI were not in the same category according to the AAP. Presence of discrepancies in the autonomous classification was also found in previous studies comparing the AAP and the AAI (George & West, 2001; Jones-Mason et al., 2015). The AAP may be more stringent than the AAI when it comes to assess autonomy. Indeed, while the AAI relies on scales about coherence to highlight the indicator of autonomy in the verbatim, the AAP relies on self-agency which represents the capacity to take action to handle distressing situations or to

optimally have an internalised secure base of attachment. Otherwise, some disparities in categorising participants may originate from the fact that the AAI and AAP are two measures elaborated in English and were, in the present study, assessed and coded in French. Coders in subsequent studies using AAP in French might have to adapt the severity with which they code verbatims particularly in regard of the indicators of autonomy. Indeed, similar words used in English and French (e.g. reflect vs réfléchir) don't have the same connotation and should not be perceived as equivalent and coded the same way. Reflect refers to the process of thinking but can have a more superficial connotation while réfléchir in the French language refers to a more complex cognitive process that denotes a way to solve a problem or attachment-related distress in the case of the AAP. Also, it has been observed that the overall coherency of the narrative is generally lower in AAP stories told in Quebec French, and although not a criterion per se, it can negatively influence the coders. This may explain why mothers with lower education were more found in the unresolved category in the AAP since it is possible to suggest that they have poorer vocabulary. Coders need to be more aware of this cultural specificity when coding the AAP in French. Other studies are needed comparing projective coding systems with different languages to understand more of each language's specificity on coding outcome.

In the present sample, the two measures failed to classify participants in the same categories when it comes to preoccupied (AAI: 1 [.02%], AAP: 7 [17%]) and dismissing (AAI: 7 [17%], AAP: 6 [14%]) states of mind. These results are limited and difficult to explain because of the small sample size. The rate of preoccupied mothers found by the AAP sample (14%) is higher than found in non-clinical population in a previous meta-analysis (9%; Bakermans-Kranenburg & van IJzendoorn, 2009) and in a previous study about foster mothers' attachment representations (0%; Dozier et al., 2001). Also, coding emphasis from different instruments could also influence final scores. For example, preoccupied states of mind in the AAI may sometimes be similar to autonomy because of the high value placed on attachment experiences and relationships. Also, the presence of angry preoccupation toward attachment figures may sometimes be expressed as being cold and distant which is more similar to dismissiveness. Indeed, in the present study, the only preoccupied mother as assessed by the AAI was classified as unresolved by the AAP.

While the preoccupied state of mind assessed by the AAI has shown weak associations with ambivalent attachment when unresolved state of mind is coded (van Ijzendoorn, 1995), a study about the intergenerational transmission of attachment using the AAP found good correspondence between mothers' preoccupied state of mind and their child's ambivalent attachment in the strange situation (Béliveau & Moss, 2009). Since only one individual was classified as preoccupied by the AAI in our sample, it is hard to do comparisons between both measures. There are very few individuals classified as preoccupied in most studies, which limits knowledge about this category. Studies with bigger samples would be necessary to better understand the association between preoccupied and dismissing states of mind as assessed by the AAI and the AAP. Results also show an unexpected high rate of unresolved mothers both in the AAI and the AAP as already discussed by Dubois-Comtois and her colleagues (Dubois-Comtois et al., 2015).

Dimensional scales of the AAI and AAP.

Autonomy Scales.

The number of internal secure base indicators in the AAP was significantly associated to the quality of metacognitive processing in the AAI, which indicates the two scales may tap into a similar underlying construct. Internal secure base measures the ability to appreciate solitude and to engage in self-reflection and metacognitive processing indicates thinking processes. Internalized secure base is often depicted when characters in the AAP are able to think things through while the metacognitive processing in the AAI is evidenced when the participant is able to monitor his speech and to observe himself. Both concepts reflect the capacity to create a distance from previous painful attachment experiences and maintain higher order regulating strategies under stress, which seems to be an important hallmark of autonomous adults.

Dismissing and preoccupied scales.

Since the AAI and the AAP failed to converge for dismissing and preoccupied states of mind, it is not surprising that their underlying scales did not correlate in any way. Considering these results, it is hard to speculate about the convergence of these categories and further investigation of the

defensive possessing of the AAP are needed to better understand the way they are associated to the AAI classification system.

Personal experience scale.

The AAP personal experience scale indicates participants' self or personal references that emerge while narrating a fictional story. The personal experience scale was correlated to AAI scales of inferred experiences, which are coded according to the estimated presence or absence of different parental behavior in childhood, as well as with dismissing and preoccupied states of mind scales of the AAI. Some authors explain the presence of personal intrusion in projective measures as a confusion between what is real and what is imaginary and may represent a deficiency of the limit between self and others (Azoulay, 2002) and that self-references in the stories of the AAP may indicate a difficulty to preserve this boundary (George & West, 2012). George and Solomon (2008) found blurring of the past and present particularly associated with cognitive disconnection which is characteristic of preoccupied adults. Buchheim and George (2011) reported that anxious patients tend to display more personal experiences of abuse in their stories in the AAP compared to BDP patients and controls in alone pictures. BPD patients displayed this form of boundary dissolution when flooded with intense anxiety and fear. Anxiety and abuse seem to have an important part in the inability to preserve boundaries between oneself and others. This may explain why there is a relation between the personal experience scale of the AAP and the presence of anger toward the parents, higher scores on the scales of negligent parents and unresolved abuse in the AAI. The presence of personal experience indicators in the AAP therefore seems to be an important indicator of insecurity and lack of integration of previous painful experiences with attachment figures, revealed by such lapses of the fictional story. The fact that negative experiences with the father in the AAI are as important as those with the mother indicates that the AAP may tap into varied attachment experiences that are part of an overall working model of attachment, as theorised by Bowlby (1980).

Segregated systems in the AAP.

Segregated systems represent a mental intrusion of traumatic attachment experiences that are usually blocked out of consciousness. In the AAP, segregated systems refer to markers of

helplessness, fear or abandonment. The number of these indicators in the protocols of the AAP was significantly associated with Coherence of Transcript, Coherence of Thought, Passivity of Thought, Unresolved Loss and Overall unresolved score of the AAI. Interestingly, with a subgroup of the same participants, Ballen et al. (2010) found that lower scores on the scales Coherence of Transcript, Coherence of Mind and Metacognitive Processing and a higher score on the Passivity of Thought scale correlated significantly with higher levels of frightening maternal behavior, while overall AAI unresolved classification did not. Bowlby (1980) explained that segregated systems are a vulnerable defense against painful attachment material and are expected to fail when the attachment system of the person is activated. It is not surprising that dysregulation is observed in the AAI when the participant is overwhelmed by emotions while relating attachment experiences, explaining why coherence scales of the AAI are negatively associated with the presence of segregated systems in the AAP. Indeed, this defensive process manifests itself when the metacognitive monitoring fails, leading to the disorganization of thought and behavior (Bowlby, 1980).

An interesting result is the association between segregated systems and passivity in the AAI. The explanation may lie in the subgroup of the preoccupied states of mind (E1, E2, E3) especially in the E1 category which is characterized by important score of passivity and E3 category defined by traumatic and frightening experiences in the childhood. Authors of the AAI explain that there are very low rates of individuals classified as E1 and that this category is often classified as unresolved (Main, Goldwyn, & Hesse, 2002). In E3 transcript, fear is often a central affect and traumatic experiences tend to appear in the verbatim out of context, giving the impression that participants cannot shift their attention away from these experiences. Previous studies found an association between the E3 Fearfully preoccupied by traumatic events and the unresolved state of mind in a sample of women living with BPD (Lyons-Ruth, Melnick, Patrick, & Hobson, 2007). Lyons-Ruth and Jacobitz (1999) stated that individual classified as E3 may potentially be moved to the unresolved state of mind. Also, it is possible that unresolved state of mind is associated to passivity because the individual has difficulty in regulating himself when painful attachment material is discussed.

The fact that both preoccupied and unresolved AAI scales are associated to segregated systems in our study converges with Haltigan and his colleagues (2014) results that the strongest

indicators of preoccupation were anger toward the mother and father, passivity of thought and unresolved abuse. Haltigan and colleagues explained that there might not be an empirical distinction between preoccupied and unresolved states of mind. Furthermore, Groh and her colleagues (2014) found in a sample of 825 participants modest but significant association between disorganized attachment at fifteen month and preoccupied attachment state of mind at 18 years old.

The presence of segregated systems is also significantly associated to AAI unresolved scales, supporting that these markers are an important indication of unresolved state of mind and the presence of trauma. Therefore, the conscious reference to loss and trauma and the observed lack of monitoring in the verbatim of the AAI are associated to the presence of characters described as empty, helpless or in danger in the AAP.

Overall, results from the present study indicate that some scales of the AAP are associated to three major dimensions highlighted in the AAI when administered to foster mothers. They are: 1) Presence of internal secure base is associated to the metacognitive processing AAI scale, which is an important marker of autonomy; 2) Indicators of personal experience in AAP stories correlate with different insecurity scales of the AAI; 3) Presence of SS is associated with less coherence, more passivity and the presence of unresolved loss in the AAI. There are some discrepancies regarding the specific insecure states of mind. Present results support previous findings that preoccupation state shares features with unresolved state of mind. Previous studies on dimensional aspects of attachment have also had difficulty identifying a distinct dimension reflecting preoccupation (Fraley & Roisman, 2014). Further studies about dimensional and categorical aspects of attachment are needed to enrich our comprehension of the distribution and characteristics of attachment representations in adults. Furthermore, the results of this exploratory study show the relevance to learn more about underlying dimensions measured by the AAI and AAP to better understand attachment differences when it comes to adult's attachment representations.

Deactivation markers and depression score.

Only the presence of deactivation markers assessed by the AAP, associated with the dismissing state of mind in the AAP, correlate significantly with the strength of depressive symptoms assessed by the BDI ($r = 0.31$). The reason why the other scales of the AAI and AAP are not associated with the depressive symptoms remain unclear. Theories about the development of a depressogenic pattern illustrate the importance of the ability to reach support from others to reduce distress (Joiner & Coyne, 1999; Moran et al., 2008) and that dimension of attachment might be more easily captured by the unconscious deactivation defensive processing of the AAP than with the dismissing scales of the AAI. Indeed, this defensive processing induces a distance between the individual telling the stories during the AAP, the attachment related event and the affects originating by it. Deactivation indicators in the AAP are often of a negative connotation like rejection or negative evaluation of characters or they are described as being cold or minimizing the situation (George & West, 1997/2016). It is possible that individuals who have a tendency to use deactivation mechanism to reduce attachment distress may be less equipped to cope with difficult affects and situations resulting in depressive symptoms such as pessimism, self-depreciation and social withdrawal evaluated by the Beck inventory.

Despite the results found by the present study, some limitations are important to note. First, the small sample size was an important barrier to conducting analyses with state of mind subclassifications. However, the present sample is quite remarkable given the difficulty in obtaining consent from both biological and foster families to be included in the present study. Also, both measures were administered in the presence of the child which could have led to lower coherency in the verbatims, especially for the AAP where mothers have to elaborate fictional stories, which may put a higher cognitive load on participants. A self-selection bias might have led more distressed mothers to agree to participate in this study in order to obtain support provided by the intervention, leading to a higher rate of unresolved categories. The number of participants who withdrew after the first visit or chose not to complete the AAI could also have biased the final sample. Otherwise, it was impossible to compute intra-class correlation between the dimension scales of the two measures since they were too dissimilar. Nonetheless, given the very few studies published on the characteristics of families who choose to foster children, this

study is important to gain more knowledge about these families, as well as indicators about relevant aspects that should be included during the assessment process and type of support they might need.

In conclusion, the results presented in this study are an important contribution to current knowledge about the classification measures of adult attachment representations and foster mothers' attachment characteristics. In this study, even though the AAI and AAP were able to classify a significant percentage of individuals in the same categories when it comes to autonomous and unresolved states of mind, there are still inconclusive results about specific organized insecure states of mind. Similarly, some scales of correspondent states of mind tap into different aspects of attachment. That may be because they are less relevant for foster mothers, although dismissive deactivation strategies as assessed with the AAP was the only dimension to be significantly associated with their psychological functioning. Also, both measures are based on very complex coding systems that rely on specific aspects of language and using them in a different language than English may need an adaptation from coders concerning meaning of words and expressions used by the participants. This study highlights the importance to learn more about foster mothers' attachment representations to improve and better adjust services offered to them. Specifically, knowing about foster parents' attachment representation could enable youth protection professionals to develop better relationships with foster parents. It could also enable professional to form better fit between parents and children and to target the parents' vulnerabilities to help them create a relationship where the child would feel safe and comfortable enough to develop a more secure attachment. Finally, to better understand attachment representations' influence, it is also important to increase our knowledge about how these representations of self and others are associated with different dimensions of psychological functioning.

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Table 1
Frequencies of attachment state of mind distribution according to the AAI and AAP.

		AAI				
		Autonomous (F)	Dismissing (Ds)	Preoccupied (E)	Unresolved (U)	Total
AAP						
Autonomous (F)		10	0	0	1	11
Dismissing (Ds)		2	0	0	4	6
Preoccupied (E)		2	3	0	1	6
Unresolved (U)		3	4	1	11	19
Total		17	7	1	17	42

Note. AAI = Adult Attachment Interview

AAP = Adult Attachment Projective

50% overall convergent classifications ($Kappa = .27, p = .01$)

Table 2

Associations between the Personal Experience scale (AAP) and AAI scales

Scales for Inferred Experiences with Parents (AAI)	
Negligent mother	$r = .37^*$
Negligent father	$r = .45^{**}$
Loving father	$r = -.44^{**}$

Scales for Patterned or Organized States of Mind (AAI)	
Derogation mother	$r = .36^*$
Derogation father	$r = .48^{**}$

Preoccupying anger mother	$r = .34^*$
Preoccupying anger father	$r = .36^*$

Scales for Unresolved/Disorganized States of Mind (AAI)	
Highest score for unresolved trauma	$r = .33^*$

Note. AAI = Adult Attachment Interview

AAP = Adult Attachment Projective

$N = 42$

* $p < .05$. ** $p < .01$.

Table 3
Associations between segregated systems (AAP) and AAI scales

Scales for Patterned or Organized States of Mind	
Coherence of transcript	$r = -.43^*$
Coherence of thought	$r = -.36^*$
Passivity of Thought	$r = .50^{**}$
Scales for Unresolved/Disorganized States of Mind	
Unresolved loss	$r = .49^{**}$
Overall unresolved score	$r = .48^{**}$

Note. AAI = Adult Attachment Interview
 AAP = Adult Attachment Projective
 N = 42
 * $p < .05$. ** $p < .01$.

Conclusion

Résumé des objectifs et résultats

L'article présenté dans ce mémoire avait pour premier objectif d'évaluer la validité convergente entre l'Entrevue de l'attachement adulte et le Projetif de l'attachement adulte dans un échantillon de mères de familles d'accueil québécoises. En plus de comparer les catégories d'attachement entre elles, les échelles dimensionnelles sous-jacentes à la classification de chacun des outils ont été mises en relation de façon exploratoire afin de mieux comprendre de quelle façon le AAI et le AAP mesurent les différentes dimensions de l'attachement des adultes. Il était attendu que les deux outils devraient catégoriser les mères d'accueil de façon similaire.

Les résultats obtenus démontrent que les outils ont catégorisé de façon commune certaines mères dans les catégories autonome et non-résolue mais n'ont pu faire de même pour les catégories détachée et préoccupée. Les analyses de kappa effectuées démontrent que le AAP et le AAI ont distribué les participantes de façon convergente lorsque celles-ci sont séparées en états d'esprit autonomes et non-autonomes mais pas lorsqu'elles sont divisées en quatre catégories ou en états d'esprit résolu ou non-résolu. Des résultats similaires ont été obtenus en ce qui concerne les échelles dimensionnelles sous-jacentes à la classification des deux outils. En effet, certaines présentent des corrélations significatives tandis que d'autres ne sont significativement corrélées à aucune échelle de l'autre outil. En ce sens, des éléments reflétant trois dimensions essentielles de l'attachement, soit la capacité réflexive lié à l'autonomie, la capacité à raconter une histoire fictive sans intrusion du soi et la présence de systèmes ségrégués, identifiant l'attachement non-résolu, présentent une convergence significative avec des dimensions importantes du AAI. Deuxièmement, l'article avait pour but de mieux connaître le possible lien entre les diverses échelles du AAI et du AAP et le score de dépression obtenu par les participantes à l'Inventaire de dépression de Beck comme indicateur de leur fonctionnement psychologique. De ce fait, l'utilisation du processus défensif de désactivation (Ds) par les participantes selon le système de codification du AAP, associé à l'état d'esprit Détaché, est la seule dimension

significativement corrélée au score de dépression du BDI, alors qu'aucune échelle du AAI ne s'est révélée significativement corrélée à cet indice.

Contributions

Ce mémoire contribue de diverses façons à l'avancement de nos connaissances en psychologie dans le domaine de l'attachement adulte. L'article inclus dans ce mémoire est novateur en ce sens qu'aucune étude ne s'est intéressée jusqu'à ce jour à la validité convergente entre le AAI et le AAP dans un échantillon de mères de famille d'accueil. Cette étude est également la première à évaluer la convergence entre les deux outils en incluant les échelles dimensionnelles composant les systèmes de classification de chacun. Enfin, il s'agit de la première étude investiguant l'association entre le AAI et le AAP lorsqu'ils sont administrés et codifiés en français. Ainsi, les résultats mettent en lumière de quelle façon les deux outils de mesure se recoupent en ce qui a trait aux différentes dimensions de l'attachement et contribuent à la compréhension que nous pouvons avoir sur le développement de l'attachement à l'âge adulte. Il semble donc que l'indice de Base de sécurité intériorisée soit significativement lié à la capacité de l'individu de faire état de métacognition et ainsi de réfléchir à ses propres pensées et processus cognitifs. Autrement, la fréquence des intrusions d'éléments de la vie personnelle des participantes dans les histoires du AAP semble être liée à l'insécurité d'attachement puisque l'échelle Expérience personnelle du AAP a corrélé avec diverses échelles associées aux états d'esprit insécures dans le AAI. Finalement, les systèmes ségrégués du AAP sont indicateurs de la non-résolution de l'attachement des participants puisque leur présence dans le verbatim du AAP est liée aux échelles de non-résolution dans le AAI telle la présence de trauma. De plus, les SS sont aussi associés à de faibles scores de cohérence dans le AAI. Autrement, comme la fréquence d'indices de désactivation dans le AAP est associée aux symptômes dépressifs, il semble que ce processus défensif ait un rôle à jouer dans la régulation émotionnelle.

Autrement, comme très peu d'études se sont intéressées aux caractéristiques des mères de famille d'accueil, ce mémoire procure d'importantes informations concernant leurs représentations d'attachement et les différentes dimensions associées. Le taux de mères présentant des représentations d'attachement insécures, particulièrement non-résolues, est

vraisemblablement plus élevé que les résultats rapportés dans une méta-analyse auprès de populations non-cliniques (Bakermans-Kranenburg & van IJzendoorn, 2009). Ceci est plutôt inquiétant considérant que les représentations d'attachement des mères d'accueil ont une influence importante sur la sécurité d'attachement que développera l'enfant qu'elles hébergent (Ballen, Bernier, Moss, Tarabulsky, & St-Laurent, 2010; Dozier et al., 2001; Stovall & Dozier, 2000). Il existe, à ce jour, très peu d'études s'étant intéressées aux représentations d'attachement des mères d'accueil, et de fait, la littérature scientifique fournit peu d'informations sur les caractéristiques de cette population.

Pistes de recherche ultérieures

Ce mémoire permet de mettre en lumière l'importance de s'intéresser à l'aspect dimensionnel des caractéristiques de l'attachement chez les adultes ouvrant alors à de nouvelles avenues de recherche quant à la classification des individus. Les études subséquentes étudiant la convergence entre le AAI et le AAP auraient intérêt à s'intéresser aux échelles dimensionnelles sous-jacentes à la classification de chacun des outils en plus de leurs catégories dans des échantillons de plus grande envergure pour dresser un meilleur portrait de la convergence entre les deux outils et des représentations d'attachement des individus qu'ils évaluent.

La présente étude amène d'importantes informations quant à l'évaluation de l'attachement faite à partir du AAP et de futures recherches pourraient en reprendre certains éléments pour en approfondir nos connaissances, telles l'évaluation des processus défensifs et l'importance de l'échelle Expérience personnelle qui est associée à différentes échelles d'insécurité du AAI. Jusqu'à maintenant, quoique les intrusions d'éléments personnels dans les histoires des participants soient incluses dans le processus de codification du AAP, ceux-ci ont peu de poids décisionnel quant aux catégories d'attachement. Par contre, les résultats obtenus dans la présente étude démontrent que cette échelle est fortement liée à l'insécurité d'attachement et pourrait être considérée comme plus importante dans le système de codification. Autrement, l'indice de Base de sécurité intériorisée et les systèmes ségrégués sont aussi d'importantes dimensions auxquelles les chercheurs doivent s'intéresser. Le fait que la présence d'indices de désactivation dans le AAP soit significativement reliée à l'importance des symptômes dépressifs

propose aussi que les personnes utilisant la désactivation comme stratégie pour réguler la détresse liée à l'attachement seraient plus enclines à développer ce type de symptômes. En apprendre davantage sur ce lien pourrait orienter les interventions offertes aux mères utilisant ce type de stratégie pour mieux les soutenir dans leur rôle et ainsi améliorer l'efficacité des interventions visant à augmenter la sécurité d'attachement chez les enfants. Comme les échelles dimensionnelles amènent une compréhension plus nuancée et spécifique des individus, leur étude permettrait aux cliniciens utilisant le AAP dans leur pratique d'avoir une compréhension approfondie en ce qui concerne le développement de la personnalité de leurs clients et de moduler leurs interventions afin de mieux répondre aux besoins de ceux-ci. Autrement, il serait plus que pertinent que les futures études utilisant le AAP comme outil d'évaluation de l'attachement mettent en relation ses échelles dimensionnelles avec d'autres concepts étudiés en psychologie tels l'anxiété, le fonctionnement émotionnel et les différents troubles répertoriés par les outils diagnostiques.

Étant donné le taux élevé de mères d'accueil présentant un état d'esprit non résolu dans notre échantillon et le peu de connaissances empiriques sur cette population, tant au Québec qu'ailleurs dans le monde, il serait important que des études ultérieures s'intéressent aux caractéristiques du fonctionnement psychologique de ces mères. Ainsi, il pourrait être nécessaire de mieux identifier quelles sont les raisons poussant ces femmes à manifester l'envie d'héberger des enfants sous la protection de la jeunesse et que la présence de traumatismes d'attachement soient résolus. La désorganisation pourrait aussi émaner du fait qu'en prenant soin de ces enfants, les mères sont confrontées aux contextes difficiles desquels ils proviennent. Par ailleurs, comme la plupart de ces femmes ont dû faire le deuil d'avoir un enfant biologique, il est possible de penser que ceci puisse les fragiliser. Les résultats de la présente étude démontrent que les mères avec plus d'indices de systèmes ségrégués sont aussi celles rapportant dans leur description la perception d'avoir été moins aimées et plus négligées dans l'enfance. Le fait de prendre soin d'enfants ayant des vécus difficiles peut confronter les mères à des souvenirs douloureux et un soutien plus personnalisé pourrait limiter les impacts négatifs de leur propre histoire personnelle sur le développement de l'enfant.

En outre, il serait intéressant que des études explorent les besoins des parents d'accueil dans le but de mieux les encadrer et de leur offrir un soutien dans leur rôle auprès des enfants en difficulté dont ils s'occupent. Une étude conduite en 2019 auprès de familles d'accueil révèle qu'autant les parents d'accueil que les enfants qu'ils hébergent ne bénéficient pas du soutien et des services minimaux leur devant être desservis (Commission des droits de la personne et des droits de la jeunesse, 2019). La situation concernant l'encadrement des familles d'accueil au Québec est donc très préoccupante et nécessite une attention particulière de la part des spécialistes.

Il serait intéressant que de futures études comparent des populations de mères d'accueil et des mères provenant de la population générale n'hébergeant pas d'enfants sous la protection de la jeunesse pour mieux comprendre comment les premières se distinguent quant à leurs représentations d'attachement, mais aussi par rapport à la relation qu'elles établissent avec les enfants dont elles prennent soin. Il serait aussi nécessaire que de futures études s'intéressent à la façon dont les représentations d'attachement sont associées à différents aspects du fonctionnement psychologique chez les individus dans le but d'identifier les facteurs de risque associés aux différentes dimensions de l'attachement.

Limite de la présente étude

La présente étude comporte certaines limites méthodologiques qui nécessitent d'être mentionnées. Ainsi, la faible taille de l'échantillon peut rendre difficiles l'interprétation et la généralisation des résultats à plus grande échelle. Ainsi, le faible taux de participantes présentant un état d'esprit préoccupé et évitant rend plus difficile l'interprétation des analyses utilisant ces catégories d'attachement. Par contre, il est nécessaire de mentionner que cette étude s'inscrit dans un plus vaste projet novateur offrant une intervention aux mères d'accueil dans le but d'améliorer la sécurité d'attachement des enfants dont elles s'occupent, rendant le recrutement d'autant plus ardu. Autrement, les données disponibles pour les analyses ne permettent pas de déterminer l'accord entre les différents codeurs en ce qui concerne les échelles du AAP.

En outre, le fait que les données utilisées proviennent d'un projet visant à tester une intervention auprès des familles d'accueil peut induire un biais d'autosélection. Ainsi, les mères éprouvant le plus de difficultés à répondre aux besoins de leur enfant et étant plus ouvertes à obtenir de l'aide pourraient avoir répondu plus positivement au recrutement. Les mères autonomes prenant soin d'enfants moins difficiles ont peut-être moins été tentées d'obtenir de l'aide. Ceci rendrait alors les données recueillies moins représentatives des mères de familles d'accueil en général.

Ensuite, dans le but de favoriser la participation, l'administration des outils d'attachement chez les mères s'effectuait en présence des enfants. Il est donc possible que celles-ci aient été interrompues durant l'administration du AAP, rendant plus difficile de se souvenir où elles en étaient dans l'élaboration de leurs histoires et en diminuant ainsi la cohérence. Ceci est aussi vrai pour l'administration du AAI, mais vu le caractère dirigé de l'entrevue, l'effet a peut-être été moindre. De plus, la cotation des AAP a été ardue puisque les administratrices ont omis de poser certaines questions faisant en sorte que les histoires élaborées par les participantes n'étaient pas complètes. De ce fait, les codeurs ont dû prendre certaines décisions concernant la classification des participantes malgré ces erreurs d'administration.

Implications cliniques

L'étude de la convergence entre le AAI et le AAP permet d'en apprendre davantage sur la façon dont ceux-ci catégorisent les individus et de mieux comprendre comment les différentes dimensions sont évaluées par les deux outils et ce qu'elles représentent. Une meilleure connaissance théorique de ces outils et des dimensions qu'ils évaluent permet une meilleure utilisation et interprétation des scores obtenus. L'étude des dimensions de l'attachement permet d'avoir un portrait plus nuancé des individus et fournit plus d'information que les catégories ne le font. Par exemple, puisque la présence du processus défensif de désactivation a été associée à l'importance des symptômes dépressifs dans notre échantillon, ceci pourra être considéré lors de l'interprétation des scores du AAP chez les individus suivis en psychothérapie à qui on aurait administré le AAP. Ainsi, mieux connaître les mécanismes liés aux représentations de l'attachement chez les adultes permet, entre autres, d'intervenir plus efficacement auprès d'eux

en situation clinique, mais aussi d'établir certaines bases quant au développement de la relation qu'ils ont avec leurs enfants et leur entourage.

Comme l'attachement de l'enfant est grandement tributaire de celui de son parent, le développement d'interventions visant à améliorer la sécurité d'attachement des parents pourrait être à considérer pour offrir des interventions plus ajustées aux besoins spécifiques des parents. Jusqu'à maintenant, certains programmes visant à améliorer la sécurité d'attachement chez les enfants d'accueil ont été testé empiriquement démontrant d'importantes améliorations en ce qui a trait à la prise en charge de l'enfant par le parent et à la réponse à ses besoins (Bick & Dozier, 2013; Dozier et al., 2009) mais aucun, à notre connaissance, ne prend en considération de façon spécifique les représentations d'attachement des parents. Dans ce contexte précis, l'évaluation des relations d'attachement chez les mères de familles d'accueil pourrait permettre de mieux identifier quels sont leurs besoins face à la prise en charge d'enfants à risque et de les soutenir dans leur rôle de figure d'attachement. Autrement, l'évaluation des représentations d'attachement des parents d'accueil pourrait aider les intervenants sociaux à pairer les familles avec les enfants considérant leur état d'esprit relatif à l'attachement ainsi que leurs besoins dans le but de rendre plus aisé le processus adaptation et leur collaboration. En outre, comme les enfants placés en familles d'accueil ont souvent vécu des expériences d'attachement difficile, il est important de maximiser leur adaptation au nouveau milieu de vie dans le but de favoriser le lien d'attachement qui se développera entre eux et leurs parents d'accueil.

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