

Passing Bonds: The Intergenerational Transmission of Attachment Styles to Offspring

by

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Abstract

This paper examines how attachment styles are transmitted from caregivers to children and their impact on the mental health of the offspring, as well as their relationships with themselves and others. Different attachment styles and risk factors that lead to insecure attachments are examined. The paper also examines how caregiver behaviours influence a child's internal working model. Research is reviewed to show that secure and insecure attachment relationships primarily stem from maternal sensitivity, past relationship dynamics, parental mental health, and environmental influences. This capstone aims to support psychoeducational and counselling interventions. It integrates mentalizing, attachment-based interventions, and psychodynamics to help caregivers foster healthier attachment styles in their children, ultimately reducing the negative developmental effects of poor attachment patterns across generations.

Keywords: attachment styles, internal working models, insecure attachment, intergenerational transmission.

Dedication

I dedicate this paper to my husband, Tiago Zamponi, for carrying me through.

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Chapter One : Introduction

This capstone project delves into the intricate dynamics of intergenerational transmission of attachment styles, revealing how these patterns are passed from caregiver to child and the profound impact that they have on the mental health of the next generation, particularly in shaping their relationships with themselves and others.

Inadequate caregiving responses can significantly hinder a child's capacity to manage stress and emotions effectively. This struggle to regulate feelings can result in heightened stress levels, which are closely linked to chronic psychosomatic conditions and a range of mental health disorders in adulthood, including anxiety, depression, substance use, and eating disorders (Kadir, 2017).

If the inappropriate caregiving behaviour is repetitive, it can lead children to feel overwhelmed by stress or distanced from their authentic selves. As a result, it adversely affects their internal sense of worth and their connections with others, ultimately diminishing their overall quality of life.

Building on this foundation, this capstone seeks to empower psychoeducational and counselling interventions, more specifically informing caregivers of the importance of creating healthy bonds with children and Child-Parent Psychotherapy (CPP) respectively (Doyle & Cicchetti, 2017). Both tools not only aid caregivers in fostering healthier attachment styles with their children but also mitigate the detrimental developmental effects of insecure attachment patterns across generations upon attachment reconstruction learned in a counselling setting.

Overview

This capstone project examines how a caregiver's attachment style influences their child's behaviours, ultimately shaping the child's internal working model and relationships with others. It investigates research that suggests secure versus insecure attachment relationships are more influenced by environmental factors than genetics, particularly through caregiver-child social interactions.

Research indicated that approximately 60% of the global population has a history of secure attachment styles, while the remaining 40% exhibit insecure attachment styles (Meng et al., 2015). Secure attachment is a fundamental necessity for infants, serving as the foundation that allows them to forge deep, meaningful connections with at least one primary caregiver, an essential element for their survival and the nurturing of healthy social and emotional development (Bowlby, 1982; Ainsworth et al., 1978; McLeod, 2024). When caregivers consistently deny, avoid, or inconsistently provide access to this crucial bond, infants may experience a profound sense of insecurity that hampers their ability to navigate emotional landscapes effectively.

Insecure attachment styles have been linked to various mental health issues, including anxiety, depression, and deficiencies in cognitive, social, and emotional skills (Meng et al., 2015). In contrast, when secure attachment is cultivated, individuals are empowered to foster richer and more fulfilling relationships with themselves and those around them, paving the way for a life characterized by connection and resilience.

The roots of insecure attachment styles often lie in childhood and are influenced by how responsive caregivers are to a child's physical, emotional, and psychological needs. In an ideal scenario, caregivers would quickly respond to a child's needs for emotional connection and

safety; however, this often does not occur (Meng et al., 2015). Caregivers may respond insufficiently or not at all to a child's needs. The decision to respond—or not—can often be unconscious, shaped by their own childhood experiences and traumas. If a caregiver has experienced repeated negative interactions with their own parents, their insecurities about themselves and the world can affect how they relate to themselves and others.

Negative experiences bonding with caregivers can contribute to the development of mental health issues (Meng et al., 2015). Additionally, caregiver stress and mental health disorders significantly impact children's health and socioemotional development, representing a critical adverse childhood experience. Maternal prenatal stress for instance is linked to an increase in disturbances in children. Recently, the U.S. Surgeon General released a report with data showing 48% of parents report feeling overwhelmingly stressed most days compared to 26% of other adults (U.S Department of Health and Human Services, 2025). The U.S Department of Health and Human Services (2025) report also emphasizes the urgent need to address stress in caregivers and to promote their well-being.

Effective interventions provided by counsellors and mental health professionals, along with psychoeducation aimed at caregivers, can reduce the risk of insecure attachment styles being transmitted intergenerationally. Such interventions can help prevent the passing and restructure poor attachment styles within a child's internal working model and their relationships. It is also important to highlight the limitations in current research, particularly concerning the “transmission gap” (Van IJzendoorn & Bakermans-Kranenburg, 2019), which underscores the lack of clarity regarding which variables are most strongly correlated with the transmission of attachment styles.

Purpose Statement

The research question of this capstone project is to explore what the mechanisms behind the transmission of attachment styles from caregiver to child are, which significantly affect attachment patterns throughout a person's developmental years. The core hypothesis in attachment theories is that a caregiver's attachment style can be passed on and influence their child's attachment style (Cassidy et al., 2013; Decarli et al., 2022). Nonetheless, the journey to fully understand how these styles are passed down through generations continues, with many factors influencing this transmission still shrouded in mystery (Van IJzendoorn & Bakermans-Kranenburg, 2019). This capstone aspires to spotlight the risk factors linked to the transmission of insecure attachment styles while presenting the latest findings on the mechanisms at play.

This capstone will illuminate the primary structures of attachment transmission identified in current research, serving as a valuable resource for mental health professionals and caregivers. By doing so, we aim to empower them with best practices designed to halt the cycle of insecure attachment and foster the cultivation of secure attachment in individuals (Doyle & Cicchetti, 2017). Furthermore, we will critically examine the limitations present in the existing body of research and propose avenues for future exploration, paving the way for deeper understanding and transformative change.

Theoretical/Conceptual Framework

This literature review will explore current research on the complex mechanisms underlying the transmission of attachment styles. Extensive studies have shown that these attachment styles are essential for healthy human development (Greene, 2020). To address this topic, the capstone begins by discussing the attachment theories proposed by John Bowlby and

Mary Ainsworth. Scholarly sources, such as Decarli et al. (2022), have further analyzed these theories. They emphasized that caregivers can nurture a secure attachment relationship by being available, sensitive to a child's needs, and responsive to a child's cues (Decarli et al., 2022).

Children who are securely attached learn to rely on their caregiver for protection, leading them to perceive themselves as deserving of care and love while viewing relationships as safe and worth pursuing (Maté, 2018). Conversely, caregivers who are unavailable, insensitive, or inconsistently responsive to a child's needs foster an insecure attachment relationship. When caregivers habitually neglect their children's immediate bodily responses, a negative cycle emerges, and children learn to disregard their own needs.

This inability to recognize their own needs hinders their capacity for effective emotional connections with those around them, resulting in unfulfilling relationships with friends, peers, and family members, among other important networks (Groh et al., 2014; Shen et al., 2021). Consequently, this lack of connection with oneself and others may contribute to the development of mental health issues that can begin in early childhood, such as social anxiety, and persist throughout life, potentially leading to behaviours like addiction (Maté, 2018). Such mental health issues can prevent individuals from living fulfilling lives.

Contribution to the Field

The contribution of this capstone to the field is to convey some of the mechanisms of attachment styles transmission between generations discussing how this transmission can impact the offspring. Verbal and non-verbal Parental Embodied Mentalizing (PEM) is one mechanism (Gagné et al., 2021).

PEM refers to the parents' non-verbal ability to comprehend their child's physical manifestation of mental states and adjust their movements accordingly (Gagné et al., 2021). This

non-verbal mentalizing process is demonstrated through: 1) the quality of movements and non-verbal communication between parents and their infant and 2) the parents' capability to repair disruptions in interactions. It entails how coherently parents adapt their actions and movements to their child's mental states, rather than specific behaviours. PEM can be further divided into parental mind-mindedness (MM), parental reflective functioning, and parental insightfulness.

MM refers to a parent's ability to perceive and interpret their child's thoughts, feelings, and intentions accurately and respond to them in a way that acknowledges the child as a thinking and feeling individual. It is about the parent being attuned to their child's inner world, rather than just their outward behaviour. For example, instead of simply saying, "Stop crying!", a parent might say, "I see you're upset because your toy broke. That's frustrating, isn't it?" This approach fosters a secure emotional connection and helps children develop emotional regulation and social understanding.

Parental reflective functioning encompasses a parent's capacity to comprehend and reflect upon both their child's mental and emotional states as well as their own. It involves recognizing that a child's behaviour is often influenced by internal experiences such as thoughts, feelings, and desires, and responding in a thoughtful and empathetic manner (Gagné et al. 2021). For instance, rather than perceiving a toddler's tantrum as merely defiant behaviour, a parent with strong reflective functioning might understand that the child could be fatigued, overwhelmed, or struggling to articulate their needs verbally.

Parental insightfulness refers to a parent's ability to deeply understand their child's emotions, behaviours, and intentions, even when the child's actions might be challenging or confusing. It involves seeing situations from the child's perspective and recognizing the unique experiences or needs that drive their behaviour (Gagné et al. 2021). For example, a parent

demonstrating insightfulness might observe that their child, who is suddenly quiet and withdrawn, may be feeling left out after a school event. Instead of simply asking, "What's wrong?", they might empathetically say, "I noticed you seem a bit down after the event. Did something make you feel upset?".

This work aims to identify risk factors of attachment style transmission, such as caregivers' mental health condition. Post-Partum Depression (PDD) as well as Generalized Anxiety and Major Depressive Disorders (MDD) are the main ones backed up in research. Additionally, it will present the latest interventions in psychotherapy and psychoeducation designed to prevent the transmission of negative attachment styles. One specific intervention highlighted in this capstone is Child-Parent Psychotherapy. This evidence-based therapeutic approach is intended to support young children (typically aged 0-6) and their caregivers who have experienced trauma or are facing challenges in their relationships (Doyle & Cicchetti, 2017). The therapy focuses on strengthening the bond between the child and the caregiver, promoting the child's emotional, cognitive, and social development. A meta-analysis conducted by Kohlhoff et al. (2022) demonstrated increased rates of attachment security and decreased rates of attachment disorganization when comparing children at 12 months and 26 months old in Randomized Controlled Trials (RCTs).

Lastly, this capstone will address the gaps in our current understanding of the transmission process and provide suggestions for future research. A meta-analysis conducted by Van IJzendoorn and Bakermans-Kranenburg (2019), which included 4,819 dyads, revealed a transmission gap of just under 50%. This indicates that research can account for approximately 50% of the variance related to the correlation between strong factors influencing the transmission of unhealthy attachments to offspring. The remaining 50% remains a mystery in the research.

Previous Research in the Field

Research on attachment theories indicated that a secure attachment style is the ideal approach for raising a child. The caregiver's role in addressing a child's psychological, emotional, and physical needs is crucial for the child's development of a sense of safety, which is essential for brain development and for building healthy relationships with themselves and others in the future (Cassidy et al., 2013; Perlini et al. 2019).

When caregivers fail to respond to these needs, insecure attachments are established, causing children to learn to ignore their own needs (Sheinbaum et al., 2015). Therefore, if caregivers are dismissive, children may internalize the belief that they are unworthy of love and care. Persistent failure to meet a child's needs can lead to chronic stress-related symptoms, which may be early indicators of developing mental health issues. A retrospective study utilizing a series of Adult Attachment Interviews (AAI) found a link between early adverse experiences and adult social adjustment (Doyle & Cicchetti, 2017). The results indicate that adults who acknowledge having experienced maltreatment tend to report heightened interpersonal sensitivity, hostility, and aggression (Doyle & Cicchetti, 2017). Additionally, these individuals often exhibit diminished self-worth, a fragmented or unclear self-identity, and indications of dissociative conditions (Doyle & Cicchetti, 2017). These symptoms can negatively affect an individual's quality of life over time.

Despite the majority of the population experiencing secure upbringings, caregivers may not always consciously attend to a child's needs (Meng et al., 2015). This lack of conscious awareness may stem from the transmission of attachment styles that the caregiver experienced in their own childhood, leading to repeated patterns of responses stored in the caregiver's

unconscious mind. These default learned behaviours can affect the offspring's ability to manage stress and regulate their emotions (Meng et al., 2015). When individuals cannot regulate their emotions, their survival mode may be constantly activated, placing them in stress responses (Perlini et al. 2019). This can lead to increased cortisol levels, decreased immune response, and ultimately result in various physical and mental illnesses.

Clinical Implications

The impact of poor attachment styles model can be detected upon the development of health issues in childhood, adolescence and adult years, having the potential to affect a person's relationship to themselves, consequently impacting the person's connection with the world around them (Lee & Hankin, 2009; Weinfield et al., 2004). The impairment in relationships is noticed in social, work, and interpersonal settings (Moretti & Peled, 2004; Sheinbaum et al. 2015). Disconnection with one's Self and people can aggravate mental health issues further on in life.

The inability to deal with high stress levels is strongly correlated with the surge of psychosomatic chronic mental health disorders, including depression, anxiety, substance use, and eating disorders (Sheinbaum et al., 2015). Mental health disorders are suggested to worsen physical symptoms, such as in autoimmune diseases, decreasing significantly the quality of life (Maté, 2018). Poor stress responses and emotional regulation begun in childhood are likely to be carried forward into adulthood.

Limitations

This capstone project will uncover the limitations inherent in research on attachment styles, shedding light on a fascinating yet complex topic. Within this field, researchers often refer to the "transmission gap," a term that encapsulates the ambiguous mechanisms through which attachment styles are transmitted across generations (Van IJzendoorn et al., 2019).

Various factors contribute to these limitations. One significant issue is the dropout of mothers from longitudinal studies, which diminishes sample sizes and weakens the observed effect sizes. Additionally, the reliance on self-report measures can cloud the understanding of caregivers' true behaviours in relation to their children's needs. For example, while a parent may profess to be responsive, their actual level of engagement might tell a different story.

Compounding these challenges is the difficulty of tracking intergenerational information, especially when the parents of caregivers are no longer alive. Thus, although the groundbreaking work of Bowlby, Ainsworth, and Main and Salomon (1990) is celebrated as foundational in the realm of mental health (Decarli et al., 2022), our understanding of how emotional bonds are forged during critical developmental years continues to provoke intriguing questions within the research community.

Reflectivity and Positionality Statement

My personal connection to this research comes from my own experiences with unhealthy attachment styles in close relationships and their effects on the mental health of those around me. These effects include depression, anxiety, and disorders related to eating and substance abuse. This personal perspective highlights the importance of being aware of potential biases and underscores the need for a balanced exploration that contrasts my viewpoints with existing scholarly research.

Social Location

As I write this capstone on the mechanisms of intergenerational transmission of attachment styles, I recognize my privileges as a heterosexual, Latina, middle-class woman. I also acknowledge that I was raised by both parents, each with different attachment styles. These varying personality types may influence my efforts to find research to support this capstone.

Although I mirrored my mother's attachment style, I will strive to provide an unbiased collection of findings for the reader. Reflecting on the impact of my caregivers' attachment styles on my personality, I realize that these influences have affected my self-esteem and my ability to form healthy connections with others, particularly during challenging life experiences. In my most intimate relationships, I recognize opportunities to grow and restructure my attachment patterns in a spiraling manner. While I continuously reflect on these processes, I am aware that they may introduce bias into this work, and I want to be transparent about this with the reader.

Beliefs and Experiences with the Topic

As I began my journey as an Early Childhood Educator, I took some time to reflect on my beliefs regarding the various personalities of children and the noticeable differences in their behaviours. For instance, I found that I could emotionally co-regulate some of the children in the absence of their caregivers for a few hours, while others, even at the same age, would cry uncontrollably if separated from their parents.

I believe that strong family and environmental factors play a significant role in these differences even when I offer the same level of empathy and affection to all the children. Additionally, I suspect that a caregiver's mental health can influence family dynamics and how

they respond to their children's needs, which in turn affect the children's behaviours in relationships, particularly those with their own caregivers.

This leads me to question whether the mental health states that impact caregiver-child attachment might be linked to how caregivers were treated by their own parents during childhood. I recognize that the biases I bring to my writing stem from these beliefs.

Definition of Terms

Adolescence

Adolescence is the transitional period between childhood and adulthood, typically between 12 and 19 years of age. Adolescents experience rapid growth and development, including forming identity, increasing independence, and establishing more complex social relationships (Agarwal & Kumar, 2004; American Psychological Association, 2018). Biological, environmental, and sociocultural factors influence these changes.

Attachment

Attachment is the human innate capacity and desire to connect with one another in order to establish a stable and protected structure for interpersonal connections (Bowlby, 1982).

Caregiver

Caregiver in the context of this capstone is someone who provides support to a child who is unable to care for themselves (American Psychological Association, 2018).

Child or Children

Child is the singular substantive of children, defined as individuals in the developmental stage between infancy and adolescence, typically ranging from birth to around 12 years of age

(Agarwal & Kumar, 2004). Children develop foundational skills in language, motor abilities, and social interactions while forming their sense of identity and understanding of the world

(American Psychological Association, 2018).

Childhood

In psychology, childhood is defined as the developmental period between the end of infancy (around two years) and puberty (approximately 10-12 years) (Agarwal & Kumar, 2004). This period is characterized by rapid physical, cognitive, emotional, and social growth (Agarwal & Kumar, 2004; American Psychological Association, 2018). Childhood is often divided into three sub-stages: early childhood (2-6 years), middle childhood (6-8 years), and late childhood or preadolescence (8-12 years) (American Psychological Association, 2018).

Insecure Attachment

It is an umbrella term used to group anxious-resistant/ambivalent, avoidant/dismissive, and disorganized Attachment (Kadir, 2017). People with insecure attachment styles may have difficulty regulating their emotions and may have inconsistent or contradictory behaviours in relationships.

Anxious-resistant/ambivalent attachment is characterized by irregular emotional support and nurturing from a caregiver, resulting in an internal schema that feels insecure and distressing for the person (Wallin, 2015; Homan et al., 2018). Despite their desire for closeness with the caregiver, the caregiver's reactions are unpredictable. Consequently, individuals tend to nervously seek out connections with others to compensate for the emotional void caused by the caregiver's inconsistent engagement.

Avoidant/dismissive attachment is defined by an inconsistent bond with a caregiver, where emotional closeness and reassurance are typically absent. As a result, those with this attachment pattern often withdraw and detach from emotional closeness and intimacy in both present relationships with caregivers and future relational experiences (Çağlayan & Körük, 2022; Desrosiers et al., 2014; Lee & Hankin, 2009)

Disorganized Attachment refers to the attachment style exhibited by children who experience complex and traumatic relationships with their caregivers, often due to neglect or abuse (Kadir, 2017).

Internal Working Model

This term refers to the inner framework through which individuals understand how to relate to others and themselves. This framework is developed based on a person's relationship with their primary caregiver (Bowlby, 1982; Shen et al., 2021).

Self

The unconscious perception one holds about themselves that influences one's actions, which, in turn, are intertwined with the personality (Roesler & Reefschläger, 2022).

Outline of the Capstone Project Chapters

In Chapter Two, the literature review will begin with a concise overview of attachment styles, including their definition and the different types. The review will then examine caregiver risk factors that contribute to the development of insecure attachment in parenting, focusing on mental health disorders that can hinder the formation of secure attachments with offspring and the potential consequences for relationships. Following this, the discussion will shift to effective

interventions for counsellors and psychoeducation aimed at caregivers to prevent the poor transmission of attachment styles.

In Chapter Three, the focus will be on exploring the limitations of the literature review and developing an outline for the “transmission gap”—a term that refers to the lack of clarity in research regarding the correlation between various factors and how they explain the mechanisms of intergenerational transmission of attachment. Additionally, Chapter Three aims to highlight areas for further research related to the “transmission gap.” The chapter will conclude with a reflection on the writer’s insights gained from the project and a summary of thoughts on the intergenerational transmission of attachment styles.

Chapter Two: Literature Review

This literature review will examine the theoretical foundations, key concepts, and research related to the complex mechanisms that govern the transmission of attachment styles from caregivers to their children. Understanding this process is crucial for identifying the key pathways promoting insecure attachment. Upon mapping the tenets behind unsafe attachment, psychotherapeutic interventions can address those constructions, avoiding the lingering of poor attachment to future generations.

With this knowledge, clinicians and caregivers can develop and implement innovative strategies to break these harmful cycles, as the effects of poor attachment can severely compromise children's mental health and affect their relationships, not only during childhood, but throughout their entire lives (Kadir, 2017).

Chapter 2 will explore three main themes related to the transmission of attachment styles: the first theme focuses on Attachment; the second theme examines Risk Factors for the Transmission of Insecure Attachment; and the third theme discusses Mechanisms of Attachment Transmission. Furthermore, this chapter will identify limitations in the current scientific understanding of the various risk factors associated with attachment transmission, raising thought-provoking questions that may inspire future research initiatives. This exploration underscores the importance of understanding how these attachment styles are passed down through generations, ultimately shaping emotional and relational patterns in families.

Attachment

Theoretical Foundation

Attachment plays a crucial role in human development, particularly during the first five years of life when children instinctively seek to establish meaningful connections with their primary caregivers (McLeod, 2024). This essential bond significantly influences an individual's self-image and perceptions of others (Dagan et al., 2021). John Bowlby is considered one of the pioneers of attachment theory, with his work influenced by ethological studies—especially those conducted by Lorenz, Hess, and Guiton—in 1935 related to animal imprinting (McLeod, 2023).

These studies examined the imprinting behaviour of geese and ducks, where the first moving object seen by hatchlings becomes their attachment figure. This imprinting serves a survival function and occurs during a critical period of 12 to 17 hours after hatching, making it unlikely to happen after 32 hours (McLeod, 2023).

Furthermore, Bowlby (1982) believed that there is a critical period necessary for forming attachments, stating that the optimal timeframe for infants to connect with their caregivers is within the first two and a half years of life (McLeod, 2024). If an attachment is not formed during this critical period, he argued, it may never occur, extending the critical period concept to five years later (McLeod, 2024).

Animal imprinting studies suggest that attachment is an innate behaviour with survival value (McLeod, 2023). Bowlby (1982) built on this research, proposing that, like animals, children are born with a biological drive to form attachments with their caregivers, which enhances their chances of survival. Bowlby suggested that in situations of separation or fear of strangers, an innate survival mechanism prompts behaviours that promote closeness to the mother or primary caregiver. These expressions of the need for closeness, termed "social releases", include behaviours such as crying, smiling, and crawling (Bowlby, 1982, p. 652).

The children's pursuit of closeness encourages the caregiver to provide affection, nourishment, protection, and other essential needs (McLeod, 2024). Thus, Bowlby (1982) emphasized that attachment is an innate system in humans that has evolved to ensure infant survival. Therefore, like in ducks, early childhood connection within the first 5 years is particularly significant, as critical periods for attachment formation determine the stability and security of future relationships (McLeod, 2023; 2024).

Bowlby also introduced the concept of Monotropy, suggesting that infants form a primary attachment to one main caregiver. This bond is more significant than others and is the foundation for future emotional and social development (Bowlby, 1982). Monotropy plays a central role in relational security across generations. Disruptions in this connection—such as maternal deprivation—can lead to long-term emotional difficulties, affecting how parents interact with their children (McLeod, 2024).

The Maternal Deprivation Hypothesis is a concept highlighted by Bowlby (1982) posits that prolonged disruption of the attachment between an infant and their primary caregiver can lead to long-term cognitive, social, and emotional difficulties (McLeod, 2024). Maternal Deprivation affects the Internal Working Model, suggesting that when children are deprived of affection from their primary caregiver, they develop an unhealthy mental representation of themselves. This influence shapes their children's sense of self-worth, negatively affecting their expectations and interactions in relationships with others (McLeod, 2024). These early experiences shape Internal Working Model of an individual. The Internal Working Model influence one's perception of self-worth and their approach to caregiving.

Bowlby's Attachment Theory (Bowlby, 1982) has significantly influenced science understanding of child development by emphasizing the importance of early relationships and

the quality of the bond between caregivers and children. This attachment is crucial in shaping emotional and social development throughout a person's life and to be continuous across generations.

Ainsworth further developed key elements of attachment theory through the Strange Situation Procedure (SSP) (Ainsworth & Bell, 1970; Ainsworth et al., 1978). In the Strange Situation Procedure, a group of American children aged 9 to 30 months was observed in a room with their primary caregiver. The caregiver was temporarily removed from the room, and a stranger was introduced. Researchers then noted the differences in the children's emotional responses when their primary caregiver was present compared to when a stranger was there.

The main finding from the SSP study was that some children cried and displayed signs of anxiety when their primary caregiver was replaced by a stranger. When the caregiver returned, some children exhibited soothing behaviours (Ainsworth et al., 1978; Wiley, 2015). Another group of children avoided their caregiver, showing little emotional response during both the caregiver's departure and return (Ainsworth et al., 1978; Wiley, 2015). Additionally, a third group displayed ambivalent behaviour, alternating between clinginess and avoidance (Ainsworth et al., 1978; Wiley, 2015). The Strange Situation Procedure (SSP) emphasized that secure children could be soothed, while anxious children could not be comforted, remaining in an insecure emotional state after their caregiver's return (Ainsworth & Bell, 1970; Ainsworth et al., 1978).

Consequently, the experiment identified various attachment styles based on children's reactions to separations and reunions with their caregivers. Three primary attachment styles were recognized: Secure Attachment, Anxious or Insecure-Avoidant/Dismissive Attachment, and Anxious or Insecure-Ambivalent/Resistant Attachment (Ainsworth et al., 1978; Kadir, 2017).

Main and Salomon (1990) added to the elements of attachment, identified Disorganized Attachment as a type of insecure attachment in a replication of the SSP. During the reunion phase, children with Disorganized Attachment displayed confusion toward their caregiver, oscillating between seeking comfort and exhibiting fear (Main & Solomon, 1990; Decarli et al., 2022).

Ultimately, understanding the different types of attachment is important to comprehend their diverse impacts in emotional regulation, social skills, and coping mechanisms across generations (Decarli et al., 2022; McLeod, 2024). Although patterns of attachment are deeply ingrained, they are not unchangeable—therapy, conscious parenting, and supportive interventions can help break cycles of insecure attachment and foster healthier relationships.

Attachment Research

A key insight from the Strange Situation Procedure (SSP) is that approximately 60% of American infants in the sample exhibit secure attachment (Ainsworth & Bell, 1970; Ainsworth et al., 1978; Flaherty & Sadler, 2011; Meng et al., 2015). This finding is significant because it suggests that if the experiment were replicated with different samples from the same population, similar results would likely be obtained.

Over 40 years researchers like Wartner et al. (1994), Archer et al. (2015) and Meng et al. (2015) have replicated the SSP. Although there have not been many recent individual studies replicating the original SSP, Wartner et al. (1994), which focused on German families, and Archer et al. (2015), which was conducted with a population in China, reported attachment pattern percentages similar to those found in the original SSP with a United States (U.S.) population. Recently, Madigan et al. (2023) conducted a comprehensive meta-analysis

encompassing 285 studies involving over 20,000 infant-caregiver pairs. The aim of this analysis was to estimate the global distribution of attachment classifications derived from the SSP.

The findings of Madigan et al. (2023) revealed the following distribution of attachment styles: secure (51.6%), avoidant (14.7%), resistant (10.2%), and disorganized (23.5%). Madigan et al. (2023) indicated no differences in attachment distribution based on the child's age or sex. Additionally, there were no significant differences in rates of secure, avoidant, resistant, or disorganized attachment between mothers and fathers (Madigan et al., 2023). However, Madigan et al. (2023) identified variations in attachment distributions influenced by several factors, including socioeconomic status, maltreatment, children in foster care, and regional differences.

Families with low socioeconomic status were found to have higher frequencies of avoidant and disorganized attachment patterns. Higher rates of disorganized attachment were observed among children who experienced maltreatment compared to those who did not (Madigan et al., 2023). In a surprising finding, children in foster care displayed rates of disorganized attachment that were comparable to those of biological children, which is lower than anticipated (Madigan et al., 2023).

Abu Salih et al. (2023) and Madigan et al. (2023) also indicated Asia, Africa, and South America show different attachment patterns than North America, likely due to cultural differences. One of the differences relates to the role of cultural norms in shaping attachment styles, particularly in collectivist versus individualist societies (Abu Salih et al., 2023; Madigan et al., 2023). For instance, Bakaraki et al. (2024) examined cross-cultural perspectives on attachment and found that caregiving practices in non-Western societies often involve alloparenting, where multiple caregivers contribute to a child's emotional development, leading to variations in attachment security. Similarly, studies have shown that collectivist cultures, such

as those in East Asia, tend to foster anxious attachment due to the emphasis on interdependence and social harmony, whereas individualist cultures, like those in North America and Western Europe, are more likely to encourage avoidant attachment, prioritizing autonomy and self-reliance (Prasetyo, 2024). Additionally, factors such as economic stability, parental leave policies, and access to social support networks can influence attachment behaviours across different regions.

Research stated above not only enhances our understanding of attachment but also highlights the complex interplay of various factors influencing the emotional bonds between infants and caregivers worldwide (Abu Salih et al., 2023; Archer et al., 2015; Bakaraki et al. 2024; Madigan et al., 2023; Meng et al., 2015; Prasetyo, 2024; Wartner et al., 1994). The data presented is crucial for this capstone project as it helps us understand how insecure attachment patterns affect approximately 49% of the global population and emphasizes the importance of finding effective ways to prevent the transmission of these patterns.

Limitations. Recent research replicating the original SSP is scarce, with most studies on attachment style distribution across cultures dating back 20 to 30 years. However, the world has changed significantly since then. One factor that recent studies could consider in the future is the impact of the internet and social media that has introduced new ways of social interaction, which have had a profound impact on attachment styles (Linder et al., 2021). For instance, increased screen time may reduce the time parents spend with their children, ultimately affecting parental sensitivity and the emotional development of parenting.

Additionally, most studies that aim to map attachment styles use cross-sectional data, meaning that they assess individuals at a single point in time (Abu Salih et al., 2023). Alongside that, much of the existing attachment research relied on self-report measures, such as the Adult

Attachment Interview (AAI), which can introduce bias because these assessments are based on caregivers' perceptions and do not necessarily reflect the actual experiences of children (Kadir, 2017).

As a result, the field of attachment urgently requires more up-to-date longitudinal analyses. Longitudinal studies follow individuals over a period, allowing researchers to reassess results and understand changes over time (Abu Salih et al., 2023). This is crucial because attachment styles can evolve through social learning experiences from early infancy through mid-childhood and into adolescence (Granqvist, 2021). Social learning is influenced by the surrounding environment, including caregivers, family dynamics, daycares, cultural beliefs, and religious contexts, all of which contribute to the development of attachment styles.

Attachment Styles

Cultivating a secure attachment style lays the foundation for nurturing mentally healthy individuals, significantly enhancing the chances of passing down this sense of safety and connection across generations.

Secure attachment forms when a caregiver is consistently available and sensitive to a child's needs (McLeod, 2024; Moretti & Peled, 2004). In the SSP, securely attached infants actively seek their mothers' attention and display distress when their mothers leave (Ainsworth et al., 1978; McLeod, 2024; Moretti & Peled, 2004). While their play and exploration may decrease during the caregiver's absence, they can be reassured when their mothers return in the reunion phase. Their reassurance of the mother's return allows the child to feel safe in exploring the environment around them.

Caregiver sensitivity involves consistently recognizing and responding to a child's emotional cues, such as distress, hunger, or the need for comfort. Research showed that infants whose caregivers react quickly and affectionately to these cues are more inclined to cultivate confidence in the caregiver's responsiveness and dependability (Ainsworth et al., 1978; McLeod, 2024; Moretti & Peled, 2004). This trust fosters a secure base from which the child feels safe to explore their surroundings.

In the Strange Situation Procedure (SSP), securely attached infants demonstrate this trust by actively engaging with their environment when the caregiver is present. Their distress during separation further reflects the depth of their reliance on the caregiver for emotional security. However, their rapid comfort upon reunion shows that the caregiver's responsiveness helps regulate the child's emotions effectively.

As children with secure attachment progress into adolescence, this foundational stability fosters confidence, emotional resilience, and adaptive social skills. Adolescents who experienced consistent and responsive caregiving are more likely to form trusting peer relationships, demonstrate higher self-esteem, and effectively regulate emotions in response to stress or adversity (Gander et al., 2022). Secure attachment also contributes to a strong sense of identity, enabling adolescents to explore their autonomy while maintaining healthy connections with family and friends.

In adulthood, the effects of secure attachment extend into romantic relationships, professional interactions, and overall psychological well-being. Individuals with a secure attachment history tend to engage in relationships characterized by mutual trust, open communication, and emotional support (Blake et al., 2025). They are more likely to feel

comfortable with intimacy, handle conflicts constructively, and maintain a balance between independence and closeness. Moreover, secure attachment positively influences cognitive flexibility and problem-solving, enhancing an individual's capacity to navigate complex social environments and workplace dynamics.

Additionally, secure attachment plays a crucial role in parenting behaviours. Adults who have formed secure bonds in childhood are more likely to become responsive and emotionally attuned caregivers, reinforcing positive attachment patterns across generations (Blake et al., 2025). This cyclical effect helps sustain emotional stability and relational security within families, fostering environments where children can thrive. Consequently, the child develops a secure attachment style, which provides a sense of safety, security, and comfort. This secure base helps foster resilience against life's difficulties and aids in developing coping mechanisms for future relationships (McLeod, 2024; Moretti & Peled, 2004).

In contrast, insecure attachment develops when caregivers are inconsistent, rejecting, neglectful, or abusive to a child. This can lead to the formation of anxious, avoidant or disorganized attachment styles (Archer et al., 2015; Dagan et al., 2021; Kadir, 2017). Insecure attachment, especially anxious attachment style, is closely associated with various psychological mechanisms that contribute to the onset of specific mental health disorders. For example, individuals with anxious attachment often experience difficulty in affect regulation, developing a negative self-perception, mechanisms that increase vulnerability to borderline personality disorder and other affective disorders (Archer et al., 2015; Dagan et al., 2021; Kadir, 2017).

Mental health disorders are likely to happen when caregivers are irresponsible to children, resulting in them struggling to establish a stable internal working model of relationships (Decarli

et al., 2022). This instability can result in emotional dysregulation due to the hyperactivation of the attachment system, resulting in the adoption of maladaptive coping strategies (Dagan et al., 2021). These coping strategies can persist into adolescence and adulthood (Decarli et al., 2022; Moretti & Peled, 2004). Examples of unhealthy coping mechanisms include but are not limited to eating disorders and addictions.

Additionally, the hyperactivation of the attachment system increases an individual's vulnerability to anxiety disorders. Those with anxious attachment styles often experience heightened sensitivity to rejection and abandonment stemming from unpredictable caregiving (Ein-Dor et al., 2023). As a result, they may develop excessive worry, fear of separation, and dependency, which can further increase their susceptibility to generalized anxiety disorder (GAD) and social anxiety disorder (SAD) (Ein-Dor et al., 2023).

Conversely, avoidance and suppression of attachment needs are linked to depressive disorders as individuals with avoidant attachment may struggle to seek support, fostering feelings of loneliness and low self-worth (Mikulincer & Shaver, 2020). Lastly, disorganized attachment result in dysfunctional emotional regulation playing a role in borderline personality disorder (BPD), where inconsistent caregiving disrupts emotional stability, leading to impulsivity, fear of abandonment, and difficulty maintaining relationships (Schmidt et al., 2022).

Similarly, fear-based attachment increases vulnerability to post-traumatic stress disorder (PTSD) as early traumatic experiences heighten stress reactivity and contribute to intrusive thoughts, emotional numbing, and difficulty forming trust (Levy et al., 2021). This happens because disorganized attachment arises when a caregiver is both a source of comfort, fear and is also strongly linked to dissociative disorders and psychotic symptoms, such as those seen in

schizophrenia-spectrum disorders (Debbané et al., 2020). This attachment style is characterized by confusion in relationships and difficulties integrating emotional experiences.

Insecure attachment plays a major role in shaping parenting behaviours, often disrupting emotional attunement and responsiveness (Wu, 2025). Research indicated that parents with insecure attachment styles—whether anxious or avoidant—are more likely to struggle with providing consistent emotional support to their children. For instance, insecurely attached parents may exhibit heightened stress responses, leading to harsher disciplinary practices and reduced sensitivity to their child's emotional needs (Wu, 2025).

Furthermore, insecure attachment has been linked to lower parenting self-esteem as parents who experience attachment anxiety or avoidance often struggle with confidence in their caregiving abilities. Alongside that, insecure attachment influences parenting styles with avoidantly attached parents being more likely to adopt authoritarian or neglectful approaches, while anxiously attached parents may exhibit overprotectiveness or inconsistent caregiving (Goel, 2024). Besides, studies suggest that parents who experience attachment insecurity in their romantic relationships may also face difficulties in maintaining a stable and supportive parenting approach (Campbell & Stanton, 2019). These patterns contribute to the intergenerational transmission of attachment insecurity, as children raised in such environments may develop similar attachment difficulties.

Examining insecure attachment further, studies on anxious-avoidant adults reveal that they may carry a fear of rejection into their relationships, using this as a protective strategy to avoid getting hurt (Sheinbaum et al., 2015). Anxious-avoidant adults make up 20-25% of the United States' Strange Situation samples (Meng et al., 2015), while meta-analyses by Madigan et al. (2023) show that avoidant adults account for 14.7% of the global population.

The findings of Madigan et al. (2023) and Meng et al. (2015) reveal that anxious-avoidant attachment in childhood has direct implications for adult relational behaviours, including parenting. Individuals with anxious-avoidant attachment often struggle with emotional intimacy with their children fearing the rejection they experience in their own upbringing (Sheinbaum et al., 2015). This pattern manifests in difficulty trusting in their own support network, such as friends, working colleagues, partners, and their own intuition towards raising their children. Therefore, there is a reluctance to seek emotional support and an increased tendency to withdraw during conflict being with adults or children (Sheinbaum et al., 2015). As a result, these individuals may experience instability in parenting avoid dependence on others or develop dismissive attitudes toward emotional closeness.

Similarly, anxious-ambivalent/resistant adults often feel uneasy exploring unfamiliar environments and experience significant distress when separated from others. During reunions, they exhibit conflicting behaviours, simultaneously seeking closeness while resisting comfort (Homan et al., 2018; Wallin, 2015). The anxious-ambivalent attachment style can be noticed later in the developmental years, when individuals seek desperately for love in relationships, only to push their partners away upon sensing it (Meng et al., 2015). They often require constant reassurance of love, yet their inconsistent behaviour may lead to distancing.

In terms of intergenerational transmission of attachment, caregivers with anxious-ambivalent/resistant attachment are likely to transmit inconsistent responsiveness, alternating between being highly attentive and emotionally unavailable (Chin, 2020). This unpredictability leads children to develop heightened anxiety about separation and reunion as they cannot reliably anticipate their caregiver's support (Chin, 2020). As a result, these children may cling

excessively to their caregivers yet struggle to be comforted, reinforcing their ambivalence toward attachment.

On the other hand, anxious-disorganized attachment is likely to be passed on by a lack of a coherent strategy from the caregiver, displaying inconsistent and erratic behaviours in response to the stress of separation and reunion, showing no predictable pattern in their reactions (Decarli et al., 2022). Signs of repetition of disorganized attachment patterns from caregivers include aggression, neglect, abuse or sudden shifts in emotions without clear reasons, which make it difficult for children to be aware of their own needs as their internal working system is constantly preoccupied in regulating emotions to survive (Decarli et al., 2022; Lyons-Ruth et al., 2020). Understanding disorganized attachment is crucial as it correlates with significant emotional and physiological dysregulation in children, which can persist into adolescence and affect parenting behaviour in adulthood, prolonging trauma responses towards the offspring.

Disorganized attachment is distinct from other insecure attachment styles—such as anxious-ambivalent and avoidant attachment (Granqvist et al., 2021). While avoidant children suppress attachment needs and anxious-ambivalent children exhibit heightened dependency, disorganized children and adults display contradictory behaviours, often oscillating between seeking comfort, internalizing emotions and thoughts of others as their own as well as showing fear towards others.

In terms of developmental outcomes, disorganized attachment is linked to significant challenges in academic, social, and emotional domains. Research suggested that school-aged children with disorganized attachment struggle with cognitive engagement and problem-solving due to disrupted emotional regulation and heightened stress responses (Madigan et al., 2023).

These children often exhibit lower levels of metacognitive strategies, which can negatively impact academic performance and self-esteem (Moss et al., 2022). Additionally, disorganized attachment is associated with difficulties in peer relationships as affected children may display unpredictable social behaviours, such as aggression or withdrawal, making it harder to form stable friendships (Granqvist et al., 2021).

Emotionally, children with disorganized attachment are more likely to experience heightened anxiety, difficulty trusting others, and an increased risk of developing behavioural disorders (Lyons-Ruth et al., 2020). Their inability to establish secure relationships with caregivers can translate into struggles with authority figures, leading to disengagement from school and social environments. The lack of socio-emotional security further exacerbates school-related challenges, increasing the likelihood of academic underachievement and early school dropout (Madigan et al., 2023).

Understanding these patterns highlights the intergenerational long-term impact of attachment, emphasizing the importance of fostering secure attachment from infancy to avoid the transmission of unhealthy relational patterns across time.

Insecure Attachment and Mental Health

The consequences of disrupted attachment can vary significantly, leading to an increase in externalizing behaviours such as aggression and antisocial behaviour as well as internalized issues like substance use and eating disorders. Both external and internal responses are unhealthy coping mechanisms that stem from anxiety, depression, and chronic stress (Madigan et al., 2013; Madigan et al., 2023).

Aggressive behaviour can lead to individual's loneliness as intimate relationships are difficult to be formed. Antisocial behaviour can prevent an individual of building meaningful social connections, increasing the likelihood of being solitary (Lyons-Ruth et al., 2020).

Substance use disorders can create a barrier between individuals and their true selves as well as hinder their relationships (Fearon et al., 2010; Groh et al., 2017; Maté, 2018). Similarly, eating disorders can result in a distorted self-image, leading to dissociation and isolation from others (Homan et al., 2018). In both cases, these disorders may serve as a means of self-medicating emotional needs, regulating feelings, coping with stress, and compensating for a lack of relationships (Schindler, 2019; Tasca, 2019).

According to Tasca (2019), attachment insecurity is present in 70% to 100% of individuals with eating disorders based on samples evaluated through the Adult Attachment Interview (AAI). In a similar vein, insecure attachment is identified as a risk factor for developing addiction, with a prevalence rate of 86% in clinical samples compared to 42% in the general population (Schindler, 2019). Ultimately, poor attachment lays the groundwork for lifelong mental health disorders, like substance and eating disorders, leading to difficulties in building and maintaining healthy relationships with oneself. This results in individuals feeling isolated from themselves and disconnected from others (Doyle et al., 2017; Maté, 2018).

Nevertheless, some protective factors help individuals develop resilience, fostering healthier relationships and reducing the likelihood of attachment-related disorders. Strong, supportive relationships with caregivers, mentors, community or peers serve as a protective factor against insecure attachment (Feeney & Collins, 2019).

For example, supportive school environments play a crucial role in mitigating attachment-related risks. Schools that emphasize social-emotional learning and provide mental health resources

contribute to healthier developmental outcomes by fostering a sense of belonging and emotional security (Rieh, 2020). Furthermore, community support, such as early access to mental health resources, including counseling and psychoeducation, helps prevent insecure attachment from escalating into more severe psychological disorders (Dozier, 2019).

By synthesizing insights from a variety of research studies, the following theme aims to illuminate the risk factors associated with the intergenerational transmission of insecure attachment. The findings should enhance our understanding of how psychoeducation and counselling interventions can be effectively integrated into mental health treatment protocols to help preventing the development of anxious attachment in offspring and also address and repair existing unhealthy attachment styles.

Risk Factors for the Transmission of Insecure Attachment

The transmission of insecure attachment across generations can be influenced by several risk factors, including maternal sensitivity, past relationship dynamics, parental mental health, and environmental stressors. Additionally, when caregivers lack narrative coherence and are unaware of their own attachment experiences and wounds, it can contribute to an insecure attachment framework in children (Klein et al., 2021).

The interaction between parental mental health, maternal sensitivity, and environmental stressors creates a complex web of influences that shape attachment security across generations (Rost et al., 2024). These factors do not operate in isolation; rather, they compound one another, amplifying the risk of insecure attachment in children.

Parental mental health significantly affects maternal sensitivity, as caregivers experiencing mental health challenges like depression or anxiety may encounter difficulties in offering stable emotional attunement, leading to unpredictable caregiving and reinforcing

insecure attachment patterns (Rost et al., 2024). Environmental stressors, including financial instability, social isolation, or exposure to trauma, further reduce a caregiver's ability to be emotionally attuned to their child, impacting parental's mental health and increasing the likelihood of attachment insecurity (Cooke et al., 2019).

Another critical factor is narrative coherence, or the caregiver's ability to integrate their own attachment experiences in their mental processes to reflect in caregiving. When caregivers lack narrative coherence and fail to process their past attachment wounds, they may unconsciously replicate insecure attachment patterns in their children, leading to inconsistent or emotionally distant caregiving (Cooke et al., 2019).

Among these factors, maternal sensitivity is considered by research the most predictive of attachment security (Cooke et al., 2019; Rost et al., 2024). Sensitive caregiving—characterized by responsiveness, warmth, and emotional availability—has been consistently linked to secure attachment outcomes, even in the presence of parental mental health challenges or environmental stressors (Rost et al., 2024).

Maternal Sensitivity

Ainsworth's work explored attachment concepts and highlighted the importance of maternal sensitivity, leading to the development of the Maternal Sensitivity Hypothesis (Ainsworth et al., 1978). This hypothesis underscores a mother's sensitivity in responding to her child is crucial for forming secure attachments. Ainsworth et al. (1978) argued that sensitive mothers promote secure attachments, whereas inconsistent or unresponsive mothers contribute to insecure attachments.

Several studies support the Maternal Sensitivity Hypothesis, including one by Heron-Delaney et al. (2016), which examined a group of 25 preterm infants and their mothers (Slade &

Sleed, 2024). Slade and Sleed (2024) highlight that during the still-face procedure—where mothers are instructed to remain unresponsive to their baby's emotional signals—the researchers found that at 6 months of corrected age, infants whose mothers demonstrated better mentalization skills were more likely to self-soothe, directly express discomfort about their mothers' "absence", and positively re-engage during reunion ($p < .05$ in all cases). Mentalization refers to a parent's ability to understand and interpret their own thoughts, emotions, and actions, as well as those of their child, during interactions (Huynh et al., 2024; Slade & Sleed, 2024).

The results indicate that children who experience a lack of responsiveness from the mother develop weaker attachments (Heron-Delaney et al., 2016; Slade & Sleed, 2024). Such experiences can lead children to feel deprived of emotional support, increasing the likelihood of developing mental health challenges, including social and adjustment difficulties, emotional issues, or even displaying rejecting behaviours as parents themselves (Heron-Delaney et al., 2016; Slade & Sleed, 2024).

In another study involving 52 mothers and their preschool children, Jessee (2020) found a significant correlation between reflective functioning (RF) and preschoolers' emotional understanding ($p = .05$). Mothers with higher levels of RF tended to have children with more advanced emotional comprehension. RF serves as an operational definition of mentalization and can be assessed using the RF rating scale within the Adult Attachment Interview (AAI) framework, which objectively evaluates characteristics such as awareness of mental states, efforts to interpret underlying behaviours, and recognition of developmental aspects (Slade & Sleed, 2024).

Moreover, mothers with higher levels of RF often have more progressive or positive parenting beliefs, as reported by Jessee (2020). These beliefs include the view that children

should be allowed to make decisions based on their values. Mothers who embrace these beliefs tend to exhibit more nurturing parenting behaviours than those who do not (Jessee, 2020). These findings suggest that parenting beliefs and mentalization can serve as important predictors of parenting behaviour and young children's emotional understanding, making them potential targets for clinicians working to improve family outcomes (Borelli et al., 2021; Jessee, 2020).

As maternal RF increases, a positive relationship emerges between toddler distress and mother-oriented behaviour, while the association between toddler distress and child aggression decreases (Borelli et al., 2021). These studies establish connections between sensitive caregiving, mentalization, and attachment.

Past Relationship Dynamics

The dynamics of past relationships examine the complex relationships between parents and children, emphasizing how parental behaviour influences sensitivity, reflective functioning, and attachment patterns across generations (Mattheß et al., 2024; Slade & Slead, 2024).

Behaviours that demand autonomy before children are developmentally ready or that focus on pressure to achieve milestones are associated with poor attachment in subsequent generations. In the same fashion, adverse early experiences with parents can perpetuate cycles of attachment difficulties (Mattheß et al., 2024; Slade & Slead, 2024).

Nevertheless, when caregivers create a coherent narrative, they foster open communication about their past attachment experiences. This can be expressed directly through verbal discussions or indirectly through their behaviour. By doing so, they help build strong, healthy bonds with their children, promoting emotional security and trust.

Hostile Behaviour from Parents. Slade and Sled (2024) enhance the understanding of the relationship between sensitivity, reflective functioning, and attachment by examining the responses of both parents rather than just mothers. Poor interactions between any parent and child can increase the risk of infant abuse and psychological distress. Their research explored intergenerational attachment in greater depth, revealing that parents who report experiencing hostility from their caregivers are often likely to transmit these harmful patterns to their children (Slade & Sled, 2024).

The study underscores that hostile behaviour from parents can predict similar responses in subsequent generations. An example of such hostile behaviour is provided by Mattheß et al. (2024), who conducted a cross-sectional study involving 113 German mothers with mental health issues and their 113 children. Their findings indicate that pressure to achieve from a child's father is positively correlated with non-intrusive behaviour towards the daughter who is prone to pass that behaviour to her children.

"Pressure to achieve" refers to the expectation that a child must succeed or take on adult responsibilities, often accompanied by punishment or withdrawal of affection if they do not meet those expectations. "Non-intrusiveness" is characterized by a lack of overprotectiveness and a willingness to allow a child the autonomy to engage in their activities without interruption. A mother who has experienced pressure to achieve herself may replicate those behaviours, pushing her child toward autonomy at a younger age than is developmentally appropriate. Despite exhibiting fewer controlling tendencies, she may become more demanding and emotionally distant (Mattheß et al., 2024). This dynamic could help explain why she is less intrusive during her interactions with her child.

Children who experience both hostility and autonomy pressure from their caregivers often face long-term psychological and developmental consequences. Hostile parenting can also be characterized by emotional rejection, criticism, and punitive discipline, leading to heightened stress responses, increased aggression, and difficulties in emotional regulation (Dye, 2018). When combined with autonomy pressure—where children are expected to take on adult responsibilities prematurely—these effects can be exacerbated, leading to perfectionism, anxiety disorders, and difficulties in forming secure relationships (Curran & Hill, 2022).

Research suggested that children exposed to high parental expectations and criticism may internalize unrealistic standards, increasing their vulnerability to mental health challenges such as depression and self-esteem issues (Breiner et al., 2024). Additionally, autonomy pressure can disrupt the natural progression of emotional development, forcing children to suppress their dependency needs and adopt self-reliance before they are emotionally equipped to do so (Mesman & Emmen, 2021). This dynamic may contribute to avoidant attachment styles in adulthood, where individuals struggle with intimacy and emotional vulnerability.

Cultural expectations play a significant role in shaping parenting behaviours like pressure to achieve. In highly individualistic societies, such as the United States and Canada, there is a strong emphasis on self-sufficiency and personal success, which can lead parents to impose high achievement standards on their children (Breiner et al., 2024). Conversely, collectivist cultures often prioritize familial interdependence and emotional closeness, which may reduce the prevalence of autonomy pressure but increase expectations for conformity and duty (Mesman & Emmen, 2021). These cultural influences shape parenting styles and contribute to variations in attachment security across different populations.

Adverse Childhood Experiences. Mattheß et al. (2024) examined factors beyond maternal sensitivity and mentalization that influence attachment. They suggested that mothers with adverse attachment histories, particularly those involving their fathers, tend to have more disruptive interactions with their young children. Their study reveals that both positive and neglectful childhood experiences with fathers can predict current parent-child interactions. These early experiences seem to affect ongoing relationships between parents and children, indicating a transgenerational transmission of attachment (Mattheß et al., 2024).

The role of fathers is highlighted as a critical factor in this transmission, which has often been overlooked in previous research. Although a strong correlation ($\beta = 0.72$) exists between how children attach to their mothers and fathers, maternal experiences do not fully account for children's emotional availability (Mattheß et al., 2024). Instead, children's attachment to their fathers influences their warm and non-hostile behaviours towards them. Recent studies indicate that when fathers feel emotionally connected to their children, it can lead to less aggressive behaviour in those children—a less evident pattern with mothers (Mattheß et al., 2024).

Additionally, research showed that feeling securely attached to either parent is associated with different levels of cortisol reactivity, the stress hormone, in children (Mattheß et al., 2024; Slade & Sled, 2024). These findings suggest that fathers and mothers differ in how they establish attachment relationships with their children and in their co-parenting styles (Mattheß et al., 2024; Slade & Sled, 2024). Given the increasingly active role fathers play in child development, it is essential to consider their influence on children's attachment development and the transmission of their own childhood experiences.

The difference in children's stress responses based on maternal versus paternal attachment is explained by variations in caregiving styles and emotional regulation mechanisms.

Studies indicate that secure attachment to fathers is associated with lower aggression and improved emotional regulation, likely due to fathers' role in encouraging autonomy and exploration (Grossmann & Grossmann, 2019). In contrast, maternal attachment tends to be more closely linked to immediate emotional soothing and stress reduction, influencing cortisol reactivity in children (Mattheß et al., 2024). These distinctions highlight the importance of integrating fathers into attachment interventions to optimize children's emotional resilience.

Fathers' attachment experiences can be better incorporated into early intervention strategies by emphasizing their unique role in shaping children's emotional development. Research suggested that father-inclusive interventions, such as parenting programs and attachment-based therapies, improve paternal sensitivity and emotional engagement, leading to more secure attachment outcomes in children (Jeong et al., 2023). Additionally, interventions that focus on reflective functioning—helping fathers process their own attachment histories—can reduce the transmission of insecure attachment patterns across generations (Tully et al., 2021).

Coherent Narrative. A caregiver's capacity to convey a structured account of their early life experiences is crucial to their parenting style. It includes understanding their attachment history and how it may have influenced them (Branger et al., 2022). Parents who can express coherent narratives are generally better equipped to process information about their child flexibly and openly, fostering a more secure attachment relationship with their child.

Coherence also serves as a buffer against the transmission of attachment issues. It helps parents understand and regulate their emotions and anxieties, enabling them to respond more sensitively and securely to their child's needs (Branger et al., 2022).

By reflecting on their attachment history, parents become more aware of their biases, which allows them to avoid unintentionally replicating problematic attachment patterns with

their children. A parent who recounts their childhood experiences while acknowledging both positive and negative aspects, and how these experiences have shaped them, demonstrates coherence (Branger et al., 2022). In contrast, a parent who rigidly dismisses their negative childhood experiences or projects their insecurities onto their child may struggle to maintain this coherence.

Parental Mental Health

The effects of parental mental health, such as depression, anxiety, and trauma, significantly impact parent-child interactions. Factors like maternal age, socio-economic status, and narrative coherence further enrich our understanding of those relationships. These insights provide a crucial foundation for developing effective interventions to foster secure attachment in future generations.

Depression and Anxiety. When parents experience prolonged periods of stress or emotional dysregulation, their ability to mentalize or engage in reflective functioning can be significantly impaired. This impairment can hurt their mental health, which in turn affects the quality of the bonds formed between adults and their children (Śliwerski et al., 2020). For example, suppose a caregiver is struggling with anxiety and depression. In that case, it can hinder their connection with their baby, as they may lack the emotional energy required to fully engage in the parent-baby relationship (Śliwerski et al., 2020).

Mothers in Peri and Post-Partum Depression. Saharoy et al. (2023) observed that biological mothers in the post-peri and postpartum periods often experience trauma responses that impact their emotional connection with their babies. Studies conducted in North America over the past decade indicate that 10-20% of mothers frequently enter a state of hyperarousal,

leading to anxiety characterized by fears for both their survival and that of their baby. In severe cases, mothers may be plagued by intrusive or negative thoughts (Saharoy et al., 2023).

These experiences can vary in intensity, ranging from feelings of inadequacy as caregivers to thoughts of suicide. Such cycles can create a negative and unsafe environment for the baby. Research showed that females are at a higher risk of developing mental health issues related to caregiving compared to males.

A mother's recollections of her childhood and her relationship with her primary caregiver significantly influence how she interacts with her children (Śliwerski et al., 2020). Suppose a mother has negative memories from her past. In that case, she may withdraw from close relationships that once caused her pain, making it more difficult for her to connect with her baby emotionally. This lack of connection can hinder the baby's sense of secure attachment (Śliwerski et al., 2020), affecting their overall sense of safety and potentially impacting their natural developmental trajectory.

Grief in Divorce. Divorce is a significant life event that can hurt adults' mental health, particularly affecting the attachment between caregivers and children (Flaherty & Sadler, 2011; Smith-Etxeberria et al., 2022). During the divorce process and its aftermath, adults may experience intense grief, which can manifest as anger, shame, guilt, sadness, and sorrow. If these emotions are not properly addressed, they may be directed toward the child (Flaherty & Sadler, 2011; Smith-Etxeberria et al., 2022).

As a result, the child may internalize these feelings, mistakenly believing that they are the cause of their caregiver's distress. This misunderstanding can lead to unhealthy behaviour

patterns (Flaherty & Sadler, 2011; Smith-Etxeberria et al., 2022). If the grief from the divorce is not processed effectively, it can lead to mental health issues for both the caregiver and the child.

Trauma. Research indicated that caregivers with unresolved trauma may struggle to provide the emotional support necessary for fostering secure attachment (Meyer et al., 2020). Studies by Berthelot and Ensink (2015) and Kahya (2020) demonstrate that mothers who experienced trauma during childhood tend to exhibit low reflective functioning (RF), which is the ability to recognize, interpret, and respond to their own emotional needs and those of their children. These mothers are significantly less consistent in regulating their moods, making their infants more susceptible to developing disorganized attachment patterns (Berthelot & Ensink, 2015; Kahya, 2020).

Environmental Stressors

Understanding the interplay of contextual factors, such as teenage motherhood, low educational levels, insufficient social support and socio-economic distress is essential for developing interventions to promote secure attachment in future generations (Agarwal & Kumar, 2024; Klein et al., 2021).

Teenage Motherhood. One significant factor that can influence parental mental health is the age at which a woman becomes a mother (Agarwal & Kumar, 2024). Adolescent mothers are at a higher risk of developing poor attachment with their children because their brains, particularly the prefrontal cortex responsible for decision-making and executive functions, are not yet fully developed. This brain area matures during adolescence, often leading to impulsive behaviours (Pollard et al., 2022).

For young mothers, these impulsive behaviours can create challenges in emotional self-regulation. When a person struggles to manage their emotions, it becomes difficult to co-regulate emotionally with another individual, especially an infant who requires substantial emotional support from their mother (Agarwal & Kumar, 2024). Poor co-regulation can negatively impact healthy child development.

Low Educational Achievements and Social Support. Among adolescent mothers, many experience poverty, have low educational attainment and lack social support (Agarwal & Kumar, 2024). These socio-economic challenges are directly associated with poor mental health in adulthood, and their impact is particularly significant for young parents (Agarwal & Kumar, 2024). Without adequate social support, these issues become even more severe.

Socio-Economic Stress. Mothers who experience daily community violence may struggle to meet the emotional needs of their children (Jones et al., 2022). These mothers are often preoccupied with concerns about their children's safety, which can lead to spending less time or failing to respond sensitively to their child's needs.

Besides that, mothers facing economic hardships are at a higher risk of developing poor attachment with their children. They may be absent from the mother-child relationship due to long working hours, and when they are present, they might be consumed by worries about providing food, shelter, and hygiene. This constant alertness can prevent them from being emotionally available (Agarwal & Kumar, 2024). Often, these mothers are in a dysregulated emotional state, prioritizing physical needs over emotional demands (Agarwal & Kumar, 2024).

Mechanisms of Attachment Transmission

The mechanisms of attachment transmission explore how attachment patterns are passed down from one generation to the next, shaping the emotional bonds between caregivers and

children. Although there is still a lack of understanding regarding how these patterns operate in practice, empirical studies suggest that attachment transmission involves a complex interplay of factors. These factors include caregiver sensitivity, parental mentalization (or reflective functioning), the environmental context, differential susceptibility, and the quality of the couple's relationship (Howland & Glynn, 2024). Importantly, a promising area for exploration in clinical settings is the coherence of parental narratives (Branger et al., 2022).

This capstone underscores the importance of future studies scrutinize the intergenerational transmission of attachment experiences through perspectives that complement mentalization, neurobiology, family dynamics, and socio-economic factors. It advocates for expanding assessment frameworks to broaden the impact of coherence narrative, positive parenting and autonomy support to mitigate negative patterns. The three-generation transmission model (3G) is presented as a vital tool for understanding how attachment styles affect future generations, with a focus on identifying mechanisms to disrupt harmful transmissions and foster healthier outcomes.

Transmission Gap

Despite ongoing research, there are still gaps in understanding attachment transmission. Not all aspects of this transmission can be fully explained by parental sensitivity or past attachment experiences alone (Howland & Glynn, 2024), nor can they be mediated by mentalization. Researchers have been addressing these gaps for the past 40 years, but what seems to be lacking is the integration of multiple factors in their observations (Van IJzendoorn et al., 2019).

For example, how might a third-generation Holocaust survivor who lives in poverty and has low educational achievement exhibit high reflective functioning in their parenting, thereby

fostering secure attachment with their children? By examining how these mechanisms are interwoven, researchers could uncover the nuanced pathways through which attachment security or insecurity is transmitted. This understanding may offer insights into fostering healthier relationships across generations (Howland & Glynn, 2024). Therefore, the transmission gap refers to the unexplained variance in how attachment security is passed from generation to generation.

Sensitive Parenting and Mentalization

While sensitive parenting has been identified as a key factor in attachment security, it does not fully account for its intergenerational transmission (Slade, 2005; Slade & Sled, 2024). It means that even sensitive parents with secure attachment styles may still have children who develop insecure attachments. Although evidence links past attachment experiences, both positive and negative, with mentalization skills, the exact interrelationship of these factors remains unclear (Slade, 2005; Slade & Sled, 2024). It implies that the ability to understand and interpret one's past attachment experiences through mentalization might not be sufficient for parents to respond adequately to their own needs and those of their children.

Safe parenting should involve emotional regulation abilities to create a stable environment for children, alongside mentalization skills, to interpret their children's emotional cues accurately. Furthermore, access to social support systems, whether from partners, family, or professionals, enhances parenting effectiveness, while consistency in caregiving reinforces secure attachment patterns (APA, 2020; Johnson et al., 2021).

Similarly, children need emotional validation, where their feelings are acknowledged and understood by caregivers. Predictability and security in parental responses foster trust and attachment security. Additionally, encouraging autonomy but not pushing it before the

developmental time, allows children to explore their environment while maintaining a sense of support.

While mentalization is a crucial component encompassing mental state recognition, where parents help children articulate their emotions, thereby contributing to emotional intelligence and overall psychological well-being (Smith & Lee, 2022; Thompson, 2023), it is important to note that mentalization does not mediate sensitivity or the effects of past attachment experiences; therefore, it does not moderate the transmission of attachment, indicating that additional factors are involved (Mattheß et al., 2024; Van IJzendoorn et al., 2019). Mattheß et al. (2024) observed that sensitivity did not improve with mentalizing skills in 60% of mothers who had a history of insecure attachment within a study of 113 mothers and infants. In this research, maternal trauma, harsh life circumstances, or a lack of positive parenting experiences combined likely hindered the mothers' ability to read their children's emotional signals and respond appropriately and sensitively.

Although sensitive caregiving, past attachment experiences, and mentalization collectively explain up to 12% of the variation in infant attachment security (Mattheß et al., 2024), this leaves a substantial 88% unexplained, prompting questions about additional factors influencing the intergenerational transmission of attachment. Meta-analyses support the importance of caregiver sensitivity in this process, yet they also reveal considerable differences in effect sizes across various populations (Van IJzendoorn et al., 2023).

Environmental Factors and Differential Susceptibility

This variability underscores the importance of considering environmental factors and differential susceptibility when understanding attachment transmission. Environmental factors

pertain to the socio-economic and cultural context in which an individual was raised (Van IJzendoorn et al., 2023). These can include social learning behaviours from family members and peers within a particular community or culture, as well as a family's economic situation that impacts the availability of material and emotional resources (Granqvist, 2020). Examples of differential susceptibility involve genetics and neurobiology, which can affect temperamental reactivity, stress reactivity, neural connectivity, and hormonal production—for instance, dopamine levels varies from person to person leading to different reward and punish systems of an individual convey in parenting relationships (Van IJzendoorn et al., 2023).

Coherent Narrative

An especially promising aspect of recent research addressing the transmission gap is the concept of coherent narrative. Coherence in parental narratives—specifically, the ability to tell and behave in a clear, believable, and internally consistent story about one's childhood experiences—can bridge this gap (Branger et al., 2022). These narratives are relevant to the questions' context and are easy for listeners to understand. Parents who demonstrate secure-autonomous attachment representations, regardless of the attachment experienced, tend to communicate detailed memories with minimal defensive bias. Such parents are more likely to foster secure attachment relationships with their children, characterized by children openly seeking reassurance from caregivers during distress, which in turn promotes their ability to explore their environment confidently. Parents who convey coherent personal narratives—marked by believability, consistency, completeness, and conciseness—tend to be more effective in passing on secure attachment styles. In contrast, those with insecure or non-autonomous narratives often lack these qualities, which can make it difficult for children to understand the nature of the attachment being transmitted. This confusion may lead children to internalize the

lack of care or love as their own fault, rather than recognizing that the narrative of insecurity stems from how their parents were treated in previous generations.

Couple's Relationship

Campbell and Stanton (2019) have explored a range of factors that mediate attachment transmission, such as overall family dynamics and the quality of the couple's relationship. A couple's relationship quality can significantly influence attachment transmission across generations. A secure and supportive romantic relationship creates a stable emotional environment that enhances a parent's ability to respond sensitively to their child's needs. Research indicated that couples who exhibit high levels of trust, communication, and emotional intimacy are better equipped to model secure attachment behaviours to their children (Campbell & Stanton, 2019). Conversely, conflictual or insecure romantic relationships may undermine a parent's capacity to provide consistent and sensitive care. Parents who experience attachment insecurity in their romantic relationships may also face difficulties in maintaining a stable and supportive parenting approach.

Future Studies

This capstone suggests that future research should explore the transmission of past attachment experiences through various lenses, such as mentalization (reflective functioning), individual neurobiology, family dynamics (both past and present), and cultural socio-economic relationships. Researchers have proposed expanding the framework for assessing attachment transmission to include encouragement of independence, boundary establishment, protective parenting, emotional nurturance, and resolving disconnects in parent–offspring exchanges. Emphasizing positive parenting and sensitive discipline is essential (Van IJzendoorn et al., 2023).

Additionally, future studies should examine narrative coherence in greater detail. Investigating whether caregivers are open about their attachment experiences may enhance flexibility and improve mentalization skills in their parenting responses. It is also important to determine if caregivers who exhibit behavioural patterns consistent with their attachment representations are more likely to experience the intergenerational transmission of attachment than those who do not display these patterns. In other words, we should consider whether attachment styles are replicated from generation to generation.

In line with this, research has been examining the three-generation transmission model (3G) (Howland & Glynn, 2024), which assesses the cascade of attachment transmission across three generations. Future research should investigate emerging factors that may complement those identified by previous generations. For example, a Holocaust survivor in the first generation may have passed on an insecure attachment style to the second generation, who, in turn, may have faced economic hardship and low educational achievements. The research question here would be how these three factors, combined with new factors introduced by the third generation, affect attachment transmission.

Understanding the mechanisms behind the intergenerational transmission of insecure attachment patterns could provide insights into how to intervene effectively and reduce negative behaviours. This approach may enhance our understanding of how to prevent the transmission of unhealthy attachment patterns (Mattheß et al., 2024) and will help counsellors address mental health issues while mitigating harmful attachment behaviours.

3G Intergenerational Transmission Model. Intergenerational transmission research primarily focuses on identifying the mediating mechanisms and moderators that maintain or disrupt the transmission of traits, behaviours, and outcomes across generations. Howland and

Glynn (2024) provided a new perspective on three-generation studies by tracking the second generation (G2) through the transition to parenthood of the third generation (G3), using information gathered from the first generation (G1) to strengthen the analysis of various mediators and moderators.

This research drew on multiple theoretical and empirical perspectives, including genetic influences (differential susceptibility), environmental factors, and their interplay, along with concepts from social learning theory, attachment theory, and neurophysiological models. The exploration of the interplay between these factors raises unique questions that can enhance our understanding of intergenerational transmission processes. Three-generation study provides a framework for accurately sequencing measurements over time, which is essential for examining the mediating factors in intergenerational transmission (Howland & Glynn, 2024).

However, it is important to note that even the most rigorously designed observational longitudinal studies cannot establish causation, as they cannot account for all potential confounding factors, and developmental processes are inherently complex and multifaceted (Howland & Glynn, 2024; Van IJzendoorn et al., 2020). To better understand intergenerational patterns, researchers have statistically accounted for other influencing factors, either by treating them as covariates (e.g., showing that parenting in one generation (G1) relates to parenting in the next (G2) independently of socioeconomic disadvantage), or by identifying them as transmission mechanisms (e.g., socioeconomic hardship acting as a way in which G1 affects G2 parenting). Through appropriate temporal sequencing, the aim is to draw conclusions that more closely approximate causal relationships, reducing the confounding effects of time (Howland & Glynn, 2024; Van IJzendoorn et al., 2020).

Within three-generation models, researchers can examine predictors (e.g., G2 childhood attachment behaviours), mediators (e.g., G2 young parenting of G3), and outcomes (e.g., G3 childhood attachment behaviours) across different time points. This approach provides a more rigorous evaluation of mediation by incorporating multiple interacting causal mechanisms that develop and unfold across generations.

Moreover, these methodologies are more appropriate for empirically examining the developmental psychopathology model of intergenerational dynamics referred to as "cascade effects" (Russotti et al., 2021, p.106). The exploration of "cascade effects" in intergenerational transmission has been minimal, particularly pertaining to childhood maltreatment from G2 to G3 (Choi et al., 2019; Russotti et al., 2021). Findings from Choi et al. (2019) and Russotti et al. (2021) provide evidence for both independent pathways and cascading effects, particularly those mediated by G2 depressive symptoms of mothers, in the transmission of childhood maltreatment from G2 to G3, influencing G3's adverse childhood experiences and related psychopathology.

In addition to exploring the transmission pathways from G1 to G3 via G2, three-generation framework should also examine the supplementary effects of G1 and G2 on G3 and G1's influence on G3 regardless of G2. Several studies indicate the importance of direct assessments across three generations to identify risks for psychopathology. For instance, Weisman et al. (2016) examined that G3 children with histories of major depressive disorder (MDD) in both G1 and G2 faced significantly higher risks of developing MDD themselves. Other research has documented associations between G1 psychopathology and G3 outcomes independent of G2, suggesting that the transmission of mental health issues can sometimes "skip" generations (Kendler et al., 2018; Pearson et al., 2019).

Environmental factors, such as grandparental caregiving and socioeconomic stability, can shape emotional development and behavioural outcomes mediating psychological risks across generations. It means the extent to which grandparents are involved in raising children as well as financial security and access to resources can mediate G1 to G3 effects, regardless of G2, may have particularly significant impacts in sociocultural contexts where grandparents are heavily involved in caring for the children (Pearson et al., 2019). In summary, these results highlight the importance of considering not only parental backgrounds but also the role of grandparents when evaluating family-related risks for mental health issues. Models that incorporate various potential mediators and their interactions over time are expected to offer improved understanding of what are referred to as "transmission gaps". These gaps occur when the suggested mediators account for only a limited amount of the variance in intergenerational connections (Choi et al., 2019; Russotti et al., 2021).

Future of the 3G Model. In future studies focused on multiple generations, continuous measures of psychopathology would enhance the understanding of intergenerational transmission. Researchers are especially focused on pinpointing factors that may moderate this transmission, as doing so could shed light on the observed continuities and discontinuities within the process. Identifying such elements is vital for uncovering modifiable targets that can inform prevention and intervention strategies (Langevin et al., 2021).

Evidence indicates that having safe, secure, and nurturing relationships, such as supportive caregivers during childhood or affectioned partners in adulthood, can reduce the adverse effects of negative childhood experiences and attachment patterns (Narayan et al., 2021). For instance, second-generation (G2) mothers who experienced childhood maltreatment in the first generation (G1) were more likely to "break the cycle" of maltreatment in the third

generation (G3) provided they had increased access to family support and encountered lower levels of intimate partner violence (St-Laurent et al., 2019).

Implementation of the 3G Model. To benefit from stronger conclusions about factors that can play a role in buffering the attachment transmission and to more effectively support families, future research involving three generations could adopt the "intervention as a test of mechanism" (Howland & Glynn, 2024) to explain the intergenerational transmission of attachment. This approach would involve testing whether an intervention aimed at a hypothesized moderator reduces the probability of intergenerational transmission of negative experiences from G2 to G3. A practical implementation strategy could involve embedding an intervention within an existing prospective longitudinal study. By adopting an evidence-based approach that targets G2's perinatal mental health, early parenting practices, and the quality of the G2–G3 relationship, researchers may assess whether such intervention interrupts the transmission of adverse experiences and fosters improved developmental outcomes for G3 (Davis et al., 2018; Guild et al., 2017).

Moreover, researchers could develop a quasi-experimental three-generation framework by leveraging a prevention study that tracked children who received early interventions into adulthood. This strategy would facilitate the evaluation of whether the intervention's effects endure across generations (Hill et al., 2020; Rothenberg et al., 2023).

An example of this approach is the Seattle Social Development Project, a longitudinal study examining the long-term impact of a universal preventive intervention known as Raising Healthy Children, which was implemented with G2 elementary school children, their G1 parents, and teachers. The study investigated whether the benefits of the intervention persisted into the next generation, two decades later. Drawing on multi-informant data collected across seven time

points, findings revealed that G3 children (ages 1–13 at initial assessment), whose G2 parents received the intervention, experienced more favourable early developmental outcomes, displayed fewer behavioural issues, performed better academically, and reported lower substance use compared to G3 children of parents in the control group.

Additionally, researchers could explore the impact of policy-based interventions, such as changes in income supplementation or healthcare access, on intergenerational transmission using quasi-experimental designs. This method may reveal key moderating factors that foster intergenerational resilience (Howland & Cicchetti, 2021).

Limitations. However, these studies face limitations, including issues related to timing in measurement. Specifically, they often rely on retrospective reports of G2 maltreatment experiences from G1, as well as common measurement bias across multiple variables assessed, for example, G2 reporting on both their own and G3 psychopathology symptoms.

Future research should involve prospective, longitudinal assessments of both G1 and G2 throughout G2's childhood and evaluations of G2 and G3. It is essential to repeatedly assess factors contributing to intergenerational transmission, as the mediators of interest often change over time, and their developmental timing is likely significant. Additionally, it is important to distinguish between transient and enduring risk and protective factors in the context of intergenerational maltreatment transmission. An example of transient risk is G1 had experienced a natural disaster, which lead to a trauma response whereas enduring risk is generations living in war zones. Protective factors can present as community support or wealth, which enhance the accessibility to resources. Unfortunately, this differentiation has rarely been implemented in empirical studies.

Chapter Three: Effective Clinical and Psychoeducational Interventions to Prevent the Transmission of Insecure Attachment – Applied Framework to be used in Clinical Settings**Introduction**

The transmission of insecure attachment styles across generations poses a profound threat to emotional and relational well-being. However, effective clinical and psychoeducational interventions stand as vital beacons of hope, offering individuals and families essential tools to break this cycle.

This chapter examines interventions identified in research as the most effective in helping clients develop secure attachments in their relationships, including their connections with their children. Nurturing relationships plays a vital role in fostering emotional resilience. When caregivers build resilience, they enhance their ability to tolerate parenting challenges and access effective coping mechanisms. For children, resilience is essential in navigating psychological, emotional, and physical adversities throughout life. Research suggested that fostering resilience in both parents and children contributes to improved emotional regulation and overall well-being (Bansal & Teotia, 2024).

By delving into the intricacies of attachment theory and implementing evidence-based strategies, mental health professionals can skillfully guide clients toward developing healthier interpersonal dynamics and creating supportive environments. Ultimately, these transformative approaches hold the promise of preventing the perpetuation of insecure attachment across generations, paving the way for stronger, more connected futures.

Mentalizing-Based Interventions

Therapeutic interventions that focus on developing mentalization or reflective functioning abilities in both parents and children may help prevent the transmission of insecure

attachment styles (Slade & Sled, 2024). Shifting a parent from pre-mentalizing state to being able to identify genuine thoughts and feelings can have a significant impact on the child, on parental behaviour, and on the parent–children relationship (Slade & Sled, 2024).

Pre-mentalizing is a mode of thinking that occurs when an individual's mentalizing capacity—understanding and interpreting their own and others' mental states—is impaired (Bateman & Fonagy, 2019; Uzar et al., 2023). This impairment can manifest in various ways, including difficulty recognizing emotions in oneself or others, misinterpreting social cues, or relying on rigid and simplistic explanations for behaviour (Bateman & Fonagy, 2019). In many cases, individuals experiencing pre-mentalizing may over-attribute mental states or actions to external circumstances without considering internal motivations or emotions. These challenges are frequently observed in people with attachment disruptions or psychological conditions such as borderline personality disorder, social anxiety, depression, and generalized anxiety disorder (Bateman & Fonagy, 2019). Understanding the mechanisms behind pre-mentalizing is crucial for addressing these cognitive and emotional difficulties, as they play a significant role in shaping interpersonal relationships and emotional regulation

In the parenting realm, an example of pre-mentalizing could be a mother who assumes her child is throwing a tantrum solely because they are tired or hungry, without considering that the child might be feeling frustrated, unheard, or overwhelmed (Bateman & Fonagy, 2019). This perspective focuses only on external circumstances—like fatigue or hunger—rather than recognizing the child's underlying emotions and psychological needs. Parents who struggle with mentalizing may unintentionally overlook their child's feelings, making it harder to respond in a way that fosters emotional growth and secure attachment (Bateman & Fonagy, 2019). Pre-

mentalizing often involve challenges in understanding and interpreting mental states, leading to difficulties in social interactions and emotional regulation (Bateman & Fonagy, 2019).

Therapeutic approaches to address impairments in mentalizing capacity often involve creating a safe and supportive environment where individuals can explore their thoughts and emotions. One effective method is mentalization-based therapy (MBT), which focuses on enhancing the ability to understand and interpret mental states (Bateman & Fonagy, 2019). MBT is particularly beneficial because it helps parents regulating emotions when in stressful interactions with the children - i.e during child tantrums - improving attachment.

Group therapy settings also play a crucial role in promoting mentalizing. Mentalization-Based Group Therapy (MBT-G) incorporates techniques to foster epistemic trust and encourage participants to reflect on their own and others' mental states (Bateman & Fonagy, 2019). Additionally, explicit mentalizing exercises, such as role-playing and guided discussions, can help individuals develop a deeper understanding of their mental processes and improve social interactions (Bateman & Fonagy, 2019).

Mentalization abilities could also be instilled in counselling sessions by reframing parenting beliefs that may be indicators of both caregiving practices and early childhood emotional comprehension, and may represent valuable focal points for practitioners aiming to enhance family outcomes (Dollberg & Hanetz-Gamliel, 2023). One example would be exploring the parenting belief that being warm in dealing with the child might spoil the child for life. The therapist could challenge this unhelpful belief into a more positive parenting one such as “ if I am warm with my child I provide a safe environment for them to feel trust and explore the world” (Dollberg & Hanetz-Gamliel, 2023, p. 33). The reframing of care beliefs intervention

was born in cognitive behavioural therapy; however, it is also well-known in attachment-based interventions to tackle parent's behavioural changes (Gregory et al., 2020).

Attachment-Based Interventions

Attachment-based interventions focus on how internal working models (IWMs) are co-created through interactions and how these relationships can drive changes in distorted mental representations. In this framework, IWMs help anticipate, interpret, and guide interactions in relationships, influencing a parent's choice of parenting behaviour, including their sensitivity to their child.

Importantly, attachment-based interventions establish trust between parents and children to explore how experiences are represented internally by an IWM (Gregory et al., 2020). It involves delving into how past experiences are processed and represented as scripts. Once trust is established, these interventions enable individuals to reinterpret their relational narratives, offering opportunities for growth and adaptation. The ability to reflect on these narratives and reframe core beliefs within a safe and supportive therapeutic context significantly contributes to emotional resilience and aids in the repair of attachment disruptions, as suggested by Gregory et al. (2020), McLeod (2023) and Wittkowski et al. (2024).

Therefore, the focus of attachment-based therapy should be on altering the parent's IWMs and subsequent behaviours to increase their sensitivity to their child. Since a parent's IWMs influence their attachment to their child and caregiving behaviours, these responses ultimately shape the child's attachment to their caregiver, enhancing the child's attachment security. Consequently, attachment-based interventions aim to modify longstanding IWMs (Gregory et al., 2020). Gregory et al. (2020) noted that addressing changes in a parent's IWMs and behaviours should be targeted to prevent the transmission of insecure attachment.

Child-Parent Psychotherapy (CPP). CPP is one example of attachment-based therapy. CPP works to tackle changes to the caregiver's behaviour promoting attachment and relational processes (Doyle, 2017; Lieberman et al., 2020). Resultingly, CPP is based on developmental theory and guided by an organizational perspective on development, therefore, it has demonstrated significant and lasting benefits for preventing insecure attachment transmission, especially if child and caregiver experienced trauma, such as abuse, neglect or domestic violence (Lieberman et al., 2020).

CPP emphasizes the importance of addressing parental behaviours to foster secure attachment and relational processes (Lieberman et al., 2020; Osofsky et al., 2017). For instance, CPP helps mothers recognize how their own trauma history may influence their interactions with their child, enabling them to adopt more nurturing and responsive behaviours. CPP mitigates trauma-linked reactions, assists the caregiver in identifying and framing their child's actions, and collaborates with the pair in shaping a developmentally suitable account of the trauma to promote cohesion and assimilation of the experience (Lieberman, et al., 2020; Reyes et al., 2017). Through guided sessions, parents learn strategies to help manage stress and regulate emotions. The therapist encourages caregivers to attune to their child's emotional needs, which strengthens the parent-child bond and promotes a sense of safety and trust, positively impacting their caregiving practices and the overall relational dynamic (Lieberman et al., 2020; Osofsky et al., 2017).

In practical terms, CPP employs various techniques to address changes in parental behaviour and promote attachment and relational processes (Hooker et al., 2022). For instance, CPP sessions often include the creation of a safe space aiming to establish a nurturing environment where children and caregivers can share their thoughts and feelings without

judgment, facilitating trauma processing and fostering trust (Hooker et al, 2022; Lieberman et al., 2020; Strait et al., 2020).

The safe space might come in dyadic play therapy, where the mother and child engage in structured play activities designed to enhance emotional attunement, where communication is also used (Hooker et al, 2022; Lieberman et al., 2020; Strait et al., 2020). Play therapy allows children to express their emotions non-verbally through play, helping them communicate complex feelings and develop coping strategies, gaining insights and building emotional regulation skills (Hooker et al, 2022; Lieberman et al., 2020; Strait et al., 2020).

Another tool deployed in CPP is reflective listening, encouraging caregivers to empathically engage with their child's expressions, validating their feelings and strengthening emotional bonds (Hooker et al, 2022). Lastly, role-playing provides an opportunity for children and caregivers to reenact challenging situations, explore emotions, and practice problem-solving in a safe setting.

In summary, CPP guide caregivers in recognizing and responding to their child's and their own emotional cues, fostering a secure attachment and a sense of safety within the relationship. These strategies are tailored to the unique needs of each dyad, ensuring that both the child and mother benefit from the therapeutic process.

Circle of Security (COS). The Circle of Security (COS) is an attachment-based intervention designed to enhance parent-child relationships by fostering secure attachment patterns (Dexter & Wong, 2024; Stuart et. al, 2025). This approach helps caregivers in reflective functioning training as parents are guided to improve their ability to understand their child's emotional states, which strengthens caregiver-child interactions (Stuart et al., 2025). By

recognizing and respond to their child's emotional needs, a sense of safety and trust is promoted, contributing to secure attachment.

The COS is rooted in attachment theory and offers a visual framework illustrating how children seek comfort and explore their surroundings (Dexter & Wong, 2024; Stuart et al., 2025). By encouraging parents to be emotionally available and responsive, COS helps reduce anxiety and behavioural difficulties in children. It achieves this through interventions that enhance parental sensitivity, enabling caregivers to recognize and appropriately respond to their child's emotional cues in real time, making it a valuable resource in clinical practice (Dexter & Wong, 2024).

In therapeutic settings, COS is often applied through structured group sessions or individualized counselling (Circle of Security International, 2024). In group sessions, caregivers engage in reflective discussions about their parenting experiences while receiving guidance on attachment-based techniques (Circle of Security International, 2024). For instance, a therapist assisting a parent struggling to connect with their toddler might utilize COS principles to help them distinguish moments when the child needs reassurance versus when they are ready to explore independently (Circle of Security International, 2024). For a comprehensive visual representation of the COS framework, refer to Appendix (Circle of Security International, 2024).

Another tool well used in practice is video feedback with reflective discussions, where the parent observes themselves, reflect on their behaviour and learn to provide a secure base, allowing the child to develop confidence while knowing they can return for comfort when needed (Stuart et al, 2025).

It is important to highlight that COS is widely used as interventions for at-risk families. COS has been implemented as an adjunct to care-as-usual for families affected by maternal

postpartum depression and infant social withdrawal, showing promising results in improving parental responsiveness (Stuart et al., 2025)

Overall, studies developed by Dexter and Wong (2024) and Stuart et. al (2025) have demonstrated that COS-based interventions lead to improved attachment security and reduced parental stress. This evidence supports its effectiveness in fostering healthier parent-child relationships across diverse caregiving contexts.

Psychodynamics

To address distress and emotional dysregulation in sensitive caregiving, Tanzilli et al. (2021) delineate the relationship between mentalization, emotion regulation, and attachment. They say defensive mechanisms play a role in preventing parenting sensitivity. Tanzilli et al. (2021) bring psychodynamics for an explanation of how defenses are associated with attachment patterns and mentalization in depressive patients.

Defense mechanisms are unconscious strategies that help manage internal conflicts, regulate emotional distress and attachment-related challenges in parent-child dyad (Carone et al., 2025). These mechanisms influence their interactions with children and shape attachment styles. Common defense mechanisms include denial, where parents refuse to acknowledge their child's emotional needs; projection, attributing their own insecurities onto their child; and repression, blocking distressing parenting experiences (Prunas et al., 2019). Other mechanisms such as displacement (redirecting frustration onto the child), reaction formation (expressing the opposite of true feelings), and rationalization (justifying inconsistent parenting behaviours) also play a role (Prunas et al., 2019). Additionally, avoidance, idealization, splitting, and fantasy contribute to insecure attachment styles, such as avoidant attachment (where a child suppresses emotions) or anxious attachment (where a child becomes overly dependent on validation) (Prunas et al.,

2019). Understanding these patterns can help parents foster secure attachment by addressing emotional barriers and improving communication. Furthermore, the systematic assessment of these defenses may help in tailoring personalized therapeutic interventions and promoting more effective treatments.

One way of assessing defenses and tailoring interventions with a gold standard tool is via the Defense Mechanism Rating Scale–Q presented in AAI assessments (Dollberg & Hanetz-Gamliel, 2023). This scale shows measurements of adverse childhood events, showing parents build defenses growing up in a traumatizing environment, translated into emotional dysregulation, and lack of mentalization skills in many areas, including parenting (Dollberg & Hanetz-Gamliel, 2023). Their negative early experiences may hinder the cultivation of adequate coping strategies such as secure attachment, effective self-regulating skills, and robust mentalizing capacities. The absence of these competencies contributes to persistent difficulties for the caregiver, which may interfere with the psychological resources required for attuned parenting (Dollberg & Hanetz-Gamliel, 2023). The lack of these skills may increase the risk of affect and behaviour dysregulation and mental health difficulties in the child. Consequently, promoting children’s holistic health necessitates engaging with parents to dismantle defensive patterns, enrich their comprehension of the child’s affective needs, bolster their emotional regulation, and foster constructive parenting practices (Dollberg & Hanetz-Gamliel, 2023).

Pregnancy often evokes a distinct array of psychological stressors for expectant mothers, ranging from childbirth fears and anxieties about parenting competence to the resurfacing of unresolved relational trauma, making the use of defense mechanisms particularly prevalent during this period (Carone et al., 2025). According to Carone et al. (2025), among heterosexual pregnant women, the employment of mature defenses such as humor and altruism has been

linked to improved child outcomes, including greater attachment security, stronger emotional and social skills, and reduced behavioural issues.

Some examples of defense mechanisms are the use of projection, denial, or dissociation. Those are maladaptive defenses that can hinder caregiving by distorting a mother's perceptions of her infant, numbing emotional engagement or heightening emotional reactivity reducing her ability to regulate emotions (Carone et al., 2025). For instance, when a mother engages in projection, she may misconstrue her infant's signals as expressions of hostility or rejection, which can interfere with healthy bonding and lead to inconsistent or overly intrusive caregiving behaviours (Carone et al., 2025). Likewise, the use of denial can hinder a mother's ability to identify and respond to her infant's emotional needs, resulting in relational disconnect. Dissociation, characterized by emotional numbing or detachment, further complicates maternal engagement. Additionally, unresolved trauma or bereavement, often linked to maladaptive defense mechanisms, may heighten the likelihood of emotionally distant or inconsistent caregiving responses (Carone et al., 2025).

In contrast, adaptive defense mechanisms like suppression and humor can support mothers in regulating stress while maintaining emotional attunement to their infants (Perry, 2016). For example, a mother who consciously sets aside minor childbirth-related worries may stay present and engaged, fostering a nurturing and emotionally secure environment for bonding (Porcerelli et al., 2016, 2022).

Within this framework, attachment theory suggests that individuals with secure attachment styles tend to utilize adaptive defenses, enabling them to process emotionally charged information with minimal distortion. This capacity fosters effective emotional regulation and contributes to healthier relational patterns. In contrast, those with insecure or unresolved

attachment are more prone to defensive reactions when facing distress, separation threats, or negative emotions (Carone et al., 2025).

Therefore, it is reasonable to consider a strong connection between the rise of mentalization skills with the learning of adaptive defenses taking into account that they help in regulating emotional states. Besides that, adaptive defenses activated within interpersonal relationships influence the reframing of mental procedures and representations from past meaningful relational experiences (Carone et al., 2025).

A psychodynamic approach that focuses on understanding adaptive defenses can significantly alter the dynamics between caregiver and child, thereby mitigating the transmission of insecure attachment even in the presence of trauma or mental health challenges faced by the caregiver (Porcerelli et al., 2016, 2022; Carone et al., 2025). In therapeutic sessions, interventions may look like contemplating previous bonding experiences to elicit vulnerability, especially in mothers dealing with unprocessed trauma, bereavements, or unfulfilled affective needs from early life (Porcerelli et al., 2016, 2022). Then mothers become aware of their attachment patterns and are free to express thought emotions in the safe space of therapy. After that, the therapist can involve mothers in reflecting on functional defense mechanisms to help them navigate emotional difficulties effectively, enabling them to attend to their infant's needs (Perry, 2016) without being engulfed by unresolved mental states during mother-child exchanges. Although these insights resonate with psychodynamic frameworks and clinical case studies (Carone, 2025; Perry, 2016), additional investigations are essential to substantiate the implementation of adaptive defenses by mothers and their tangible impact on children.

Limitations of Mentalizing, Attachment-Based and Psychodynamics Interventions

Discussion

Despite the interventions above being accounted in the clinical field to restructure attachment and prevent the passing on poor attachment styles, there are related limitations presented in research (Carone et al., 2025). Generally, sample sizes are usually small, reducing the effect sizes and limiting statistical power. Another critique is most observations are done with cisgender heterosexual mothers, despite the increasing role of fathers as primary caregiver including the psychological impact of their behaviour in the offspring attachment (Porcerelli et al., 2016, 2022). Additionally, the population is chosen from a single cultural context – i.e with certain mental health issues, from a specific economic class or educational level – preventing observations from a more representative demographic spectrum (Dexter and Wong, 2024; Stuart et al., 2025). Hence, subsequent studies should attempt to reproduce the results across broader and more heterogeneous populations to enhance applicability.

Mentalizing-Based Interventions

One limitation brought by the study of MatthewB (2024) indicates that while mothers may have an inherent capacity to mentalize, this ability does not always translate into sensitive interactions with their infants. Particularly in situations of heightened emotional arousal, a mother's capacity to mentalize and provide consistent, sensitive caregiving can diminish (MatthewB, 2024). Therefore, it is recommended to evaluate maternal behaviour in the context of distress during family therapy to identify the behavioural characteristics most closely associated with intergenerational transmission of attachment styles. However, grasping the distress moment might be a matter of luck while in the therapeutic setting as individuals tend to keep strong emotions towards children suppressed, especially when others are observing. Not having the distress moment shown can limit the depth of the therapeutic intervention in sessions (MatthewB, 2024). This highlights the importance of creating a safe and trusting therapeutic

environment where parents feel comfortable expressing their emotions to fully engage in the healing process.

CPP

CPP can have a high drop out rate (Lieberman et al., 2020; Hooker et al., 2022; Strait et al., 2020). The length of treatment in CPP can be notably demanding, as sessions may extend for a year or more (Lieberman et al., 2020; Hooker et al., 2022; Strait et al., 2020). This prolonged commitment can create significant challenges for families, particularly those with limited time, financial means, or transportation access. The need for consistent attendance at sessions can add pressure on families who are already juggling various logistical and socioeconomic difficulties, potentially diminishing the overall effectiveness of the therapy.

One of the most problematic Western assumptions embedded in CPP is the emphasis on individual emotional expression as a key indicator of secure attachment. In many non-Western cultures, particularly those that prioritize collectivism, emotional restraint and interdependence are valued over overt emotional expression (Hooker et al., 2022). For example, in some East Asian cultures, children may not openly express distress or seek comfort in ways that Western attachment models predict, as familial harmony and respect for authority often take precedence over emotional self-expression. Consequently, CPP's focus on encouraging open emotional communication may not effectively resonate with or support families whose caregiving strategies center on implicit emotional support and community-based caregiving. This cultural disconnect could hinder engagement and limit the therapy's effectiveness in promoting attachment security across diverse cultural settings.

Lastly, accessibility remains a significant challenge for CPP, as it requires clinicians to complete specialized training, which can be difficult to obtain, particularly in under-resourced

areas where experienced providers are scarce (Lieberman et al., 2020; Hooker et al., 2022; Strait et al., 2020). This limited availability is especially concerning in communities that would benefit significantly from trauma-informed care, yet access to skilled practitioners remains insufficient (Lieberman et al., 2020; Hooker et al., 2022; Strait et al., 2020). As a result, the shortage of CPP-trained clinicians can create barriers for families seeking this valuable intervention, ultimately reducing its potential impact for those in need.

Psychodynamics

Psychodynamic research may also facilitate a more nuanced investigation into whether varying attachment representations correspond to unique defense mechanism patterns and the extent to which these differences influence the quality of the mother–infant bond.

Research by Carone et al. (2025) found that mothers with higher attachment coherence exhibited better adaptive defensive functions, leading to improved mother-infant relationship quality at six months postpartum. In contrast, mothers with lower levels of attachment coherence showed less adaptive defenses, negatively affecting their interactions with their infants (Carone et al., 2025). Given these findings, further research should explore additional variables that contribute to strengthening maternal defenses, particularly those that enhance attachment coherence. Understanding these factors would not only advance theoretical insights but also inform clinical applications by guiding interventions designed to help mothers develop healthier defensive strategies, thereby improving parent-child relationships in therapeutic settings.

Mothers who possess strong maternal reflective functioning are better equipped to foster secure attachments with their children. This is supported by Grienberger and Slade (2025), who indicate that such mothers can effectively understand and represent their child’s emotional states, leading them to utilize more mature defense mechanisms. A detailed study about other

variables that impact defenses, such as past relational experiences would be valuable to the clinical field.

While these findings provide valuable insights into the relationship between defensive profiles and attachment mental states, they also highlight a significant gap in research. There is a pressing need for further investigation into how different defensive profiles interact to moderate the intergenerational transmission of attachment styles. This continued exploration would enhance our understanding of early attachment experiences and allow for more effective interventions in fostering healthy mother-infant relationships.

Lastly, a significant concern of psychodynamic research is the lack of sample diversity, as most studies rely on small, homogenous participant groups, reducing statistical power and limiting the generalizability of findings. Specifically, the predominance of cisgender heterosexual mothers in attachment research overlooks the evolving role of fathers as primary caregivers, as well as the psychological impact of their parenting behaviours on children's attachment security (Porcerelli et al., 2016, 2022).

Carone et al. (2025) illustrate this limitation by focusing solely on cisgender heterosexual mothers within a single cultural context, which restricts the generalizability of their findings to broader and more diverse parental populations. Given that caregiving behaviours and defensive mechanisms are deeply influenced by cultural norms and gender relations, future research is urgently needed to explore these dynamics across varied contexts. This research should expand its scope to include a wider range of caregivers. It should incorporate fathers and nonbinary parents. Additionally, it should consider individuals from varied cultural and socioeconomic backgrounds. By broadening sample diversity, attachment research could offer more

comprehensive insights and ensure that interventions are inclusive and relevant across different family structures.

Although current research has shed important light on attachment interventions, constraints like limited sample sizes and underrepresentation of diverse participant demographics underscore the necessity for more expansive and inclusive studies to enhance the generalizability of findings. Addressing these gaps is crucial to refining therapeutic approaches that effectively support a wide range of caregivers and children. With this in mind, this capstone proposes an integrative approach that combines MBT, attachment-based therapy, including CPP and COS, and psychodynamic therapy. This multimodal framework offers a comprehensive strategy to prevent the transmission of insecure attachment styles across generations.

Applied Framework – Integrative Therapy

An integrative approach combining MBT, attachment-based therapy (CPP and COS), and psychodynamic therapy is what is proposed in this capstone. A holistic approach is the most up-to-date method believed to prevent the transmission of insecure attachment styles from caregivers to children.

MBT enhances caregivers' reflective functioning, improving their ability to understand their child's emotional states and behaviours, thereby promoting secure attachment outcomes (Allen et al., 2023). CPP supports caregivers in processing past attachment wounds and using trauma-informed interventions to rebuild secure parent-child bonds (Lieberman et al., 2023). Similarly, COS strengthens caregiver sensitivity, helping parents identify and respond appropriately to their child's attachment needs while reducing emotional barriers that may contribute to insecure attachment styles (Powell et al., 2024).

Additionally, psychodynamic therapy explores unconscious attachment patterns, allowing caregivers to understand how early childhood experiences influence their parenting behaviours (Fonagy et al., 2023). By addressing defensive mechanisms, fostering emotional insight, and improving caregivers' ability to form secure relational connections, this integrative counselling approach serves as a powerful method for breaking intergenerational cycles of insecure attachment.

In an integrative therapy setting, the psychodynamic component complements mentalizing-based and attachment-focused interventions by helping caregivers uncover and process unconscious attachment patterns that shape their parenting behaviours. While MBT enhances reflective functioning and attachment-based therapy fosters sensitivity in caregiver-child interactions, psychodynamic therapy dives deeper into caregivers' early relational experiences, allowing them to recognize how these past influences contribute to their current parenting responses (Fonagy et al., 2023).

For instance, a caregiver who struggles with emotional attunement in their child's distress might unknowingly be reenacting their own childhood experiences, where their caregivers were emotionally unavailable (Fonagy et al., 2023). Psychodynamic therapy would help them explore these unconscious patterns, while MBT would teach them how to better recognize and interpret their child's emotional states. Simultaneously, attachment-based approaches such as CPP provide structured techniques to strengthen the parent-child bond by fostering responsiveness and security in interactions.

In a practical therapeutic scenario, a mother attending therapy expresses frustration over feeling emotionally distant when her child seeks comfort. Through psychodynamic exploration, she realizes that as a child, she learned to suppress emotional vulnerability to avoid rejection

from her own caregivers (Fonagy et al., 2023). This realization, guided by MBT, helps her develop a deeper understanding of her own emotional responses. Then, using attachment-based strategies, she actively practices attuning to her child's emotional needs in real-time, fostering secure attachment behaviours. This integrated approach ultimately helps caregivers break cycles of insecure attachment and build healthier relational connections across generations.

Conclusion

This paper delved into investigating how the intergenerational transmission of attachment styles occurs from caregiver to child and its subsequent mental health impact on the offspring's relationship with themselves and others. This capstone emphasized the significant influence of attachment on mental health and relationships across generations. Through a review of foundational theories and research, it highlighted how insecure attachment patterns develop and persist, underscoring the need for psychotherapeutic interventions to disrupt harmful cycles. Chapter 2 examined key themes such as attachment principles, risk factors, and transmission mechanisms, while also identifying gaps in scientific knowledge that could inform future research and clinical advancements.

In promoting secure attachment through therapeutic interventions, an integrative approach plays a crucial role in reshaping parental perspectives and behaviours. By enhancing reflective functioning and narrative coherence, counsellors support clients in developing new internal working models. The combined application of Attachment-Based theories—such as CPP and COS, alongside MBT and psychodynamic approaches offers a comprehensive framework for addressing attachment disruptions. These interventions foster emotional resilience, strengthen

caregiver-child relationships, and establish a foundation for breaking cycles of insecure attachment transmission.

Despite challenges related to accessibility, cultural sensitivity, and treatment duration, these therapeutic interventions offer significant promise in fostering secure parent-child relationships. Continued research into attachment mental states, defensive profiles, and diverse caregiving contexts should further refine these strategies, ensuring more inclusive and effective support for families. Ultimately, advancing these integrative therapeutic models can pave the way for lasting emotional resilience and healthier relational dynamics across generations.

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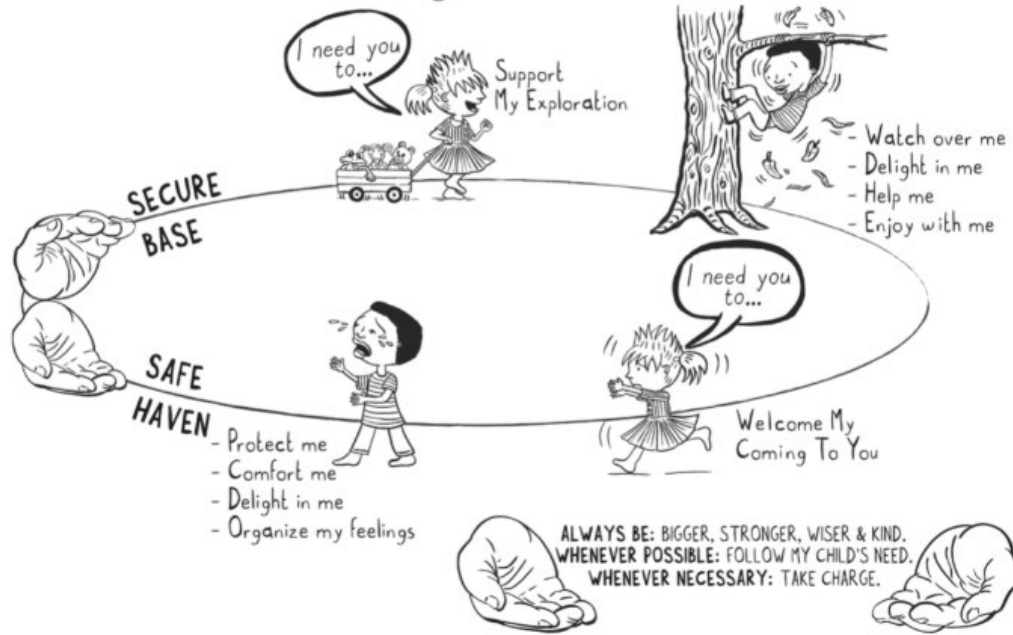
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Appendix

Circle of Security®

Parent Attending To The Child's Needs



The Circle of Security: A Visual "Map" of Caregiver-Child Attachment