

The Role of Attachment and Stress in the Intergenerational Transmission of Depression

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Abstract

The present paper aims to provide a brief review of literature in the realms of attachment, stress, and intergenerational familial experiences with depressive disorders in order to analyze the correlations among these factors. The bidirectional relationship between depression and insecure attachment styles is explored with an analysis of salient risk and protective factors that influence the development of internalizing difficulties and relationship challenges. The paper discusses recently published literature that has found secure attachment to be one of the single strongest protective factors against the development of depressive symptomatology. Effective treatment interventions for youth, caregivers, and families are reviewed with a discussion of common limitations. The paper concludes by highlighting the need for future research to accentuate the experiences of socially marginalized individuals, and tailoring proactive, holistic interventions for high-risk mothers in order to disrupt maladaptive intergenerational cycles.

The Role of Attachment and Stress in the Intergenerational Transmission of Depression

Over the course of human history, the family has been regarded as the first group to which an individual belongs, beginning from their introduction to the world—birth. People carry their family names or adopt those of their spouses, signifying their heritage and group membership. The family of origin is where individuals are expected to learn about the world, their place in it, as well as the ways in which they are meant to associate with larger social groups, the community, and society as a whole (Umaña-Taylor & Hill, 2020). While the family structure varies across time and space, in the Western world the dominant form has shifted from multigenerational or extended family structures to predominantly nuclear family compositions. In the Canadian context, this phenomenon is often felt acutely by newcomers who have migrated from cultures with a greater emphasis on collectivist traditions and communal childrearing practices (Ansion & Merali, 2018). Irrespective of structure, the aforementioned functions of the family remain largely true as the family unit is considered one of the primary agents of socialization (Umaña-Taylor & Hill, 2020). Within the family context, beliefs, behaviours, and other factors that impact one's functioning and development over the life course are transmitted across generations. This typically occurs through processes that are not uniquely associated with either nature or nurture, but rather the influence of both factors.

Research has pointed to the intergenerational transmission of well-being (Hyun Ju et al., 2021), attachment style, and internalizing symptoms (Andreas et al., 2018) among other patterns of behaviour. Published literature in this area has routinely pointed to the fact that attachment to one's primary caregiver forms the basis for their interpersonal relationships as

well as the way they perceive and interact with the world (Ainsworth, 1979; Bowlby, 1988; Dark-Freudeman et al., 2020). In this relational context, individuals learn to perceive others as safe or harmful, dependable, or unreliable, while assessing if they are worthy of one's trust. All of this has significant implications for individuals' cognitions, behaviour toward self and others, as well as eventual mental health outcomes. In the same vein, individuals with insecure attachments to caregivers and loved ones have been found to be at an increased risk of experiencing mental health challenges (Liao & Wei, 2015). This is further compounded by exposure to parental psychopathology and other adverse experiences during crucial, formative developmental periods (Bellis et al., 2017).

Although the vast majority of mental health challenges are multifactorial, a connection between maternal mental health and offspring psychopathology has been indicated as early as the gestational period, which points to the magnitude of parental influence in this regard. Published studies have indicated that exposure to maternal stress in utero primes developing fetuses for stressful postnatal environments. Clinically diagnosed depression during pregnancy reportedly affects an approximate 20% of expecting mothers and has been associated with poor child-caregiver attachment, among other emotional, behavioural, and biological challenges (Goodman et al., 2018). Research has also revealed that mothers who were subjected to adverse childhood experiences, such as abuse or neglect, had the strongest likelihood of experiencing depression during pregnancy, and consequently impacting their developing progeny (Plant et al., 2013). This finding underscores the gravity and prevalence of intergenerational mental health difficulties that negatively impact quality of life. The progression of common

psychopathologies such as depression are determined by numerous factors, however, exposure to parental psychiatric complaints has regularly been identified as a risk factor for youth in experiencing mental health challenges during adulthood (Yeh et al., 2016). Insecure attachment to one's primary caregiver has been consistently associated with the experience of depressive symptoms among adolescents (Cortes-Garcia et al., 2019).

While the connection between parental mental health and subsequent mental health challenges in their children is well established in current literature, the specific mechanisms underlying the process of intergenerational transmission require further examination (Khan & Renk, 2019). This is of particular concern owing to the increasing prevalence rates for depression among youth in Canada (Wiens et al., 2020). The present paper seeks to examine the role of attachment in the intergenerational transmission of major depressive disorder. The paper will discuss intergenerational family transmission processes as well as attachment and social learning theories with an emphasis on potential risk and protective factors. The overarching goal will be highlighting the salience of holistic, early intervention that seeks to support mothers, youth, and families in order to contribute to healthier communities as a whole.

Self-Positioning Statement

Not unlike other professional and student researchers, this research topic was selected due to interest, as well as personal and professional experiences that have contributed to the development and maintenance of specific biases. From the earliest stages of my academic journey, I can recall being enamoured with my introduction to attachment theory. Over the

years, as my knowledge in this area has expanded, my interest has always followed suit. As an undergraduate student of social psychology, I was naturally drawn to theories and schools of thought that were broadly applicable regardless of an individual's demographic factors. The concepts initially explained within attachment theory by John Bowlby (1988) and demonstrated through experiments by Mary Ainsworth (1979) have evolved considerably over recent decades. Be that as it may, new contributions over time have served to bolster the theory and expand its reach with respect to providing explanations for the ways in which people behave in certain situations and the roles they play in relational interactions. The notion that one's early childhood experiences and relationship with their primary caregivers could be associated with outcomes in adulthood felt like confirmation that I had chosen the right field of study. From this perspective, a person's gender, race, sexual orientation, or socioeconomic status would neither preclude them from certain difficulties, nor would any identity categories be the primary reason for extraordinarily impactful experiences.

Feedback, reflection, and consultation will be crucial elements of the research process to ensure that my biases do not impact my findings or interpretation of the research. Reflecting on personal and professional experiences will be a continuous process. I anticipate that areas of growth will be brought to my attention to a greater degree through feedback from my instructor as well as in consultation with my clinical supervisor. Continuing to research peripheral topics related to this paper will add to my growth as a student and will hopefully be reflected through the written work that follows.

Review of the Literature

The Role of Attachment and Adverse Childhood Experiences

The foundation of attachment theory began with the separate and collective contributions of John Bowlby and Mary Ainsworth, who are regarded as pioneers in developmental psychology (Spies & Duschinsky, 2021). In one of his original works, Bowlby (1988) also credits the impact of Harry Harlow's maternal deprivation experiments with respect to garnering public favour toward maternal–infant attachment related concepts. In its most simple terms, attachment theory highlights aspects of the caregiver–child relationship and the ways in which the quality of this relationship impacts the child's functioning in future relationships with others in assorted contexts. The theory was borne of interest in personality development during the 1930s and 1940s. This followed observations of the adverse effects of early institutionalization on children, maternal absence or unavailability during crucial developmental periods that significantly impacted personality and functioning beyond childhood (Bowlby, 1988).

Attachment behaviour is defined as “any form of behaviour that results in a person attaining or maintaining proximity to some other dearly identified individual who is conceived as better able to cope with the world” (Bowlby, 1988, p. 26). Attachment behaviour fulfills numerous evolutionary and biological functions by ensuring the child receives protection, comfort, and nourishment during the most vulnerable stages of their development. One element of attachment theory is the proposition that attachment behaviour is driven by the central nervous system. From this view, humans are innately wired to seek connection and

adopt more sophisticated ways to maintain proximity and access to attachment figures. These processes help individuals establish and preserve a state that Bowlby (1988, p. 122) referred to as *environmental homeostasis*.

Given that mothers have a greater initial investment in progeny and typically occupy the primary attachment figure role in humans and other species, most early research centered on the mother-child bond and the level of sensitivity in maternal behaviour (Bartholomew & Horowitz, 1991). Nevertheless, it is important to note that significant others aside from the biological mother, such as fathers, may also fulfill the primary attachment figure role. The assurance that one's attachment figure is sensitively attuned to their needs while being available and responsive fosters a sense of safety and security for the individual. This sense of safety forms the basis for their worldview, working models of others, and subsequently their own self-concept. Ainsworth identified that the attachment figure's impact evolves as they become the secure base from which the child can explore the world and to whom the child can return when they feel threatened or in need of comfort and reassurance (Bartholomew & Horowitz, 1991). This behaviour is continuously displayed throughout the life course, as individuals display a propensity to maintain contact and proximity to close loved ones, most notably during periods of distress. Naturally, the frequency, intensity, and method of re-establishing contact with significant others varies due to situational and individual factors. One of the most crucial variables would be the individual's attachment style.

Attachment Styles

The Strange Situation experiment lead by Mary Ainsworth was an invaluable catalyst in the formation of attachment theories. The procedure sought to induce stress in young children in order to observe attachment related behaviours. The experimental conditions involved separating mother-child pairs and introducing an unfamiliar adult in a novel, controlled setting. This allowed researchers to assess children's behaviour upon separation from caregivers, when faced with strangers, and during reunion with their mothers (Spies & Duschinsky, 2021). Based on findings from the Strange Situation experiment which built upon prior maternal deprivation studies, Ainsworth determined three distinct patterns or attachment styles that form during infancy. The styles were first delineated as securely attached or insecurely attached, the latter of which is further separated into two cohorts: infants with an insecure attachment style were categorized as anxious-ambivalent (also referred to as anxious-resistant) or as anxious-avoidant (Ainsworth, 1979). Attachment style largely stems from the quality of the infant-caregiver relationship and the extent to which a child learns to view their attachment figure as available, sensitive, and responsive to their needs, while supporting them to mitigate responses to environmental and internal stress (Ainsworth & Bowlby, 1991).

Secure attachments are the result of high-quality infant-caregiver relationships in which the child comfortably relies on their attachment figure to be responsive, nurturing, and to provide a sense of security. Infants in this category display trust and seek reassurance from caregivers, as evidenced by an inclination to exhibit distress during separation, and relief or joy when reunited (Bartholomew & Horowitz, 1991). Individuals with secure attachments in

childhood have been found to have high self-esteem, a healthy sense of trust, practice self-reliance, and are at ease participating in supportive familial, peer, and romantic relationships in adulthood. They also experience lower rates of depression and anxiety when compared to insecurely attached counterparts (Mohd Hassim et al., 2018). Insecure attachments with an anxious-ambivalent orientation correlate with parental unavailability and inconsistent or unhelpful responses to infant cues. This creates a sense of uncertainty and is associated with separation anxiety and fears of abandonment. Infants with this orientation tend to be clingier, experience considerable distress during separation, and are more resistant to soothing upon reunion with attachment figures (Bowlby, 1988). Thirdly, insecure attachment with an avoidant orientation has been associated with unreliable, neglectful, or in some cases, abusive primary caregivers. Stemming from frequent rejection, these individuals are prone to develop defense mechanisms and may resort to hyper-independence in efforts to avoid help-seeking. Avoidantly-attached infants exhibit considerably less distress during separation from caregivers and may ignore them or experience negligible relief upon reunion. Mothers of avoidant babies were found to be more rejecting, less affectionate, and averse to physical contact with their infants compared to mothers of infants with different attachment patterns (Ainsworth, 1979).

The contemporary version of attachment theory and its associated patterns have expanded since Ainsworth and Bowlby's seminal works. Main and Solomon (1986) are credited with introducing a fourth attachment orientation, referred to as a disorganized attachment style. This pattern falls under the umbrella of insecure attachment and is characterized by a view of caregivers as sources of both fear and comfort. Infants with this orientation may avoid

or resist closeness with their attachment figure due to prior experiences of unpredictability (Main & Solomon, 1986). A 4-style model of attachment for adults was developed by separate investigators. The first three attachment styles within this model are secure, preoccupied, and dismissive-avoidant (Bartholomew & Horowitz, 1991). These categories largely align with characteristics represented in the previously described secure, anxious-ambivalent, and avoidant archetypes, respectively. Bartholomew and Horowitz (1991) introduced the fearful-avoidant category of insecure attachment which is characterized by unease regarding the extent to which one feels worthy of affection and support, as well as their belief that others are worthy of trust and would be available in moments of discomfort (Bartholomew & Horowitz, 1991). Irrespective of one's specific attachment orientation, studies have found that individuals with insecure attachment styles report lower life satisfaction and experience poorer mental health outcomes collectively, when compared to securely attached equivalents (Liao & Wei, 2015; Yen, 2014).

One inquiry that has perfused attachment-related research concerns whether attachment style and behaviour are more heavily influenced by parental behaviour or by innate temperament. Although studies published over the years have lent support to both schools of thought, Ainsworth (1979) noted that a caregiver's inability to attune to their infant regardless of circumstances or their own temperament, had an increased likelihood of contributing to insecure attachment in their offspring. It stands to reason that a caregiver who is contending with depression or other mental health challenges may have a lower capacity to consistently respond to their child in a sensitive manner and may benefit from support to promote enhanced

secure attachments (Goodman et al., 2018). To counter this, Ainsworth pointed to research and clinical practices aimed at enhancing maternal responsiveness to infants' behavioural cues and augmenting the quality of mother-child interactions as a form of early intervention. A number of researchers have found that securely attached infants exhibited greater cooperativeness, less aggression, and greater problem-solving capacity as well as distress tolerance than anxiously attached counterparts up to 6 years later (Goodman et al., 2018; Hammen et al., 2011; Whittenberg et al., 2022). Conversely, anxious-ambivalent infants displayed less resilience whereas avoidantly attached infants exhibited more aggression and avoidant behaviours when compared to securely attached children (Ainsworth, 1979; Bowlby, 1988). The notion that fostering positive attachment relationships contradicts the natural development of independence has been refuted. In contrast, it was determined that secure attachments bolster a sense of self-reliance as well as healthy levels of trust in others (Ainsworth, 1979).

Although the theory has evolved and expanded since its earliest publications, one persistent critique is that the theory is primarily applied in Western contexts and discounts the impact of diverse cultural values, such as collectivism, on attachment style (Mohd Hasim et al., 2018). Stern and colleagues (2022) recently published a special issue calling attention to the dearth of Black participants and other racial minorities in attachment-related studies. Their goal is to connect attachment research with efforts to meld anti-racism perspectives with developmental psychology. Their work represents important efforts by researchers to highlight the ways in which heterogeneous contextual and cultural factors shape the development of attachment security for marginalized youth (Stern et al., 2022).

River et al. (2016) built upon existing literature that has established a connection between insecure attachment styles in adults and an increased risk of anxiety and depressive symptoms as compared to securely attached individuals. This points to the possibility of insecure attachment being a notable antecedent for experiencing depression and other mood disorders, which propelled the authors to investigate the impact that this phenomenon would have on caregiving behaviour. It is important to note that the study by River and colleagues emphasizes the parents' romantic attachment styles in romantic relationships, as opposed to drawing attention specifically to attachment-related behaviours practiced during the caregivers' own formative years. It has been previously established that attachment styles in childhood are largely stable across the lifespan after a certain period of development. Although one's attachment style may be impacted by variables such as novel experiences and their spouse's attachment orientation, literature suggests that attachment styles remain largely stable over time and continue to influence an individual's behaviour in intimate relationships (Mohd Hasim et al., 2018).

The River and colleagues' (2016) study is an important addition to the attachment-based parenting literature as it substantiates the need for early intervention in the form of positive parenting supports. This is largely owing to the impact that insecure attachment styles established in childhood and carried into adulthood often have a negative impact on one's capacity to parent in gentle and responsive ways. Literature reliably cautions that children who do not consistently have their needs met appropriately by caregivers are at an increased risk of developing various psychopathologies, such as depression and anxiety. In the same vein,

published research has demonstrated that caregivers struggling with the mood disorders mentioned above are more likely to hold negative beliefs about themselves and their role as parents. This effect is stronger for parents who themselves exhibit attachment insecurity through anxiety or avoidance (River et al., 2016).

The specific mechanisms involved in this process merit further research; however, one strong factor is the caregivers' poor emotion regulation capacity. This pattern ultimately reduces the quality of responses parents can reliably provide, and thereby increases the likelihood of intergenerational mental health challenges. Without the benefit of early intervention through appropriate supports, youth who develop such difficulties early on are more likely to undergo compounding issues that reduce their quality of life (Jami Eshim et al., 2021).

Adverse Childhood Experiences

The Adverse Childhood Experiences (ACE) Study was originally published in 1998. This represented the first large scale attempt by health care professionals and researchers to show direct links between unfavourable and traumatic events during crucial periods of development, and negative health outcomes throughout the life course (Felitti et al., 1998). Today, the ACE survey is commonly used in various settings, such as education, social services, and health care as a research and assessment tool. The survey is comprised of 10 questions across interrelated categories that seek to evaluate the levels of household dysfunction and/or abuse an individual has experienced prior to the age of 18. The categories include: exposure to intimate partner violence; the death of a caregiver; parental divorce; psychological or physical abuse, including

sexual violence; residing with household members who have been incarcerated or are struggling with substance use; mental illness; or suicidality. The experience of neglect is captured as another dimension by inquiring into adequate nutrition, clothing, and shelter (Felitti et al., 1998).

The ACE study was a pioneer in the literature with respect to highlighting the direct, long-term relationship between adverse childhood experiences on the microlevel and broader public health crises. Felitti et al. (1998) found that ACEs were highly prevalent across a representative adult sample, as more than half of their respondents reported exposure to at least one ACE. Additionally, their findings demonstrated a significant probability that individuals with one ACE were at an increased risk of subsequent exposures. When compared to the general population, individuals with at least one ACE were more likely to engage in health risk behaviours such as smoking, physical inactivity, substance abuse, and risky sexual practices, as well as struggling with depression or suicidality. This effect is strongest with those who have experienced four or more ACEs. From a public health perspective, this is of vital importance given that the aforementioned lifestyle factors are highly correlated with leading causes of death, such as heart disease, cancer, and liver disease (Felitti et al., 1998). It can be reasonably assumed that a youth may be subjected to the negative experiences discussed above as a result of their parents' absence, incapacity, complicity or unfortunately, direct involvement. Despite broad acknowledgment of the ACE survey as a clinical research instrument, it has not been without criticism. Several researchers have called attention to the need for greater cross-cultural considerations, as well as more resources dedicated to

examining the experiences of low-income individuals, who are at increased risk of experiencing adversity in childhood and beyond (Mersky et al., 2017).

In 2017, Mersky et al. conducted a study in which seven additional ACEs were added to the conventional survey in an effort to address these gaps. The additional items included frequent family financial problems, food insecurity, homelessness, prolonged parental absence, and death of parent or sibling, frequent peer victimization, and violent crime victimization (Mersky et al., 2017). This 17-item version of the questionnaire revealed frequent cooccurrences between the 10 conventional ACEs and the 7 added elements, which suggests that adverse experiences may be more prevalent than previously deduced. Owing to the well-established connection between early experiences and long-term outcomes, the potential impact of ACEs must not be ignored. This is of particular importance when considering the cumulative impact of experiences and learned behaviours on the subsequent parenting behaviour of individuals who are charged with perpetuating or disrupting harmful generational cycles.

In their 2019 study, Khan and Renk examined certain phenomena with the intention of delineating the difference in factors that are more likely to result in internalizing or externalizing difficulties for youth in care. The authors note that their findings would be beneficial in determining specialized forms of support as well as care decisions to buffer youth from further difficulties amidst custody transitions from their families of origin into social services. Factors such as the mothers' individual traits, depressive symptoms, ACE score, parenting style, and the quality of the mother-child attachment were identified as the most

salient variables within this framework. While these factors are interrelated to various extents, the mothers' experience with depressive symptoms and ACE score were noted to have the most detrimental impact on parenting capacity, and ultimately had the greatest association with internalizing and externalizing behaviours. The compounding effects of troubling childhood experiences appear to result in insecure attachments between children and their primary caregiver. Punitive and negative parenting behaviours characterized by inadequate supervision, inconsistent discipline, and verbal and physical aggression were also strongly associated with both internalizing and, more strongly, externalizing behaviours in youth.

Interestingly, mothers' perceived control over failure had a significant negative correlation to both internalizing and externalizing behaviour outcomes. This is an optimistic finding as it suggests that empowering and supporting mothers and young children through early intervention can increase the likelihood of favourable psychosocial outcomes. It is worth noting that most participants identified as married, educated, employed, and Caucasian, and thus may not be entirely representative of the demographic of mothers whose children end up in the government's care. This limitation was likely due to the convenience sampling method used in online recruiting. Khan and Renk's (2019) study found attachment to be among the less influential factors in children's difficulties and instead highlighted the impact of mothers' parenting styles, ACE scores, and depressive symptoms. In this context it is important to note that living with a parent who is experiencing mental health challenges is considered to be an ACE by its own virtue (Felitti et al., 1998). Research has consistently found that individuals who undergo adverse experiences during childhood are more likely to experience further adversity

and concurrent stresses over the life course (Mersky et al., 2017). All of this serves to highlight the salience of early intervention and appropriate social supports.

The Relationship Between Attachment and Depression

There is a significant body of literature that affirms the correlation between insecure attachment and depression, as well as other mood disorders (Dark-Freudeman et al., 2020; River et al., 2016). This relationship appears to be bidirectional, wherein insecure attachment predicts depression, while depressive symptoms also precede dissatisfaction with attachment relationships at various points during adolescence (Cortes-Garcia et al., 2019). The temporal direction of this association remains unclear; however, such findings provide more opportunity for creative clinical interventions that can be implemented depending on variables such as gender and developmental stages. Zheng and colleagues (2020) conducted a large meta-analysis of research papers and independent studies which underscored a statistically significant relationship between anxious attachment styles and depression. Avoidant attachment orientations were also strongly correlated to depression, albeit with a smaller effect size (Zheng et al., 2020). This was partially attributed to a stronger inclination toward rumination for insecurely attached individuals with primarily anxious tendencies, in contrast to deactivating strategies such as emotion suppression often employed by avoidant respondents.

A notable moderating factor between insecure attachment styles and depression is cultural orientation toward collectivism, which may be attributed to a greater sense of interdependence compared to more individualistic cohorts (Zheng et al., 2020). A separate study involving school-aged participants found that individuals with insecure attachment styles

exhibit less help-seeking behaviour than securely attached peers (DuJardin et al., 2016).

Anxious and avoidantly attached youth were less likely to seek support from caregivers during difficult tasks and displayed a tendency to wait longer to seek support when in distress. This is of concern as stressful experiences through challenging life events without support may negatively impact a youth's self-perception and have cumulative effects that constitute risk factors for experiencing depression. With respect to the adolescent period, attachment expectations have been found to buffer against or operate as a mechanism in the development of depression (DuJardin et al., 2016).

Social support has been determined to be a significant factor in life satisfaction, overall health, and well-being. In the stages of adulthood, social support serves as a moderating factor for individuals with anxious-ambivalent attachment orientations in experiencing depression, however it is far less impactful for those with avoidant attachment styles (Dark-Freudeman et al., 2020). A disinclination toward accepting or seeking social support from significant others increases one's vulnerability to undergoing adversity. Deriving meaning and life satisfaction from one's circumstances is highly correlated to the quality of one's social relationships, which can be notoriously challenging to maintain for individuals with more prominent insecure attachment behaviours (Yen, 2014). Employing strategies to increase emotional awareness and emotion regulation skills has yielded promising results for these individuals, particularly those with avoidant orientations (Owens et al., 2018). Owing to the well-documented adverse effects of depression, interventions that seek to mitigate its development, such as fostering secure

attachment in young children would have a profound impact and are likely to produce more favourable long term health outcomes for individuals of all walks of life (Zheng et al., 2020).

Intergenerational Family Transmission Processes

A reliable finding in youth and family mental health literature is the significance of parental depression as an appreciable risk factor in their offspring experiencing subsequent psychiatric challenges (Khan & Renk, 2019). Although this research largely focuses on the role of maternal mental health, the influence of other significant attachment figures such as fathers must not be discounted. In an effort to address this gap in the literature, Liskola et al. (2018) examined the relationship between parental depression and offspring mental health with a sample of internationally adopted children. Interestingly, a stronger correlation was found between paternal depressive symptoms and youth psychopathology when compared to the role of maternal depression. While the mothers' mental health status remained influential, this finding underscores the gravity of psychosocial factors such as observational learning in intergenerational transmission processes (Liskola et al., 2018). The role of the offspring's gender in intergenerational transmission processes has also garnered its own share of research attention.

In a longitudinal study conducted to analyze gender differences in the transmission of internalizing symptoms, researchers found a tendency in children of depressed parents to adopt similar internalizing behaviours as their same gender caregiver (Andreas et al., 2018). Although maternal mental health was highly correlated to outcomes for both girls and boys in childhood, behavioural similarities within gender groups were increasingly evident as early as

elementary school ages. Interestingly, paternal depressive symptoms were highly correlated with risk of depression for sons, but the same was not found for their daughters. Some of this effect may be partially attributed to the increasing power of gender role socialization (Andreas et al., 2018). Regardless of the specific mechanisms within psychosocial intergenerational transmission processes, the influence of biological factors must also be considered. Genetic factors encompass a range of variables including the condition of the uterine environments which is highly influenced by stress, nutrition, physical and mental health status, as well as expecting mothers' health risk behaviours such as substance use (Plant et al., 2013). Recently published research has found evidence to support the intergenerational transmission of biological factors that contribute to depression and inclination toward substance misuse (Jami Eshim et al., 2021). Genetic factors include heritability components and other biochemical variables that are not explored within the scope of this paper.

With respect to the Herculean task of gestation and its inherent challenges, researchers have found that an expecting mothers' own ACEs have the strongest predictive power toward the likelihood of experiencing clinical depression during pregnancy. This remained true even when controlling for their history of psychiatric difficulties as well as relationship status and level of support received during pregnancy (Plant et al., 2013). Overall, biological factors combined with psychosocial influences create the milieu in which the proverbial foundation for long term health and wellness outcomes is constructed. The intergenerational transmission of depression and other mental health challenges does not occur in a vacuum and necessitates holistic interventions that address psychosocial risk factors, including attachment security

through culturally responsive methods (Mohd-Hassim et al., 2018). It is incumbent upon us to offer accessible interventions that promote secure attachment relationships in families for the benefit of future generations. Clinical interventions must remain adaptable in order to disrupt the perpetuation of maladaptive familial cycles.

Clinical Considerations

The connection between relationship satisfaction and overall life satisfaction has garnered considerable research attention. Relationship attachments that provide a sense of meaning may exist in the form of peer, romantic, or familial relationships. Published studies have repeatedly demonstrated a positive correlation between relationship satisfaction and life satisfaction overall (Chen et al., 2021). In a study involving a sample of middle school-aged youth, Ma and Huebner (2008) found a positive correlation between life satisfaction and peer, as well as parental, relationship attachments. Although female students reported higher levels of peer attachment than their male counterparts, parental attachment was found to relate more positively to life satisfaction for all participants. This finding underscores the salience of early attachment relationships, which is significant given that life satisfaction during adolescence predicts future mental health outcomes, such as those related to externalizing or internalizing behaviours (Ma & Huebner, 2008). More recently, Chen and colleagues (2021) examined life satisfaction as it connects to relationship satisfaction between adults and elderly parents, and found a bidirectional positive relationship between the aforementioned variables. That is, both adult children and older parents reported greater levels of life satisfaction with a stronger parent-child relationship. Interestingly, increased proximity to parents or children who reported

low relationship satisfaction was associated with reduced life satisfaction as compared to those who reported greater relationship satisfaction and lived further from loved ones (Chen et al., 2021). This insight is significant as it may serve to provide guidance when initiating family based therapeutic interventions that aim to augment secure attachments (Cicchetti et al., 2006).

As previously discussed, those with insecure attachment styles report lower life satisfaction than their securely attached counterparts (Yen, 2014). From this view, one can assume that those with insecure attachment styles may be less satisfied in their relationships, and consequently score lower on measures of life satisfaction. Building upon prior findings of the correlation between poor life satisfaction and depressive symptomatology, Kwok and colleagues (2016) produced encouraging results from a study employing positive psychology interventions to treat a school-aged population. Participants displayed a significant decrease in depression with a corresponding increase in life satisfaction, which was mediated by a greater sense of hope and gratitude (Kwok et al., 2016). From a clinical perspective, there may also be significant benefits to attachment-based therapy modalities that specifically aim to promote increased secure attachments and associated pro social behaviours.

Despite the relatively enduring nature of attachment styles, attachment-based therapeutic approaches have reportedly found notable success in reducing the distress insecurely attached people face as a result of relationship dysfunction. This effect has been true for avoidant as well as anxious attachment styles (Diamond et al., 2016). Nevertheless, mental health difficulties are similar to physical ailments endemic to the human experience; proactive mitigation efforts are preferable to treatment rendered in response to existing challenges. While

effective, evidence-based treatments should be widely accessible, societal resources should also be directed toward preemptively supporting youth. One such means would be to increase support for at-risk and vulnerable young families (Cicchetti et al., 2006). In 2006, a team of researchers conducted a study to analyze the malleability of insecure attachment in infants from high-risk families. Cicchetti et al. (2006) found that when compared to a normative control group from modest backgrounds, high-risk mothers reported experiencing more ACEs, insecure attachments with their own caregivers, greater parenting stress, lower support, and maladaptive parenting attitudes. Additionally, over the course of the study the high-risk mothers were observed displaying lower maternal sensitivity in parent-child interactions (Cicchetti et al., 2006).

Not unlike afflictions of the body, psychiatric complaints that receive early intervention tend to yield more favourable prognoses. A more rigorous form of early intervention would be providing appropriate treatments and support for high-risk and vulnerable women who experience depression during pregnancy (Ainsworth, 1979; Goodman et al., 2018). The quality of the child-primary caregiver relationship is of vital importance as it builds the foundation for the child's future world view, self-concept, and relationships; all of which have notable impacts on mental health outcomes (Andreas et al., 2018). It is known that a caregiver's experience with depression can influence their capacity to be present, responsive, and sensitive to their child's needs, which in turn negatively impacts the child's mental health trajectory. However, research has determined that this effect may begin to impact youth earlier than previously assumed, due to exposure to maternal stress in utero (Goodman et al., 2018). The researchers note that

preventative and acute interventions to treating depression require routine screening for acute signs of depressive symptoms, as well as consideration for evolving psychosocial risk factors. Additionally, treatment during pregnancy is pivotal for mediating negative outcomes for vulnerable youth mothers, and families, but is insufficient long term and necessitates ongoing support through sensitive periods of development for youth.

Owing to the highly social nature of human beings, it is reasonable to conclude that attachments matter. Although relationships impact us to varying degrees, the quality of our social ties form the basis for significant portions of our lived experiences. Mental health challenges and psychiatric complaints are variegated, present, and are experienced differently based on individual factors. Nevertheless, minimizing the role of early experiences in developing worldviews, risk factors, and behavioural patterns would be at our own peril. Well-being has been found to positively correlate to life satisfaction, which in turn relates positively to relationship satisfaction (Chen et al., 2021; Mosley-Johnson et al., 2019). Attachment-based studies have routinely found that securely attached individuals exhibit prosocial behaviours and report greater relationship satisfaction as well as life satisfaction than insecurely attached counterparts (Yen, 2014). Therapeutic interventions such as psychotherapy or psychoeducational groups intended to increase secure attachments have yielded promising findings. However, due to the everchanging nature of our world, and shifts to the ways in which we navigate relationships with the evolution of social media, future research into the links between well-being, relationship satisfaction, attachment, and intergenerational transmission processes must keep pace.

Implications for Counselling Psychology

The connection between parental depression and youth mental health outcomes is well-founded and involves several biopsychosocial risk factors (Goodman et al., 2018; Jami Eshim et al., 2021). However, a recently published study reported attachment security as one of the most significant protective factors to combat youth depression (Whittenburg et al., 2022).

Whittenburg and colleagues (2022) found that the strongest impact of maternal depression affected children with attachment insecurity. Conversely, securely attached youth were less likely to experience internalizing challenges such as depression following their caregiver's mental health struggles.

Individuals with insecure attachment styles report experiencing higher levels of distress associated with relationship dysfunction than securely attached counterparts (Diamond et al., 2016). Due in part to underdeveloped language skills, youth with depression or other mental health concerns may internalize their problems or display externalized behaviours that contribute to familial distress (Jakovljevic et al., 2016). Stress is an important consideration in this area as both parental stress as well as children's distress in response to internal and external stimuli impact the attachment relationship. Counselling psychology implications from these findings suggest that interventions seeking to improve individual and family outcomes should emphasize stress management and emotion regulation skills. Such interventions, by consequence, enhance child-caregiver bonds and enhance secure attachments for young children.

Stress is a common experience and is a natural, inescapable facet of the human condition. Despite the pervasive nature of stress, researchers have historically failed to arrive at a consensus on its exact definition (Millender et al., 2022). For clinical purposes, stress can be defined as, “any intrinsic or extrinsic stimulus that evokes a biological response” (Yaribeygi et al., 2017, p. 1057). It is important to note that stress is not an inherently negative experience. Developmentally appropriate challenges that create manageable stress levels are crucial for the formation and maintenance of self-competence, problem-solving skills, and resilience (Yaribeygi et al., 2017). Research also suggests that adapting to relatively high stress environments during formative years may shield some individuals from the harmful effects of stress in later life (Vinkers et al., 2014). However, when stress goes beyond the range of manageability and begins to accumulate, its negative effects are cause for concern.

Stress plays a significant role in modulating the development of depressive symptoms, often through frequent or chronic exposure to distressing situations or events. Individual variables such as baseline levels of neuroticism (Vinkers et al., 2014), or maladaptive coping strategies (Millender et al., 2022) significantly impact the ways in which internal responses to environmental stresses occur. Similarly, individuals with depression may be more prone to experiencing stressful events through their own behaviour patterns or cognitions (Hammen et al., 2011; Kushner et al., 2017). Building upon the established relationship between maternal depression and an increased risk of depression in their children, Hammen and colleagues (2011) found that girls with a history of depression by age 15 became mothers by age 20 at higher rates than their peers. Teenage and young mothers are understandably overwhelmed by

their new role and associated responsibilities, and this stress is often exacerbated by ongoing personality and cognitive development (Bischoff et al., 2019). It can be reasoned that these mothers may face difficulty being attuned, sensitive, and responsive to their children in ways that promote attachment security. From this view, the intergenerational development of depressive symptomatology is heavily influenced by stress.

Despite individual and situational variables, the relationship between cumulative stress and internalizing problems such as depression is clear (Jakovljevic et al., 2016). The cumulative toll of perceived racial discrimination on mothers' well-being is an area of concern and merits greater research attention (Millender et al., 2022). In recent years, more attention has been paid to the neurobiological mechanisms that underscore the relationship between stress and depression. The term *allostatic load* refers to the effect of cumulative stress over time on the developing brain. Prolonged activation of physiological stress responses is associated with neuroendocrine processes that have been linked to the evolution of depressive symptomatology (Jakovljevic et al., 2016).

While depression is multifactorial, it would stand to reason that providing support to vulnerable mothers and high-risk families may address one (or several) elements that contribute to internalizing symptoms. Attachment-based family therapy (ABFT) is an evidence-based approach that has had success in treating adolescent depression, suicidality, and reducing the negative impacts of traumatic experiences (Diamond et al., 2016). This therapeutic approach aims to identify and address underlying ruptures in attachment relationships that contribute to family dysfunction. This form of intervention would enable caregivers to address

other factors that impact their own mental health from a place of empowerment. To this end, there are numerous protective factors that can be implemented on micro and macro levels that may inoculate youth, parents and families from the harmful effects of depression and other mental health difficulties.

Protective Factors

It is important to note that despite the prevalence of stress and challenging life circumstances, many individuals who experience acute or even chronic stress do not go on to develop depression (Vinkers et al., 2014). Protective factors are defined as traits, behaviours, or circumstances that enable individuals to effectively deal with stressful events, while mitigating the potentially detrimental impacts (Kushner et al., 2017). Emotion regulation is a critical skill that has a negative relationship to the effects of stress and various mental health difficulties, including depressive disorders (Chen et al., 2019). Research suggests that another function of emotion regulation is the buffering effect it provides between attachment style and depression. Developing strong emotion regulation abilities characterized by cognitive reappraisal enhances attachment relationships and reduces depression symptomatology (Chen et al., 2019). In the same way that harmful or maladaptive worldviews and ways of being can be transmitted through socialization and across generations, so too can protective factors. This is at least partially attributable to social learning processes in which children observe their parents engage in adaptive coping strategies such as help-seeking behaviours in response to distress (Hyun Ju et al., 2021).

The benefits of healthy family functioning characterized by cohesion, cooperation, and adaptive problem-solving strategies as protective factors cannot be overstated (Yeh et al., 2016). As noted above, attachment security has been found to provide notable protective benefits (Whittenburg et al., 2022). Be that as it may, the relationship between caregiver behaviour and child attachment style is not always linear. Secure attachments are often the result of warm, sensitive responses to child behaviour from attuned caregivers (Ainsworth, 1979; Bowlby, 1988). However, individuals who did not receive this form of childrearing, and may even have experienced harm due to a parents' actions, can also embody traits often associated with securely attached individuals. One remarkable example of this cohort consists of individuals that were exposed to intimate partner violence (IPV) between their parents during childhood (Bain & Durbach, 2021). The cognitive processes involved in separating oneself from harmful early experiences are immensely adaptive and are associated with heightened resilience. Such a stance enables children in highly stressful environments to maintain proximity to caregivers for attachment purposes, while processing traumatic experiences in ways that reflect securely attached states of mind (Bain & Durbach, 2021). The ability to compassionately acknowledge the humanity of one's parents, and their role in ACEs has been found to mitigate the impact of subsequent distress. Similarly, forgiveness of the self and others have been found to moderate the relationship between insecure attachment and depressive symptoms (Liao & Wei, 2015). It is important to note that self-forgiveness has the strongest influence on the reciprocal relationship between depression and attachment insecurity. This finding is important as it highlights additional areas of opportunity for relevant

and appropriate interventions. With therapeutic support, insecurely attached caregivers and children alike can benefit from the powerful mediating role of self-forgiveness as a means of ameliorating their own mental health outcomes.

Next Steps for Research

The British Columbia division of the Canadian Mental Health Association (CMHA) was the first to launch a free parenting support program by the name of Confident Parents: Thriving Kids (CPTK; CMHA, 2016; Schwartz et al., 2015). The program aims to educate and empower parents to better support their young children. Participants are caregivers of children aged 3 to 12 who are navigating challenges related to externalized behaviours or anxiety concerns. Coaching services are delivered through weekly phone calls for up to 14 weeks depending on presenting concern and symptom severity. The desired result is to provide tangible strategies that allow parents to encourage positive behaviours and increase problem solving collaboration and healthy limit setting with young children (Jakovljevic et al., 2016).

The program design was based on the Parent Management Training - Oregon (PMTO; also referred to as GenerationPMTO) intervention program for parents that has yielded favourable results in various contexts (Wolford & Holtrop, 2020). The CPTK remote program format was proposed as a solution for caregivers that are unable to participate in parenting support groups due to scheduling conflicts with employment, lack of childcare, or other hindrances (Jakovljevic et al., 2016). Programs such as CPTK provide access to early intervention without barriers such as cost and transportation while offering a level of privacy as parents can engage with the service in their own homes. While they do receive family-based

training, the parenting coaches are not regulated counselling professionals and do not provide therapeutic services to CPTK participants or to their children. Additionally, the program requires a referral from a physician or other health care professional, which may be perceived as more strenuous to access than self-referral services. Ideally, a more robust parenting support program would also include individualized therapeutic support for parents from mental health practitioners with an option for family therapy. Additional research will be required to assess program efficacy in the Canadian context, however programs such as CPTK point to shifts that are occurring due to advocacy for mental health awareness and more accessible supports.

In 2019, a team of German researchers conducted a clinical trial with the goal of inhibiting the intergenerational transmission of psychiatric and somatic complaints from mother to child (Bischoff et al., 2019). The study involved providing expecting mothers with individualized cognitive behavioural therapy for 10 months, ending around 5–6 months postnatal. Following this, some participants were transitioned to a teletherapy model in which they received phone calls from a nurse at increasingly large intervals, concluding after 6 months. Interventions included social skills training, psychoeducation regarding early child development, as well as stress management and emotion regulation strategies. In an effort to honour the often-communal nature of childrearing, couple or family therapy was also available to participants by request (Bischoff et al., 2019). The authors also note that future studies should include home visits as a service delivery option to increase accessibility and eliminate transportation barriers.

An important benefit of early intervention is that it encourages mothers and their support systems to implement and practice adaptive health behaviours that may be new to them. Such interventions are especially beneficial during pregnancy as they promote the maintenance of healthy environments and practices prior to the child's birth (Bischoff et al., 2019). Ideally, caregivers benefit from a capacity to foster strong caregiver-child bonds, which is crucial for the establishment of attachment security for children. At a 1-year follow-up, participants in the experimental condition who received in-person psychotherapy supplemented by telehealth support reported improved outcomes related to depressive symptoms and mother-child attachment than mothers in the control group (Bischoff et al., 2019). Longitudinal studies of a similar nature will be necessary to determine the long-term effects related to attachment and mental health for mothers and children alike.

A parenting program entitled *Minding the Baby (MTB)* that has undergone two controlled trial phases may be a realistic solution to the restrictions within other forms of parenting support (Slade et al., 2020). The program uses an interdisciplinary approach to support young first-time mothers from marginalized communities and disadvantaged socioeconomic backgrounds. For a total of 27 months, new mothers received home visits from a social worker and nurse duo, spanning from the final pregnancy trimester and concluding after the child's second birthday. In support of their hypothesis, new mothers who received this intervention reported significant increases in their functioning as well as more positive mother-child interactions. Similarly, the children of these mothers were more likely to exhibit attachment security with less disorganized behaviour than infants in the control group (Slade et al., 2020).

Similar studies will need to be replicated in different environments with comparable populations in order to bolster their empirical value. Nevertheless, these results are an optimistic finding that may be useful in combatting the intergenerational transmission of attachment insecurity and associated disadvantages.

Reflexive Self-Statement

From my purview, future research in attachment and family-based literature must account for the impact of demographic factors including but not limited to socioeconomic status, race, sexual orientation, gender identity, and cultural group membership to a greater extent. Socioeconomic status is especially salient given that poverty has consistently been identified as one of the leading social determinants of health and heavily impacts the environment in which children grow. Poverty heightens an individual's vulnerability to ACEs, and when combined with other psychosocial variables, serves as a significant risk factor for mental health challenges and poor health outcomes (Felitti et al., 1998; Jakovljevic et al., 2016). We know that social location affects individuals' subjective lived experience, and it stands to reason that early socialization varies based on norms practiced within groups that are associated with elements of shared identities. It is of vital importance for therapeutic and material interventions to be delivered in culturally sensitive ways to increase efficacy and engagement from marginalized communities.

The programs and interventions discussed above are indispensable and represent the work of practitioners, researchers, and families that have fought to increase social supports for the benefit of communities and society as a whole. Even so, it is our duty to continue

advocating for holistic, culturally sensitive family supports in the form of early intervention, for the benefit of future generations. Despite the worsening youth mental health crisis (Wiens et al., 2020), research highlights that early intervention may be one of, if not the most crucial variable, that affects long-term outcomes. Increasing access to early depressive symptom screening, mental health care, and parenting support education for expecting mothers must become the rule, and not the exception (Millender et al., 2022). Greater insight would allow for the appropriate matching of psychotherapeutic, material, or other supports that will empower new mothers and thereby, enrich the well-being of children and families alike.

Conclusion

To suggest that attachment style, shaped by the quality of the caregiver-child relationship, influences depression is not to blame mothers for mental health outcomes; rather, the intention is to underscore their significance. Acute, chronic, and cumulative stress have a reciprocal relationship with depressive symptomatology (Millender et al., 2022). Similarly, the relationship between depression and insecure attachment during adolescence and adulthood is also bidirectional in nature (Cortes-Garcia et al., 2019; Dark-Freudman et al., 2020). Supporting mothers to limit the impact of stressors, and thereby improving their mental health, increases their capacity to attune to their children and respond to attachment behaviours appropriately. This language is not meant to discount the contributions of significant others such as fathers or extended family members that can also be attachment figures in crucial developmental periods (Bowlby, 1988; Liskola et al., 2018). However, the connection between parental, specifically maternal, mental health and children's psychiatric outcomes is well

founded (Goodman et al., 2018). The certainty that this effect begins during the gestational period and is immensely receptive to early intervention cannot be overemphasized.

Many factors outside of heredity and familial dynamics contribute to depression and poor life satisfaction, not least of which is stress (Kushner et al., 2017). Preliminary findings indicate that the global Covid-19 pandemic has exacerbated the current state of depression and psychiatric complaints amongst children and adolescents (Listernick & Badawy, 2021), as well as adults (Steen et al., 2022). Protective factors that buffer against stress such as adaptive coping strategies and emotion regulation skills are negatively associated with depression (Chen et al., 2019). These findings provide a sense of optimism as they point to ways that many individuals struggling with depression and other mental health concerns can improve their subjective lived experience. Nevertheless, prevention and mitigation are invariably more effective than efforts to treat existing ailments that constitute national crises, such as the current rate of depression across various cohorts (Wiens et al., 2020). The social impact of mental health phenomena through public health expenditures is worth noting. Research suggests that the fiscal demands of addressing preventable behaviour challenges related to youth mental health can cost Canadians upwards of \$2 million annually, per youth (Schwartz, 2015). It is possible that reallocating a fraction of mental health funding toward increased cost-effective and accessible, early forms of intervention for expecting mothers would produce rippling positive impacts on micro and structural levels.

Healthy mothers are better equipped to navigate parenting strain while managing their own mental health in ways that promote securely attached children (Khan & Renk, 2019). These

children are less likely to experience the adverse effects associated with depression, anxiety, and other common psychiatric complaints that often cooccur during adolescence and into adulthood. When life challenges inevitably do occur, securely attached individuals are often more resilient, engage in more help-seeking behaviours, and experience less distress than insecurely attached equivalents (DuJardin et al., 2016). Through attachment and other mechanisms such as social learning, the mental health of parents impacts their children (Andreas et al., 2018). In other words, the role of attachment in the intergenerational development of depression is significant. Healthy, well-supported caregivers are in a better position to foster secure attachment bonds with their children, which reduces the harmful impacts of stressful life experiences and increases their use of adaptive coping methods.

Individuals with secure attachment styles are not impervious to experiencing life's adversities. However, the greater mental fortitude and behaviour traits that are characteristic of this attachment orientation create a buffer against the most detrimental effects of stress and depression, which correlate to decreased life satisfaction (Bain & Durbach, 2021). An overwhelming majority of adults fall into the securely attached category and continue to be subjected to challenges that contribute to daily stresses (River et al., 2016). Even still, it seems that fostering secure attachments early on would ameliorate stress responses and improve mental health outcomes on an individual level for many. The potential benefits of such preventative measures have the power to initiate cultural shifts that may produce more favourable results than dominant models of working backwards to remedy existing obstacles.

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