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Understanding the Past to Support the Future: Linking Retrospective Childhood Attachment to Adult Perspectives on Caregiving

Dr. Nabeela Sulaiman[1*], Dr. Saima Abbas[2], Asma Javed[3], Motasem Mirza[4], Habiba Nazim[5], Dur e Aden Tariq[6], Raheela Shahid[7], Fouzia Alam Sipra[8]

[*1]Assistant Professor, Department of Education, Virtual University of Pakistan

[2]PhD Clinical Psychology, Graduate Research School, University of Cyberjaya

[3]Lecturer, Department of Psychology, University of Southern Punjab

[4]MS Clinical Psychology, Department of Professional Psychology, Bahria University Lahore Campus, Pakistan

[5]Clinical Psychologist at The Special Education Department

[6]M.Phil. Applied Psychology, A- Levels Lecturer, Psychology and Sociology. Bloomfield Hall School, Uppers Branch, Multan.

[7]Former Lecturer, MPhil Applied Psychology, ADCP, Bahauddin Zakariya University, Multan. Pakistan.

[8]Fouzia Alam Sipra, Lahore Garrison Special Education System.

[*]**Corresponding author:**

Dr. Nabeela Sulaiman

Email ID: nabeela.sulaiman@vu.edu.pk

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ABSTRACT

Background. Attachment theory, pioneered by Bowlby and Ainsworth, explains how early caregiver–child relationships form internal working models that influence socioemotional development across the life span. Secure, avoidant, ambivalent, and disorganized patterns shape later relational expectations, mental health, and caregiving orientations. Intergenerational research highlights how adults' attachment representations, shaped by childhood experiences, influence their caregiving approaches, yet gaps remain in cultural contexts such as South Asia.

Objective. This study examined how retrospective childhood attachment experiences influence caregiving attitudes among undergraduate students in early childhood education programs in Pakistan. The research aimed to (1) identify underlying factors in a retrospective attachment questionnaire, (2) explore recalled attachment figures and emotions, and (3) analyze participants' views on causes of attachment issues and caregiving responses.

Methods. A convergent mixed-methods design was employed with 165 students (97.6% female; mean age = 25.12). Quantitative data were collected through an adapted 17-item retrospective attachment questionnaire and analyzed using exploratory factor analysis. Qualitative insights were gathered from written interviews with 22 participants and examined through thematic analysis.

Results. Factor analysis revealed four reliable dimensions: secure, anxious/preoccupied, dismissing, and fearful/avoidant attachment. Secure attachment emerged as the most endorsed style. Thematic findings indicated strong early bonds with mothers and siblings, fears centered on separation, and caregiving challenges linked to inconsistent care and neglect. Participants emphasized nurturing environments, open communication, and professional support as key caregiving strategies.

Conclusion. Retrospective attachment recollections provide valuable insights into how early experiences shape adult caregiving orientations. Findings underscore both cultural influences and the practical implications for educators and healthcare providers in supporting secure attachment across generations.

Keywords: *Attachment theory, caregiving, retrospective childhood experiences, intergenerational transmission, mixed-methods research, Pakistan*

1. INTRODUCTION

Attachment theory has long been recognized as one of the most influential frameworks for understanding how early caregiver–child relationships shape socioemotional development across the life span. Bowlby, Ainsworth (1) first articulated the central proposition that infants form *internal working models*, mental representations of themselves and others in relationships, that guide their expectations, emotions, and behaviors in later relational contexts. Ainsworth, Blehar (2) seminal "Strange Situation" studies expanded this theoretical foundation by empirically identifying secure, avoidant, and ambivalent attachment patterns in infancy, with later work recognizing the disorganized category (3). These initial attachment relationships create what Bowlby (4) referred to as a secure base, allowing children to venture into the world feeling secure while remaining near a safe caregiver during stress. Responsive caregiving promotes secure attachment, while insensitive, inconsistent, or neglectful caregiving raises the risk of insecure or disorganized attachment (5, 6).

Knowledge of attachment as a developmental foundation is a good point of departure for investigating its lifelong importance. Infants who have consistent caregiving are better at regulating their emotions, showing social competence, and building resilience against adversity (7). By comparison, individuals who experience neglect or unpredictability are more likely to exhibit increased anxiety, intimacy avoidance, or difficulty with trust and emotional regulation (8). In the long term, these attachment patterns early in life do not remain isolated to childhood but continue into adolescence and adulthood, affecting interpersonal functioning, mental health, and caregiving capability. Therefore, attachment theory not only explains early bonding developmentally but also offers a transgenerational model of how caregiving orientations are carried from generation to generation.

Intergenerational Transmission of Attachment

A major strand of attachment research has focused on the intergenerational continuity of attachment and caregiving behaviors. Parents' attachment representations have been found to be significantly associated with their children's attachment outcomes (9). Meta-analytic evidence suggests that maternal attachment security predicts infant security, but this relationship cannot be fully explained by observable sensitivity alone, leaving what has been termed the "transmission gap" (9, 10). Researchers hypothesize that implicit schemas and internalized attitudes about caregiving, shaped by one's own childhood attachment experiences, play a mediating role (11).

For example, Belsky, Steinberg (12) evolutionary model of parenting emphasized that parental behavior is partly contingent on internal working models derived from early experiences. More recent findings have supported this view, showing that secure adults are more responsive and flexible in caregiving, whereas insecure adults may display withdrawal, inconsistency, or heightened stress when confronted with children's needs (13). Importantly, attachment representations influence not only parental practices but also caregiving in broader contexts such as teaching, healthcare, and mentoring, underscoring the theory's wide applicability (14).

This intergenerational dimension highlights why retrospective accounts of attachment are valuable: adults' memories of their childhood relationships offer insight into the caregiving strategies they are likely to endorse or adopt. Although recall biases limit retrospective accuracy (15), such measures remain widely used in the Adult Attachment Interview and other validated questionnaires because they capture enduring narrative themes that shape identity and relational expectations (16). Thus, examining retrospective attachment experiences provides a bridge between early developmental theory and adult caregiving perspectives.

Broader Caregiving Contexts

Beyond parent–child dyads, attachment relationships extend into other caregiving environments. Teachers, early childhood educators, and even healthcare providers may function as secondary attachment figures, offering children alternative secure bases when primary bonds are disrupted (17). In school contexts, warm teacher–child relationships can buffer the effects of insecure parental attachments and foster resilience (18). Similarly, in healthcare contexts, particularly during early medical crises such as neonatal intensive care, professionals' sensitivity to both child and parent needs has profound implications for attachment security (19).

These wider caregiving environments are particularly pertinent in cultures where caregiving is extended beyond biological mothers and fathers. In collectivistic cultures like Pakistan, grandparents, siblings, and extended families all participate centrally in childcare, with multiple attachment figures within one family (20). Attachment in such systems can be understood by broadening the framework away from Western nuclear-family assumptions and incorporating cultural and contextual differences into both theory and practice (21).

Attachment in Neonatal and Medical Contexts

The medical and neonatal studies have also made the attachment theory prominent. With the progress of neonatal care, the survival rates of premature infants and infants who underwent surgery have increased, yet, the extended stays in the hospital or separation with their parents significantly interfere with early bonding (22). Skin-to-skin contact, kangaroo care, and family-integrated neonatal intensive care unit (NICU) practices have shown evidence of increasing parental sensitivity and

the capacity to support secure attachment in the presence of medical stressors (23).

Disruptions in attachment during the neonatal period have lasting implications. Extended NICU stays have been linked to higher parental stress, altered cortisol regulation in infants, and increased risk of insecure or disorganized attachment (24). At the same time, protective interventions demonstrate the plasticity of attachment systems: consistent responsiveness, even under adverse conditions, can foster security and resilience.

From a professional perspective, neonatal caregivers' own attachment representations may influence their interactions with infants and families. Sullivan, Perry (19) found that NICU staff with secure attachment styles were more responsive and supportive, underscoring the relevance of personal attachment histories in caregiving professions. Thus, linking retrospective attachment experiences to caregiving attitudes has not only theoretical but also clinical and educational importance, particularly in contexts where children face early medical challenges.

Cultural Context: Attachment in Pakistan

While much attachment research originates from Euro-American contexts, cultural variations necessitate examining how attachment processes manifest in collectivist societies. In Pakistan, caregiving is embedded within extended family systems, where grandparents, aunts, and older siblings often assume significant responsibilities alongside parents (25). Parenting styles tend to blend warmth with control, reflecting cultural values of respect, obedience, and family honor (26). Gender roles also shape caregiving: women are often expected to provide primary care, while men's involvement is mediated by patriarchal norms (27).

Protective and risk factors in such Pakistani studies are outlined. Parental warmth and supervision contribute to adolescent health (28), whereas authoritarian parenting is related to decreasing self-esteem and decreased autonomy (29). Nevertheless, there are only a few studies on retrospection where adults were able to recreate the meaning of childhood attachment experience and its influence on their care orienting. The current research has mainly concentrated on parenting stress (20), maternal mental health (30), and adolescent well-being (31), but there is still a significant gap in the transmission of caregiving attitudes or intergenerational caregiving in South Asia.

The application of attachments in the context of cultural elements expands the domain of explanations of the theory. Rothbaum, Weisz (21) expressed that attachment behaviors are culturally defined developmental expectations, as independence is pursued within the Western world, whereas interdependence and family unity are promoted in South Asia (32). Such variations indicate that a retrospective can expect the description of attachment in Pakistan through cultural expectations that may affect the way adults develop a view about their caregiving approach.

Retrospective Attachment Approaches

Retrospective measures are the mainstay of attachment research despite issues related to the reliability of memory. There are scalable questionnaires like the Adult Attachment Interview (33) and self-report retrospective scales that record coherent narrations of the early care by individuals and are tremendously descriptive of adult attachment orientations (15). Recent evidence shows that adults who reminisce about more childhood separation anxiety have greater recent anxious attachment (34). Similarly, the prospection level of memories of attachment in adults has been shown to be correlated with caregiving sensitivity, emotional availability, and parenting self-efficacy (35).

These results portray the powerful effects of youthful life and the consideration of employing retrospective procedures in the mixed-methods wormhole. The merger of quantitative factor analysis and qualitative thematic exploration allows for the capture of both the structural aspects of attachment memories and the lived narratives in which they are embedded.

Rationale for the Present Study

Based on this background, the research in continuity is submitted on considering how the memory of the childhood attachment, by adults, can be connected to their attitude to care giving, and in particular the undergraduates in early childhood education courses in Pakistan. This group represents future educators who may act as attachment figures for children, particularly those recovering from medical interventions or experiencing disrupted caregiving. Their perspectives are thus vital for understanding how retrospective attachment shapes caregiving attitudes in both educational and health-related settings.

The study pursues three objectives: 1. To empirically identify the underlying components of an adapted retrospective attachment questionnaire through exploratory factor analysis. 2. To describe the distribution of attachment figures and attachment-related emotions recalled in childhood. 3. To examine participants' views, through thematic analysis, on why children develop attachment issues and how parents or teachers should support them.

These objectives are situated within a theoretical framework that integrates Bowlby's secure base concept and internal working models (4) with contemporary research on intergenerational transmission (9), retrospective attachment narratives (15), and cultural caregiving practices in South Asia (20). By adopting a mixed-methods design, the study addresses both the structural dimensions of attachment recollections and the contextual nuances of lived experience.

In sum, attachment theory provides a powerful framework for linking early caregiving experiences with adult caregiving orientations across diverse contexts. From neonatal intensive care to classrooms in Pakistan, retrospective accounts of childhood attachment shed light on how individuals approach caregiving roles, offering both theoretical insights and practical implications. By situating this study at the intersection of developmental psychology, cultural research, and caregiving practice, it contributes to bridging gaps in the literature and supports the development of culturally informed interventions that strengthen caregiving across generations.

2. METHOD

Design and Participants

This exploratory study employed a convergent mixed-methods design, collecting both quantitative survey data and qualitative interview responses from the same individuals. The sample comprised 165 undergraduate students (160 female, 5 male) enrolled in Early Childhood Education degree programs at the Virtual University of Pakistan across two cohorts (Fall 2024 and Spring 2025). The pronounced female majority (97.6%) reflects the known gender distribution in early childhood education fields (women account for roughly 94–98% of preschool teachers. Participants' ages ranged from 17 to 48 (mean = 25.12), indicating a mix of traditional and nontraditional students. Academic performance, indexed by CGPA, varied widely (M = 2.32 on a 4.00 scale), although CGPA was not a primary focus. All 165 students completed the online survey. For in-depth qualitative insights, a random subset of 25 participants were invited for interviews; 22 agreed and provided open-ended written responses.

Instruments and Procedures

Retrospective Childhood Attachment Questionnaire. We adapted a validated 17-item Adult Attachment Questionnaire for retrospective use. Participants were instructed to recall their childhood (ages 4–8) and rate statements about their feelings toward primary caregivers (e.g., "I was confident my caregiver would never hurt me by suddenly separating from me"; "I usually wanted more closeness with my caregivers than others do"). This format follows precedents for retrospective attachment assessment, which can capture enduring attachment schemas. Ratings were on a Likert-type scale.

Interview Protocol. Qualitative data were gathered via open-response written questions administered online. Each participant responded to prompts drawing on their childhood memories and current views as future educators/parents. Questions included: (1) "With what relationship were you most attached as a child aged 4–8 years?" (2) "Did you experience any fear relevant to your childhood attachment? If yes, please explain; if not, describe your strong/positive bonding." (3) "Did any other child have attachment issues with their dearest relationships? If yes, what were the reasons; if no, why might a child develop attachment issues?" (4) "As a parent, how would you help a child cope with attachment issues?" (5) "As a teacher, how would you help a child cope with attachment issues?" These questions elicited personal recollections and hypothetical caregiving strategies. Data collection emphasized anonymity and voluntary participation; no identifying information was linked to responses. Ethical approval was obtained through the university's review process, ensuring informed consent and confidentiality.

3. DATA ANALYSIS

Quantitative (Survey) Analysis. Descriptive statistics summarized participant demographics (gender, age, CGPA). Prior to factor analysis, data adequacy was tested: the Kaiser-Meyer-Olkin (KMO) measure was 0.709 and Bartlett's test of sphericity was significant ($\chi^2(105) = 528.48$, $p < .001$), supporting factorability. We then conducted principal component analysis with varimax rotation on the 17-item questionnaire. Following Kaiser's criterion and scree plot interpretation, four components were extracted, aligning with theoretical attachment categories. Items loading ≥ .40 on a factor were interpreted as indicators of that dimension. Cronbach's alpha assessed internal consistency of each factor. We also examined Pearson correlations between factor scores to explore interrelations among attachment dimensions. All analyses were performed in IBM SPSS 27v.

Qualitative (Interview) Analysis. Thematic analysis was conducted using MAXQDA v.24. Responses to each question were treated as separate documents. We developed a coding scheme iteratively: two researchers independently coded a subset of transcripts, identified recurring themes (e.g., "fear of separation", "parental neglect"), and refined a codebook. All transcripts were then coded, and frequency tables of code occurrences were generated for each question. For quantitative reporting of qualitative codes (as shown in Tables 7–12), we noted both the number of "documents" (participant responses) coded with each theme and the percentage of those who mentioned it. Given the small interview sample, we focus on prominent themes and illustrate findings with representative examples, without precluding the view that other factors may also play roles.

Ethical Considerations. Data collection emphasized anonymity and voluntary participation; no identifying information was linked to responses. Ethical approval was obtained through the university's review process, ensuring informed consent and confidentiality.

4. RESULTS

Characteristics of the Participants

Table 1: Gender of Participants

Gender	f	%
Female	160	97.6
Male	4	2.4

Note. F = frequency, % = Percentage.

Table 1 presents the gender distribution of participants in the study. The results indicate that the majority of respondents were female (97.6%, n = 160), while only a small proportion were male (2.4%, n = 4). This shows that the sample was predominantly composed of female participants, meaning the findings largely reflect female perspectives and experiences.

Table 2: Descriptive Statistics for Age and CGPA

Variable	N	Minimum	Maximum	Mean
Age	160	17	48	25.12
CGPA	160	1.15	4.00	2.32

Note. Descriptive statistics are based on valid cases (N = 160). CGPA = Cumulative Grade Point Average.

Table 2 presents the descriptive statistics for age and CGPA of the participants. The results show that the respondents' ages ranged from 17 to 48 years, with a mean age of 25.12 years, suggesting that most participants were young adults. For academic performance, CGPA values ranged from 1.15 to 4.00, with a mean of 2.32, indicating that the average academic standing of the sample was at a moderate level.

Exploratory Factor Analysis (Quantitative Data)

Table 3: KMO and Bartlett's Test Results for Factor Analysis

Test	Value
Kaiser-Meyer-Olkin Measure of Sampling Adequacy	.709
Bartlett's Test of Sphericity	
– Approx. Chi-Square	528.48
– df	105
– Sig.	.000

Table 3 shows the results of the KMO and Bartlett's test used to assess the suitability of the data for factor analysis. The Kaiser-Meyer-Olkin measure of sampling adequacy was .709, which falls within the acceptable range, indicating that the sample size was adequate for factor analysis. Bartlett's Test of Sphericity was significant ($\chi^2 = 528.48$, $df = 105$, $p < .001$), confirming that the correlation matrix was not an identity matrix and that the data were appropriate for factor extraction.

Table 4: Rotated Component Matrix

Item	Component 1	Component 2	Component 3	Component 4
14. I was confident my caregiver would never hurt me by suddenly separating from me.	.798	—	—	—
17. I was confident that my parents love me just as much as I loved them.	.731	—	—	—
15. I usually wanted more closeness and intimacy with	.673	—	—	—

my caregivers than others do.				
2. I was not very comfortable having to depend on other people.	.457	—	—	—
10. My closest relationships were often reluctant to get as close as I would like.	—	.740	—	—
11. I often worried that my close relationships do not really love me.	—	.675	—	—
13. I often wanted to merge completely with others, and this desire sometimes scares them away.	—	.577	—	—
3. I was comfortable having others depend on me.	—	.449	—	—
4. I rarely worried about being abandoned by my most attached relationships.	—	—	.762	—
12. I rarely worry about my close relationships leaving me.	—	—	.735	—
16. The thought of being left by my close relationships rarely entered my mind.	—	—	.696	—
6. I was somewhat uncomfortable being too close to others.	—	—	—	.695
5. I did not like people getting too close to me.	—	—	—	.682
1. I found it relatively easy to get close to others.	—	—	—	.651
8. I was nervous whenever anyone got too close to me.	—	—	—	.563
% of Variance Explained	23.72	12.33	9.28	8.93
α	.859	.814	.869	.831

Note. *Loadings < .40 are suppressed. Extraction method: Principal Component Analysis. Rotation method: Varimax with Kaiser Normalization. Rotation converged in 7 iterations.*

α = Cronbach's Alpha

The factor extraction results (as given in Table 4) revealed four distinct components of childhood attachment. The first component, Secure Attachment, explained the strongest pattern of responses. It was characterised by high loadings on items reflecting trust in caregivers, confidence in being loved, and comfort with closeness. This indicates that individuals high on this dimension perceived their caregivers as reliable and loving, providing them with a sense of safety and emotional security during childhood. The component showed an acceptable reliability of .859.

The second component, Anxious/Preoccupied Attachment**,** was defined by items that reflected fear of abandonment, worry about being unloved, and a strong desire for closeness. Respondents associated with this factor tended to experience heightened anxiety in relationships, often feeling uncertain about the availability and commitment of their attachment figures. This reflects a tendency toward emotional dependence and fear of rejection. The component showed an acceptable reliability of .814.

The third component, Dismissing Attachment, emerged from items showing little concern with abandonment and comfort with independence. High scorers on this factor rarely worried about being left and preferred self-reliance, suggesting that they developed an avoidant stance toward attachment needs. This style reflects emotional detachment and a preference for autonomy rather than dependence on close relationships. The component showed an acceptable reliability of .869.

The fourth component, Fearful/Avoidant Attachment, was represented by items indicating discomfort with intimacy, uneasiness when others got too close, and nervousness in emotionally close interactions. Individuals scoring high on this factor experienced conflicting desires: they sought closeness but simultaneously feared it, leading to ambivalence and avoidance in relationships. The component showed an acceptable reliability of .831.

Inter-item correlation between components

Table 5: Correlations Among Attachment Styles (N = 160)

Variable	1	2	3	4
1. Secure Attachment	—	.15	.37**	.24**
2. Anxious/Preoccupied Attachment		—	.23**	.31**
3. Dismissing Attachment			—	.26**
4. Fearful/Avoidant Attachment				—

Note. *N = 160. p < .01 (2-tailed). Correlations are Pearson's* **r**. *Dashes (—) indicate the variable correlated with itself.*

Table 5 presents the correlations among the four attachment styles. The results show that secure attachment was positively correlated with anxious/preoccupied attachment (r = .15), dismissing attachment (r = .37, p < .01), and fearful/avoidant attachment (r = .24, p < .01). Anxious/preoccupied attachment also showed significant positive correlations with dismissing attachment (r = .23, p < .01) and fearful/avoidant attachment (r = .31, p < .01). Similarly, dismissing attachment was positively correlated with fearful/avoidant attachment (r = .26, p < .01). These findings suggest that although conceptually distinct, the attachment styles shared moderate positive associations, indicating some overlap in how they were experienced by the participants.

Descriptive Statistics of the Attachment Components

Table 6: Descriptive Statistics for Attachment Components

Attachment Component	M of Item Means	Range	Max/Min	Variance	N of Items
Secure Attachment	5.01	1.14	1.25	0.25	4
Anxious/Preoccupied	3.82	0.34	1.10	0.02	4
Dismissing	4.32	0.23	1.06	0.02	3
Fearful/Avoidant	4.26	0.49	1.12	0.04	4

Note. *Values represent descriptive statistics of item means for each attachment component.*

M = Mean; N = Number

Table 6 presents the descriptive statistics for the four attachment components. Secure attachment had the highest mean of item means (M = 5.01), with a relatively wider range (1.14) and greater variance (0.25), indicating more variation in responses compared to the other components. Anxious/preoccupied attachment showed the lowest mean (M = 3.82) with a very narrow range (0.34) and minimal variance (0.02), suggesting more consistency in responses. Dismissing attachment had a mean of 4.32 with the smallest range (0.23) and low variance (0.02), indicating stable responses across participants. Fearful/avoidant attachment showed a mean of 4.26, with a moderate range (0.49) and variance (0.04). Overall, secure attachment emerged as the most strongly endorsed component, while anxious/preoccupied attachment appeared least prominent in the sample.

Thematic Analysis (Qualitative Data)

Question 1. With what relationship were you most attached as a child aged 4 - 8 years?

Figure 1 illustrates participants' responses to the question, "With what relationship were you most attached as a child aged 4–8 years?" The results show that the strongest attachment during childhood was reported with parents and siblings (32%, n = 7), followed by the mother (27%, n = 6). The father was also identified as a significant attachment figure (14%, n = 3), while the grandmother accounted for 9% (n = 2). A small proportion of participants reported attachment to a brother (5%, n = 1) or a sister (5%, n = 1). Additionally, 9% (n = 2) of responses were not coded under specific relationships. Overall, these findings suggest that early childhood attachments were most strongly centered on immediate family, particularly parents and siblings, with mothers being a primary attachment figure.

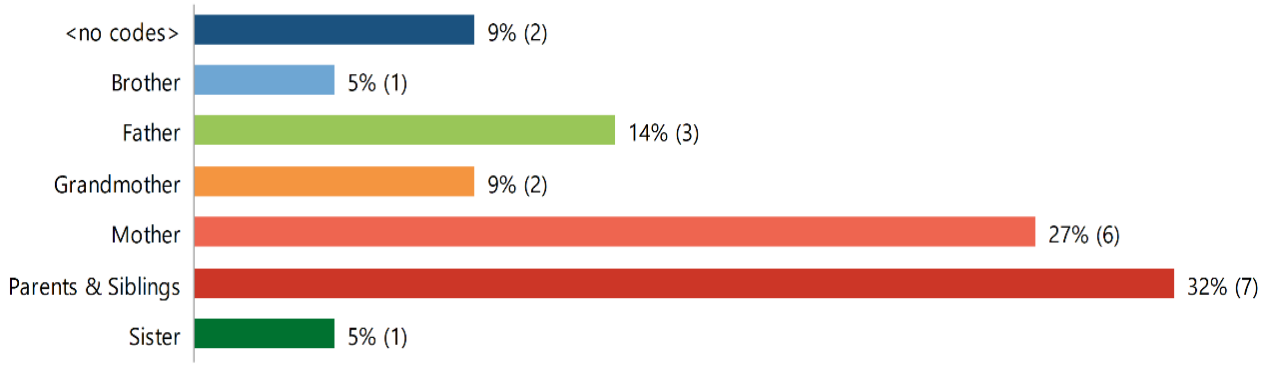

Figure 1. Most Attached Relation

Question 2. Did you experience any fear relevant to your childhood attachment?

If yes, please explain.

If not, please describe your strong/positive bonding.

Attachment Related Fears as a Child (Experience)

Table 7: Documents with code

	Frequency	Percentage	Percentage (valid)
Abandonment	1	4.55	7.69
Darkness	1	4.55	7.69
Harm to Siblings	1	4.55	7.69
Insecurity	1	4.55	7.69
Lack in Support	2	9.09	15.38
Loneliness	2	9.09	15.38
Lose/Separation	5	22.73	38.46
Monsters	1	4.55	7.69
DOCUMENTS with code(s)	13	59.09	100.00
DOCUMENTS without code(s)	9	40.91	-
ANALYZED DOCUMENTS	22	100.00	-

Table 7 presents participants' reported fears related to their childhood attachment experiences. The most common fear was losing or being separated from attachment figures (38.46%, n = 5), followed by feelings of loneliness and lack of support (15.38%, n = 2 each). Other fears mentioned included abandonment, insecurity, harm to siblings, fear of darkness, and fear of monsters (7.69%, n = 1 each). Overall, 59.09% of the participants reported attachment-related fears, while 40.91% did not report any fear. These findings suggest that for many children, fears of separation and emotional insecurity were central to their attachment experiences.

Strong Bonding with the Most Attached Relation (Experience)

Table 8: Documents with code

	Frequency	Percentage	Percentage (valid)
Appreciated and Acknowledged	4	18.18	26.67
Care, Warmth, & Security	10	45.45	66.67

Health Conscious	1	4.55	6.67
Loving and Caring	2	9.09	13.33
Playing Together	4	18.18	26.67
Role Model	3	13.64	20.00
Sharing Secrets	1	4.55	6.67
Teaching Values	1	4.55	6.67
DOCUMENTS with code(s)	15	68.18	100.00
DOCUMENTS without code(s)	7	31.82	-
ANALYZED DOCUMENTS	22	100.00	-

Table 8 highlights the strong and positive bonding experiences described by participants with their most attached relationship. The majority emphasised care, warmth, and a sense of security (66.67%, n = 10) as central to their childhood bond. Other significant aspects included being appreciated and acknowledged (26.67%, n = 4), playing together (26.67%, n = 4), perceiving the caregiver as a role model (20%, n = 3), and being shown love and affection (13.33%, n = 2). Less frequent but notable experiences included sharing secrets, health-conscious care, and teaching values (6.67%, n = 1 each). Overall, 68.18% of participants reported strong positive bonding with their attachment figures, highlighting nurturing and protective roles as the most influential aspects of childhood attachment.

Question 3. Did any other child have attachment issues with their dearest relationships? ***Answer the questions from your understanding of the current age:***

If yes, what were the reasons of their attachment issues? (Observation)

If no, please explain, why a child can have attachment issues. (Perspective)

Table 9: Documents with code

Observation	Frequency	Percentage	Percentage (valid)
Broken Family	3	13.64	20.00
Death of Family member	1	4.55	6.67
Disrupt Family Environment	2	9.09	13.33
Inconsistent Caregiving	7	31.82	46.67
Insecure & Unhealthy Environment	2	9.09	13.33
Lack of Support from Father	2	9.09	13.33
Mental Abuse from a Parent/Guardian	1	4.55	6.67
Mental/Physical Health Issue with Guardian	1	4.55	6.67
Neglect	6	27.27	40.00
Separation from Grandparent/Caregiver	2	9.09	13.33
Trauma	2	9.09	13.33
DOCUMENTS with code(s)	15	68.18	100.00
DOCUMENTS without code(s)	7	31.82	-
ANALYZED DOCUMENTS	22	100.00	-

Table 9 presents participants' observations regarding the reason's other children experienced attachment issues with their closest relationships. The most frequently identified cause was inconsistent caregiving (46.67%, n = 7), followed by neglect (40%, n = 6). Broken families (20%, n = 3) and disruptive family environments (13.33%, n = 2) were also significant contributors. Other reported factors included lack of support from the father, insecure or unhealthy environments, trauma, separation from caregivers, and experiences of mental or physical health issues in guardians. Less frequently, participants

mentioned death of a family member and mental abuse (6.67%, n = 1 each). Overall, 68.18% of respondents reported observing attachment issues in other children, pointing to inconsistent care and neglect as the most critical causes.

Table 10: Documents with code

Perspective	Frequency	Percentage	Percentage (valid)
Inconsistent Caregiving	1	4.55	50.00
Verbal Abuse	1	4.55	50.00
DOCUMENTS with code(s)	2	9.09	100.00
DOCUMENTS without code(s)	20	90.91	-
ANALYZED DOCUMENTS	22	100.00	-

Table 10 presents participants' perspectives on why children may develop attachment issues when they themselves did not observe such cases. Two main reasons were noted: inconsistent caregiving (50%, n = 1) and verbal abuse (50%, n = 1). Although only 9.09% of participants responded from a perspective-based view, their explanations reinforced the broader findings that inconsistent and harmful interactions with caregivers play a central role in the development of attachment difficulties.

Question 4. As a parent, how will you help a child to cope with his/her attachment issues?

Table 11: Documents with code

	Frequency	Percentage	Percentage (valid)
Consistent care giving & Clear Expectations	8	36.36	40.00
Consult Professional Service	7	31.82	35.00
Consultation with teacher	1	4.55	5.00
Develop self-awareness in child	1	4.55	5.00
Diagnose the Reason	2	9.09	10.00
Emotional and Mental Support	7	31.82	35.00
Listen, Talk & Play	2	9.09	10.00
Make the Child Expressive	2	9.09	10.00
Monitor and Track the pattern	1	4.55	5.00
Open Communication with Child	9	40.91	45.00
Safe and Nurturing Environment	9	40.91	45.00
Secure & Loving Relationship	11	50.00	55.00
Settle the environment	3	13.64	15.00
Stable Routine	3	13.64	15.00
DOCUMENTS with code(s)	20	90.91	100.00
DOCUMENTS without code(s)	2	9.09	-
ANALYZED DOCUMENTS	22	100.00	-

Table 11 presents participants' views on how they would help a child cope with attachment issues as parents. The most frequently emphasized approach was ensuring a secure and loving relationship (55%, n = 11), followed closely by creating a safe and nurturing environment (45%, n = 9) and maintaining open communication with the child (45%, n = 9). Consistent caregiving with clear expectations (40%, n = 8) and providing emotional and mental support (35%, n = 7) were also highlighted as key strategies. In addition, several participants noted the importance of seeking professional services (35%, n = 7) and establishing a stable routine or settling the environment (15%, n = 3 each) to foster security. Other strategies included

listening, talking, and playing with the child (10%, n = 2), encouraging expressiveness (10%, n = 2), diagnosing the underlying reasons for the issues (10%, n = 2), and involving teachers (5%, n = 1). Overall, 90.91% of participants suggested practical strategies, with the majority stressing the role of emotional connection, stability, and consistent caregiving as the foundation for helping children overcome attachment challenges.

Question 5. As a teacher, how will you help a child to cope with his/her attachment issues?

Table 12: Documents with code

	Frequency	Percentage	Percentage (valid)
Build Social Relationships (Peers)	2	9.09	11.11
Communication with Child	3	13.64	16.67
Consistency in Rules & Clear Expectations	4	18.18	22.22
Consistent Support and Relationship	6	27.27	33.33
Diagnose the Reason	1	4.55	5.56
Empathy & Understanding	6	27.27	33.33
Emtional and Mental Support	2	9.09	11.11
Monitor Trend and Pattern of Issue	1	4.55	5.56
Parent-Teacher Meeting to Discuss	4	18.18	22.22
Parents' Councelling	2	9.09	11.11
Professional Help	6	27.27	33.33
Reinforcement and Encouragement	1	4.55	5.56
Structured Environment with Rules	3	13.64	16.67
Supportive Classroom Environment	5	22.73	27.78
Warm and Inclusive Classroom Environment	9	40.91	50.00
DOCUMENTS with code(s)	18	81.82	100.00
DOCUMENTS without code(s)	4	18.18	-
ANALYZED DOCUMENTS	22	100.00	-

Table 12 presents participants' perspectives on how teachers can support children in coping with attachment issues. The most frequently emphasized strategy was creating a warm and inclusive classroom environment (50%, n = 9), highlighting the importance of fostering a sense of safety and belonging at school. Other commonly suggested approaches included building consistent support and relationships with students (33.33%, n = 6), showing empathy and understanding (33.33%, n = 6), and seeking professional help where necessary (33.33%, n = 6). In addition, participants stressed the role of a supportive classroom environment (27.78%, n = 5), consistency in rules and expectations (22.22%, n = 4), and collaboration with parents through meetings (22.22%, n = 4). Less frequently mentioned but notable strategies included open communication with the child, structured classroom routines, emotional support, peer relationship building, and parental counselling. Overall, 81.82% of participants provided strategies, with the majority emphasising that teachers play a crucial role in offering stability, empathy, and an inclusive learning environment to help children overcome attachment-related challenges.

5. DISCUSSION

The present study sought to examine how retrospective childhood attachment experiences inform adults' perspectives on caregiving, thereby illuminating the potential intergenerational transmission of attachment-based beliefs and behaviors. Guided by Bowlby, Ainsworth (1) attachment theory and subsequent empirical advances, the findings underscore the enduring significance of early caregiver–child interactions in shaping adult caregiving orientations. The points are especially relevant in the setting of neonatal medicine, in which the initial sensitivity to caregiving can have a direct toll on the results of preterm or medically vulnerable infants. This discussion ties the findings of the study into the literature, incorporates cultural and contextual considerations, addresses methodological strengths and limitations, and proposes implications of the work to future policies, practices and research contributions.

Overview of Findings

It was found that the attachment reported by adults in secure relationships in childhood was associated with the caregiving practices in which people believed in warmth, responsiveness, and emotional availability. By contrast, subjects who reported insecure attachment histories (anxious or avoidant) often described caregiving views based on being fixated on guarding and the worry that they are insufficient, or taking a self-detached and limited approach to connections. The findings are consistent with the previous evidence that the experiences of attachment in the early years form internal working models of self and others which continue into adulthood forming schemas in relations (5, 16). Notably, the results reveal that adults might be conscious or unconscious in transferring their attachment experiences into caregiving mechanisms, which confirms the hiring of the notion of continuity between generations (9). In the neonatal intensive care units (NICUs), such estimates can influence the parental response to health care stressors, which determines their interactions with infants and clinicians (23).

Attachment Patterns and Adult Caregiving

The correspondence between past attachment and caregiving assumptions corresponds to main propositions of attachment theory. An attachment history with a secure status seems to offer people a consistent "secure base," allowing them to engage in caregiving confidently and with flexibility (36). This is consistent with evidence demonstrating that securely attached caregivers tend to be more sensitive, attuned caregivers who facilitate normal child development (13). In neonatal care, this attunement would also support compliance with difficult medical protocols, parental involvement in skin-to-skin care, and better bonding even after hospitalization. Conversely, those recalling anxious attachment showed increased fearfulness of incompetence, in line with previous reports that attachment anxiety is associated with hyperactivating strategies such as over-involvement or intrusive parenting (37). Also, avoidant attachment was associated with attitudes in favor of autonomy and emotional constraint, as seen with deactivating strategies that keep caregivers away from children's emotional needs (5).

The results indicate the stability of internal working models over the lifespan. However, they also indicate a possibility of variability: whereas some of the members who had insecure histories have voiced expressive plans to do better with their children, indicating pathways of non-vulnerability or compensatory emotional experiences. Healthcare providers within the neonatal context can also contribute to strengthening these flexibilities/adaptive changes in parents by offering them a structured pathway to rehearsal in terms of stress-insensitive caregiving within the pharmaceutical ambiance of hospitals. This is in line with the findings that reflective functioning and therapy interventions are capable of breaking the insecure attachment loops and reinforcing the use of more secure care provisions (38, 39).

Intergenerational Transmission of Attachment and Caregiving Beliefs

This is supported by the findings of the study that prove that attachment orientations can be passed onto generations due to the nature of care that is given out. It has been confirmed by longitudinal meta-analyses that there has been moderate intergenerational stability in attachment transmission (9). The parental sensitivity, reflective functioning, and stress over regulation in relationship situations are just some of the processes leading to this (40). Our results are complemented by showing that the stories adults tell about their childhoods inform beliefs about caregiving and ultimately the ideologies that are not merely practiced but explicitly expressed mentalities about how and why they should proceed with caregiving. That implies that continuity in the inter-generations is built by the implicit as well as explicit processes.

Notably, the results resonate as well with the studies of so-called earned security or the development of secure care delivery skills by people who experienced insecure attachments in relationships due to other secure relationships, awareness, or treatment (41). The application of earned security to a neonatal setting can take place when parents are provided with psychosocial support during stressful medical incidents that allow them to transcend previously experienced insecurity during the care of the newborn. This brings forth the malleability of attachment processes and the influence of social and psychological resources in discontinuing cycles of insecurity.

Cultural and Contextual Considerations

Care and attachment is a culturally and sociohistorical phenomenon. Although the attachment theory asserts the universal human need to be close and feel safe, the manifestations of such caregiving behaviour also differ depending on the culture (42). As an example, collectivist societies can focus on interdependence and offspring nurturing collectively, but individualistic settings tend to give their priority to the autonomy (43). The retrospective design of the study makes it likely that the recollections of the participants were filtered through culturally specific caregiving norms that should be taken into account when one interprets the research findings. Likewise, culturally held beliefs about neonatal interventions (the utilization of incubators, breastfeeding, or sharing beds with children, etc.) can have an impact on how parents approach and participate in neonatal medical care practices. Moreover, recently, stressors associated with contemporary life, e.g., social media and economic stressors, along with changing family structure, may affect how adults reframe their past and anticipate future care giving, as recently requested in the recommendation of placing attachment within a larger ecological system (44).

Strengths and Limitations

This study was quite strong in its mixed-methods design, as it allowed quantitative correlations and qualitative description

of caregiving views. This triangulation added value on the understanding of how attachment histories are realized in adult beliefs. However, limitations must be acknowledged. Retrospective self-reports are vulnerable to recall bias and may reflect present emotional states rather than objective past experiences (45). The relatively small and non-representative sample limits generalizability, particularly across cultural and socioeconomic groups. Furthermore, the cross-sectional nature of the data precludes causal inferences about the directionality of associations between attachment histories and caregiving orientations. Finally, because this study did not directly examine neonatal caregiving experiences, future research is needed to explore how attachment histories shape parental responses in NICU or surgical settings.

Implications for Practice and Policy

Despite these limitations, the findings carry important implications. First, interventions that enhance parental reflective functioning may help individuals recognize how their past shapes their caregiving, thereby fostering more secure parent–child relationships (38). Second, training for health and social care professionals should incorporate awareness of attachment processes to better support parents navigating insecure histories. In neonatal medicine, such training could include strategies for supporting parental bonding in high-stress medical environments, reducing anxiety, and encouraging parent–infant contact. At a policy level, investment in early childhood and family support services can disrupt cycles of insecurity and promote resilience across generations. The study also highlights the value of integrating attachment-informed frameworks into parenting programs and community-based interventions, particularly in culturally diverse settings.

Future Research Directions

Future studies should employ longitudinal and cross-cultural designs to better understand how retrospective attachment interacts with contextual factors in shaping caregiving beliefs. Incorporating observational methods alongside self-reports would enhance validity, while larger and more diverse samples could clarify how attachment processes unfold across cultural contexts. Additionally, exploring protective factors such as social support, therapy, or positive role models may illuminate pathways to resilience for individuals with insecure histories. There is also a need to investigate how medical professionals can buffer attachment-related vulnerabilities in neonatal and surgical wards, where stress may otherwise undermine caregiving. Lastly, since the issue of modern digital media affecting the family is topical nowadays, future studies must explore the overlap between online environments and the dynamics of attachment-oriented caregivers.

6. CONCLUSION

To sum up, this paper shows that the adult attitudes toward caregiving, indeed, are heavily impacted by the retrospective attachment experiences, proving the long-term effect of early relationships. Bonds acquired during early childhood trigger secure beliefs in response and warmth to caregiving, but insecure relationships tend to influence vigilance orientations or distance. There is, however, a hope that attachment is not fate, as there has been a demonstration of strength and deliberate avoidance of insecure patterns of behavior. Applied to these neonatal and medical contexts, these insights highlight the need to attend to the parents who are in a state of clinical stress to enable the provision of secure care in the worst of situations. It is within the understanding of the interaction of the past and the present that the attachment-informed practice can be established in the context of clinical settings, education, and policy to promote healthier caregiving conditions in future generations.

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