



International Journal of Humanities & Social Science Studies (IJHSSS)

A Peer-Reviewed Bi-monthly Bi-lingual Research Journal

ISSN: 2349-6959 (Online), ISSN: 2349-6711 (Print)

Impact Factor: 6.8

Volume-XII, Issue-V, September 2026, Page No. 150-157

Published by Scholar Publications, Sribhumi, Assam, India, 788711

Website: <http://www.ijhsss.com>

DOI: [10.29032/ijhsss.vol.12.issue.05W.381](https://doi.org/10.29032/ijhsss.vol.12.issue.05W.381)



Adult Attachment and Child Mental Health in Mothers of Pre-School Children

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Received: 19.09.2026; Accepted: 29.09.2026; Available online: 30.09.2026

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Abstract

According to APA, mental health refers to a state of mind characterized by emotional well-being, good behavioral adjustment, relative freedom from anxiety and disabling symptoms, and a capacity to establish constructive relationships and cope with the ordinary demands and stresses of life. The objective of this study is to examine the relationships and differences in adult attachment and the mental health of preschool-age children. The study involved 60 mothers who completed standardized questionnaires assessing attachment styles and child behavioural strengths and difficulties. The results shows that mothers exhibiting anxious or avoidant attachment patterns tended to have children with increased behavioural challenges. And, mothers whose attachment style is secure had children with better social skills and fewer emotional difficulties. Children of mothers with secure attachment styles demonstrated more prosocial behaviour, whereas those with anxious or avoidant mothers experienced more emotional and behavioural problems. These results showed the significance of maternal attachment in shaping young children's mental health outcomes.

Keywords: Adult Attachment, Children Mental Health, Mothers of Pre-School Children

Introduction:

According to World Health Organisation, Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn and work well, and contribute to their community. It has intrinsic and instrumental value and is a basic human right. Mental health in childhood involves achieving developmental and emotional goals, and learning social skills and coping strategies for problems. Children with good mental health enjoy a positive life quality and perform well at home, school, with peers, and in the community. Mental health is more than just the absence of a disorder; it relates to a child's overall well-being and ability to thrive. Various factors affect a child's welfare, including family and community relationships, access to opportunities, and environmental conditions. Children can have a good quality of life even while living with a mental health

disorder, thanks to effective treatment and supportive relationships. Those without a mental health disorder can still face mental health challenges that impact their development and stress management.

Childhood and adolescence stages are crucial for mental health and it involves rapid growth and brain development. Children learn social-emotional skills that influence their development in future. Healthy growth occurs when children, including those with special needs, are raised in supportive homes that meet their social, emotional, and educational requirements. Children's development plays an important role in the quality of relationships and environments. Supporting and nurturing surroundings can influence their mental and physical health. Mental health issues can be developed through the adverse experiences like violence, living with an unsupportive caregiver, or lacking of housing or food. Many children show fears, worries, or disruptive behaviours, but if they disrupt daily activities, the child may need a mental health care and diagnosis. Symptoms can change as children develop and it include stress, trouble handling emotions, and difficulties in play and learning. Some mental health conditions can start in early childhood, while others may not appear until later childhood.

Families may seek mental health concerns and professional diagnosis for children. Many disorders are chronic and can remain in adulthood but some may respond well to treatment. Without proper diagnosis and care, children can face issues at home, school, and in friendships, that affects their development. People may notice the symptoms and diagnosis can be done during school age but can occur earlier. Recognizing mental health issues in children is crucial. Warning signs that persist for weeks or months and disrupt daily life should prompt contacting a health professional. Younger children might need evaluation if they show frequent tantrums, chronic worry, unexplained physical complaints, or social difficulties. Older children might benefit from an evaluation if they lose interest in activities, sleep excessively, engage in risky behaviours, or express thoughts of self-harm or suicide. Treatment is available, and children or teens should share concerns with trusted adults or health care providers for assistance.

Adult attachment refers to the way people form and maintain relationships as adults, characterized by different attachment styles. Secure attachment individuals are comfortable with intimacy and independence, have trusting, long-term relationships, and have high self-esteem. Avoidant attachment individuals fear intimacy and struggle to trust others, while anxious attachment individuals fear abandonment and may be clingy and needy. Disorganized attachment individuals may have grown up in mixed-signal homes and may be anxious about their own acceptance. Attachment theory suggests that the quality of bonding experienced during infancy determines how well an individual relates to others and responds to intimacy throughout life. Insecure attachment styles can lead to difficulty understanding one's own emotions and others' feelings, limiting their ability to build or maintain stable relationships. Understanding attachment styles can help individuals make sense of their behaviour, perceive their partner, and respond to intimacy, ultimately helping them clarify their needs and overcome problems in their adult relationships.

William S. Rholes (1995) explored the impact of adult attachment styles on mothers' closeness to their children, teaching interactions, and individual desire to have children. Results showed that avoidant mothers felt less close to their preschool children and exhibited less supportive behaviour. Anxious-ambivalence was also associated with less

closeness, but the level depended on marital quality. The findings are relevant to attachment theory. Ety Berant et al. (2007) examined how mothers' attachment insecurities affect their and their children's psychological well-being over 7 years, focusing on children with congenital heart disease (CHD). Sixty-three mothers participated in a three-phase study starting at their child's CHD diagnosis. Mothers' attachment styles and mental health were measured at each phase. Results showed that mothers with avoidant attachment at the start had worsening mental health, marital satisfaction, and their children faced emotional issues later on.

Anne Greig (2010) studied about social understanding, attachment security of preschool children and maternal mental health and to assess the differential effects. 45-month-old children was assessed on social understanding tasks, attachment security, and maternal mental health. The hypotheses were that insecure children had lower verbal mental ages, poorer emotion understanding, and higher maternal depression scores. However, no significant effects were found for mind understanding. Verbal mental age and attachment were significant predictors of emotional task performance, while depression and socioeconomic status were not.

Jessica E. Cooke (2019) said childhood trauma can have lasting impacts on health and well-being. Researchers are studying how these experiences affect parents' children. Mothers who faced adversity in childhood may pass on risks to their kids' behaviour and emotional development. Early behavioural struggles can lead to poor school readiness, lower grades, and mental health issues. To break this cycle, it's crucial to understand how maternal trauma affects child behaviour. Attachment theory offers a valuable framework for exploring this link. Identifying maternal attachment style as a key factor can inform targeted interventions.

Method:

The aim of the present study is to find out the association between the Adult Attachment Styles (AAS) and Child Mental Health (CMH) among the mothers of Pre-School Children in Madurai. Objectives of the study are: To understand the selected socio-demographic profile of Mothers of Pre-School Children. To measure the level of AAS for the mothers. To measure the level of CMH for the mothers. To find out the association between the AAS & CMH for the mothers.

After having reviewed various relevant literature the following Research Hypotheses have been formulated: Mothers of the Pre School-Children, from different attachment styles do differ significantly with regard to the Mental Health Issues of the Children. There exists a negative correlation between the Secure attachment style by the mothers and the Mental health Issues of children.

Participants:

All the mothers of the Pre School-Children residing at Madurai city constitute the Universe. For the Pilot study of the Ph.D. research work the researcher had visited five schools located nearby and met the Principal of the Schools to obtain permission to conduct the study. It was found that there were 127 Mothers of Pre School-Children available from the five schools. These Mothers were the universe for the study. Inclusion of the study includes Mothers of Pre School-Children from Five randomly selected schools. Duration of Marital Life up to 15 Years.

The researcher had been to all the Five Pre Schools and met the principals, explained the purpose and after getting the formal permission, she met 127 Mothers of pre-school children. The Google Form link was sent to all the mothers who satisfy the Inclusion and Exclusion conditions, with proper instructions. However, at the end, she could collect all the required data from 60 Mothers only. Thus, Simple Random Sample was adopted for the present study.

Research design:

For the present study the researcher has adopted descriptive research design. Since an attempt has been made to describe the socio-demographic profile, AAS and CMH and the relationship between above mentioned variables, it is felt this design will be most suitable one.

To understand the selected socio-demographic conditions of the mothers, a Semi-structured interview schedule was prepared by the researcher. The 40 items, Attachment style Questionnaire (ASQ) by Feeney, Noller & Hanrahan (1994), The 25 items, Strength and Difficulties Questionnaire (Parent Version): (SDQ) by Robert N. Goodman, (1997) were administered. Both the Tools have got high reliability & Validity.

Data Analysis:

The Data were obtained through Google Form method. The collected data were edited and tests of Normality were done for the study variables and found to be Normal. The data were analysed using the trial version of Statistical Package for Social Sciences (SPSS) Version 20. To verify the hypotheses, Karl Pearson's coefficient of Correlation, One Way ANOVA were used and accordingly conclusions have been drawn.

Table 1:
The Distribution of Mothers Based on Socio Economic Conditions

S.NO	FACTORS	N (60)	%
1.	Place of Living		
	Urban	40	66.7
	Rural	20	33.3
2.	Duration of Marital Life		
	Below 10	25	41.7
	Above 10	35	58.3
3.	Age of the Child		
	Below 5	45	75.0
	Above 5	15	25.0
4.	Sex of The Child		
	Male	35	58.3
	Female	25	41.7

More than two third of the mothers (66.7%) are from Urban Areas. • Nearly three fifth of the mothers (58.5%) have (Above 10) years of Marital Life. • Majority of the Children are in the age group of (Below 5) Years. • Nearly three fifth of the Children (58.5%) are Males and the remaining (41.7%) are Females.

Table 2:
Karl Pearson's Correlation Matrix for The Different Attachment Styles

S.NO	Factors of Attachment Styles	Anxious-Confused	Avoidant-Negative	Secure-Positive
1	Anxious Confused	1.0		
2	Avoidant Negative	+0.429**	1.0	
3	Secure Positive	-0.516**	-0.433**	1.0

**Correlation is significant at the 0.01 level (1-tailed)

By using Karl Pearson's Coefficient of Correlation test it is found out that there exists the positive and significant association between the Avoidant-Negative style and Anxious-Confused ($r = +0.429$, $p < .01$, Sig). Further, it is found that there exists a Negative and significant relationship between Secure-Positive style and Anxious-Confused ($r = -0.516$, $p < .01$, Sig) and Secure Positive style and Avoidant-Negative style ($r = -0.433$, $p < .01$, Sig).

Table 3:

Karl Pearson's Correlation Values for the Different Factors of Child Mental Health and Attachment Styles of Mothers (N=60)

NO	Factors of Child Mental Health	Anxious-Confused	Avoidant-Negative	Secure-Positive
1	Emotional Symptoms	+0.781**	+0.627**	+0.711**
2	Conduct Problems	+0.716**	+0.702**	-0.680**
3	Hyper Activity	+0.687**	+0.699**	-0.675**
4	Peer Problem	+0.599**	+0.604**	-0.688**
5	Total Difficulty	+0.648**	+0.627**	-0.704**
6	Pro Social	-0.671**	-0.691**	+0.728**

**Correlation is significant at the 0.01 level (1-tailed)

The Positive and Negative factors of Child Mental Health are correlated with the Attachment styles of Mothers. All the Negative aspects of Mental Health such as Emotional Symptoms, Conduct Problems, Hyper Activity, Peer Problem and Total Difficulty scores are Positively and significantly correlated with Anxious-Confused and Avoidant-Negative Attachment Styles, and negatively significantly associated with Secure-Positive Attachment style. The Pro Social aspect of Child Mental health is negatively and significantly associated with Anxious-Confused and Avoidant-Negative Attachment Styles, and positively significantly associated with Secure-Positive Attachment style. Thus, the formulated Hypotheses have been verified.

Table 4:

S.NO	Factors of Child Mental Health	Pro Social Scale
1	Emotional Symptoms Scale	-0.416**
2	Conduct Problem Scale	-0.353**
3	Hyper Activity Scale	-0.374**
4	Peer Problem Scale	-0.489**
5	Total Difficulty Scale	-0.395**

**Correlation is significant at the 0.01 level (2-tailed)

All the Negative aspects of Mental Health such as Emotional Symptoms, Conduct Problems, Hyper Activity, Peer Problem and Total Difficulty are negatively and significantly correlated

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with Pro Social aspect of Child Mental Health. Thus, the formulated hypotheses have been verified.

Table 5:

S.No	Factors	N	Mean	SD	F Ratio (df)	Stat Result
1	ED1 Emotional Symptoms Scale					
	Anxious Confused	13	62.54	7.72		
	Avoidant Negative	35	67.29	7.34	12.932	p<0.01
	Secure Positive	12	46.50	6.03		Sig
	Total	60	61.00	7.73		
2	ED2 Conduct Problem Scale					
	Anxious Confused	13	63.08	9.57		
	Avoidant Negative	35	69.14	8.41	9.630	p<0.01
	Secure Positive	12	48.50	7.45		Sig
	Total	60	67.50	6.53		
3	ED3 Hyper Activity Scale					
	Anxious Confused	13	59.54	8.64		
	Avoidant Negative	35	67.43	6.08	11.007	p<0.01
	Secure Positive	12	49.17	9.65		Sig
	Total	60	57.67	7.60		
4	ED4 Peer Problem Scale					
	Anxious Confused	13	66.54	8.64		
	Avoidant Negative	35	73.00	6.41	8.117	p<0.01
	Secure Positive	12	47.33	8.26		Sig
	Total	60	64.17	7.59		
5	EDIM1 Total Difficulty Scale					
	Anxious Confused	13	61.92	6.27		
	Avoidant Negative	35	69.21	8.72	10.843	p<0.01
	Secure Positive	12	46.88	7.23		Sig
	Total	60	62.58	8.48		
6	ED5 Pro Social Scale					
	Anxious Confused	13	58.31	8.78		
	Avoidant Negative	35	56.86	9.93	12.932	p<0.01
	Secure Positive	12	74.50	10.50		Sig
	Total	60	70.33	9.75		

One Way ANOVA Results for factors of Child Mental Health based on the types of Attachment Styles of Mothers of Pre School-Children are presented. The Mothers who follow the Avoidant-Negative attachment style have scored higher in the Child Mental Health aspects like Emotional Symptoms, Conduct Problems, Hyper Activity, Peer Problems and Total Difficulties when compared to Mothers adopting other styles. However, the mothers who follow Secure-Positive Attachment Style have scored higher in the Pro Social aspect of Child mental health when compared to Mothers adopting other styles. Thus, the formulated Hypotheses have been verified.

Discussion:

The findings of this study show the important role of maternal attachment styles in shaping the mental health outcomes of preschool children. There is a positive and significant correlation between avoidant-negative and anxious-confused attachment styles, suggesting a potential risk effect on child mental health. In contrast, secure-positive attachment styles were negatively correlated with anxious-confused and avoidant-negative styles, highlighting the protective effects of a secure maternal attachment on child mental health. These findings can be connected with attachment theory, in which they said secure attachment styles increases healthy emotional regulation and resilience in children.

The correlations between maternal attachment styles and child mental health factors showed distinct patterns. Anxious-confused and avoidant-negative attachment styles were positively correlated with negative mental health aspects, such as emotional symptoms, conduct problems, and hyperactivity. Secure-positive attachment styles were positively correlated with prosocial behavior, Secure attachment in promoting healthy social-emotional development. The ANOVA results further revealed the differential impact of maternal attachment styles on child mental health. Mothers with avoidant-negative attachment styles had higher levels of child mental health difficulties, whereas mothers with secure-positive attachment styles reported higher levels of prosocial behavior.

These findings have significant implications for the development of targeted interventions aimed at promoting healthy attachment styles and mitigating the risk of child mental health difficulties. By recognizing the critical role of maternal attachment styles in shaping child mental health outcomes, policymakers and practitioners can develop more effective strategies to support vulnerable families and promote healthy child development.

Suggestions:

Based on the above findings, the researcher would suggest the following to improve Secure Attachments. It includes actively working on the relationship with oneself itself. Purging toxic or counterproductive relationships. Building one's own self-esteem. Healthily expressing the emotions. Lean on the support of friends and family. Child Mental Health can be improved by spending time with the children and doing enjoyable activities, maintaining routines as much as possible – such as bed time and meal times. Regularly asking the child how they are in schools & families. Acknowledging and respecting the child's feelings and listening to the child's concerns frequently.

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