

# The Role of Maternal Attachment Styles in Children's Sleeping Habits, Feeding, and Adjustment to Nursery

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## Abstract

Research over the last fifty years has shown that the security and emotional stability experienced by an infant in the first year of life have an impact on the individual's entire life, on how they respond to stressful situations, on how they raise their own children, on the dynamics of their relationships, and on their general psychological and physical state. That is why it is so important that today's generation of adults be able to consciously develop the parenting style that will lead to more securely attached children growing up. Such a change would be a huge step forward in healthy psychological functioning; however, it would also require the individual to confront his or her own maladaptive functioning and attachment difficulties. According to my hypothesis, mothers with a secure attachment style are more likely to be responsive in parenting, and they are more supportive of their children during the separation period than those with anxious and dismissive attachment styles. The online questionnaire survey involved 113 respondents. One part of the questionnaire concerned the parenting practices used by the respondents in the first year of their children's lives; another part concerned their experiences of settling in. In addition, the Adult Attachment Scale (AAS) questionnaire was used to measure mothers' attachment styles. The results show that mothers' attachment styles affect both their responsiveness and their emotional and behavioral mechanisms during the separation of their children.

**Keywords:** attachment styles, responsiveness, parenting styles, separation

## Introduction

The sense of security experienced by the infant in the first year of life, the responsiveness and emotional stability provided by the mother, have an impact on the whole of the individual's life (personality development, general psychological and physical well-being, coping with stress, relationships, parenting, etc.). Today's adult generation of young children may not have experienced the exact parenting mechanisms mentioned above. This was partly due to a lack of information and knowledge, partly due to the socio-cultural environment and expectations, and also to the fact that they themselves did not grow up in responsive and emotionally stable families, making it difficult for them to follow a different pattern. However, we now know that the mother–infant bonding is essential not only for a balanced childhood, but also because we carry this early attachment pattern throughout our lives (see Bowlby, 1977; Ainsworth & Bell, 1985). That is why adults who become parents today can make a significant difference in helping their children become securely attached and emotionally stable adults at a higher rate than previous generations.

This change is more likely to occur now than at any time in the last century because we have scientific evidence of what makes a child securely attached and the benefits of this in later life, and because society offers young mothers many more opportunities to raise their children responsively. The ability to change is therefore primarily a matter of individual traits and experiences. What makes this change complicated is that approximately half of the current adult generation lacks a secure attachment (Kató et al., 2024). In the light of this, it is only through conscious attention, self-education, effort, and sometimes overcoming instinctive impulses that parents who are not securely attached can pass on a different pattern to their children.

## Characteristics of Attachment Styles

Attachment is a connection, an emotional bond primarily between two persons, in childhood primarily between parent and child (Szalai, 2014). Attachment may form in the first year of life, but it actually begins at birth. On the one hand, this is due to the fact that the infant is dependent on its caregiver for a relatively long period of time from birth; its physical and psychological development, in other words, survival itself, is achieved through the care of parents and adults. The presence, reliability, and consistent availability of the parent influence the child's well-being, emotional state, and behavior. The characteristics of attachment are embedded in our personality and affect all our later relationships, as the attachment patterns established with the primary caregiver provide a template for later attachment functioning mechanisms. Patterns that develop during this period

can make us vulnerable, increasing health risks in the individual, or conversely, enhancing our physical and psychological resilience (Adams et al., 2014).

As Bowlby (1977) noted 50 years ago, it is not enough for a child to be physically cared for; they also need emotional feedback from their environment. One element of this is physical closeness, in the form of touch, and two-actor play (i.e., play based on direct contact between the child and the adult) also plays an important role. The child will feel safe and perceive their mother (primary caregiver) as a bonding figure who provides a secure base and a safe environment when needed.

Attachment styles were formulated by Ainsworth and Bell (1970) and Ainsworth (1985), who described the patterns that give rise to an individual's attachment style through the Strange Situation experiment. In the experiment, children aged 1–3 years were tested on how they reacted when they found themselves in unfamiliar situations. Our attachment system is activated in any situation that appears emotionally threatening and, depending on the characteristics of our patterns, provides coping strategies that can help or hinder the individual in regaining a sense of security. Nursery/preschool settling-in is perhaps one of the first emotional crises in which the child begins to operate this system of trying to restore safety. However, in many ways, this accommodation is also similar to the original experimental situation, and thus illustrates the attachment patterns of children entering nursery.

In the experiment set up by Ainsworth and Bell (1970), the infants were observed while being separated from and reunited with their mother a couple of times. Based on this plot, the authors were able to describe three patterns: the secure attachment style, the insecure–anxious style, and the insecure–avoidant style. Later, they added the disorganized style to their theory. A securely attached child is calm, active, and curious in the company of their mother. They may show signs of distress when separated from their parent, but soon calm down on reunion and become interested in their environment again. The child's behavior shows that they trust their mother, who provides an appropriate emotional support, responds consistently to the child's needs, so that the child learns to trust their environment, especially their parents, and has a secure attachment. The second type is called insecure–anxious attachment. In the Strange Situation experiment, the child finds it difficult to calm down in the absence of their mother, shows strong emotions, and has difficulty returning to explore the environment even when their mother returns. This pattern of attachment is typical when the mother is inconsistent, sometimes strict, punitive, sometimes overbearing, and sometimes almost pleading with her child. For the infant, the mother's behavior is thus unpredictable and unsettling. The third type is the

insecure–avoidant attachment. In the experimental situation, the child is emotionally distant, unresponsive to either distancing or reunification. This is typical if the mother is passive, unavailable, rejecting, or emotionally absent from the child's life. Thus, the infant is forced to protect himself or herself early on, tries to become independent as soon as possible, and, although negative emotions are also present, they do not express them, keeping an emotional distance from the mother. The disorganized attachment pattern is most common in children from abusive families. In such families, it is impossible to develop secure relationships (Ainsworth & Bell, 1970).

Studies with adults have shown that 60% of people have secure attachment, regardless of culture, with the remaining 40% divided between the other three attachment patterns. However, insecure attachment types are much more culturally influenced. Avoidant attachment is more common in Eastern Europe than in Western countries. Anxious attachment is also highly prevalent in our cultural milieu, but it is even more prevalent in Mediterranean cultures and dominant in Northern Europe as well (Hoenicka et al., 2022). In a recent study of young adults (aged 20 to 40), the distribution of attachment styles in the Hungarian sample is even more dispersed than the European averages. According to this study, 31% of the respondents had secure attachment, 26% anxious attachment, 20% avoidant attachment, and 23% disorganized attachment (Kató et al., 2024).

Parental care plays a significant role in the development of attachment from the moment of birth. Neuropsychology researches show that early caring, nurturing, and consistent attention to the infant's needs have a significant impact on the child's later development. A child born into a neglectful environment has a slower left-brain development, which increases the susceptibility to depression in later life, and hypersensitivity of the limbic system leads to anxiety disorders (see also Ciechanowski et al., 2003; Riggs & Jacobvitz, 2002). In brain development, a neglectful environment also inhibits the growth of the hippocampus, which later leads to learning and memory difficulties. Children of mothers who provide adequate care and affection later on become better parents and cope better in stressful situations than children who are not surrounded by warm care. This is now supported by studies of chemical and hormonal changes in the brain (Winston & Chicot, 2016).

### **Maternal Responsiveness, Mother–Infant Bonding**

In order for a secure attachment to develop in the child, the mother must be ready to respond. Maternal responsiveness means that the caregiver is sensitive to the child's cues and attuned to them. In this way, the child learns that the parent is available in case

of danger—providing safety and predictability. The main pillars of responsive parenting in the first year of life are on-demand feeding, physical closeness, and responsiveness to the child's cues, both during the day and at night.

In terms of feeding, research tends to distinguish between breastfeeding, mixed-feeding, and formula-feeding. Several studies support that secure mother–infant attachment is better facilitated by breastfeeding (Abuhammad & Johnson, 2021; Kim et al., 2024; Linde et al., 2020). In a recent research, Kim et al. (2024) found that breastfeeding mothers were more typically emotionally available than the mothers of infants who were formula-fed. The mother–infant relationship was therefore closer and more secure. Abuhammad and Johnson (2021) also included mixed-fed infants in their sample and were able to show a difference in mother–infant bonding between the three groups as early as the second month in favor of the exclusively breastfed infants and their caregivers. As postnatal depression makes responsive parenting more difficult, studies that focus on the quality of the mother's sleep are also important. Breastfeeding may also be associated with the sleep quality of mothers. A 2011 large sample study (N=6410) showed that mothers who opted for breastfeeding had more sleep compared to mothers who used mixed or formula-feeding only. The study concluded that they sleep more hours, have better health, more energy, and less depression than mixed or formula-feeding mothers (Kendall-Tackett et al., 2011).

Co-sleeping is a complex family habit in which recent psychological researches suggest that the physical closeness experienced by infants helps them to develop. Although there are cultural variations around this issue, more and more people are opting for co-sleeping, which facilitates responsiveness in nighttime care and promotes synchronization and regularization of the infant–mother dyad (Barry, 2019). Higley and Dozier (2009) investigated how nighttime care is related to infant–mother attachment and infant attachment style at 12 months of age. The results show that the mothers of securely attached 1-year-olds were more consistent, sensitive, and responsive during overnight care compared to the mothers of insecurely attached children. The most typical maternal behavior in terms of responsiveness was to hold and reassure the child, which the mothers of securely attached infants did much more often than those of children in the other groups. Carrillo-Díaz et al. (2022) found that children who slept with their parents for less than 6 months used self-soothing devices (e.g., pacifiers) significantly more often than those who spent more time in their parents' bed and had higher levels of anxiety.

Breastfeeding and sleeping in the same room or bed with the infant are two forms of care that have a significant role to play in the health, safety, and development of the infant. Until now, these factors have been approached from a cultural and sociodemographic perspective,

with less attention paid to psychological characteristics, one of which is mothers' attachment patterns (Jones et al., 2020). A Dutch study investigated the implications of mothers' attachment styles for infant care techniques. All mothers in the study initiated breastfeeding, with the number of mothers who breastfed decreasing by month 6. The mothers who gave up breastfeeding earliest were those who had an avoidant style. The result is not surprising, as the avoidant style is characterized by fear of dependence and intimacy. As the infant grows, the avoidant mother may experience attachment intensely, and breastfeeding becomes a form of bonding between her and her infant, which she may find difficult to tolerate over time, and therefore, she terminates breastfeeding. No correlation was found between co-sleeping and mothers' attachment style. Here, however, social environment, parental status, or other demographic correlations are likely to play a more significant explanatory role. Research has found a trend-like association between co-sleeping and mothers with anxious attachment style (Jones et al., 2020).

A meta-analysis conducted in 2020 analyzed data from 8900 participants (Linde et al., 2020). It found that infants who were breastfed for extended periods of time had higher scores for secure attachment. The research also examined whether a mother's attachment style influenced breastfeeding. Mothers with secure attachment were more likely to choose to breastfeed their babies than those with insecure attachment. Another study shows that early mother–infant attachment is negatively affected both by a mother's anxious style and by avoidant style (Nordahl et al., 2020).

Benoit et al. (1992) showed that 100% of mothers of young children with sleep problems were insecurely attached (65% rejecting, 35% anxious), but that the mother's attachment style was not always associated with the child's sleep problems, as the number of insecurely attached mothers in the control group was 57%. In another study, mothers' secure attachment was positively associated with the child's adequate sleep (Scher & Asher, 2004). Looking at infants' attachment, Beijers et al. (2011) found that infants with an anxious pattern woke up more times during the night in the first 6 months of life compared to children in the other two groups, and that the avoidant group had the lowest number of wakings.

## **The Transition to Nursery**

The transition to nursery is a critical developmental milestone for every child. This transition bridges the developmental contexts of family, everyday life, and preschool. There are many changes that take place while children become preschoolers. Children must be away from their primary caregiver, mostly their mother. This is emotionally extremely

stressful for children, as indicated by elevated cortisol levels in children during preschool enrollment (Bernard et al., 2015; Nystad et al., 2021). They are expected to perform at a higher level socially, follow rules and routines, and have some early childhood socio-emotional skills developed while missing their mother and family (Ladd et al., 2000; Nathanson et al., 2009). There are many factors that influence the mild transition from the family environment to the nursery. Some of them are structural aspects such as introduction length and intensity, timing for first child–parent separation, and number of children and teachers involved in the introduction process. In Romania, the law allows the parent to stay with the child during the first 10 days of attending the educational institution, to facilitate his or her adaptation to the community (Ministerul Educației, 2023). Despite this, some parents are unaware of this right or are discouraged from using it, while findings suggest that inviting parents to participate actively in preschool transition may help in a better and less traumatic transition (Andersson et al., 2023).

A child's attachment style significantly impacts preschool adjustment. Secure attachment helps lower stress, promotes exploratory behavior, and leads to a more positive emotional experience during the transition to preschool. Children with insecure attachments may struggle with separation anxiety, unfamiliar environments, and emotional regulation, making the transition more challenging (Tatalović Vorkapić, 2025). To my knowledge, there has been no study on whether mothers' attachment styles influence children's separation processes and transition to nursery.

## Objectives and Hypotheses

In the present research, I aimed to highlight and investigate a moment in the parent–child relationship when characteristics of both mothers' and children's attachment styles may emerge. This situation is the period of nursery or preschool induction. I examined how the settling-in period is affected by mothers' attachment patterns, their reactions to their children, their emotions, and their coping with negative feelings from the separation. I also considered how these factors indirectly impact children's behavior, settling-in time, and emotions. Additionally, I explored how mothers' attachment patterns affect their parenting of infants, which forms the basis for children's later attachment and detachment.

I formulated two hypotheses:

1. Mothers with secure attachment patterns are more likely to have responsive parenting (see Scher & Asher, 2004; Jones et al., 2020; Linde et al., 2020; Nordahl et al., 2020).

2. Mothers with secure attachment patterns are more stable in responding to their child's separation crisis than mothers with anxious and avoidant patterns. The reactions of children of securely attached mothers are less extreme than those of children of mothers in the other two groups.

## Methodology

Mothers completed an online questionnaire that I created. This consisted of 15 questions. The first part recorded statistical data, the second part asked about the parenting techniques used during the first year of the child's life, and finally, I asked the mothers to share their experiences of the initial introduction to nursery/preschool.

I also used the Adult Attachment Scale (AAS) in the questionnaire to measure mothers' attachment style. The scale was developed by Collins in 1990, and is a self-report questionnaire with 18 items, initially using a 5-point Likert scale, assessing anxiety, dependence, and closeness in a relationship (Collins & Read, 1990). Items are rated on a 5-point Likert scale, where 1 is "not at all characteristic of me" and 5 is "very characteristic of me." The Hungarian version of the Adult Attachment Scale (AAS) has been validated in Hungarian studies, with findings indicating satisfactory reliability and internal consistency (Óri et al., 2021).

## Participants

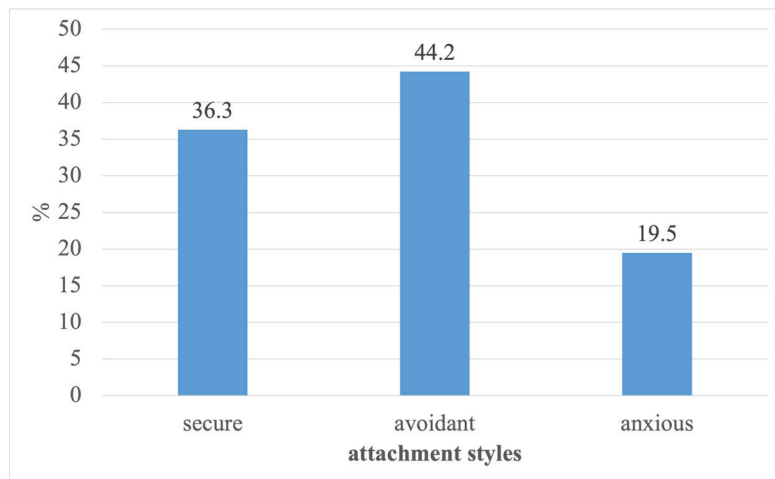
113 mothers responded to the questionnaire. The age distribution of the participants is as follows: 20–30 years old 30.1%, 31–40 years old 58.4%, mothers over 40 years old, 11.5%. 32.7% of the respondents live in urban areas and 67.3% in rural areas. In terms of marital status, they are mostly married (85.5%), 13.3% are in a cohabiting/partner relationship, and .9% are single. 44.2% have one child, 46% have two children, 7.1% have three children, and 1.8% have four or more children. Most of the questions in the questionnaire were about participants' children, so I asked how old the child was at the time the parent completed the questions. Based on these, the mean age of the children was 4.19 ( $Md = 4.00$ ;  $SD = 2.69$ ) years. In terms of gender distribution, 46.5% were boys and 53.5% were girls.

## Results

### Results on Responsive Parenting

The attachment patterns of the participants as measured by the AAS scale were as follows: 36.3% secure attachment, 44.2% avoidant, and 19.5% anxious (see Figure 1).

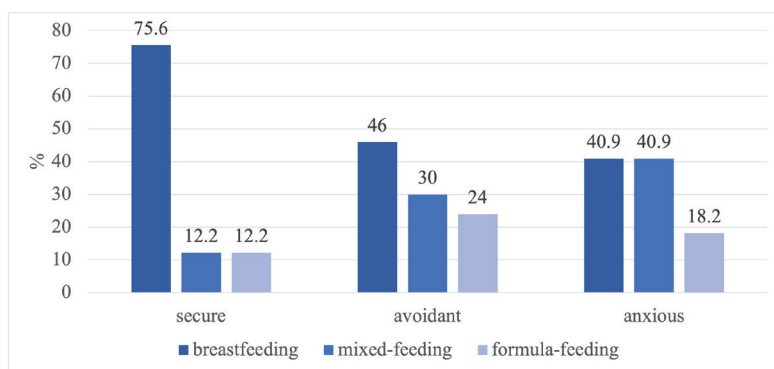




**Figure 1**  
*Participants' attachment styles*

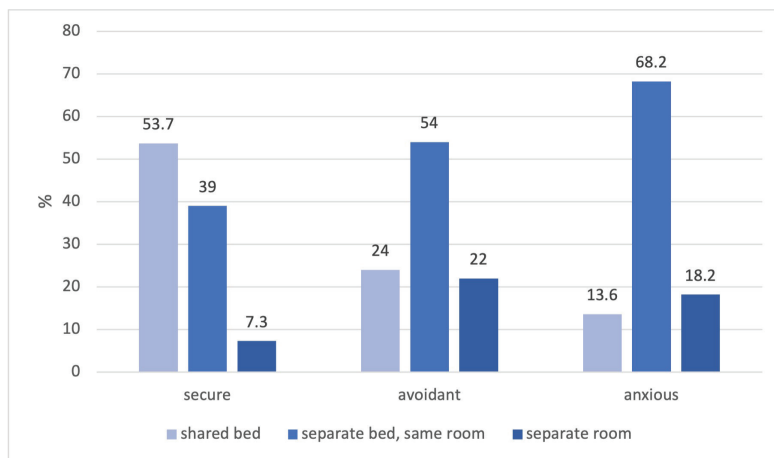
In a subsequent part of the questionnaire, I asked mothers about their level of agreement with common misconceptions about parenting a young child, such as the idea of letting the baby cry, cuddling when comforting the infant, feeding on demand, talking to the baby, carrying, sleeping alone, and the 'running away' from the child strategy used when separating. Although the data show that mothers know which of these behaviors are considered outdated and which are behaviors to follow in infant care, there were significant differences in the three attachment style groups' responses on several topics. For the statement that it is appropriate to let the baby cry because it strengthens his/her lungs, on a scale of 1 to 5, the mean score for securely attached mothers was 1.04, for avoidant mothers 1.66, and for anxious mothers 1.44. These data indicate a significant difference between the three groups:  $F(2, 110) = 6.063$ ;  $p = .003$ . The following statement was that the infant should not be cuddled often because it indulges him/her. Here, the mean for parents with secure attachment was 1.17, for avoiders 1.6, and for anxious parents 1.68 ( $F(2, 110) = 3.263$ ;  $p = .042$ ). There was also a difference in means for on-demand feeding:  $F(2, 110) = 4.065$ ;  $p = .02$ . This significant result reflects the difference between means, which were as follows: secure attachers: 1.26, avoiders: 1.86, anxious: 1.63. The most substantial difference between the responses of the three groups was for infants sleeping alone. The statement was: *A baby should learn to sleep alone by the age of 1*. Mothers who were securely attached agreed less with this statement, with a Likert scale mean of 1.36. In contrast, avoidant mothers scored a mean of 2.94, and anxious mothers scored 2.36. There was a strong significant difference in responses:  $F(2, 110) = 17.803$ ;  $p = .000$ .

I also asked separately about co-sleeping and breastfeeding habits. The group of securely attached mothers had the highest number of breastfed infants, with 75.6% feeding their babies in this way (see Figure 2). The results for the three groups were significantly different:  $F(2, 110) = 5.113$ ;  $p = .008$ .



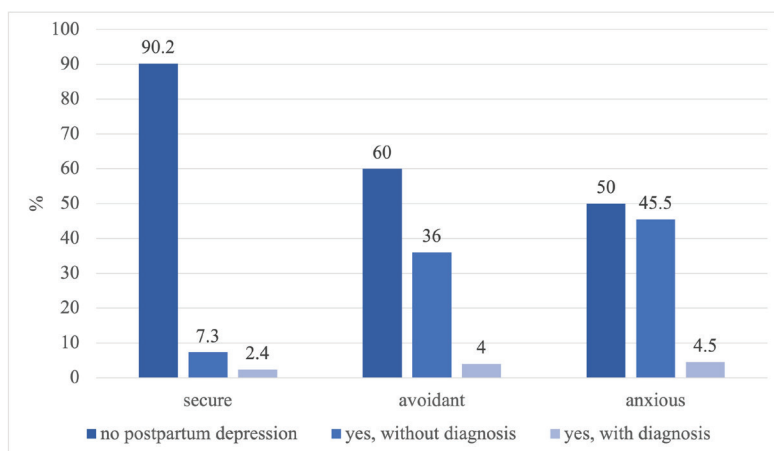
**Figure 2**  
*Feeding habits  
in the attachment  
style groups*

In terms of infant care, I observed that there was a difference in sleep patterns between the three attachment style groups. Co-sleeping with infants is a 53.7% phenomenon in groups of securely attached mothers, 24% in groups of avoidantly attached mothers, and only 13.6% in groups of anxious mothers. Sleeping in a separate bed but in the same room is the most preferred sleeping method for both avoidant (54%) and anxious parents (68.2%). Most mothers do not prefer their infant to sleep in a separate room. The data for co-sleeping are shown in Figure 3. There was also a significant difference for sleep patterns:  $F(2, 110) = 6.863$ ;  $p = .002$ .



**Figure 3**  
*Co-sleeping habits  
in the attachment  
style groups*

It was important to ask whether the mother had experienced postnatal depression, as this can have a major impact on her ability to care for the child and can have long-term consequences for the mother–child relationship. The results showed that 90.2% of the securely attached mothers did not have postpartum depression, 7.3% felt symptomatic but did not receive or request a diagnosis or treatment of their condition, and 2.3% had a diagnosis of postpartum depression in the first year after childbirth. 60% of avoidant mothers indicated that they had no depression, 36% felt some depressive symptoms, and 4% had a diagnosis. Of the mothers in the anxious attachment group, 50% showed no symptoms of postpartum depression, 45.5% felt depressed but were not diagnosed, while 4.5% were diagnosed. The differences were significant for postpartum depression:  $F(2, 110) = 6.154; p = .003$  (see Figure 4).



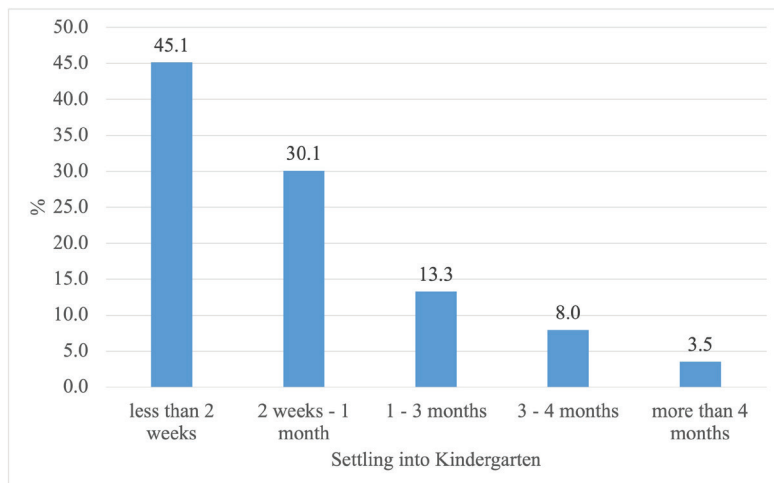
**Figure 4**  
*Postpartum depression and attachment styles*

### Characteristics of Settling into Nursery

The mean time of enrolment in nursery/preschool for the children studied was 28 months ( $Md = 27$ ;  $SD = 7.85$ ). The youngest child entered the community at 8 months and the oldest at 48 months. Mothers perceived that their child was very keen to attend nursery or preschool at the time of the research, with an average preference for attending nursery school of 8.00 on a scale of 10 ( $Md = 9$ ;  $SD = 2.02$ ). When analyzing these results by parents' attachment style, children of secure mothers prefer to attend the community most. Their mean was ( $M = 8.83$ ), while the mean of avoidant mothers was ( $M = 7.44$ ), and anxious:  $M = 7.73$ . This also shows a significant difference:  $F(2, 110) = 6.068; p = .003$ .

Children's settling-in time mostly took less than two weeks. 45.1% of respondents said it took less than two weeks for their child to adjust to nursery. For the 30.1% of children

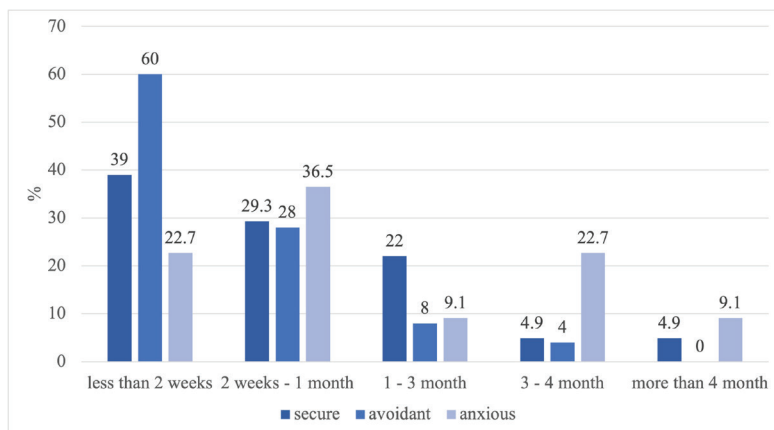
settling in took 2 to 4 weeks, for the 13.3% of them it took 1 to 3 months. 8% of the children had difficulties, and it took 3 to 4 months to adjust to nursery, and only 3.5% of the group had difficulties in detaching for more than 4 months (see Figure 5).



**Figure 5**

*Settling-in time of children*

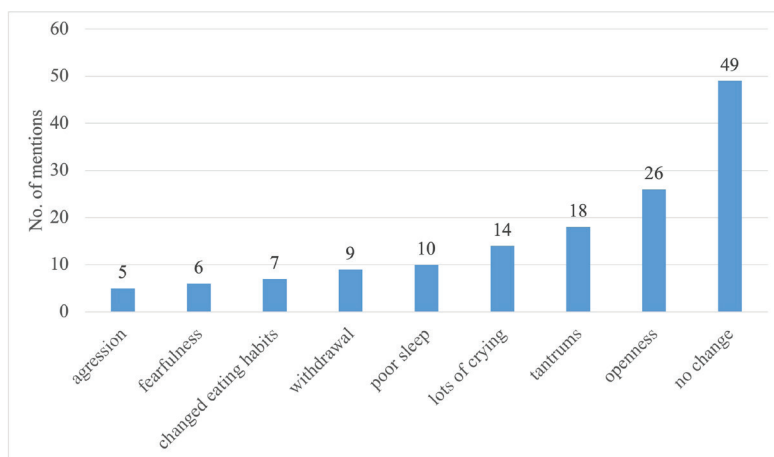
Based on attachment style, there were differences between the children's settling-in times. Specifically, children of avoidant mothers tended to settle in faster than 2 weeks, with 60% of these mothers reporting that their child detached and settled very quickly. In contrast, 39% of children of securely attached mothers detached within 2 weeks. Meanwhile, children of anxious mothers were least likely to detach easily, as only 22.7% had a rapid transition. See Figure 6 for more results. Overall, there was a significant difference between the results of the three groups:  $F(2, 110) = 7.885$ ;  $p = .001$ .



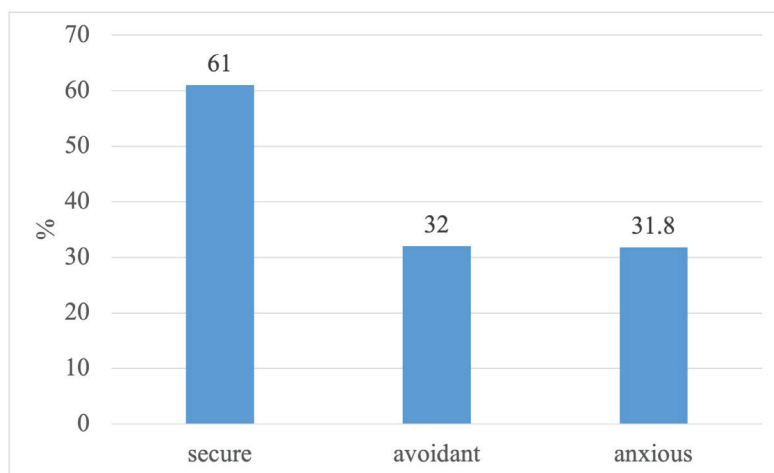
**Figure 6**

*Children's settling-in time by mothers' attachment style*

In the questionnaire, mothers could tick several response options to the question of whether they had experienced a change in their child's behavior in the first few weeks of being in the community. 49 times they ticked the response option that *there was no change in the child's behavior*, and 26 times that the child *had become more open*. Negative changes in behavior were less common: more tantrums than before (18 mentions), lots of crying (14), poor sleep (10), withdrawal (9), changed/bad eating habits (7), fearfulness (6), and aggression (5). The appearance of the *no change* option was analyzed by the three attachment groups (see Figure 7). This option was selected by 61% of mothers who were securely attached, 32% of avoiders, and 31.8% of anxious mothers. The difference between the three groups is also significant here:  $F(2, 110) = 4.147$ ;  $p = .018$  (see Figure 8).

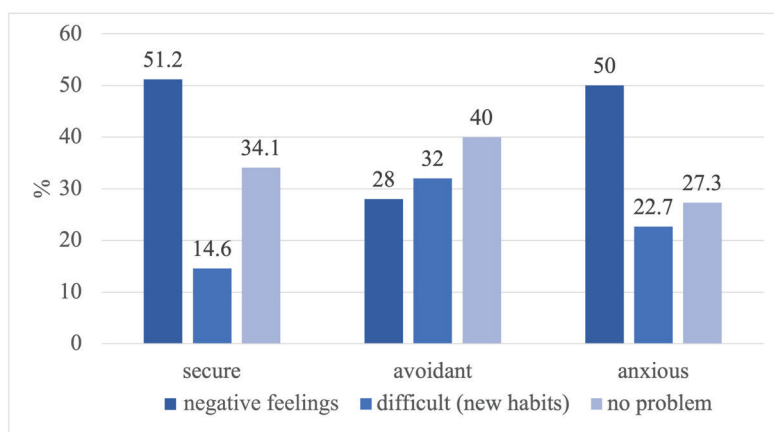


**Figure 7**  
*Emotional and behavioral changes of children in the period of settling in*



**Figure 8**  
*No changes in the child's behavior*

Mothers' experiences with settling-in separation were gathered through an open-ended question. Responses fell into three categories: (1) reporting difficult emotions, (2) difficulty changing habits, and (3) no worries or negative emotions about the first notable separation from their child. Group responses did not differ significantly. Securely attached mothers most often reported difficult emotions (51.2%). Similarly, about half of anxious mothers experienced difficult emotions, while only 28% of avoidant mothers felt emotional distress. Habitual difficulty was reported by 14.6% of securely attached mothers, 32% of avoidant mothers, and 22.7% of anxious mothers. The percentage of mothers reporting no difficulties was 34.1% for securely attached, 40% for avoidant, and 27.3% for anxious mothers (see Figure 9).



**Figure 9**  
*Mothers' emotional responses to detachment (sorted by attachment styles)*

## Discussion

At the beginning of my research, I formulated two hypotheses:

1. Mothers with secure attachment patterns are more likely to have responsive parenting (see Scher & Asher, 2004; Jones et al., 2020; Linde et al., 2020; Nordahl et al., 2020).
2. Mothers with secure attachment patterns are more stable in responding to their child's separation crisis than mothers with anxious and avoidant patterns. The reactions of children of securely attached mothers are less extreme than those of children of mothers in the other two groups.

My first hypothesis is confirmed, as the statistics show that mothers with secure attachment patterns are more likely to have responsive parenting techniques. I investigated the parenting methods used by mothers in order to form bonding between them and their infants by looking at feeding patterns and sleeping/co-sleeping habits, but also by monitoring the mothers' perceptions of the statements and parenting habits that were very much characteristic of their childhood. The findings on feeding methods are consistent with previous research in this literature and show that mothers who have secure attachment styles are the most likely to adopt breastfeeding (Jones et al., 2020; Linde et al., 2020; Nordahl et al., 2020). In relation to co-sleeping, the present study only looked at the sleep habits that parents chose for their child. In most families, infants sleep in the same room as their parents but in separate beds. However, mothers who are securely attached are more likely to choose to sleep in the same bed as their child, thus providing them with night-time feeding and a sense of physical closeness. As far as we know today, co-sleeping is entirely safe for the infant, subject to a few health and co-sleeping rules, and the adult's body temperature, respiratory regulation, and heart rate regulate these biological functions of the infant (Barry, 2019). Co-sleeping is also beneficial for the development of mother-child bonding (Scher & Asher, 2004; Beijers et al., 2011). Previous research on young children's sleeping habits has shown that children of securely attached mothers have fewer sleep difficulties than children of mothers in the other two groups (Beijers et al., 2011; Benoit et al., 1992; Scher & Asher, 2004).

Parenting habits, passed down from generation to generation, and now outdated strategies often stand in the way of change. This may be due to the fact that young families adopt advice without trying other methods or learning about the subject. My findings outline that mothers who are securely attached are the easiest to break out of habitual patterns. It is likely that they themselves have experienced the benefits of secure attachment and want to pass this on to their children. Furthermore, in these families, intergenerational differences of opinion are likely to be more easily accepted, as the sense of security in such families allows for the expression of differing views without sanction.

My second hypothesis was that securely attached mothers would be better able to support their children during periods of separation than those with anxious and avoidant patterns. Certain factors of my hypothesis did indeed show a correlation with the attachment patterns of mothers. One of these components is the extent to which children currently like to go out into the community. I hypothesize that children of securely attached mothers feel more comfortable in the community because they receive reinforcement from their parents about the positive effects of the community experience. Of course, the

preference for going to preschool depends on many other factors, from the personality of the teacher to the personality of the child to the peer group surrounding the child. Thus, parental attachment patterns are only one of the possible factors that influence a child's experience of preschool. The time of adjustment may be a stronger factor than this. In this context, the results show that children of securely attached mothers settle into nursery or kindergarten between 2 weeks and 3 months, while children of avoidant mothers tend to settle very quickly, and children of anxiously attached mothers very slowly.

Children's emotional and behavioral responses showed that children of securely attached mothers were less likely to show different behaviors during the settling-in period. However, the emotions experienced by mothers during this period did not differ according to their attachment styles. The tendency of the results is that mothers with an avoidant style were the least likely to report that it was difficult and emotionally stressful to separate from their children.

In future research, it would be useful to apply Mary Ainsworth's observational aspects to a smaller sample of mother-child dyads during familiarization.

## Conclusions

Attachment style has an impact on parenting strategies, the ability to connect with the child, and the ability to express emotions. The way a child experiences the security of his or her environment, the consistent meeting of needs, and the imparting of a sense of being loved, in the first year of life, will affect them throughout their life. With only half (or less) of the adult population currently known to have secure attachment, change will require more effort. Without this, children of avoidant and anxious parents will 'reproduce' the difficulties of attachment style in adulthood.

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