TECHNIUM
SOCIAL SCIENCES JOURNAL

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Technium Social Sciences Journal
Vol. 23, 467-489, September, 2021
ISSN: 2668-7798
www.techniumscience.com

The importance of breastfeeding on the development of the mother-child relationship from an emotional point of view

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Abstract. Breastfeeding is known to have positive effects on the health and nutrition of infants and has been associated with increased subsequent cognitive ability and educational achievement. It is also believed to encourage the development of a "bond" between mother and child in early childhood. The benefits of breastfeeding on mothers and children are well known, with growing evidence that prolonged breastfeeding brings health and financial benefits. Despite the evidence that there are considerable benefits of breastfeeding, there are still gaps in understanding why many women have difficulty initiating and maintaining breastfeeding. Unfortunately, our country is at the end of the European ranking. Practically, in the vast majority of maternity hospitals, women do not receive the necessary help to start breastfeeding and are even discouraged by the medical staff, who in most cases are guided by outdated and erroneous information. Moreover, mothers need encouragement and emotional support from the medical staff and the family, being in a sensitive period, with major physical and mental changes. Thus, the present study was designed to explore the potential relationships between breastfeeding and the development of the mother-child emotional dyad. In the first chapter we presented the importance of breastfeeding, the risks of not breastfeeding and the development of emotions in the first year of life. I also went through the stages of developing the mother-child relationship and described the child's temperament. In the second chapter we gave the definition of the term attachment and we identified the main types of attachment after J.Bowlby. Next we defined the parental styles and we identified their main types. We also defined emotional stability and postpartum depression. In chapter 3 we presented the research objectives and the 5 formulated hypotheses. Later I described the 4 chosen working tools, among which my own tool. At the end of this chapter I described the group of participants. In the fourth chapter we introduced the statistical processing of data and their interpretation. The last chapter contains the conclusions of the study.

Keywords. Significance, brestfeeding, relationship, mother, child, feelings

1. The postpartum period and the emotional development of the child

The breastfeeding process is beneficial both for the child and the mother and for the family and society. There is a lot of evidence to that effect. Clinicians, prenatal educators, and physicians often talk about the “benefits of breastfeeding,” but if we describe the differences between breastfeeding and artificial feeding from this perspective, we could say that the latter is normal. In fact, breastfeeding is the natural way to feed the baby and artificial feeding presents risks. For example, according to statistics, women who were fed formula in childhood are 33.3% more at risk

Technium Social Sciences Journal
Vol. 23, 467-489, September, 2021
ISSN: 2668-7798
www.techniumscience.com

of breast cancer. We often think that if breastfeeding is not possible, powdered milk formula becomes the best solution. However, the World Health Organization claims that the second best option is breast milk, extracted manually or mechanically, with a special pump.

Breastfeeding stimulates the development of neural connections in the child's brain, helps the development of the jaw, facial muscles and allows the transfer of germs from mother to child and vice versa, which helps strengthen the immune system and protect the child from infections and allergies. Extracted milk, although containing the same nutrients, will not provide these benefits and will not strengthen the mother-child relationship, which is an essential element of breastfeeding.

Breastfeeding also involves a "reciprocal relationship": when the baby becomes agitated or shows signs of wanting to be fed, the mother triggers a milk ejection reflex, so that the process of breastfeeding not only satisfies the child's need for food, but at the same time relaxes the mother's breast and leads to the release of hormones that cause her a state of peace. In this way, the positive emotions they feel towards each other are strengthened. (Dr. Jack Newman, 2014, pg. 3)

Studies show that breastfeeding is not only nutritional but also social and psychological benefits for children. (Newton, 1971, Newton & Newton, 1967, Wiesenfeld, Malatesta, Granrose & Uili, 1985)

In 1998, Kennell and Klaus introduced the term "bond", which refers to the emotional connection between mother and child. Its function is to maintain the mother's proximity to the infant (Maestripierii, 2001a). Initially, theorists argued that, for optimal development of this connection, the physical contact of the mother with the child should occur at the beginning of the postpartum period. It is the time when the level of oxytocin in the mother's blood, as a component of labor, reaches its peak. Oxytocin is a peptide hormone, also known as the “love hormone”, which has a special role in forming the attachment between mother and fetus and, in general, in regulating human behavior. Its secretion continues after birth, throughout breastfeeding.

Observations on behavior, made on nursing mothers provide suggestive results; they tend to be more receptive to their children's needs (Wiesenfeld et al., 1985), to caress them more during feeding but also in playful activities (Bernal & Richards, 1970). It has also been observed that during lactation, the period of uninterrupted visual contact is longer than in the case of bottle feeding. This behavior strengthens the maternal bond with the child and causes a so-called telepathy sensation (Lavelli & Poli, 1998).

2. The basics of psychosocial development in children

Although infants share the same developmental patterns, each shows a distinct personality from the beginning: the relatively constant combination of emotions, temperament, thinking, and behavior that gives each person uniqueness (Eisenberg, Fabes, Guthrie, & Reiser, 2000, apud Papalia et al, 2010, p.178). One baby may be happy, another upset, one prefers the company of others, another prefers to play alone, and so on. From infancy, personality development is intertwined with social relationships, and this combination results in psychosocial development.

2.1.Development of expressing emotions

There was a time when researchers paid more attention to studies of the development of emotions during the first year of life, and conceptual descriptions were predominantly influenced by the ideas proposed by Bridges (1930,1932, apud Lazarus, 2011, p.401) . He stated that in the newborn there is first a general state of arousal, but that in the coming weeks and months, specific

emotions begin to differentiate, as a result of maturation processes, learning new motor skills and developing cognitive. For example, emotional distress differs from arousal from 3 weeks, distress anger around the age of 4 months, anger disgust at 5 months, and fear at 6-7 months. Positive emotions follow a developmental trajectory parallel to negative ones, so that at 3 months the delight appears, and after 6 months the affection.

More recent observations, based on new methods of measuring facial and vocal expressions, have provided evidence to support the idea that emotions in the baby appear much earlier than Bridges had suggested (Lazarus, 2011, p.402). For example, certain emotions such as fear, anger and joy are expressed at the behavioral and facial level very early, while others, such as shame, develop later.

Contemporary theories on emotional development (Campos et al., 1983, Sroufe, 1979, apud Lazarus, 2011, p.402) have proposed the hypothesis that the appearance of emotions depends on cognitive development. Observable variables in the constitution of theories of emotional development include actions, physiological reactions, subjective accounts, external events and contexts; unobservable variables include the tendencies to act, the subjective experience, the individual-environment relations and the adaptive process, the subjective attributions and the evaluation processes. These two categories of variables are considered almost unanimously by researchers as constitutive elements of the emotional process.

Emotions arise from the interaction of the individual with the environment, first of all the social environment, being a behavioral expression of the degree of adequacy between the needs of the individual and the context (Muntean, 2009, p. 192). Emotions have an adaptive role, because they mobilize all resources to establish homeostasis. Emotions involve innate physiological mechanisms and play a motivational role in the development of the individual.

At the beginning of life, the baby is totally dependent on the mother and father, not only for food and maintenance, but also for the emotional input that will be the core of the child's self-experience in the world. This emotional input is fundamental from the first moments of life.

As a prototype for the framework that can give a good enough start, the psychoanalyst and pediatrician DW Winnicott (2004/1988, apud Rayner et al., 2012, p.45) described a first meeting between the child and his mother, during the first feeding. : inside the child begins to develop a new feeling of tension, probably hunger spasms, which creates the expectation of something that the child is ready to find, somewhere, not knowing what it is. Then the mother offers her breast and the baby sucks.

The mother offered the child the opportunity to have the experience of "creating" his own world, starting from his own inner experience of need. Winnicott calls this the "illusion of omnipotence." Even if the feeding is done through the bottle, the arrangement of the baby with the mother, next to each other, is very important.

Babies are particularly sensitive to the emotional nuance of interactions and prefer positive affect, because the preponderance of positive emotions between child and mother is optimal for the development of babies on all levels, even in the brain (Rayner *et al*., 2012, p.51).

A sensitive, caring mother resonates with her child's mood, changing her intake to amplify and maintain positive emotions and to report any feelings of distress. As a result, there is an increase in the feeling of involvement. Thus, the bilateral exchange of emotional expression is reciprocal, despite the huge differences in terms of maturity of participants (Schore, 2001, *apud* Rayner *et al.*, 2012, p.51).

Technium Social Sciences Journal
Vol. 23, 467-489, September, 2021
ISSN: 2668-7798
www.techniumscience.com

The first signs of emotions are transmitted to us by the baby through facial expressions and crying or screaming. The interaction between parents and children in the first months of life is based on non-verbal communication, ie on the gestures, facial expressions, words of the mother (not understood by the child), respectively the child's reactions. Of these, the smile has a special significance.

A smile is an innate reaction with great adaptive value. Evidence of its innate character is the fact that infants smile from the first month of life or observations made on blind and deaf children from birth, who, despite their great sensory impairment and reduced ability to obtain external information, smile.

The smile has an adaptive value because, even if the child does not yet recognize his parents, they have the impression that he smiles at them and reacts positively: he pays attention, talks to him, plays with him, which has favorable effects on the child's emotional state and development. . A spontaneous smile can be seen from birth. The newborn smiles even in the absence of external stimuli.

In the second month, the smile acquires a social but non-selective character. The baby smiles especially in the presence of people or objects that resemble a human figure (doll, drawing that represents the human face). He smiles non-selectively at anyone. In months 5-6, the social, selective smile appears. Now the child recognizes familiar people and smiles at them more than strangers.

2.2.The stages of development of the mother-child relationship

Margaret Mahler was one of the first psychoanalysts interested in the study of psychoses manifested in childhood. In his work he broke many of the scientific barriers of those times, placing considerable emphasis on the genetic and biological factors that influence childhood disorders. In 1975, Mahler's first significant work, The Psychological Birth of the Human Infant, appeared. The book describes and explains the child's development as an individual separate and independent of the reference person. The process of separation-individualization was seen in the light of the theory of libido and the psychology of the Ego (Ego).

The theory developed by Mahler has as its first reference stage the first two months of the baby's life. At this stage the baby is disinterested in the objects of the outside world and functions like an autistic person, the psychological processes consisting in satisfying the basic physiological needs. The second stage is described metaphorically as a symbiosis in which the baby and the mother live a fusion. Awareness of the external world ensures the transition from symbiosis to differentiation, practice, rapprochement and finally the permanence or constancy of the object.

I. The autistic stage - or the first stage of the mother-child relationship. It is also one of the most contested stages, because Mahler did not benefit from the modern equipment of today, he made his observations using the naked eye and often missed elements of maximum finesse. At this stage, Mahler talks about the fact that the baby is practically autistic, because he does not have the skills to relate and express contact with his mother. Recent studies have shown that from the first minutes of life, the baby, even for a few seconds, is able to relate emotionally or psychologically to his mother.

II. The symbiosis stage - is the stage that defines the second stage of the mother-child relationship. At this stage the baby represents the mother's universe and the mother the baby's universe. It is the period in which the two form a union, a whole. The baby lives thanks to the fact that his basic needs are met: food, protection, warmth. But the connection between the two also

involves an emotional, emotional and psychological alliance. This symbiotic relationship is meant to shape both the mother's personality and the child's temperament. From this stage the two will come out changed. Love, care, safety are essential for the child's mental and physical health.

The first phase of his symbiosis with the mother has for the child the character of an unconscious mark. The mother world focuses on him and lays the foundation of his psychic structure. In this early stage the child is not clearly delimited by his mother, the mother is not yet an "other" - between the embryo and the mother there are various forms of hormonal and sensory communication, and the embryo does not have a structure of the ego with which to he decides what all these energies and sensations that flood him mean - he cannot distinguish what is inside him from what is outside him, he still cannot consciously observe and distinguish what belongs to him and what does not.

In order to obtain a structure of the Ego and to be able to differentiate who is the mother and who is himself, the child needs a clearly delimited maternal “other”, accessible emotionally and physically, consistently and stably. If the mother does not have her own well-defined structure of the ego, it will be very difficult for the child to build a clear sense of self. After birth, the process of becoming the ego in the psychic sense begins, and the development of a conscious self takes place as the child sees himself mirrored in the mother's eyes and, from the mother's reactions to his looks and facial expressions, he learns who he is. The resonance and feedback provided by a stable “other” make it possible for the child to develop a stable structure of the Ego.

The child sees in his mother a unique being and no other connection with any human being is as deep as the connections with the mother - this is a psychological reference point not only at the beginning of life but throughout it.

It seems that there are two fundamental processes of the symbiotic connection that a child makes with his mother:

• the first process is rather a kind of marking: the child unconsciously takes over the emotional states of the mother. These can be healthy and positive feelings but they can also be feelings caused by trauma: existential anxiety, fear of not being abandoned, feelings of anger, shame and helplessness. They settle in the child's body and burden him. In this early symbiotic stage the traumatized state of the mother is transferred to the child's body, and for the child the result is that the feeling of his own body can be buried very deep.

• in the second process the child actively participates in the configuration of the symbiotic process - he wants to be perceived by the mother, seen by her in all his individuality and uniqueness. All children perceive intensely and feel the state of their mother: Is she happy or sad? Does she trust her or is she anxious? Is she cheerful or angry? Is it present or emotionally absent? How can I help her?

The well-being of children is therefore closely linked to the well-being of the mother. There is such a great symbiotic connection between mother and child that the mother occupies a dominant place in the mental life of each of her children.

III. The stage of differentiation - represents the beginning of a new process, that of separation. This stage begins around the age of 7, 8, 9 months - time periods are relative and easily influenced by a number of factors. The specificity of this stage is represented by the development of the self-concept in the child, he is increasingly interested in the boundaries between him and the mother, and is involved in exploratory behaviors.

Technium Social Sciences Journal
Vol. 23, 467-489, September, 2021
ISSN: 2668-7798
www.techniumscience.com

IV. The practice stage - is marked by the child's ability to walk, the possibilities offered by this motor skill and the desire to discover the world. At this stage, both the child and the mother face the feeling of loss - the gradual loss of the symbiotic relationship. While the mother is aware of the emotional feelings and contents of the soul, the child seems to be concerned only with his own needs. Some mothers report that they actually forgot about me. It is the stage in which the child has not developed a sense of danger. Of course, at this stage, the difficulties that existed in the symbiotic relationship between the mother and her attachment person can be reactivated.

V. The rapprochement stage - is defined by the child's ambiguity due to the appearance of guilt. He feels guilty when he moves away from his mother, but he also feels unpleasant when he is very close to her person. It is a time when it is difficult for the mother to please the child. When he moves away, the child feels the fear of not losing his motherly love, and when he gets closer he faces the fear of "re-slipping" in the stage of symbiosis and self-loss. This is the stage when mothers with an ambivalent attachment are at risk of exerting the first attempts at emotional blackmail on the child.

VI. The permanence stage of the object - represents the maturation of the mother-child relationship and the habituation with the new pattern of relationship. The child becomes aware of the fact that he is loved by his mother even when she is angry or shouts at him, respectively he knows that his mother does not disappear even if he is not in the field of his visual perception.
Margaret Mahler and other representatives of the object-relationship theory (a current developed in classical psychoanalysis) believe that this relational process is repeated both in the parent-child interaction and in the interaction with other significant people in our lives.

3. Attachment, as a factor that influences the mother-child relationship

People are beings who live, survive, prosper, or collapse in groups. We are born into a group of people and grow up in it. We come into the world naked and naked, in great need of protection and help. Without intense care, without food and heat. Without being protected by our mothers, we would starve, freeze, or be defenselessly exposed to all the conditions in our environment. The friendlier and more harmonious environment in which the mother finds herself, the better the child's development. And the mother will give her child how much love, care and attention she received when she was a child. Mental health is based primarily on these primordial conditions of human existence.

50 years after the controversial theory of Sigmund Freud, the English psychiatrist and psychotherapist, John Bowlby (1907-1990) was able to draw the attention of science to the phenomenon of attachment, implicitly to what happens in human relationships. Bowlby made a name for himself first through a study of 44 thieves, which showed that all offenders had endured a form of deprivation of their mother in their early childhood. After the end of the Second World War, on behalf of the World Health Organization, he did research in the field of mental health of homeless children. In this study, he linked his knowledge of the child's need for attachment to the psychic oddities of children who could not have a secure attachment to the people who cared for them (Holmes, 2002).

Bowlby's knowledge can be brought to a fundamental common denominator: in us, attachment structures with other people, first of all with the mother, are built without a conscious contribution, from birth. For children, emotional attachment to the mother is necessary for survival. As Spitz and Wolf (1946) have identified, without loving contact with a caregiver, newborns atrophy and even die, although they are sufficiently cared for in terms of nutrition and body care.

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ISSN: 2668-7798
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In nature, attachment is a universal principle. Beings that survive together are related to each other by forces of attachment. Attachment can develop in several ways:

- By direct contact, for example, by contact with the body, skin;
- Through the processes of perception, such as smell, taste, sight, hearing;
- Through feelings of love or fear;
- Through thoughts, memories or language;

Attachment to the mother is the fundamental form of attachment to people. The direct body contact, her specific smell, the taste of her milk, convey to the child the greatest certainty, that his mother is there with him. Even eye contact, eye to eye, is of great importance for confirming attachment. Not coincidentally, the distance at which the child perceives the first shapes is equal to the distance between the mother's breast and her face.

Through attachment, two people develop a common soul structure. Today, attachment is supposed to be a psychic process, which develops even before birth, between a mother and her unborn child. The child reacts sensitively to the mother's movements, touches, moods, heart rate and intonations. Live with it her joys and sufferings, enter into this relationship (Janos, 1997).

Immediately after birth, the process of attachment between child and mother is completed and strengthened through other sensory channels. The mother-child attachment, in the end, is strengthened by all modes of action and by all forms of interaction, verbal and non-verbal, which give it its unique quality.

Premature birth, a life in the incubator, appliances, drugs, anesthesia, an early separation of the newborn from the mother, poor body contact between the infant and the mother, giving up breastfeeding - all these are not favorable conditions for building a secure, strong attachment between mother and child.

In older children and adults, the attachment in its original form, observable with the naked eye, is no longer so obvious. The gestures of approaching and moving away from the reference person, the attaching and exploratory behavior obviously disappear. However, using the theoretical foundations of attachment theory, the researchers found clear causalities between the attachment behavior of the young child and the behaviors of late childhood, adolescence and adulthood. Following the early experiences with the reference persons, the child develops an internalized model of representation, a psychic matrix that will remain relatively stable throughout life.

After developing in the first year of life, internalized patterns of representation become more and more stable, turning into representations of attachment.

The term representation of attachment corresponds to the psychoanalytic tradition rather than cognitive psychology, which would speak more of the scheme, more precisely of the scheme of attachment. Attachment behavior includes various modes of social behavior such as: smiling, screaming, holding tight, crawling on the belly towards the mother, looking for the reference person, etc. These manifestations make up a complex system of behavior that is genetically programmed and found in all mammalian pups, especially humans.

The manifestation of attachment behavior is activated in alarm situations or when the child wants physical proximity. Alarm situations are accompanied by emotional stress, for example when the distance from the reference person is too great, in states of discomfort, pain or fear. It also manifests itself at the meeting with the reference person.

Bowlby (1969) initially considered that the relationship that develops between the child and the mother is the affective basis of later interpersonal relationships. Subsequently, Bowlby goes beyond psychoanalytic influence and takes on a number of concepts from biology. Namely, *on the*

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ISSN: 2668-7798
www.techniumscience.com

one hand the attachment is an affective structure that develops in order to ensure the protection of the child and on the other hand *the attachment behavior is structured in the mother-child relationship*. Subsequent analysis of these postulates validated only the first - the attachment has a protective role. The second proved to be false: the baby or child feels protected in relation to any other adult who offers him love and stability (father, grandmother, etc.).

Bowlby divides attachment development into 4 stages:

• pre-attachment stage - from birth to 6 weeks when the behavior is a problem of genetically determined reflex responses, with survival value;

• the stage of action attachment - (6 weeks-6/8 months) - in this phase, young children orient and respond, marking more than before the preference for the mother;

• the stage of the delimited attachment - 6/8 months up to 18 months / 2 years, corresponding to the stage in which the attachment to the mother is very obvious. During this period, children show separation anxiety.

This period of delimited attachment finds its equivalence in the permanence of the object in Piaget's theory;

• the stage of forming a mutual relationship - 18 months - 2 years and after. During this period, the child progressively builds an internal representation of the attachment figures, which will allow him to better withstand their absence and anticipate their return. Bowlby describes that around the age of 3, a mature level is formed in the construction of this representation, which will help the child to better withstand the separation corresponding to entering kindergarten. As a result, separation anxiety decreases at the age of 3 years.

The 4 stages of Bowlby show *that the positive emotional connection with the person who takes care of the child develops starting from the experiences of the first 2 years of life*. Once the attachment is established, it lasts in time and space, and children no longer have to engage in closeness-seeking behaviors as insistently as before.

The emotional states experienced by the child are more and more varied. He is happy if a wish is satisfied, proud if he manages to do something, shy in unusual situations, jealous of his younger brother.

Separation anxiety, shame, fear are common. The child may be afraid of strangers, not be abandoned by his parents (especially if he is left alone at the acquaintance or in the hospital), not to lose the love of his parents (if he is threatened with such a thing).

A person's ability to make connections and his fundamental need for attachment lead to appropriate attachment behavior. It stimulates the mutual affection between two people, preserving it. It is activated when the distance between the people connected to each other is too great, a separation is announced or there is a danger that one of the people will be lost for the other.

The complementary notion to the need for attachment to a child is the ability to attach on the part of the parents. In attachment research, the ability of parents, and especially mothers, to establish a secure bond with the child is referred to as “maternal sensitivity”.

4.Research methodology

4.1.Objection

In this paper we aimed to investigate the factors that impact the emotional development of the mother-child relationship from the importance of breastfeeding.

To achieve this goal we designed the study taking into account the following objectives:

1. Observation of the mother-child relationship during breastfeeding.

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Vol. 23, 467-489, September, 2021
ISSN: 2668-7798
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2. Identifying the factors that influence the development of the emotional relationship between mother and child, from the perspective of attachment and parental style.
3. Analysis of factors that may be associated with postpartum depression.

4.2.Hypotheses

In the present research, we started from the following hypotheses:

1. It is assumed that there is a negative correlation between emotional stability and postpartum depression.

2. It is assumed that there are differences in the duration of breastfeeding depending on the age of the mother.

3. It is assumed that there is a relationship between the mother's age and the type of attachment.

4. It is assumed that there is a relationship between breastfeeding and parenting style.

5. It is assumed that there is a relationship between breastfeeding and the type of attachment.

4.3. Research tools

- Collins and Read-AAS (Adult Attachement Scale) questionnaire - This questionnaire was developed in 1990 by Collins and Read to measure attachment and differentiate subjects according to attachment style.

- Parental Styles Questionnaire - This assessment tool was developed by Robinson, Mandelco, Olsen & Hart (1995) and includes 25 items that represent a series of behaviors that parents exhibit when interacting with their children.

- Postnatal Depression Questionnaire - own tool- This questionnaire was developed following the desire to assess postpartum depression. Its source of inspiration came from the study conducted in Greece by a group of researchers published in the volume Comprehensive Psychiatry, which studies postpartum depression at 6 months after birth and relational factors. The aim of this study was to investigate the prevalence and duration of PPD evolution in a Greek urban environment, as well as the possible relationships of PPD with certain clinical and sociodemographic factors.

Validation was performed on the Romanian population, so that, in order to establish the degree of confidence of the questionnaire, fidelity analyzes were run (both in the form of internal consistency and test-retest stability). The validation was performed on a sample of 40 women, aged between 23-40 years, who gave birth a maximum of one year ago.

The calculation of the Pearson Coefficient shows that we have a correlation, significant at $p = 0.01$ (99%), this being 0.714, which indicates a positive correlation of the responses to pretesting and testing which shows that people have kept their opinion on the analyzed concept.

After calculating the reliability of the Postpartum Depression questionnaire, the internal consistency coefficient was calculated using the Alfa Cronbach test and the Split Half method.

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Vol. 23, 467-489, September, 2021
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Table 1. Alpha Cronbach coefficient own instrument

Reliability Statistics

Cronbach's Alpha	N of Items
.810	2

The validity of the questionnaire with the 20 items is high, the value being 0.810

Table 2. Reliability statistics Split Half own instrument

Reliability Statistics

Cronbach's Alpha	Part 1	Value	1.000
		N of Items	1[a]
	Part 2	Value	1.000
		N of Items	1[b]
	Total N of Items		2
Correlation Between Forms			.714
Spearman-Brown Coefficient	Equal Length		.833
	Unequal Length		.833
Guttman Split-Half Coefficient			.810

a. The items are: rezultate.testare.1

b. The items are: rezultate.testare.2

Consequently, the results of these indices transformed the Postpartum Depression Questionnaire into an evaluation tool consisting of 20 items. According to these results, the Questionnaire had a sufficient level of reliability and validity.

- **Five-Factor Personality Inventory (FFPI) Questionnaire** - evaluates the five superchargers in the Big Five model: Extraversion (E), Kindness (A), Conscientiousness (C), Emotional Stability (S) and Autonomy (D). It was designed to be used both for self-assessment and for assessing the subject by people who know it well. FFPI can be used for personality diagnosis, in the educational field, in the clinical field and in the psychology of health.

4.4 Study participants

This paper was performed on a sample of 122 subjects, women, aged 17-47 years. The sample was made by randomization. All 122 subjects were given all the questionnaires contained in the test battery.

From the very beginning, the establishment of two samples was considered, having as a differentiation criterion the duration of breastfeeding:

- 61 women from the group of participants who breastfed up to 6 months;
- 61 women from the group of participants who breastfed for more than 6 months.

5. Processing and interpretation of results.

1ST Hypothesis . *It is assumed that there is a negative correlation between emotional stability and postpartum depression*

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ISSN: 2668-7798
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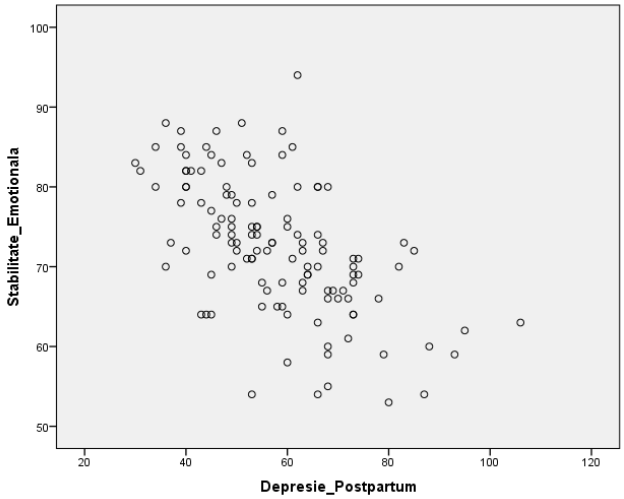
Table 3 "Pearson correlation coefficient for the variables Emotional Stability and Postpartum Depression"

Correlations

		Stabilitate_Emotionala	Depresie_Postpartum
Stabilitate_Emotionala	Pearson Correlation	1	-.584**
	Sig. (2-tailed)		.000
	N	122	122
Depresie_Postpartum	Pearson Correlation	-.584**	1
	Sig. (2-tailed)	.000	
	N	122	122

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

According to table 3, at a significance threshold p <0.01 (0.000), we have a significant negative correlation, the correlation coefficient between the two variables being -0.584. This indicates how the two factors vary and are influenced, more precisely, the higher the scores on *Emotional Stability*, the lower the scores of the Postpartum Depression variable.



1ST Figure "Point cloud - the correlation between *Emotional Stability and Postpartum Depression"*

The point cloud is the graphical representation of the correlation between the two variables. The points are gathered around the diagonal facing left, which shows a negative correlation.

In other words, we confirmed the hypothesis that there is a strong negative correlation between Emotional Stability and Postpartum Depression in the sense that the more emotionally stable a person is (emotional stability = high scores), the higher the level of depression characteristic of the postnatal period. is lower (postpartum depression = low scores).

Postpartum depression sets in at a time when new mothers are in a situation where they have to give up their comfort to a great extent and a new life comes into their responsibility. Lack of sleep, care for the baby's well-being, giving up normal activities, lack of personal time, physical pain that can occur after birth, all contribute to the onset of depression more often in mothers with emotional lability. Obviously, lack of family and social support, genetics, previous episodes of

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ISSN: 2668-7798
www.techniumscience.com

anxiety and / or depression and stressful life events during pregnancy contribute to the onset of depression.

Neurosis (or low emotional stability) is characterized by high sensitivity to stress, including anxiety, fear, worry, envy, frustration, jealousy, and loneliness. As such, researchers have speculated that mothers who have a high score for neurosis may be more sensitive to the inherently stressful challenges of early motherhood, from lack of sleep to hormonal changes.

Personality assessment in psychological screening of women at risk of postpartum depression is not practiced in obstetrics. The inclusion of a personality test can significantly improve this examination. Personality can be an important and stable determinant of postpartum depression. High neurosis significantly improved risk estimates for clinical depression in the first year postpartum.

In 2005, *The Official Journal of the American Psychosomatic Society* published a study on "Personality Determinants in Clinical Depression and Postpartum Depression" (Psychosomatic Medicine: July-August 2005 - Volume 67 - Issue 4 - pp. 632-637) . The sample included a number of 277 women who, after a first evaluation, were divided into two groups: mothers who already had symptoms of clinical depression before birth and mothers who did not show symptoms. The second assessment was performed after birth, where cases of postpartum depression were identified.

Among the measured personality factors is neuroticism or what we call emotional stability. It has been found to correlate negatively with both high levels of clinical depression, but especially those of postpartum depression. The explanation is that an emotional lability predisposes to the onset of depression, especially in a sensitive period and with hormonal changes, such as pregnancy and post-pregnancy, favoring the occurrence of postpartum depression.

2nd Hypothesis. *It is assumed that there are differences in the duration of breastfeeding depending on the age of the mother.*

In the context of this research, the variable Breastfeeding time is one with a nominal measurement, having two modes, two categories in which we divided the sample: breastfeeding duration less than 6 months and breastfeeding duration greater than 6 months. Also, the variable Age is measured nominally and we have two age categories: young - aged between 17 and 31 years and mature - aged between 32 and 47 years.

Taking these aspects into account, the $\chi 2$ (Chi square) test is used to compare two samples by non-parametric methods for nominal measurements.

$\chi 2$ is essentially a correlation calculation and applies to a bifactorial frequency distribution. The purpose of the calculation is to see if and to what extent the two variables are associated. Later, if they have a correlation, we can compare the frequencies obtained on the line or on the column. (Sîntion, F., Călin, F.M., "Statistica pentru științele socio-umane" vol. II, pp. 109-110)

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Table 4 "Contingency table - Age group and duration of breast-feeding"

Durata_Alaptare * Varsta_grup Crosstabulation

			Varsta_grup		
			Tinere	Mature	Total
Durata_Alaptare	Sub 6 Luni	Count	26	35	61
		Expected Count	32.5	28.5	61.0
		% within Varsta_grup	40.0%	61.4%	50.0%
	Peste 6 Luni	Count	39	22	61
		Expected Count	32.5	28.5	61.0
		% within Varsta_grup	60.0%	38.6%	50.0%
Total		Count	65	57	122
		Expected Count	65.0	57.0	122.0
		% within Varsta_grup	100.0%	100.0%	100.0%

In the contingency table we find the following information: frequency of young mothers who breastfed less than 6 months, frequency of mature mothers who breastfed less than 6 months, frequency of young mothers who breastfed more than 6 months, frequency of mature mothers who breastfed more than 6 months, the total per row and column and the percentages corresponding to each category.

Table 5 "Test χ2 (Chi square) - Age group and Breastfeeding time

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	5.565[a]	1	.018		
Continuity Correction[b]	4.742	1	.029		
Likelihood Ratio	5.609	1	.018		
Fisher's Exact Test				.029	.015
Linear-by-Linear Association	5.519	1	.019		
N of Valid Cases	122				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 28.50.

b. Computed only for a 2x2 table

Following the application of the χ2 test, we obtained the results presented in the table above. According to him, the value obtained is χobț = 5,565, with degrees of freedom n = 1, at a significance threshold p = 0.018. Comparing with the critical value for these degrees of freedom (χcrit = 3.84) it results that χobț> χcrit, at a significance threshold p <0.05. There is, therefore, an association between the two factors.

Table 6 "Effect size coefficient - Group age and duration of breast-feeding"

Symmetric Measures

		Value	Approx. Sig.
Nominal by Nominal	Phi	-.214	.018
	Cramer's V	.214	.018
N of Valid Cases		122	

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

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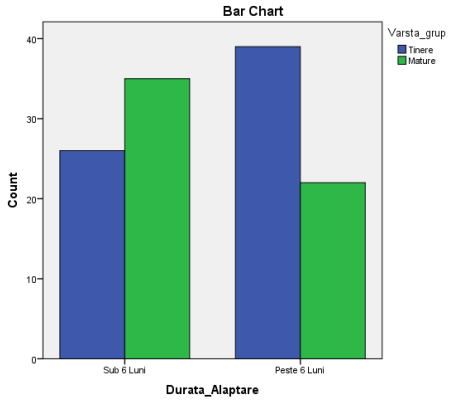
The coefficient for the effect size varies between 0 and 1 and shows us how strong the association between factors is. The positive or negative value shows whether most of the data in the contingency table are centered on the left-facing diagonal or the right-facing diagonal.

According to Table 6, the coefficient has a value φ = -0.214, which means that the intensity of the association is moderate, most scores being oriented on the diagonal oriented to the right.

We return to Table 4 to interpret the results: 61.4% of women over the age of 31 breastfeed for less than 6 months or do not breastfeed; on the other hand, 60% of women up to the age of 31 breastfeed for periods longer than 6 months.



2ND Figure "Comparison Chart - Age Group and Breastfeeding Duration"

Drawing a conclusion for the initial hypothesis, we can say that there are differences in the duration of breastfeeding according to age, in the sense that younger women breastfeed for longer periods of time than physically more mature women.

Young women are more available to get information correctly about breastfeeding and more often use sources such as news books and social networks to get information. This habit is a positive one, because online groups have been set up in our country to help mothers with up-to-date information about breastfeeding. By reading the stories of other mothers, stories of failure or success in breastfeeding, young mothers can identify on their own the tips that lead to an unwanted result - stopping breastfeeding. It is possible that the new generation will even question the training of medical staff in hospitals on this subject. Unfortunately, most medical staff are not trained to properly guide new mothers on the path to successful breastfeeding.

Physically mature women are guided by classic habits, tips that sometimes lead to stopping breastfeeding faster than they would like, or are not willing to breastfeed because they may have more responsibilities than young women.

Age over 31 can be a factor in delaying milk production in the first hours after birth, this can lead to dehydration of the baby, weight loss and some mothers may be excessively worried and frustrated, thus giving up breastfeeding. Also, physically mature women are not recommended for natural childbirth. Most give birth by cesarean section and are deprived of contact with their baby in the first hours after birth, so important in the breastfeeding process.

A study addressing this issue was conducted in 1983 and published by the University of Leeds, United Kingdom (Journal of Epidemiology and Community Health, 1983, 37, 89-94). The study was conducted on a sample of 617 mothers aged between 16 and 35 years, over a period of

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12 months after birth. Following the centralization of the results, a clear distinction was made regarding the duration of breastfeeding, between three age categories.

The first category includes mothers aged between 16 and 20, who have breastfed for a very short period of only a few weeks, due to the desire to return to school and reintegrate into educational institutions. The second category includes mothers between the ages of 21 and 29, who breastfed for more than 24 weeks (6 months) because they had the opportunity to spend more time with the baby, received help and support from part of the family. Mothers in the third category, aged between 30 and 35, breastfed, for the most part, for a period of 17-24 months. They had medical problems or no lactation, but there were also cases in which mothers said they felt ashamed, embarrassed to breastfeed, especially in public, after about 4 months of breastfeeding and interrupted the process.

Another study conducted in 1994 (Mothers' intention, age, education and the duration and management of breastfeeding. *Maternal-Child Nursing Journal*, 1994, 22 (3), 102-108) on a sample of 161 mothers who had as In order to observe the influence of environmental, social factors, age and the level of education of the mother on the breastfeeding process, obtained similar results. The causes of breastfeeding for 6 months or shorter in mothers older than 30 years were mainly medical.

3rd Hypothesis. *It is assumed that there is a relationship between the mother's age and the type of attachment.*

In the context of this research, the Attachment Style variable is one with a nominal measurement, having three modes, three categories in which we divided the sample: type of secure attachment, type of anxiety-ambivalent attachment and type of avoidant attachment. Also, the variable Age is measured nominally and we have two age categories: young - aged between 17 and 31 years and mature - aged between 32 and 47 years.

Taking these aspects into account, the $\chi 2$ (Chi square) test is used to compare two samples by non-parametric methods for nominal measurements.

Table 7 "Contingency table - Attachment style and Age group"

Stil_Atasament * Varsta_grup Crosstabulation

			Varsta_grup		
			Tinere	Mature	Total
Stil_Atasament	Securizant	Count	26	34	60
		Expected Count	32.0	28.0	60.0
		% within Varsta_grup	40.0%	59.6%	49.2%
	Anxios-Ambivalent	Count	9	2	11
		Expected Count	5.9	5.1	11.0
		% within Varsta_grup	13.8%	3.5%	9.0%
	Evitant	Count	30	21	51
		Expected Count	27.2	23.8	51.0
		% within Varsta_grup	46.2%	36.8%	41.8%
Total		Count	65	57	122
		Expected Count	65.0	57.0	122.0
		% within Varsta_grup	100.0%	100.0%	100.0%

In the contingency table we find the following information: frequencies of young mothers with secure attachment, frequencies of young mothers with anxious-ambivalent attachment, frequencies of young mothers with avoidant attachment, frequencies of mature mothers with secure attachment, frequencies of mature mothers with anxious-ambivalent attachment, frequencies of

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mature mothers with avoidant attachment, the totals on rows and columns and the percentages corresponding to each category.

Table 8 "Test χ2 (Chi square) - Attachment style and Age group"

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	6.613[a]	2	.037
Likelihood Ratio	6.960	2	.031
Linear-by-Linear Association	2.793	1	.095
N of Valid Cases	122		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 5.14.

Following the application of the χ2 test, we obtained the results presented in the table above. According to him, the value obtained is χobț = 6,613, with degrees of freedom n = 2, at a significance threshold p = 0.037. Comparing with the critical value for these degrees of freedom (χcrit = 5.99) it results that χobț> χcrit, at a significance threshold p <0.05. There is, therefore, an association between the two factors.

Table 9 "Effect size coefficient - Attachment style and Age group"

Symmetric Measures

		Value	Approx. Sig.
Nominal by Nominal	Phi	.233	.037
	Cramer's V	.233	.037
N of Valid Cases		122	

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

The coefficient for the effect size varies between 0 and 1 and shows us how strong the association between factors is. Because the table does not meet the size 2 x 2, we use the Cramer V coefficient.

According to Table 9, the coefficient has a value φ Cramer = 0.233, which means that the intensity of the association is moderate.

We return to Table 7 to interpret the results: 46.2% of young mothers have a type of avoidant attachment, 59.6% of mature mothers have a type of secure attachment, and in terms of anxiety-ambivalent attachment, although the percentage is low, there is a difference, the higher the percentage of young mothers - 13.8%.

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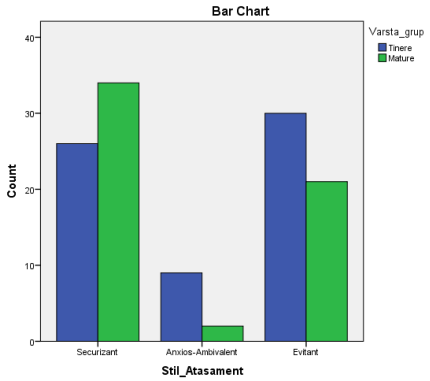

Figure 4.5 "Comparison Chart - Attachment Style and Age Group"

Formulating a conclusion for the initial hypothesis, we can say that there are differences in the type of attachment depending on the mother's age, in the sense that young mothers have a predominantly avoidant attachment, while mature mothers have a type of secure attachment.

Attachment models were developed by Mary Ainsworth in an experiment known as the "Strange Situation" (Mary D. Salter Ainsworth, Silva M. Bell, Child Development, 1970, 41, 49-67). The sample included 100 middle-class American families. By generalizing the results obtained, and by analyzing in more depth the couple's parental relationships, the following conclusions were reached: the child forms his style of attachment according to the type of mother's attachment and the relationship between mother and father. Thus, mothers in conflict with the child's father, in an insecure relationship, emotionally unavailable, develop an avoidant attachment, which is transmitted to the baby.

On the other hand, mothers in a stable, healthy relationship inspire child safety and a secure attachment.

In her doctoral thesis, Carmen Costea-Băluțiu (Carmen Costea-Băluțiu, *Implications of the attachment relationship on development and psychopathology in early childhood and adulthood*, "Babeș-Bolyai" University, Cluj-Napoca, 2010) describes numerous studies on this topic. The second study presented in this thesis aims at the attachment style of the mother depending on the relationship in which she is and depending on age. The group of participants included 78 mother-child dyads.

The results showed that young mothers, in unstable relationships, have a vulnerable, anxious-ambivalent type of attachment; the older you get, the lower your anxiety, and the more secure your attachment.

Correlating the results of this research, we can conclude that young mothers have a type of anxiety-ambivalent / avoidant attachment, the cause of unstable or dysfunctional relationships with the partner. Older mothers are safer, with less anxiety, have a type of secure attachment. All this will manifest itself in the relationship with the child.

4th Hypothesis. It is assumed that there is a relationship between breastfeeding and parenting style.

In the context of the present research, the variable Breastfeeding period is one with a nominal measurement, having two modes, two categories in which we divided the sample: period under 6 months, period longer than 6 months. Also, the Parental Style variable is measured

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nominally and we have five categories of styles: indulgent, authoritarian, indifferent, protective, democratic.

Taking these aspects into account, the χ2 (Chi square) test is used to compare two samples by non-parametric methods for nominal measurements.

Table 10 "Contingency table - Parental style and duration of breastfeeding"

Stil_Parental * Durata_Alaptare Crosstabulation

			Durata_Alaptare		
			Sub 6 Luni	Peste 6 Luni	Total
Stil_Parental	Indulgent	Count	1	6	7
		Expected Count	3.5	3.5	7.0
		% within Durata_Alaptare	1.6%	9.8%	5.7%
	Autoritar	Count	1	1	2
		Expected Count	1.0	1.0	2.0
		% within Durata_Alaptare	1.6%	1.6%	1.6%
	Indiferent	Count	1	1	2
		Expected Count	1.0	1.0	2.0
		% within Durata_Alaptare	1.6%	1.6%	1.6%
	Protector	Count	21	24	45
		Expected Count	22.5	22.5	45.0
		% within Durata_Alaptare	34.4%	39.3%	36.9%
	Democratic	Count	37	29	66
		Expected Count	33.0	33.0	66.0
		% within Durata_Alaptare	60.7%	47.5%	54.1%
Total		Count	61	61	122
		Expected Count	61.0	61.0	122.0
		% within Durata_Alaptare	100.0%	100.0%	100.0%

In the contingency table we find the following information: frequencies on each category, totals on rows and columns and the percentages corresponding to each category.

Table 11 "Test χ2 (Chi square) - Parental style and Breastfeeding time"

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	4.741[a]	4	.315
Likelihood Ratio	5.135	4	.274
Linear-by-Linear Association	4.146	1	.042
N of Valid Cases	122		

a. 6 cells (60.0%) have expected count less than 5. The minimum expected count is 1.00.

Following the application of the χ2 test, we obtained the results presented in the table above. According to him, the value obtained is $\chi_{obț}$ = 4.741, with degrees of freedom n = 4, at a significance threshold p = 0.315, p> 0.05. At this threshold of significance, the hypothesis is refuted.

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Returning to Table 10, we note that both mothers who breastfed for less than 6 months (60.7%) and mothers who breastfed for more than 6 months (47.5%) have a democratic parenting style.

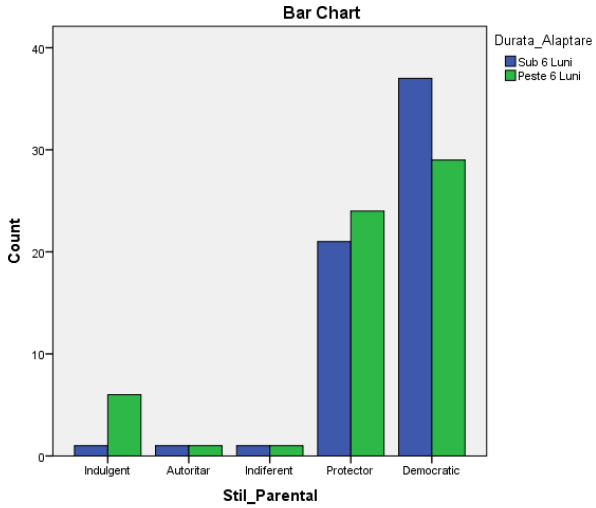

Figura 6 " Grafic de comparație – *Stil parental* și *Durată alăptare* "

Considering these aspects, we can say that there is no significant association between the duration of breastfeeding and the parental style of the mother, the factors not influencing each other.

Parenting style *"refers to the set of behaviors and emotions that parents have towards their children and to the way the parent approaches the relationship with his child. Parental styles are defined according to two main elements, namely the degree of emotional warmth (the parent's ability to be emotionally close to the child, to be attentive to his needs and emotions) and the degree of control exercised over the child (by establishing and respecting the rules). , setting limits). These two elements determine five main parental styles: authoritarian, permissive, uninvolved, overprotective and democratic* "(Ioana Druiu).

The parental style is more prominent in the child's education process. They are influenced by the beliefs and beliefs of the parents, by their own conceptions of good and evil. Although the environment in which he grows up puts his mark on the newborn from the first moments of life, these styles become visible in the parent-child relationship starting with the age of 3, when the formation of moral consciousness begins.

The lack of a correlation between parenting styles and the shorter or longer duration of breastfeeding, in our case, can be explained by the fact that breastfeeding duration is influenced by medical, environmental conditions or is simply a need, a choice of the mother and it is not about her moral beliefs or the notions of right / wrong from a social point of view.

5^{5h} Hypothesis. *It is assumed that there is a relationship between breastfeeding and the type of attachment.*

In the context of this research, the Attachment Style variable is one with a nominal measurement, having three modes, three categories in which we divided the sample: type of secure attachment, type of anxiety-ambivalent attachment and type of avoidant attachment. Also, the

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variable Breastfeeding duration is measured nominally and we have two categories: duration under 6 months and duration over 6 months.

Taking these aspects into account, the χ2 (Chi square) test is used to compare two samples by non-parametric methods for nominal measurements.

Table 12 "Contingency Table - Attachment Style and Breastfeeding Duration"

Stil_Atasament * Durata_Alaptare Crosstabulation

			Durata_Alaptare		
			Sub 6 Luni	Peste 6 Luni	Total
Stil_Atasament	Securizant	Count	27	33	60
		Expected Count	30.0	30.0	60.0
		% within Durata_Alaptare	44.3%	54.1%	49.2%
	Anxios-Ambivalent	Count	7	4	11
		Expected Count	5.5	5.5	11.0
		% within Durata_Alaptare	11.5%	6.6%	9.0%
	Evitant	Count	27	24	51
		Expected Count	25.5	25.5	51.0
		% within Durata_Alaptare	44.3%	39.3%	41.8%
Total		Count	61	61	122
		Expected Count	61.0	61.0	122.0
		% within Durata_Alaptare	100.0%	100.0%	100.0%

In the contingency table we find the following information: frequencies of mothers who breastfed less than 6 months with secure attachment, frequencies of mothers who breastfed less than 6 months with anxious-ambivalent attachment, frequencies of mothers who breastfed less than 6 months with attachment avoidance, frequencies of mothers who breastfed for more than 6 months with secure attachment, frequencies of mothers who breastfed for more than 6 months with anxious-ambivalent attachment, frequencies of mothers who breastfed for more than 6 months with avoidant attachment, line totals and columns and percentages for each category.

Table 13 "Test χ2 (Chi square) - Attachment Style and Breastfeeding Duration"

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	1.595[a]	2	.451
Likelihood Ratio	1.606	2	.448
Linear-by-Linear Association	.728	1	.393
N of Valid Cases	122		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 5.50.

Following the application of the χ2 test, we obtained the results presented in the table above. According to him, the value obtained is χob = 1.595, with degrees of freedom n = 2, at a significance threshold p = 0.451, p> 0.05. At this threshold of significance, the hypothesis is refuted.

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Returning to Table 4.12, we observe that there are equal percentages in terms of the type of secure and avoidant attachment (44.3%) respectively in mothers who breastfed less than 6 months and also for the category of mothers who breastfed more. for 6 months, the dominant attachment styles are securing (54.1%) and avoiding (39.3%).

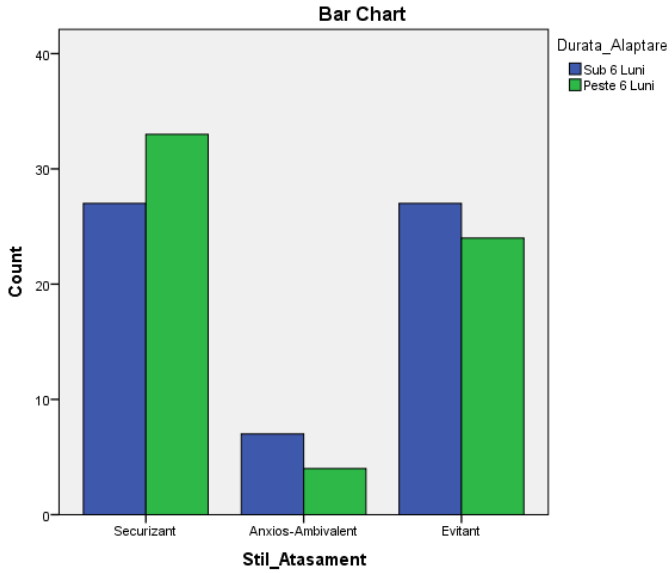

Figure 7 "Comparison Chart - Attachment Style and Breastfeeding Duration"

Considering these aspects, we can say that there is no significant association between the duration of breastfeeding and the attachment style of the mother, the factors not influencing each other.

In 2014, Daniela Muntele Hendreș, lecturer at the Faculty of Psychology and Educational Sciences at the "Alexandru Ioan Cuza" University of Iași, conducted a study on a sample of 70 women, in order to test the effects of the information intervention on the duration of lactation.

The sample was divided into two equal groups. The first group was presented with information gathered from the literature promoted at the time of the study; the second group represented the control group. The result was suggestive: mothers who documented themselves from these sources decided to extend the breastfeeding period by 6 months, unlike mothers in the control group.

Therefore, we can say that the nature of the information circulated at a certain moment has a special influence on the way mothers choose to raise their children. Correlating these aspects with the results obtained in this hypothesis, we can say that breastfeeding does not correlate significantly with parental style because the belief in the validity of information circulating at a given time changes the perspective of mothers on a certain behavior that in the past seemed undesirable. or dysfunctional.

Conclusions

In this paper, ***The importance of breastfeeding on the development of the mother-child relationship from an emotional point of view,*** **we set as objectives: observing the mother-child relationship during breastfeeding; identifying the factors that influence the development of**

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the emotional relationship between mother and child, from the perspective of attachment and parental style; analysis of factors that may be associated with postpartum depression.

Through our research, we achieved our goals, deepened the concept of the importance of breastfeeding and identified notions related to the factors that influence the mother-child relationship emotionally. Following the calculations, a number of hypotheses were confirmed, meeting our expectations, while other hypotheses were refuted, the results finding the necessary explanations.

The first hypothesis that there is a presumed negative correlation between emotional stability and postpartum depression is confirmed. The results of this study have important clinical implications. Personality can be an important and stable determinant of postpartum depression. The low level of emotional stability significantly improved the risk estimates for clinical depression in the first postpartum year. The explanation for this result is that emotional lability, in other words, low emotional stability, predisposes to the onset of depression, especially in a sensitive period and with hormonal changes, such as pregnancy and post-pregnancy. Postpartum depression is favored.

The second hypothesis, according to which it is assumed that there are differences in the duration of breastfeeding according to the age of the mother, is confirmed in the sense that 61.4% of the group of mothers over 31 years of age breastfeed for less than 6 months, while 60% of the group of mothers under the age of 31 breastfeed for a period longer than 6 months. The result of the hypothesis is also strengthened by the existence of two studies mentioned above, where similar values were obtained. Young mothers are more willing to raise their children because they spend more time with them. Also, the lack of experience or simply the influence of the social environment causes mothers to apply and address different techniques and strategies promoted by the idea of parenting today. In contrast, older mothers adopt classic strategies regarding the period and mode of breastfeeding, and some of them are forced to stop breastfeeding for medical reasons.

The third hypothesis, related to the relationship between the mother's age and the type of attachment is confirmed. This highlights the fact that the mother's age is correlated with a certain type of attachment: 59.6% of mature mothers have a secure attachment, predominantly in young mothers is the avoidant attachment, with a percentage of 46.2%. Anxiety-ambivalent attachment is less common in both groups, but it is still more prevalent among young mothers. Correlating these results, we can conclude that young mothers, due to unstable or dysfunctional relationships with family members, develop a type of anxious-ambivalent or avoidant attachment. The older the age, the lower the anxiety, the more stable, more secure relationships mothers have and the more secure they are. These characteristics will be transmitted, later, to the child.

Following the verification of hypothesis number four, it was found that there is no correlation between breastfeeding and parenting style. In the case of our research, this aspect can be explained by the fact that the duration of breastfeeding is influenced by medical conditions, the environment or it is simply a need, a choice of the mother and not related to her moral beliefs regarding the notions of right-wrong related to social norms. The parental style manifests itself visibly in the parent-child relationship starting with the age of 3 years.

The last hypothesis, regarding the correlation between the breastfeeding period and the type of attachment, is refuted. We cannot say that there is a link between these two aspects because the belief in the validity of information circulating in the media, in books and in society, changes the perspective of mothers on a certain behavior, which in the past seemed undesirable or dysfunctional (in this case it is about prolonged breastfeeding). This diminishes the influence of other aspects such as the system of norms, beliefs and values, because it is subject to change.

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