Attachment Patterns as Predictors of Conduct Disorder in 9-11-Year-Old Students in Bandar Abbas City, Iran

Mojtaba Mahmoodi[1]*, Eghbal Zarei[2] and Mahin Askari[3]

1. Department of clinical psychology, Science and Research Branch, Islamic Azad University, Hormozgan, Iran
2. Hormozgan University, Bandar Abbas, Iran
3. Hormozgan University of Medical Science, Bandar Abbas, Iran

* Corresponding author's Email: Mahmoodi.M@yahoo.com

ABSTRACT: This research was aimed at studying the relationship between attachment patterns and conduct disorder. The research method was descriptive-correlative. The statistical community included all 9-11-year-old students in Bandar Abbas City Iran which was a total of 7432 members. Here, the simple random sampling was used to choose an introducing sample for the community, and also to increase measurement accuracy. Regarding the community size, the sample size was calculated 365 members using Cochran formula. The data collection tools were the Questionnaire of Children Borderline Symptoms (CSI 4) and the Attachment Patterns Questionnaire. Pearson's Correlation Index and regression index statistical tests were applied using SPSS software. The results of hypothesis analysis indicated that the disorganized and resistant attachment patterns had the highest and the secure and then the avoiding patterns had the list prediction power in conduct disorder.
Keywords: Conduct Disorder, Attachment Patterns, Students.

ORIGINAL ARTICLE

INTRODUCTION

According to the attachment theory by Bowlby (1980), analyzers believe that children's Developmental destiny depends on his care and this care's coordination with children's development rhythm. The caregiver guarantees normal achievement in children development process. Numerous studies have greatly emphasized the caregiver's fundamental roll in personality growth and future relationship types of the child in his adulthood (Perry et al., 2008).

According to Bowlby (1980), many forms of psychic irritations and personality disorders rise from child deprivation of maternal caregiver or the relationship inconstancy with attachment figure. He clearly predicted that unbalanced attachment relationship will lead to psychological disorders through creating generalized anxiety and distrust in child. When the child forms negative personifications of himself and others, or when he takes unrealistic methods to process attachment-related thoughts and feelings, he becomes more susceptible to psychological damages according to this theory (Cassidy, 1999).

Mohamad-esma'il (2004) believes in conduct disorder to be a serious and critical psychotherapy disorder classified in individual and social categories. An approximate 2-7 percent of all people in the society are affected by conduct disorder. It is usually prevalent in late childhood and early adolescence, more prevalent in males than in females, and increases a bit in school period.

The attachment theory has provided a strong theoretical basis for perception of behavioral and emotional problems in childhood (Marsh, 2003). Due to its consideration of childhood events and maternal deprivation in creating criminal behavior, the attachment theory has a special position among theories elaborating on felonious behavior. These two points are always emphasized in this theory: first, the close, fervent, and continuous relationship with mother or her constant substitute with the child is necessary for children's health; and second, the separation from mother or being abandoned by her is seen in most delinquents (Dadsetan, 2003).

A research by Khanjani (2002) indicated that children under 3 who spend more than 35 hours with a caregiver other than their mother are at a greater risk for attachment insecurity and social behavior problems.

Family environment and conditions are both positive and ground-making factors for the growth, and a destructive and preventing action. Meanwhile, Family education system (i.e. first behaviors of the child and his parents) is an important factor in children personality. Therefore the main question of the researcher is whether attachment patterns can predict conduct disorder in childhood and adolescence.

MATERIALS AND METHODS

Regarding that this research is aimed at studying the relationship between attachment patterns and conduct disorder, it is applicable in purpose, and descriptive-correlative in data analysis. The correlation between variables is analyzed based on research

purpose in these types of researches. The statistical community is determined based on research necessity and problem. The statistical community here includes all 9-11-year-old students in Bandar Abbas City Iran which was a total of 7432 members. Here, the simple random sampling was used to choose an introducing sample for the community, both to increase measurement accuracy and to give all members an equal chance of being selected as sample. Regarding the community size, the sample volume was estimated 365 members using Cochran formula. The data collection tools were the following:

A. The Questionnaire of Children Borderline Symptoms (CSI-4)

CSI 4 is a behavior grading measurement designed by Spirafkin and Gadoo firstly based on DSM-III classification in 1984. Little changes and revisions were made to its fourth edition (DSM-IV), and it was published entitled CSI 4 in 1994. Like its previous versions, it has also two forms for parents and teachers. The parents form contains 112 questions designed for 11 major and 1 extra behavioral disorder, while the teacher form contains questions on 7 groups of behavioral disorder. Each of these groups has its own subcategories and contains its own related questions. Its validity was reported 0.89 (Tavakolizadeh, 1997). It is worth mentioning that the questionnaire validity was also obtained 0.85 in this research using Cronbach's Alpha and SPSS software.

B. The Attachment Patterns Questionnaire

This questionnaire is used to analyze attachment patterns using the Attachment Patterns questionnaire by Van Odenhond and Hofstra designed based on Bartalmo and Portiz's classification to analyze attachment patterns. This questionnaire was adapted and analyzed for pupils by Soleimani (2009). It has 24 statements. The scores for each statement range from "completely agree" (5) to "completely disagree" (1 for each tested). It has the 4 dimensions of (1) secure, (2) avoidant insecure, (3) dualistic insecure and (4) disturbed insecure.

The questionnaire reliability was studied by Soleimani (2009) through retesting and Cronbach's Alpha. The retesting index for secure, avoidant insecure, dualistic insecure, and disturbed insecure attachment dimensions, performed using scores correlation analysis, were obtained 0.68, 0.92, 0.88, and 0.80 respectively, all of which were significant at 0.001 0.0001 level. Generally, the results obtained from the two mentioned statistical methods indicated a desired level of questionnaire reliability.

The questionnaire reliability was also calculated through Cronbach's Alpha using SPSS in this research, and was obtained 0.69, 0.74, 0.79, and 0.82 for the respective attachment patterns.

RESULTS

Multiple-regression method was used to test research hypotheses. Variable correlations are first measured, and then the regression test was used to measure the prediction of touchstone variable considering predicting ones.

Table 1. Simple Pearson correlation test between attachment patterns and conduct disorder

		Conduct Disorder
Pearson's correlation index (r)	Conduct Disorder	1
	Secure Attachment Pattern	-0.049
	Avoidant Attachment Pattern	-0.022
	Resistant Attachment Pattern	0.219
	Disorganized Attachment Pattern	0.200
Significance Level	Conduct Disorder	0
	Secure Attachment Pattern	0.177
	Avoidant Attachment Pattern	0.341
	Resistant Attachment Pattern	0.001
	Disorganized Attachment Pattern	0.001
Number	Conduct Disorder	365
	Secure Attachment Pattern	365
	Avoidant Attachment Pattern	365
	Resistant Attachment Pattern	365
	Disorganized Attachment Pattern	365

According to table 1, significant relationships between resistant attachment and conduct disorder, and disorganized attachment and it were indicated. The R is significant at 0.05 alpha levels. The variable relation directions are positive and direct; that is, students with resistant and disorganized attachment pattern are

more affected with conduct disorder. But there is no significant relationship between secure and avoidant attachment pattern with conduct disorder. Multiple regressions were used to answer the question of how much the conduct disorder can be predicted through attachment patterns with its results shown in tables 2.

Table 2. Determination coefficient of regression

Model	Correlation Index	Determination Index	Moderation Index	Standard Deviation Error
1	0.298	0.089	0.078	6.93

Table 2 indicated that the regression determination level between resistant attachment pattern and conduct disorder equals to 0.89 (r=2) which indicates 8-9% of conduct disorder-related changes can be elaborated through attachment patterns and the rest can be elaborated through other variables.

Table 3. A synopsis of variance analysis results of regression model

Model	Chi2	Grading	Chi2 Average	F	Sig.
Total Remainder	1681.02	4	420.25	8.744	0.008
Regression	17301.38	360	48.05		
	18982.39	364			

The regression determination index is verified according to table 3 and the significance of f in variance analysis test. The observed f equals to 744.8. The f alpha is significant at 0.05 levels and the 0 hypothesis is rejected. Therefore, the regression determination index is verifiable and indicates a linear correlation between the dependent variable and the independent ones.

Table 4. Regression linear equation

Regression Model		Nonstandard Beta	Standard Beta	t	Significance Level
	B				
Ordinate (a)	9.128	3.28		2.78	0.006
Secure Pattern	-0.197	0.111	-0.092	-1.78	0.076
Avoidant Pattern	-0.358	0.133	-0.127	-1.68	0.078
Resistant Pattern	0.279	0.088	0.184	3.17	0.002
Disorganized Pattern	0.344	0.109	0.202	3.16	0.002

The table 4 above indicated the final results of regression and we can draw the line equation considering this figure. (Disorganized pattern) +0.344 (resistant pattern) +0.279(avoidant pattern) -0.358 (secure pattern) -0.197 (conduct disorder) =9.128. The results in the table above indicated a significant and predictable effect of resistant and disorganized attachment pattern on conduct disorder of the students. Considering beta it can be said that as resistant attachment pattern increases by one unit, the conduct disorder in student's increases by 0.184, and as disorder attachment pattern increases by one unit, the conduct disorder increases in students by 0.202. Considering t in the above figure, this prediction is significant at 0.05 alphas. But the secure and avoidant attachment patterns could not predict conduct disorder in students.

DISCUSSION

Conclusions of the present research indicated that interpersonal conflicts were less in tastes with secure attachment pattern than those with insecure one. Also, interpersonal conflicts were less in tastes with avoidant attachment pattern than those with dualistic one. The results of this research were in line with findings of Weisel and Kamara (2005), Perry et al. (2008), Morley and Moran (2011). Allen studies indicated a correlation between adolescent attachment pattern and adolescence behavioral conflicts. In other words, researches have indicated that the insecure attachment pattern of childhood and adolescence is correlated with their later undated, psycho-functional and emotional behavior. It might also cause more quarrels towards parents, paying less attention to their demands, and decreasing their influence on controlling adolescent behavior.

No domestic and foreign researches were found on the effect of each attachment patterns on conduct disorder, but somehow similar studies are performed. In a study by Reid quoting from Berant and Shaver (2008) indicated the more mothers are rough and decided in their educational methods, the more behavioral problems in their children. Konopka (mentioned by Ahadi, and Bani-jamal, 1999) indicated in his study that the mothers of delinquent girls had no fund relationship with them before their delinquency commit, and the girls depending needs were not fulfilled properly and satisfaction in childhood.

The concluding results can be elaborated on as the following: If family function is proper with fervent and intimate relationships, it will cause family members to experience a secure attachment. If family function is improper and it has poor and cold relationships, it will cause them an insecure avoidant attachment. On the other hand, if family function causes serious dependence, demonstration, and emotions, the dualistic attachment will be formed in family members.

According to the results, the less conflicts between parents and children, the more their secure attachment pattern will develop more and then conduct disorder is less in them.

REFRENCES

Ahadi, H. & Bani-jamal, S. (1999). Developmental Psychology, Tehran, Iran Roshd Publications.

Berant, M. & Shaver, P. (2008). Mothers' Attachment Style, Their Health, and Their Children's Emotional vulnerabilities: A 7-Year Study of Children with Congenital Heart Disease. Journal of personality, 76(1):31-66.

Bowlby, J. (1980). Loss: Sadness and Depression. Ied.London: Basic Boo.

Cassidy, J. (1999).The Nature of the child s Ties. In Cassidy and Shaver, Handbook of attachment, theory and research and clinical application, New York: Guilford Press.

Dadsetan, P. (2003). Criminal Psychology, SAMT Publications, Tehran, Iran.

Khanjani, Z. (2002). Studying the Relationship between Daily Temporary Separations and Mother Borderline Symptoms with Attachment Formation, Thesis submitted in partial fulfillment of the requirements of MSc. The University of Tehran, Iran.

Marsh, p. (2003). Attachment, autonomy and multifinality in adolescent internalizing and risky behavioral symptoms. Development and psychopathology, 15:451-461.

Mohamad-esma'il, E. (2004). Studying the validity and Reliability, and Determining Cutting Points of Disorder, Children Borderline Symptoms Questionnaire on 6-14-year-old Students of Elementary and Guidance Schools of Tehran City, The Research Center for Children with Special Needs, Iran.

Morley, T.E. & Moran, G. (2011).The origins of cognitive vulnerability in early childhood: Mechanisms linking early attachment to later depression. Clinical psychology Review, 31(7):1071-1082.

Perry, J.A., Silvera, D.H., Neilands, T.B., Rosenvinge, J.H. & Hanssen, T.A. (2008). Study of the relationship between parental bonding, self- concept and eating disturbances in Norwegian and American college population. Eat Behav; 9(1):13-24.

Soleimani, H. (2009). Predicting Model for Attachment Patterns in children through Mother Emotions in the Two Normal and Educable Retarded Destiny Groups of Students Regarding Gender and the Socio-economic Situation of Family, Thesis submitted in partial fulfillment of the requirements of MSc. The University of Shiraz, Iran.

Tavakolizadeh, j. (1997). An Epidemiologic study of behavior disorders and the lack of attention in pupils of Gonad City, Iran. Thesis submitted in partial fulfillment of the requirements of MSc. In psychology, University of Medical Sciences and Treatment Services of Iran, Tehran, Iran.

Weisel, A. & Kamara, A. (2005). Attachment and individuation of deaf/hard-of-hearing and hearing young adults. J Deaf Stud Deaf Educ, 10(1); 51-62.