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Comparative study of attachment relationships in young children with symptoms of externalizing disorders: Attention-deficit hyperactivity disorder, oppositional defiant disorder, and conduct disorder and normal children

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ABSTRACT

This study aimed to compare the relationship of attachment between children with externalizing disorder (ADHD and less conflict and conduct disorder) was performed with normal children. And the correlation was causal-comparative research design. The study population included all male students in Year 94 was 12.7 years in Tabriz To this aim, and to a multi-stage random sampling method, a sample of 200 (150 patients with symptoms and 50 normal) KCAQ people were selected and CSI-4 was performed on them. The data were analyzed using ANOVA. The results showed that children with externalizing disorders and normal children in terms of attachment there is a significant difference (P <0/005). So that children with attention disorders and children with the disorder more or less active and less conflict in relationships have insecure attachment styles. Another finding of the study showed that children with conduct disorder, avoidant, ambivalent insecure attachment relationships are the common children are secure attachment relationships. Thus, the results of this study have practical implications in clinical areas to the extent that the design of such attachment-based interventions are necessary.

Keywords: Attachment relationships, externalizing disorders, hyperactivity disorders, oppositional defiant disorder, and conduct disorder

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INTRODUCTION

In recent years, much attention has been given to identify infants and toddlers at the risk of behavioral problems. Many children who have emotional and behavioral problems in early childhood, not only they cannot simply pass through, but this fact may also continue into adolescence and even childhood [24]. Among the problems that have been heavily criticized are externalizing disorders [5].that are the most persistent disorders of the childhood and they are known as the axis of behavioral problems in children[24]. Bowlby's attachment theory revealed that when parents take care of their children with love and warmth, their essential growth needs, such as the need for security and trust are more satisfied. Self-perceived behaviors developed as a result of secure attachment to parents, serve as an internal model for developing infant's future relations with others. In contrast, children and adolescents with attachment, have poor self-concept and demonstrate fewer skills in building supportive relationships. Some researchers believe that externalizing disorders are the result of failure in applying parental rules, that usually have 3 characteristics: unstable rules, low supervision and poo problem solving skills, that this type of parenting style may

lead children become dis obedient [29]. Because of the tremendous impact that this type disorders have upon child development process, analysis of effective factors, particularly parental relationship quality, have a special position in studies of childhood. However, despite the importance of this category of disorder, the role of attachment relationship with these disorders and the difference in attachment relationships among externalizing disorders, such as Attention-deficit hyperactivity disorder, oppositional defiant disorder, and conduct disorder, have not been much investigated in out society. Such studies carried out, are inarguably important both from theoretical dimension suggesting important findings in etiology of these disorders and from practical dimension causing the awareness of families – especially mothers – about their key role in their children's mental health. The current study, therefore, aims to conduct comparative study of attachment relationships in young children with symptoms of externalizing disorders.

MATERIALS AND METHODS

Research Literature

externalizing disorders

Children who have externalizing behavioral problems, such as aggression and attention problems, are at greater risk for continued behavioral problems until childhood and adolescence [7]. Externalizing disorders are the most persistent disorders of the childhood and they are known as the axis of behavioral problems in children [24]. Inability of parents in child behavior management, parent – child negative interaction are among the effective factors in the development of externalizing disorders[18,32]. Emotional problems, that children encounter from caregiver or parents, are one of the characteristics that has been jointly observed[32]. Externalizing disorders, that has come to be in the form of three disorder defined by DSM5[1] – Attention-deficit hyperactivity disorder (ADHD), conduct disorder (CD), and oppositional defiant disorder (ODD) – include aggression and rule-breaking behaviors and have a great impact on children, families, teachers and society [16]. oppositional defiant disorder is reflected by a pattern of negativism, pertinacity, disobedient and hostile behaviors and hostility directed at adults or other authority figures[16], and conduct disorder is defined as a behavior which violates basic rights of others and age-appropriate societal norms. Moreover, Attention-deficit hyperactivity disorder is considered as developmental/behavioral disorder through which the infant does not have the ability to pinpoint and focus on a subject, and has low speed in learning and very high and unusual physical activity. This disorder is associated with lack of attention, excessive activity, impulsive behavior, or a combination of these [39].Aggressive behaviors of these children lead to their rejection by peer group. The prognosis of these disorders is unfavorable and children with these disorders, are exposed to other various problems in coming years, such as learning anxiety disorder, mood disorder, substance abuse and alcoholism, antisocial personality disorder, and criminality during adolescence and adulthood [20]. On the other hand, hyperactivity is referred to excessive motor activity (such as running)at an inappropriate time, restlessness and badinage. Attention-deficit hyperactivity disorder is associated with reduced behaviors which are controlled, limitation, and negative emotions. It is suggested that Attention-deficit hyperactivity disorder is associated with reduced academic performance and academic success leading to social exclusion. Reduced occupational functions, success, trends are associated possibly with unemployment, as a result of growing interpersonal conflicts. Children with attention-deficit hyperactivity disorder are also more likely than normal children to develop communication disorder in adolescence and antisocial personality disorder in adulthood. Comorbid psychiatric disorders with attention deficit hyperactivity disorder are suggested to be oppositional defiant disorder and communication disorders. Oppositional defiant disorder is a progressive and chronic disorder that almost always interferes with interpersonal relationships and academic performance of children[3]. In addition to the impact of this disorder on social and educational issues and communication with family, in more than 75 percent of cases it becomes conduct disorder and antisocial personality disorder and other adulthood psychological injuries associated with aggression and violence [25]. The role of incorrect pattern of social behaviors in the formation of oppositional behavior is highlighted in results of many studies [36]. Conduct disorder is a repetitive and persistent pattern of behavior in which the basic rights of others or age-appropriate societal norms are violated. These behavioral patterns are divided into four main groups such as aggressive behavior that causes physical harm to people or animals, non-aggressive behavior that causes property damage, theft or deceitfulness, and ultimately serious violation of rules. In particular, to make a diagnosis of Conduct Disorder, these behaviors must have occurred in the past 12 months.

Attention-deficit hyperactivity disorder

[1]*Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*

The main characteristic of attention deficit/hyperactivity disorder (ADHD) is a persistent pattern of inattention and/or hyperactivity-impulsivity interferes with functioning or development. Lack of attention in Attention-deficit hyperactivity disorder is characterized by giving up homework, Lack of continuity, difficulty in maintaining concentration, disorganization and disarray that is not caused by disobedience, or lack of understanding. Impulsivity may reflect a desire for immediate rewards or inability to delay gratification. Impulsive behaviors may manifest as social intrusiveness (e.g. interrupting others excessively) and/or making important decisions without consideration of long-term consequences (e.g. taking a job without adequate information) [22]. For the first time, the American Psychiatric Association has defined Attention-deficit hyperactivity disorder as follows:

"The phenomenon of Attention Deficit (Hyperactivity) Disorder describes status of children that mostly show in attention, impulsivity, and in many cases hyperactivity for no particular reason. This can be diagnosed with or without hyperactivity."

Barkley (1997) proposed the following definition:
"Attention-deficit hyperactivity disorder is a developmental disorder in controlling attention, impulsivity, restlessness and behavior guidance that occurs naturally and it is not caused by neurological, sensory-motor, emotional disorders. The three primary characteristics of ADD/ADHD are inattention, hyperactivity, and impulsivity. Social exclusion in children; and weakness in job performance, progress, participation and presence in workplace and the possibility of increased unemployment, as well as increased interpersonal conflicts are noted as functional consequences of attention-deficit hyperactivity disorder. The severe form of the disorder has many negative complications that affects on social, familial, educational and occupational adaptation. Academic failure, conduct disorder, and antisocial personality disorder are the most important complications.

Underpin symptoms of ADHD: Mild to moderate retardation, epilepsy, certain types of cerebral palsy and other neurological disorders, may result in this disorder (Adler & Cohen, 2004). Cunningham and Boyle 2002 showed that mothers of children at risk for ADHD, have higher levels of depression than did those of the non-ADHD subgroup. Mothers of children at risk for ADHD experience negative parenting and psychological disorder, particularly when associated with oppositional defiant disorder (ODD).

Oppositional Defiant Disorder
Oppositional defiant disorder is a progressive and chronic disorder that almost always interferes with interpersonal relationships and academic performance of children. These children often do not have any friend and human relations are not satisfactory for them. Despite adequate intelligence, due to lack of participation, and resistance to external demands, and insist on solving problems to help others, they cannot progress at school and may fail to be promoted to the next grade. Problems mentioned above, cause decreased self-esteem, low tolerance for frustration, depressed mood and irritability attacks [3]. The behavioral problem of children with oppositional defiant behavior, is a basis for the emergence of problems in interpersonal and emotional relations, and therefore the problem in their attachment behavior. The problem in attachment and insecure attachment, on the other hand, can result gradually to cause attachments problems between the child and the individual. After, due to inappropriate and/or insecure attachment, problems arises between the child and the mother, behavioral problems, as well as oppositional defiant disorder develop gradually, and may enter the cycle of negative interaction with caregiver and may increase behavioral problems and oppositional defiant disorder day to day. Children with disturbed attachment, on the other hand, are also at risk for aggression and externalizing disorders. It is, therefore, specified that children with oppositional defiant disorder are more belong to the group of inhibitor attachment. In this case, there is an agreement between teachers and parents, and their reports of disorder of externalizing disorder in inhibitor / disturbed children. Oppositional defiant disorder generally is a disorder, beyond a child's behavior, defined by persistent pattern of negativism, pertinacity, disobedient and hostile behaviors and hostility directed at adults or other authority figures, and it is suggested that quality of family life of child is the most important factor in developing this disorder and management of how to interact with children can help to reduce symptoms [12].

Conduct Disorder
Conduct disorder is one of the problems afflicting children and is widely considered by clinical specialists and psychologists. This disorder is of the most common psychiatric disorder of childhood which causes individual, familial and social problems [4]. According to Johnskomy and Deterson and Mikonsler (2000), children and adolescents whose behaviors are categorized to this category, insist on the refusal of rules in home, school and society. This disorder is a series of persistent behaviors that evolves with time and overall is diagnosed with

aggression and violation of right of others [13]. Children with conduct disorder are inconsistent in school, and disobey authority figures, have many destructive behaviors, and are repeatedly opposed to patterns of power and authority at home, school and society and are impulsive. These children have poor judgments, take inappropriate risks, and do not consider the consequences of their actions. They will always face to failure, and attempt to lie, cheat and manipulate others' belongings. They are not also able to accept responsibility for their actions and ill-treatment and are insensitive to feelings, thoughts and needs of others [27]. Delavar and Ibrahimi (2013) found that, by analyzing the role of individual and familial factors in conduct disorder using meta-analysis (on all the studies that have been conducted in Iran), many factors influence on the incidence and persistence of the disorder. One of these factor is attachment and emotional links. Even the child's relationship with his father is also considered. The way parents interact with the child, parenting style and etc. are extremely important in conduct disorder. Many studies suggest that insecure attachment, particularly avoidant and ambivalent insecure attachment style can be most seen in children at risk for conduct disorder.

Attachment Relationships

Child Specialists and child psychologists consider familial relationships, emotional styles and attachment between parents and child, as the reason of many disorders of children, and emphasize on the impact of childhood events in the formation of personality and their future life. Studies suggests that behavioral problems can be caused by types of attachment relationships, and also due to the fact that childhood is the most important period when personality and character are formed, various conflicts and behavioral disorders in adolescence and childhood, are caused by neglect the emotional problems of childhood and lack of correct guidance in the process of transformation. Although everyone in childhood forms some sort of attachment style, it is important that these attachment styles in childhood can predict individual's next behavior and health in adulthood. According to researchers, attachment is the persistent link or knots between two individuals, so that one side attempts to retain proximity with theme of attachment and act in such a way to ensure of the continuity of relation[8]. Individual's attachment style determines the emotional and cognitive principle, and strategies that guide emotional reaction in individuals and interpersonal relations[32]. Researchers have identified attempting to justify differences of four styles/patterns in attempt to justify children's differences in attachment, including secure attachment, ambivalent / resistant insecure attachment, avoidant insecure attachment and disorganized disoriented insecure attachment[8].

Different approaches to attachment

Some theories have directly or indirectly examined "attachment":

Traditional theories of psychoanalysis, as Bowlby (1969) also notes, use "object relation" instead of the word "attachment". New theories, however, like theories of Bowlby and Ainsworth, prefer words such as "attachment", "attachment face" in their theatrical discussions.

-psychoanalysis approach : Most of studies conducted on development of attachment, is affected directly by psychoanalytic developmental theory. Based on this perspective, Activities of parental care such as breastfeeding, which is necessary for child's life, have a fundamental role in shaping attachment [1].Freud, in this regard, considers psychoanalytic developmental theory as normal resolution of oral stage. Moreover, an analysis on Anna Freud's works also revealed that in her theory, she considers "object relations" of great importance. According to her, child's life continues from infant's absolute dependence on maternal care, to emotional and material independence in adulthood. In this regard, Mahler also investigates, using an accurate and sophisticated method, the interaction between infant and mother in the first the years of life and formulate a theory on emotional development . Mahler distinguishes 3 consecutive phases during the first 3 years of infant's life (1977 and 1979). include normal autism phase, normal symbiosis phase, and "separation-Individuation" phase which itself is divided into several intertwined sections.

Donald W. Winnicott proposes three phases in this regard; absolute-attachment phase which is the phase for full integration of mother and baby. Erikson suggests that the first emotional relationship, if it is well-established, that a confidence to the outside world, he allows. The sense of safety is a condition for any further progress. Erikson's theory on the impact of maternal sensitivity and mother's on-time and regular responsiveness to create secure attachment, and the role of sense of safety in child' next behavioral and social development, makes his theory close to that Bowl by's [8].

-Learning approach: In learning theories, attachment behaviors are caused by a complex process of mutual reinforcement. In Behaviorists' theory, hunger, thirst and pain are considered as primary drives. What reduce these primary drives, are called primary booster.

-Natural behavioral approach: Bowlby's attachment theory has relied on natural behavioral findings. Natural behaviorists observe the animal's behavior in their natural environment and believe that we lose a lot of data by studying animals in laboratory. It is only by natural observation that can find out how behavioral patterns of particular type are adapted with the environment of that type. How do they develop as the type (species)?

Recent studies have proved the relation between inhibitor attachment and aggression with peers, and externalizing behaviors. Some studies have found relationship between group of avoidant attachment, and behavioral problems. Some findings, have confirmed the relationship between pattern of avoidant attachment and internalizing problems, more than externalizing problems, among lower and middle socioeconomic class[8]. Children who were in between avoidant attachment and disoriented attachment, compared to children with pure avoidant attachment were less likely to have behavioral problems. In other words, behavioral problems have been reported to be higher in children with avoidant attachment, and externalizing and internalizing problems are higher in children of first group (Avoidant / disoriented). Based on these findings, it can be expected that disoriented attachment relationship in childhood, may develop aggression and a combination of externalizing and internalizing symptoms. These children, later, show aggressive / hostile behaviors toward peers. Some children, however, prefer lack of communication [8]. It can be said generally that there is a relationship between internal attachment visualizations of parents and externalizing problems of childhood. Deklyen (1996) proposed that parents' attachment status may implicitly indicate child and parents' behavior style. Based on Roth's findings [35], children of parents belonging to secure attachment group show more clinical improvement. Many studies show the correlation of parents with behavioral and emotional problems of children with ADHD, and have emphasized on the important role of strategies and negative attitudes of parents. Many researchers suggested that there is also a relationship between lack of positive parental behavior and developmental problems of Child-Parent behavior. Expressions of parents that stimulate interest and attention, and reward giving may reinforce appropriate behavior of children. In addition, parents' positive behaviors are likely to create positive emotional link between parents and children, and parental involvement and positive attention may also reduce the incidence of behavioral problems in children, because children, positively, are paid more attention, and therefore they do not need to attract attention through negative behavior [27].

Research hypotheses

- There is difference between children with Attention-deficit hyperactivity disorder and normal children in terms of attachment relationships.
- There is difference between children with conduct disorder and normal children in terms of attachment relationships.
- There is difference between children with oppositional defiant disorder and normal children in terms of attachment relationships.

Research method

The current study aims to conduct comparative study of attachment relationships in externalizing disorders including attention deficit hyperactivity disorder, oppositional defiant disorder and conduct disorder, and normal children. Research design is of casual – comparative type, using correlation method. The statistical population of the study consists of all male students in 7 – 12 years old with symptoms of externalizing disorders (Attention-deficit hyperactivity disorder, oppositional defiant disorder, and conduct disorder) in the city of Tabriz, in the year 2015. Sampling method is multistage random sampling conducted using screening scores in elementary schools in Tabriz. In order to screening, questionnaire CSI-4 was used. Therefore, the data collection method in this research is a survey process and questionnaire is the tool for data collection. Two questionnaires namely "children symptoms inventory" designed by Geddow and Sperfekin, Lanny, and Yonitat (1984), and "relations between attachment" design by Halpern and Kaufenberg were used. Data analysis were conducted using SPSS statistical software. Inferential statistical methods are used for data analysis, and Analysis of variance were used in the section of data analysis.

Statistical Analysis

Levene test was used to verify the claims proposed about the homogeneity of variances. The results of these test are given in the table below:

Table 1. Levene test's results in order to assesst homogeneity default between variances

Levene's statistics	Degree of freedom 1	Degree of freedom2	Significance
5.273	3	196	0.002

The contents of the above table represent that homogeneity default between variances, in the group studied have not been fulfilled; Because Levene index (5.273) are achieved on a significant level of 0.05 (P= 0.002). Therefore, post hoc test are also needed while conducting variance analysis.

Results of variance analysis

Hypothesis one: There is difference between children with Attention-deficit hyperactivity disorder and normal children in terms of attachment relationships.

Table 2: Comparison of children with ADHD and normal children in terms of attachment relationships

Variable	groups		Average difference I & J	Standard error	significance
Attachment relationships	Group I	Group J			
	Hyperactive	Normal	8.46	1.65	0.001

The contents of the above table are related to the comparison of children with ADHD and normal children in terms of attachment relationships. Average difference between these two groups (-10.8) with standard error of 1.65, is statistically significant (P<0.05).. This means that attachment relationships in children with Attention-deficit hyperactivity disorder are different, compared with normal children.

Hypothesis two: There is difference between children with conduct disorder and normal children in terms of attachment relationships.

Table 3: Comparison of children with conduct disorder and normal children in terms of attachment relationships

variable	groups		Average difference I & J	Standard error	significance
Attachment relationships	Group I	Group J			
	conduct	normal	39.66	1.65	0.001

The contents of the above table are related to the comparison of children with conduct disorder and normal children in terms of attachment relationships. Average difference between these two groups (-50.46) with standard error of 1.65, is statistically significant(P<0.05). This means that attachment relationships in children with conduct disorder are different, compared with normal children.

Hypothesis three: There is difference between children with oppositional defiant disorder and normal children in terms of attachment relationships.

Table 4: Comparison of children with oppositional defiant disorder and normal children in terms of attachment relationships

Variable	groups		Average difference I & J	Standard error	significance
Attachment relationships	Group I	Group J			
	Defiant	Normal	20.18	1.65	0.001

The contents of the above table are related to the comparison of children with oppositional defiant disorder and normal children in terms of attachment relationships. Average difference between these two groups (-30.28) with standard error of 1.65, is statistically significant(P<0.05). This means that attachment relationships in children with conduct disorder are different, compared with normal children.

RESULTS

Results of the post hoc tests

Table 4: Average homogeneity matrix for average groups under study

post hoc test	groups	number	Subscales for the Alpha 0/05			
			conduct	disobedient	hyperactive	normal
Scheffe	normal	50	36.2	-	-	-
	hyperactive	50	-	56.38	-	-
	disobedient	50	-	-	75.85	-
	conduct	50	-	-	-	86.66
	significance	-	-	-	-	0.001

The contents of the above table indicate that Scheffe post hoc testto analyze the homogenous matrix for average group under study is statistically significant (P<0.05). There is therefore conventional homogeneity between groups under study in terms of attachment variance. As a result, the analysis conducted is statistically confirmed, because there is logical statistical correlation the average groups under.

CONCLUSION

The current study aimed to conduct comparative study of attachment relationships in young children with externalizing disorders - attention deficit hyperactivity disorder, oppositional defiant disorder and conduct disorder- and normal children. The first finding of the research suggested that there is difference between children with attention-deficit hyperactivity disorder and normal children in terms of attachment relationships. In other words, children with attention-deficit hyperactivity disorder, compared with normal students are in lower level in terms of attachment style and type of parental care and protection.

These findings are consistent with results of researches of Alishahi Dehbozorgi and Dehghan (2015), Zia-o-dini and shafizadeh (2015), Maggi, Hunziker and Missey (2015), Yusefi et al. (2013). The results of researches conducted by Bahrami (2008) also suggests that family function in hyperactive children, is different, as compared to that of normal children. On the other hand, emotional response, problem solving, emotional involvement and control had significant difference between two groups studied in current research.

The second finding of the research suggested that there is difference between children with conduct disorder and normal children in terms of attachment relationships. In another words, children with conduct disorder, due to family environment less favorable than that of normal children, follow avoidant / ambivalent insecure attachment style. These finding are consistent with the results of researches of Ronen (2014), Lachmann (2006), Johnston, William and Pelham (1990).

The third finding of the research revealed that there is difference between children with oppositional defiant disorder and normal children in terms of attachment relationships. In other words, children with oppositional defiant disorder, compared to normal children, follow insecure attachment pattern. These findings are consistent with results of researches of Steiner and Remsing (2007), Doll (1995), Yusefi, Erfani, Kheirabadi and Ghanei (2011), A'lami et al. (2012), Jahanbakhsh et al. (2011).

Another findings of the research revealed that there is a difference, in terms of attachment relatipnships, between children with attention deficit hyperactivity disorderand children with oppositional defiant disorder. In other word, problems and ill-treatment of children with oppositional defiant disorder are far worse and more disturbing, and this causes more problems associated with attachment relationships, in such a way that they use ambivalent insecure attachment.

Another findings revealed that there is a difference in terms of attachment relationships, between children with attention deficit hyperactivity disorder and children with conduct disorder. In other words, children with conduct

disorder follow avoidant insecure attachment pattern, always in trouble with their parents. The answer to the research question is therefore positive. Although few studies have been conducted in this field, however the finding is consistent with results obtained from researches of Ronen (2014) Delavar and Ibrahimi (2013) and Gharibi et al. (2011). The latest findings revealed that there is a difference in terms of attachment relationships between children with oppositional defiant disorder and children with conduct disorder. This means that although the spectrum where disorders (ADHD, oppositional defiant disorder and conduct disorder) are placed is common, differences in attachment relationships of 3 groups under study, were observed with respect to the differences which exist in fields and in each of these disorders, so that ambivalent insecure attachment relationships of parents and other environmental factors are considered as factors that can explain the nature and severity of problems arising from individual differences in children with conduct disorder. The finding is consistent with the findings of researches of Green et al. (2014) and Guttman and Krouwel (2006), Johnston, William ad pelham (1990).

In general it can be said that although the spectrum where disorders are placed is common, differences in attachment relationships of 3 groups under study, were observed with respect to the differences which exist in fields and in each of these disorder. The causes of these disorders, therefore, can be one of the explanation of attachment difference between children with attention deficit hyperactivity disorder, conduct disorder and oppositional defiant disorder. On the other hand, different approach towards these disorders can be considered as another factor in the difference in terms of attachment relationships between groups under study.

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