

Interventional Research on Contradictory Attachment Children

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Abstract. Since the birth of narcissistic attachment theory, children's unsafe attachment has been the focus of research. Interventional treatment for children with unsafe attachment is related to the healthy development of individuals, families and even society. This paper summarizes the characteristics, influence factors and intervention methods of unsafe dependent children, uses case studies to analyze and summarize the intervention process of two contradictory attachment children, and finally puts forward measures to intervene in unsafe dependent children, and provides suggestions for future research direction.

Keywords: Attachment; Contradictory Attachment; Contradictory Child Attachment.

1. Introduction

The theory of attachment has been widely concerned by psychologists for a long time since it was put forward by Bobby in the 1960s, among which child attachment is an important research topic in the field of children's social and personality development. The formation of attachment and its profound and lasting effect on the development of children's life, unsafe attachment relationship not only affects children's intellectual development, friendship development, mental health development, but also the root cause of various problems in adolescents and even adults, and even affects the health problems of generations through the intergenerational transmission of attachment. Intervention studies on unsafe attachment to children are urgent.

At present, the domestic research on attachment is not very perfect, the main research focuses on the formation of attachment, attachment factors, attachment and personality development, attachment and crime, attachment intergenerational transmission, etc., for the intervention of insecure attachment is not very systematic summary. This paper first summarizes the research results of attachment at home and abroad, then discusses the results of domestic empirical intervention and treatment-related research, then uses case study methods to analyze the interventions of two contradictory attachment children, and finally puts forward the interventions to treat conflicting attachment children.

2. A Review of the Literature

2.1 The Origin and Development of Attachment

Attachment is a strong emotional bond formed between an individual and someone of special significance. The concept was first proposed in the 1960s by John Balby, a British child psychiatrist. John Bowlby integrates psychoanalysis theory, psychiatry, control theory, information processing theory, etc. [1]. on the basis of habitology, and initially creates the basic framework of attachment theory.

From the late 1960s to the mid-1980s, the study of attachment became the most active field in the study of the socialization process of children in the West due to the development of measuring tools. Represented by Ainsworth, strange situational techniques have been developed at this stage. By observing and analyzing, the three types of attachment of children (anxiety-avoidance insecure attachment, safe attachment, anxiety-resistance-type unsafe attachment) and eight subtypes (A1, A2, B1, B2, B3, B4, C1, C2) were divided into ABC [2].

Since the 1980s, attachment research has become a hot topic in cross-disciplinary research in psychology, and great progress has been made in research objects, methods and contents. Initially, the researchers focused on the role of attachment in the growth and development of young children, however, the type of attachment of individuals with the surrounding environment and the change of

stimulants, attachment is a lifelong development process. In 1987, Hazan and Shaver first saw the emotional connection in an adult relationship as an attachment relationship [3], marking the beginning of the expansion of attachment to adolescents and adults, and the beginning of the researchers' exploration of the trend of attachment throughout their lives.

2.2 Research on Child Attachment

2.2.1 Type of Child Attachment

The work of Ainsworth, an American psychologist, is the most classic in determining attachment types. He created the strange situation method, by observing and analyzing the behavior of the baby in the strange situation, the baby's attachment is divided into three types: safe attachment, avoidable attachment, contradictory attachment. In 1990, Main and other scholars proposed a fourth type of attachment, chaotic attachment, also known as insecurity- disintegration attachment [4].

1) Safe type.

Safe attachment children generally exhibit comfortable and safe attachment characteristics. The object of attachment is neither overly dependent nor too independent: happy, confident play and exploratory environment with the object of attachment, not always paying attention to the other person's being present; Such children are able to accept their own incomplete, can forgive their parents' dereliction of duty, the response to strangers is more positive, under the encouragement of attachment objects can smoothly communicate with strangers.

2) Avoidance type.

The interpersonal relationships of evasive attachment children tend to be cold and alienated. When such children are with attachment objects, they pay little attention to each other's behavior, and the absence or absence of attachment objects has little effect. Under free movement and other varying degrees of stress, physical contact with attachment objects is rare, and there is little active conversation and less sharing. In the face of strangers and things, act bold, can carry out independent exploration activities. Attachment object leaves with little sadness, does not show separation anxiety, and does not welcome the return of attachment object, no obvious joy. Such children do not develop a genuine attachment to people, they tend to describe themselves in positive and positive expressions, do not think they are hurt or sad and need others, and tend to be negative about their parents' descriptions and indifferent relationships. This type is unsafe attachment, and children tend to grow into individuals with antisocial and aggressive behavior.

3) Contradiction type.

Conflicting attachment children generally show the characteristics of dependence and retreat. This kind of children and attachment object together, it seems inseparable from the attachment object, like to be entangled in each other's side, with their physical contact more frequently, exploration activities are not active. In the face of the guardian's departure when the mood swings a lot, showing resistance, crying, high degree of sadness, but when the guardian came back, his attitude is very contradictory, both want to seek contact with the attachment object, but also in the attachment object close to the angry refusal to resist, not easy to calm down. They are restrained and withdrawn in the face of strangers and things, this type is also unsafe attachment, children are prone to show retreat in life behavior.

4) Chaotic.

Chaotic attachment to children's behavior is manifested in certain emotions, behavior abnormality, irregular, difficult to monitor and predict, its heart is essentially due to the child's emotional uncertainty of dependent objects caused by hesitation and wandering. Such children exhibit disorderly and unorganized behavior in unfamiliar situations, often a mixture of the above three types of children and some incomprehensible and bizarre behavior. With attachment objects have more physical proximity or contact, separation or reunion of emotional, behavioral confusion, inappropriate. Less social and unfriendly with strangers. Studies have shown that this type of child is the least secure type of attachment, has six times the aggressive level of a safe child, and is highly likely to develop into a mental disorder. The research object of this paper is the contradictory attachment child.

2.2.2 Influences of Child Attachment

1) Individual characteristics.

According to the internal working pattern of attachment, the formation of attachment relationship is the result of the interaction between children and parents. Therefore, the child's own temperament is characterized by an important factor affecting attachment relationship. According to Kagan's laboratory follow-up study on behavioral inhibition d-non-inhibition in unfamiliar situations, difficult and silent infants are prone to expressing negative emotions (e.g., crying and irritability), which can affect the mother's evaluation of the baby, thus affecting the mother's involvement, affecting the quality of maternal-child interactions, and thus negatively affecting attachment style[5]. Infant temperament type is divided into easy type, difficult type and silent type, generally speaking, easy type infant corresponding to safe type attachment, difficult type baby corresponding to contradictory type attachment, silent type infant corresponding avoidance type attachment. The ratio of the two corresponds to almost the same, which also confirms the influence of children's temperament characteristics on attachment relationship.

In addition to temperamental characteristics, other factors in children, including preterm birth, stunting, chronic diseases, malformations and other physical and behavioral differences, are likely to make them lack positive anxiety signals, lack of alertness, feeding difficulties and so on, and ultimately more likely than healthy children to develop unsafe attachment.

2) Carer.

The quality of parental care plays a key role in the type of attachment of infants, and the sensitivity of parents, especially mothers, to the needs of infants is at the heart of the quality of care. The carers' own characteristics due to their own experience affect their sensitivity to their children's behavior, which determines the quality of care and ultimately affects the formation of attachment type.

Parents growing up in safe attachment families are highly sensitive to the needs of their babies, are the first to give satisfaction and support, and help infants manage their emotions, adapt to the environment, and establish safe attachment relationships with their children, i.e. safe attachment has intergenerational transmission. If parents have been abused in childhood, adults and then experienced depression, it will directly affect their behavior, well-being and personality characteristics, often extremely insensitive to the needs of infants or even show disgust, infants lose the only potential source of emotional support, insecurity, easy to trigger anxiety and conflicting feelings of parents, easy to form unsafe attachment relationships. A study of how mothers feed their children for the first three months after birth has found that highly sensitive mothers can develop safe attachment in one-year-olds, whereas children fed by low-reactive, low-sensitivity mothers mostly develop avoidable or rejective attachments.

3) Growth environment.

The quality of parents' marriage, family emotional atmosphere, family income status, parents' education level, parents' self-flexibility, parents' job satisfaction, social support and neighborhood friendliness all affect the interaction between children and parents to varying degrees, and affect the formation of parent-child attachment relationships. In general, these factors are positively related to a child's safe attachment relationship.

A child's individual characteristics affect his or her interaction with the caregiver. Individual characteristics give children's behavior a specific level of reserativeness and activity, which in turn affects the guardian's evaluation of children and the difficulty of raising them. In turn, the sensitivity and reactive changes of guardians play a role in children, so that their attachment and development show corresponding individual characteristics.

JBelsky combined previous research results to propose an ecological model of parenting in 1984[6]. The model suggests that the factors affecting parenting can be divided into three categories: parents' own characteristics, children's personality traits, support or sources of stress in the social environment. Three factors directly or indirectly affect parent-child parenting behavior through different combinations, thus affecting the quality of parent-child interaction. The best parenting background is that three factors can be in a dynamic equilibrium state.

2.2.3 Summary of Unsafe Attachment Therapy for Children

1) Sand board game therapy.

The sand-play therapy created by Karlf contains the integration of Jung's analytical psychology theory and thought, as well as the integration theory based on Eric Newman's theory of children's development stage [7]. Sand game therapy allows children to fully experience freedom, safety and protection during treatment, thereby releasing inner emotions and enabling deep personality to be embodied. Children form a series of images in the course of sand-play therapy, which stimulate the process of self-sexualization described by Jung, and self-sexualization is realized. In sand-play therapy, we create a free and protected environment for children, a "mother-to-child" relationship, and empathy for therapists. Sand disk games are mainly made of symbolic toys and symbolic games, so many of the projections are placed on the sand tray rather than therapist, which is beneficial to both the case and the therapist to deal with empathy.

In sand-pan game therapy, the psychological environment of "mother and child" created by the therapist stimulates the self-sexual archetype of the early unsafe attachment child, while the therapist's accompanying self-prototype is presented by projection in the symbolic game, so that the inner conflict between consciousness and subconscious can be adjusted, so that the personality goes into integration and the psychological state becomes healthy.

2) Sports game therapy.

Games play an important role in the physical and mental development of young children and the formation and development of individual society. There is no better way for children to be more practical than playing games. In life, the maturity of individual psychological mechanism has an important influence on the size of the game scale and the degree of behavioral play. The more mature the former, the greater and deeper the proportion of the latter two. At this level, the game belongs to the children, we should live in the children's life in the game. And sports games than other games, the physical and mental development of young children more targeted, but also more positive impact.

Group game therapy is a combination of group therapy and game therapy, the goal is to cause every interventionist's mind transformation, through transformation, catharsis, epiphany, reality detection and sublimation and other ways to each of the interventionist to bring a new internal balance of psychological structure, forming a strong self, gentle super-self and enhanced self[8].

Parent-child game therapy holds that parents play an important role in children's psychological and behavioral intervention. Parent-child games are the most effective way to intervene against psychological disorders and behavioral abnormalities caused by unhealthy family systems and parenting styles. In treatment, game therapists train children's parents and supervise and guide their parents during the implementation of game therapy, according to game therapy procedures, to help parents create a safe and acceptable child-centered environment, so that children can fully express their feelings in a more comfortable and natural atmosphere.

3) The mind wisdom of the caregiver.

Meins, an American psychologist, came up with the concept of Mind-mindedness in 1998 and defined it as "the tendency of caregivers to treat a child as an independent individual, expressed as a tendency to use psychologically characteristic language to describe a child"[9]. Meins tries to use this concept to explain how parents influence the development of children's psychological theory. More and more studies have shown that the mental intelligence of caregivers not only affects the quality of parent-child interaction, but also has a significant impact on children's cognition, language and social emotional development.

In the process of getting along with young children, the caregivers with lower levels of mental intelligence will make inappropriate judgments about the behavior of young children or often ignore the psychological needs behind the behavior of young children, making it impossible for young children to learn how to think from the perspective of others in the process of dealing with them, hindering the development of psychological theory of young children, which means that young children in the process of getting along with others, especially carers, can not understand the psychological state of others, can not understand the reasons behind the behavior of others, and

because of this, Young children feel distrustful of their caregivers and develop unsafe attachment. Conversely, caregivers with higher mental intelligence are more likely to develop safe attachment relationships with children and can help them improve their cognition, language level, and social emotional development.

3. Case Studies

Chen Jing scholars use sand tray games to treat early unsafe attachment children, the components of which are a proportionally made sand tray, sand, water source, various types of micro-models, and therapists [10]. Sand-play therapy promotes self-expression as long as the therapist is able to create a free and protected environment. This therapeutic environment reconstructs the original mother-to-child environment. Therapists create a "free and protected space" that allows children to re-experience their early relationships with their mothers through empathy, thereby successfully shaping self-nature. Among the five subjects, a child with similar early contradictory attachment was one with a grumpy temper who would act offensively when others were not versing, and who wanted to be close to others but often attacked others. The first time the case was treated with a sand bath was in the middle-class next semester, and the chaotic furniture and discarded babies in the initial sand tray reflected the anxiety and inner difficulties of the case. A total of 21 sand-play treatments were subsequently carried out. The transformation-themed sand tray is embedded in the injured theme sand tray and slowly presents a positive image, eventually healing the discarded baby in the sand tray is replaced by the house, the chaotic furniture into neat furnace jars this positive conversion process reflects the treatment effect of the sand tray game. Case attack behavior lasted about a year (middle class stage), with sand game treatment to the big class last semester there was a marked improvement: the case of attack behavior has been greatly changed, there are signs of active control when there is emotional excitement. Children are more willing to be friends with her than before, so there is a better virtuous circle. But there are times when you're particularly excited and there's occasional attack.

Li Dan scholars use group sports games to improve the unsafe attachment behavior of young children[11], group game therapy is a group therapy and game therapy organic combination of treatment, the goal is to cause every interventionist's mind transformation, through transformation, catharsis, epiphany, reality testing and sublimation and other ways to each of the recipients to bring a new internal balance of psychological structure, forming a strong self, and slow super self and enhance the self-improvement of the sports game, by 6. Group sports games composed of 10 people, composed of safe attachment-type young children and unsafe attachment-type young children, integrated human body walking, running, jumping, throwing, climbing, climbing and other basic forms of action, combined with family parenting, venting, competitive, fantasy toys, created with a variety of plot, interactive sports games. Among the three subjects in the study, there was a tendency to ambivalence attachment, usually perform well, but the personality is too strong, easy to conflict with peers, tantrums and long duration. During the 24 group sports game interventions over a period of three months, the cases experienced different games in the adaptation stage, the identification stage, the trust stage and the end stage. The child attachment index for pre- and post-trial cases changed from 0.220 to 0.502, above the standard limit of 0.33 to safe.

The therapeutic effect of both methods is very significant, and we can see a significant improvement in case behavior. The number of treatments was 20, the duration of group sports games was shorter than 3 months, and the sand game was played once a week for about 5 months. In terms of operational difficulty, both treatments require therapists to use their expertise to design, but sand games do not require the participation of anyone other than the therapist and the treated child, while group sports games require the participation of a portion of the safe attachment child.

4. Summary

It is not difficult to see from the above research that the key to preventing and treating unsafe attachment in children lies in the quality of care of caregivers. In the early stages of attachment relationship, the infant cannot determine their temperament characteristics, appearance and other individual factors, only through caregivers to improve their sensitivity, timely response to their needs, can better help the baby to establish a safe attachment relationship. For children who have initially developed unsafe attachment relationships, parents should promptly detect their children's unusual behavior, recognize the causes of the problem under the guidance of professionals, and improve the quality of care, and strive to repair the attachment relationship between the child and the main attachment object. If necessary, children should also be helped to develop safe attachment more quickly through professional interventions in treatments such as sand games and sports games. But carers can't relax and still have to ensure the quality of care.

However, the current study on the quality of caregiver care is still broad, and future research will focus on how parents should respond specifically to the needs of children and how to care for children of different types of unsafe attachment. These studies will help caregivers improve the quality of care and improve interventions for children of unsafe attachment types.

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