

Developing a Disruptive Mood Dysregulation Symptoms Model Based on Parental mentalization with the Mediating Role of Attachment to Parents and Child's Temperament Characteristics

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Abstract

The aim of the present study was to develop a model of disruptive mood dysregulation symptoms based on parental mentalization, child's attachment and temperament in children aged six to twelve years and 401 of whom were selected and evaluated in a non-random manner. The measurement tools included disruptive mood disorder questionnaire, reflective behavior questionnaire, attachment questionnaire, and middle childhood temperament questionnaire. The results of the model showed that in a multivariate space, confidence in mental states, interest and curiosity in mental states, secure and insecure attachment and temperamental characteristics predict the variance of disruptive mood disorder symptoms. Also, parents' mentalization, child's attachment to parents and child's temperament can predict the symptoms of disruptive mood disorder in children. It is suggested that by designing psychological interventions based on mentalization and temper control training for parents, the symptoms of disruptive mood disorder in children can be reduced and moderated.

Keywords: Attachment, disruptive mood dysregulation symptoms, mentalization, temperament

Introduction

Disruptive mood disorder is a new diagnosis that was added to the category of depressive disorders in the Diagnostic and Statistical Manual of Mental Disorders. This disorder was introduced to measure chronic (non-periodic) irritability for children with severe behavioral and emotional problems (DSM 5, 2013). Researches have addressed the role of parental mentalization as a predictor of behavioral problems in children (Halfon, Besiroglu, 2021). Mentalization is a strengthening and resilience factor for people who experience abuse and hostility in the family. Another effective component in the occurrence of disruptive mood disorder is attachment (Taubner, 2021). Psychologists believe that anger explosions and irritable behaviors are often caused by two factors, family relationships and the child's temperament. (Bouvette-Turcot, et al., 2020). Although temperament is a relatively intrinsic and internal characteristic but environment can be combined and produce favorable results (Lionetti et al., 2022). The present study deals with determining the factors affecting the disorder in the form of a structural equation model. What distinguishes this research from other researches is the addressing the factor role such as mentalization that plays an influential role in parent-child interaction.

Method

The method of this research was descriptive and correlational. The statistical population of the present study was made up of all the children aged 6 to 12 in Isfahan city in the spring and summer of 2022. Among members of the statistical population, 401 people were selected using the available non-random sampling method, The link of the questionnaires was provided in the form of an online version in the Porsline software in Isfahan city education office, The criteria for entering the research include the child's age range of 6-12 years, the absence of physical illness and mental disorders such as mental retardation, and the exclusion criteria include the lack of full response and the child suffering from specific psychiatric disorders such as autism and mental retardation, and the ethical consideration of the research having the personal satisfaction of the mother.

Tools

Disruptive Mood Dysregulation Disorder Scale (DMDDS): The reliability was obtained 0.79, 0.82, of 0.75, of 0.81 and 0.90 for impulsivity factor, performance factor, mood factor, failure factor and total factor respectively. Validity was more than 0.80, (Shahmohammadi et al., 2021). In this study, Cronbach's alpha was equal to 0.79, 0.82, 0.75, 0.81 and 0.90 for total score and its four subscales.

Parental Reflective Function Questionnaire: The construct validity of this scale has been evaluated through exploratory and confirmatory factor analysis, and its reliability is 0.70 for pre-mentalization, 0.82 for confidence in mental states, and 0.82 for interest and curiosity about mental states. 0.75 have reported (Luyten, 2017). Total reliability in this research was 0.70

Attachment Q-set (AQS): was made by Waters (1987). The discriminant validity of the questionnaire with removal of one study for the self-report version, yielding a corrected effect size is $r = 0.28$ (Cadman et al., 2017). Reliability in this research for two factors equal to 0.91 and 0.85 and for the whole questionnaire was 0.88.

Middle Childhood Temperament Questionnaire (MCTQ) of Hegvik (1982): The reliability is 0.90 and its validity from the factor analysis method is higher than 0.67 (Van Brugen, 2009). In the present study, Cronbach's alpha of the whole questionnaire was 0.88.

Results

The descriptive indices of the studied variables and the correlation matrix between them are presented in Table 1.

Table 1: Descriptive indices of the studied variables and the correlation matrix between them

Variable	1.	2.	3.	4.	5.	6.	7.
1. Pre mentalization	1						
2. Interest in mental states	-0.09	1					
3. Certainty of mental states	-0.17	0.49	1				
4. Secure attachment	-0.18	0.36	0.54	1			
5. insecure attachment	0.36	0.08	-0.00	0.02	1		
6. Temperament characteristics	0.01	0.34	0.21	0.29	0.34	1	
Average	3.89	15.17	15.75	92.02	36.55	126.62	55.97
standard deviation	1.84	3.61	3.48	15.13	13.20	19	15.02

The results of Table 1 show correlation analyze in bivariate relationships between research variables. As can be seen, all relationships between variables are significant at the $>P 0.01$ level. The results of model analysis showed that the normalized chi-square is 4.57 and the comparative fit index is equal 0.91. As seen in Figure 1, mother's mentalization affects the symptoms of disruptive mood disorder through the relationship with the child's attachment and temperament.

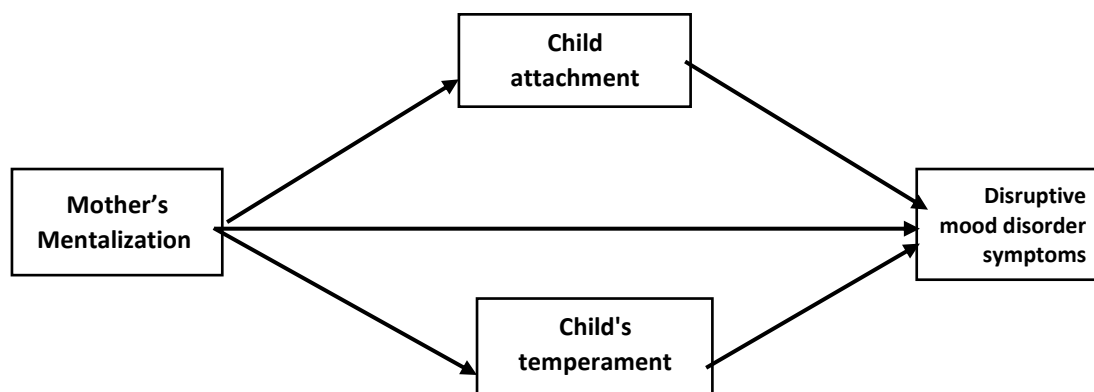


Figure 1: Conceptual model of disruptive mood disorder symptoms

Discussion and Conclusion

This research aimed to develop a model of disruptive mood disorder symptoms in children and the results showed that based on mother's mentalization, attachment and child's temperament, symptoms of disruptive mood disorder can be predicted the level of mentalization and reflexive function of the mother through the effect it has on her relationship with the child, can both predict the quality of the child's attachment and can also affect the temperament, which is a relatively inherent characteristic. to have an effect and when mentalization is done in a proper way, this effect takes a more favorable form. Non-random sampling method, lack of gender separation, lack of control of severity of children's disorder and use of self-report tools were among the limitations of this research. It is suggested to try to reduce the symptoms of disruptive mood disorder in children by providing training to promote and strengthen parent-child emotional relationships and move towards creating secure attachment.

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Conflicts of interest

There is no conflict of interest for the authors of the article.



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