

## Original Research

# The Effectiveness of Dramatic Storytelling on Social Adjustment and Attachment of Children with Irresponsible Caregivers in Tehran

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### Abstract:

#### Background:

This study aimed to investigate the effectiveness of dramatic storytelling on social adjustment and attachment of children with irresponsible caregivers in Tehran.

#### Methods:

The practical research method was selected based on the purpose and data collection of quasi-experimental type along with pretest-posttest design, consisting of a control group.

The statistical population of the study included all children with irresponsible caregivers, aged 5-9 years in Tehran in 1398. Among these people, 36 ones were selected by the available sampling method and randomly assigned to the experimental group (18 people) and the control group (18 people). Two instructors conducted 10 dramatic storytelling sessions for the experimental group over 5 weeks, each lasting 60 minutes. Using the Rutter (SQB) Behavior Questionnaire (1964) and the Attachment Questionnaire (KCAQ) by Halpern and Copenberg (2006) data were collected and analyzed using univariate and multivariate analysis of covariance.

#### Results:

Due to the changes in post-test compared to pre-test, the research findings show that, with the help of the effectiveness of dramatic storytelling, social adjustment and attachment of children along with its sub-components (adaptive development, negative behaviors, emotional response and avoidance) have been increased in children with irresponsible caregivers of the experimental group.

#### Conclusion:

Storytelling can be used as an effective intervention method to enhance social adjustment and attachment of children with irresponsible caregivers.

**Keywords:** Dramatic Storytelling, Social Adjustment, Attachment, Children with Irresponsible Caregivers

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## Introduction

Children with irresponsible caregivers are those who, for whatever reason, are deprived of the psychological (1), educational, and effective parental support, as well as the benefits of living in a relaxing family, and are exposed to various emotional and psychological risks and harm. These neglected children are handed over to the Welfare Organization through the introduction of the relevant judicial authority to promote the well-being of children by ensuring their safety and organizing their lives (2).

One of the most important problems of children with irresponsible caregivers is lack of social adjustment, which is caused by the family's inattention to children, emotional deprivation and separation anxiety (3). Parents are one of major sources of self-image formation and adjustment in children, and if children are not properly supported at an early age, they will feel deprived and possibly worthless (4, 5). Adaptation is a complex and multifaceted concept and a continuous and dynamic process; it refers to the balanced relationship between the person and the environment, in which the individual satisfies his needs in accordance with social demands (6). Personal characteristics and the sensitivity of the situations one encounters are among the factors involved in adaptation (7). Adaptation actually includes physical, psychological, social, and moral adjustments, topped by social adjustment (8). Social adjustment involves mental and objective assessments; mental assessments are based on a person's level of satisfaction with communication with friends, and objective assessments mean that a person is accepted by peers (9). Social adjustment, as one of the most significant signs of mental health, is one of the topics that has attracted the attention of many sociologists and psychologists in recent decades (10). According to Burner (1979), factors such as values, beliefs, parents' child-rearing practices, educational methods and

individual factors are influential in shaping adaptation (11). Poor psychological functioning such as guilt feeling, negative self-concept, frustration, low self-esteem, isolation and low life satisfaction are the results of maladjustment (12). Various studies represent that feeling discomfort of not having a family exposes these children to psychological disorders, disturbing behaviors including deviations from social norms, and social maladaptation, which will have lasting effects on their lives (13, 14).

One of the most crucial developmental and emotional challenges of these children is lack of maternal sensitivity and attachment in child care centers (15). Intimate mother-child relationship reduces fears, builds deep cognition and trust (16). Lack of proper attachment patterns, lack of warm and intimate relationship, lack of environmental stimuli and group life of these children compared to family life, lead to different traumas at different ages (17). Attachment is one of the known problems of deprivation of caregiver, including mother in childhood, due to being in the emotional core of the family and limiting the direct impact of other systems. Attachment is one of the concepts that forms the basis of an individual's communication and its main theme is how safe people feel in their communication with others to continue the relationships (18, 19). Attachment defines as emotional ties that form between an individual and another special person (20). The infant's interaction with the caregiver or caregivers constitutes environmental explorations in safe and secure situations and the solutions to get closer to the caregiver in unpleasant conditions (21). Due to the attachment styles determine emotional cognitive principles and strategies that guide emotional responses in individuals and interpersonal relationships, the concept of attachment and its formation in childhood can affect interpersonal relationships in adulthood (22). Researches indicate that living in an

orphanage environment has a negative effect on the formation of attachment, especially secure attachment, and leads to insecure one (23). The quality of attachment in childhood is one of the factors that leads to the formation of personality in adulthood, and children with irresponsible caregivers are deprived of this quality of attachment and proper care in their childhood (24). Researches have shown that attachment has significant effects on adjustment and psychological safety in adolescence and adulthood (25). Proper parental care is an undeniable necessity in a modern society where issues such as stress and tension are rampant. Children who have good parents and caregivers will enjoy independence and support (26).

Although there are now various methods to improve social maladaptive behaviors and correct insecure attachment styles in research, children with irresponsible caregivers need significant resources of therapeutic interventions to reduce such major problems. Applying dramatic storytelling and illustration would be one of these interventions (27). Using this method not only solves behavioral problems but also creates new opportunities to change behavior and build relationships with others (28). Stories offer amazing, feasible and positive solutions and help to get rid of internal conflicts (29). Storytelling would create the conditions to exchange experiences and social interactions, so it can be considered as a way to deal with children's maladjustment and aggressive behaviors (30). Storytelling is also an appropriate method that can create a mutual and emotional connection between the child and the environment (31). Storytelling has a significant impact on the treatment or control of mental disorders such as emotional behavioral problems (32) and adjustment issues (33).

(34) Studied the effects of group narrative therapy on improving social skills and solving social problems in orphans and children with

irresponsible caregivers at the age of elementary school. The results indicated that group narrative therapy had an effect on improving social skills and solving social problems. They examined the effect of storytelling on reducing aggression and social maladaptation in primary school children. (35) Examined the effects of storytelling on reducing aggression and social maladaptation in elementary school children. The results showed that storytelling reduces the symptoms of aggression and social maladjustment in children. In a study, (36) compared the effectiveness of attachment-based storytelling with the implementation of positive routines to reduce sleeping disorders and improve the mother-child relationship. The results conveyed that attachment-based storytelling being able to reduce the child's sleeping disorders as a positive routine solution; it also led to a significant improvement in the child's parent-child relationship, as one of the correlations of sleeping problems. Therefore, the clinical application of attachment-based storytelling is significant both for improving sleeping problems and for promoting the emotional and mental health of the child and family. (18) Studied the effectiveness of narrative therapy on attachment disorders in preschool children in quasi-family centers in Gorgan. Comparing to the control group in the post-test stage, the results of the experimental group showed improvement in terms of the measured structure. (37) Examined the relationship between family storytelling and attachment in children. This study revealed that the stories and storyteller's character would strengthen attachment relationships in children. According to the research literature review, it is likely that narrative therapy could be effective on the prominent problems of children with irresponsible caregivers, including social adjustment and attachment style. The aim of this study is to determine the effectiveness of dramatic storytelling on social

adjustment and attachment in children with irresponsible caregivers, considering the importance of this issue and the lack of sufficient research. It is also hypothesized that dramatic storytelling could be effective in social adjustment and attachment of children with irresponsible caregivers.

### Methodology

The present study methodology is quasi-experimental type along with pretest-posttest design including a control group. In this study, narrative therapy has been considered as an independent variable and social adjustment and attachment have been regarded as dependent variables. According to the acceptance of participation in the study, the statistical population includes all children with irresponsible caregivers aged 5 to 9 years at Tehran Sobh Roish Center in 1398. Among these people, 36 ones were selected by the available sampling method and randomly assigned to the experimental group (18 people) and the control group (18 people). The following two questionnaires were used to collect data.

### Kinship center attachment questionnaire (KCAQ):

This questionnaire was designed by (46) to measure the attachment of children in the middle period of childhood (before primary and primary school 3-12years) which is completed by the mother and consists of 20 questions with responses in a scale from 1 and 5 (never to almost always). The total score comprises four factors: Positive adjustment/development (six items), Negative behavior (six items), Emotional reactivity (four items), Distancing from caregiver support (four items). The validity and reliability of this questionnaire in Iran were examined by (47). The results of factor analysis for the mentioned items were mentioned between 0.56 to 0.68, 0.47 to 0.60, 0.41 to 0.69, and 0.58 to 0.65. The initial reliability of this questionnaire in the

study of its designers was reported 0.85 based on the internal correlation and it was reported 0.83 based on the bisection method.

### The Rutter Children Behavior Questionnaire (RBQ):

This questionnaire was designed by (48). To diagnose children with adaptive and behavioral disorders. The questionnaire is completed by parents and includes 18 items and covers issues related to children's health and habits. The questions are designed as 3-choice answers based on the Likert scale ranging from not true 1 to absolutely true 3. The questionnaire covers health and habits issues and includes 18 items with three columns in front of each one. Completing the questionnaire, if the statement about the child's behavior is not correct, the score is "2", if it is partially correct, the score is "1" and if it is completely correct, the score is "0". Finally, the total score of the test is obtained by summing all the scores. (49) examined 91 children by retesting at intervals of thirteen weeks; he reported a reliability coefficient of 0.85 in reviewing the reliability of this questionnaire. Using the method of halving and retesting, (50) reported the correlation coefficient of this questionnaire 0.68 and 0.85 for the health subscale and the behavioral habits subscale, respectively. Cronbach's alpha coefficient of compatibility test in the research of Touzandejani, Naeem and (46) has been reported to be around 0.89 to 0.91 and its values seem satisfactory due to the small number of questions (18 questions). The dramatic storytelling program was performed by the researcher in 10 sessions for 5 weeks and in two 60-minute sessions each week for the experimental group. Meanwhile the control group did not receive any intervention. At the end of the sessions, post-test was performed for members of both experimental and control groups. Two months after the end of the dramatic storytelling program for the

experimental group, the effectiveness of this program was followed up.

## Results

Subjects' research variables descriptive information has been shown in Table 1 in terms of stage and group membership.

As can be seen in Table 1, the mean scores of social adjustment as well as the positive adaptive development of attachment factor are significantly higher than the pre-test stage in the experimental group. Moreover, negative behaviors, emotional reactions and avoidance of attachment support are significantly lower than the pre-test stage means in the post-test of the experimental group. Also, there is no significant difference in the means of post-test and follow-up stages. No significant difference was observed between the mean scores of the subjects in the pre-test and post-test stages in the control group.

The covariance analysis results on the score of social adjustment performance in the experimental and control groups are presented in Tables 2, 3 and 4.

As can be seen, the results of multivariate analysis of covariance statistical test to determine the effect of group on socially adaptive score (behavioral habits and health issues) in the short and long term showed that the effect of group factor in short term ( $p < 0.001$  and  $FC = 25.36$  and Wilkes lambda coefficient  $= 0.874$ ) and long term periods ( $p < 0.005$  and  $FC = 20.17$  and Wilkes lambda coefficient  $= 0.612$ ) is statistically significant.

As can be seen in Table 5, removing the effect of control variables, the adjusted average of social adjustment scores in the experimental group in the post-test and follow-up stages is lower than the control group. Therefore, it can be concluded that dramatic storytelling could be influential in improving the social adjustment of abused children in the short and long term.

As seen, the results of multivariate analysis of covariance statistical test to determine the effect of group on attachment score of children with irresponsible caregivers in the short and long term showed that the effect of group factor in short term ( $p < 0.001$  and  $FC = 20.41$  and Wilkes lambda coefficient  $= 0.852$ ) and long term periods ( $p < 0.005$  and  $FC = 23.12$  and Wilkes lambda coefficient  $= 0.762$ ) is statistically significant.

According to the Table 8, removing the effect of control variables, the adjusted average scores of the positive adaptive development factor of attachment in the experimental group in the post-test and follow-up stage were higher than the control group and the scores of the negative behaviors, emotional response and avoidance of attachment support in the experimental group in the post-test and follow-up stage is less than the control group. Consequently, it can be realized that dramatic storytelling is influential in enhancing the attachment of children with irresponsible caregivers in the short and long term.

## Discussion

The aim of this study was to determine the effectiveness of dramatic storytelling on social adjustment and attachment. The results showed that dramatic storytelling improves social adjustment in children with irresponsible caregivers. Thus, the first hypothesis of this study, that is the effectiveness of dramatic storytelling on the social adjustment children with irresponsible caregivers, was confirmed. The results were in line with the findings of (27), (28), (30), (31), (33) and (34) on the effectiveness of dramatic storytelling.

There is a significant difference between the average scores of post-test of social adjustment, so it can be said that dramatic storytelling has been able to address children's behaviors in the areas of, respect for others (old man and dog food story), participation in teamwork (city alone story), strengthen



effective social communication (giant turnip story), anger control (angry cat story), respect for the rights of others (if everyone does not do this story) and expression of love and kindness (cold grandmother story). Dramatic storytelling can also prepare children for an adaptive life. Narrative therapy can affect emotional self-awareness, identifying one's own and others' emotions, beliefs, thoughts, attitudes, self-understanding, coherence of experiences, efficiency, and so on. As Bandura's observational learning theory states, by observing wrong behavior punished, the child faces the consequences of the character's maladaptive and antisocial behaviors and stops doing and repeating those ones (5). Social adjustment means effective interaction with the living environment and its signs are having positive feelings about oneself, participating in social activities, enjoying communication with others, feeling calm in unfamiliar situations, having positive feelings about others and the ability to Influence others (38). Children with irresponsible caregivers have many problems in these cases, therefore, one of the important and fundamental effects of narrative therapy would be to solve these problems. Children who have higher adaptation and social skills will be more able to adapt to their environment and interact more positively with their peers. In contrast, low social adjustment or maladaptation, especially when a child enters school, can lead to behavioral problems such as violence, aggression, bullying, arousal, and impulsivity, which are among the most common problems associated with low social adjustment in these children at school ages (39). Listening to stories, children can satisfy their emotional needs and become familiar with how they express their feelings and emotions, as well as understanding the emotions of others. In fact, stories allow the listener to identify their repressed motives and needs through defense mechanisms such as replication, projection, introspection,

compensation and sublimation, and to identify and refine them in a more balanced and transcendent way. Storytelling is able to reveal the listener's implicit suppressed motivations and needs. The grief of not having a family exposes these children to psychological disorders and disturbing behaviors, including deviations from social norms and social maladaptation, which will have lasting effects on their lives (13, 14). The effects of being deprived of a warm, friendly and safe family can be seen in the behavior of these children. The basic need of these children for intimacy has not been met, so they do not feel comfortable and feel lonely and lack of psychological support. Lack of having a family, lack of intimacy and social support have caused the quantitative or qualitative inadequacies of these children to manifest in a way of non-compromise and confusing and incompatible behaviors. They do not experience a satisfying emotionally positive relationship, and stories can meet their emotional needs. The child is in constant interaction with the environment, but the range of her experiences is limited, and if this range expands, her activities will become more and more complete (40).

**Hypothesis 2:** Dramatic storytelling is influential in the attachment of children with irresponsible caregivers.

Dramatic storytelling is effective in improving the attachment of abused children in the short and long term. The results are consistent with the findings of (37), (36) and (18). Explaining the above findings, it can be said that storytelling creates a safe emotional environment for children and builds a strong attachment relationship between caregivers and children, which leads to strengthening their attachment. Balbi believes that the need for attachment is a basic need to develop personality that forms the child's first emotional bonds and interpersonal

relationships in the future. Creating attachment is essential for a child's cognitive and emotional development, and the family is the key to build it. Children who experience unfavorable situations in their families have insecure, avoidant, and negative attachment styles and face more behavioral problems (41). In the present study, the researcher was able to improve the quality of children's attachment by performing stories that revived interaction, empathy, generosity and a sense of respect for others. Life is possible for human beings through interaction and communication, and this communication, warmth and intimacy grows in the family and brings the child to maturity, while the main source of such communication is the family and parents. However, orphans are deprived of this blessing, and such cases must be provided through other caregivers and educators (42). In such centers, the type of parent-child interactions is in the form of caregiver-child and the formation or destruction of such relationships affects the attachment, identity, self-esteem and personality of the children. The children form active models of themselves and others in their mind based on the representations of the caregivers' behaviors (characteristic of being available and responsive). The children interpret environmental events and shape their expectations of the world being safe and being acceptable, through these patterns (43). Children with inattentive parents and caregivers who have less security and intimacy in their relationship have lower adaptive attachment (45). Given the situation of orphans and children with irresponsible caregivers and the need for education on how to deal with problems and how to solve them successfully, there must be an intervention program to increase their ability to cope with problems; In this study, dramatic storytelling was used to improve this skill. Since there is an element in dramatic storytelling therapy called the matching that makes the stories effective.

Adaptation is an unconscious mental process. Performing the story in a dramatic way causes a mental image to be created in the mind of the audience with the help of words. Moreover, changing the tone, observing the way the story is expressed, changing the facial expressions and movements of the narrator's limbs and body cause the child to put herself/himself in the main character's shoes and imitate their words and actions. Instead of creating imaginary images in their mind, the children are confronted with the objective visualization of the story, and their mental images of the story give way to the objective images. Caregivers of children with irresponsible parents can develop a positive adaptive attachment style by acting out stories for the children in education centers. Moreover, when children watch the story plays, they connect what they see with their memories. During storytelling, children try to make connections between the experiences gained from the story and the events that already exist in their minds. The events of the story, no matter how they are expressed (such as a play, film, poem), leave an impact on the listener and reader that even rational arguments cannot have such an impact (19).

### Conclusion

Attachment is not fixed in children and would change under different conditions. If the caregivers are responsive, this attachment is adaptive, however in the case of neglect, the attachment is formed as emotional and avoidance behaviors and leads to different negative effects on the child's mental health (44). Most likely, children who have negative attachment behaviors, i.e. aggressive and antisocial, show passive withdrawal behaviors and more interest in violent games. Therefore, it will be essential to identify children with such behaviors, teach them empathy and proper social communication, and inform and educate their parents.

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## Tables

**Table 1. Descriptive indicators of research variables by stage and group membership**

| the level         |                              | pretest |                    | Post-test |                    | Follow up |                    |
|-------------------|------------------------------|---------|--------------------|-----------|--------------------|-----------|--------------------|
| Group membership  |                              | average | Standard deviation | average   | Standard deviation | average   | Standard deviation |
| examination Group | Social adjustment            | 11.50   | 6.89               | 24.47     | 6.66               | 23.88     | 7.54               |
|                   | Positive adaptive evolution  | 10.37   | 7.59               | 21.06     | 5.90               | 22.02     | 6.88               |
|                   | Negative behaviors           | 21.50   | 6.74               | 9.93      | 5.52               | 10.23     | 5.27               |
|                   | Emotional reaction           | 15.30   | 6.7                | 7.17      | 5.36               | 8.10      | 6.05               |
|                   | Avoid sponsoring attachments | 12.78   | 5.12               | 4.34      | 6.10               | 5.95      | 5.53               |
| Control group     | Social adjustment            | 12.12   | 6.78               | 11.16     | 6.77               | 12.37     | 7.01               |
|                   | Positive adaptive evolution  | 11.01   | 8.03               | 10.81     | 7.32               | 11.13     | 6.74               |
|                   | Negative behaviors           | 20.41   | 9.03               | 21.87     | 9.36               | 19.18     | 8.65               |
|                   | Emotional reaction           | 15.86   | 7.65               | 14.20     | 9.43               | 15.68     | 7.78               |
|                   | Avoid sponsoring attachments | 12.32   | 5.18               | 11.82     | 6.54               | 11.15     | 7.02               |

**Table 2. The univariate covariance analysis results of post-test scores for social adjustment variable in experimental and control groups**

| Source of changes          | Lambda coefficient Wilkes | F     | Degrees of freedom Assumption | Freedom degree error | Meaningful | Effect size (%) | Statistical power (%) |
|----------------------------|---------------------------|-------|-------------------------------|----------------------|------------|-----------------|-----------------------|
| Pre-social adjustment test | 0.598                     | 0.306 | 1                             | 36                   | 0.005      | 0.369           | 0.998                 |
| Group membership           | 0.874                     | 25.36 | 1                             | 36                   | 0.001      | 0.437           | 0.999                 |

**Table 3. The multivariate covariance analysis results of test scores of social adjustment factors in experimental and control groups**

| Source of changes                | Lambda coefficient Wilkes | F     | Degrees of freedom Assumption | Freedom degree error | Meaningful | Effect size (%) | Statistical power (%) |
|----------------------------------|---------------------------|-------|-------------------------------|----------------------|------------|-----------------|-----------------------|
| Behavioral habits pre-test       | 0.621                     | 0.221 | 2                             | 34                   | 0.013      | 0.641           | 0.961                 |
| Pre-examination of health issues | 0.690                     | 7.225 | 2                             | 34                   | 0.003      | 0.403           | 0.987                 |
| Group membership                 | 0.852                     | 7.446 | 2                             | 34                   | 0.001      | 0.562           | 0.993                 |

**Table 4. The univariate covariance analysis results of socially adaptive follow-up scores in experimental and control groups**

| Source of changes                        | Lambda coefficient Wilkes | F     | Degrees of freedom Assumption | Freedom degree error | Meaningful | Effect size (%) | Statistical power (%) |
|--|---------------------------|-------|-------------------------------|----------------------|------------|-----------------|-----------------------|
| Pre-test of children's social adjustment | 0.433                     | 0.314 | 1                             | 36                   | 0.001      | 0.504           | 0.984                 |
| Group membership                         | 0.612                     | 20.17 | 1                             | 36                   | 0.005      | 0.554           | 0.984                 |

**Table 5. Adjusted averages of attachment and social adjustment of children with irresponsible caregivers in experimental and control groups**

| Group membership             |                    | posttest |                    | pretest |                    |
|------------------------------|--------------------|----------|--------------------|---------|--------------------|
|                              |                    | average  | Standard deviation | average | Standard deviation |
| children's social adjustment | Experimental group | 11.17    | 1                  | 12.20   | 0.954              |
|                              | Control group      | 23.55    | 1                  | 24.88   | 0.956              |

**Table 6. The multivariate covariance analysis results of post-test scores of attachment factors in experimental and control groups**

| Source of changes                          | Lambda coefficient Wilkes | F     | Degrees of freedom Assumption | Freedom degree error | Meaningful | Effect size (%) | Statistical power (%) |
|--|---------------------------|-------|-------------------------------|----------------------|------------|-----------------|-----------------------|
| Adaptive evolution test                    | 0.652                     | 0.192 | 2                             | 34                   | 0.011      | 0.554           | 0.956                 |
| Negative Behavior Test                     | 0.780                     | 0.225 | 2                             | 34                   | 0.003      | 0.403           | 0.987                 |
| Emotional reaction test                    | 0.487                     | 20.71 | 4                             | 35                   | 0.001      | 0.391           | 1                     |
| Pre-test to avoid attachment image support | 0.294                     | 0.204 | 4                             | 35                   | 0.001      | 0.413           | 0.991                 |
| Group membership                           | 0.852                     | 20.41 | 2                             | 34                   | 0.001      | 0.484           | 0.999                 |

**Table 7. The multivariate covariance analysis results of attachment follow-up scores in experimental and control groups**

| Source of changes                          | Lambda coefficient Wilkes | F     | Degrees of freedom Assumption | Freedom degree error | Meaningful | Effect size (%) | Statistical power (%) |
|--|---------------------------|-------|-------------------------------|----------------------|------------|-----------------|-----------------------|
| Adaptive evolution test                    | 0.746                     | 0.201 | 2                             | 34                   | 0.002      | 0.540           | 0.994                 |
| Negative Behavior Test                     | 0.698                     | 0.213 | 2                             | 34                   | 0.001      | 0.540           | 0.985                 |
| Emotional reaction test                    | 0.313                     | 25.71 | 4                             | 35                   | 0.001      | 0.416           | 1                     |
| Pre-test to avoid attachment image support | 0.307                     | 0.297 | 4                             | 35                   | 0.001      | 0.456           | 0.991                 |
| Group membership                           | 0.762                     | 23.12 | 2                             | 34                   | 0.005      | 0.511           | 0.993                 |



**Table 8. The adjusted averages of attachment factors of children with irresponsible caregivers in experimental and control groups**

| Group membership             |                    | posttest |                    | followup |         |
|------------------------------|--------------------|----------|--------------------|----------|---------|
|                              |                    | average  | Standard deviation |          | average |
| Positive adaptive evolution  | Experimental group | 20.47    | 0.998              | 21.22    | 0.879   |
|                              | Control group      | 11.06    | 1.23               | 11.13    | 1.15    |
| Negative behaviors           | Experimental group | 9.01     | 1.35               | 10.10    | 0.974   |
|                              | Control group      | 20.30    | 1.26               | 19.14    | 1.20    |
| Emotional reaction           | Experimental group | 6.87     | 1.79               | 7.12     | 1.50    |
|                              | Control group      | 14.64    | 1.15               | 15.03    | 1.50    |
| Avoid sponsoring attachments | Experimental group | 4.02     | 1                  | 4.49     | 0.98    |
|                              | Control group      | 11.66    | 1.50               | 12.10    | 1.60    |