



## Perceived Parental Overprotection and Separation Anxiety: Does Specific Parental Rearing Serve as Specific Risk Factor

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### Abstract

The present study was designed to explore the role of perceived parental rearing style in Separation Anxiety Disorder (SAD). We examined the association between perceived parental overprotection and rejection rearing style with children's SAD symptoms. The study was conducted with a normal sample of first grade school children. Findings indicate significant association between parental overprotection and SAD symptoms, means those children with SAD symptom perceived their mother as high overprotective than others. Also, we discovered parental rejection merely was not significant predictor, but it could modify the effect of parental overprotection.

**Keywords:** Childhood anxiety, Separation anxiety, Children, Parental rearing style

### 1. Introduction

Separation Anxiety Disorder (SAD) is excessive anxiety or distress concerning separation from home or a primary caregiver, typically mother (American Psychiatric Association, 2000). In time of separation sever worry about self or the person represent safety appears. For example in new and unfamiliar situations, the child with SAD is often dependent on his/her attachment figure and may refuse going to school or social activities (APA, 2000). The factors that lead to the development of SAD have not been fully identified. While some of the association between parent and child anxiety can be explained by genetic factors (Turner, Beidel & Costello, 1987), the environment factors such as stressful transition events (like beginning school), insecure attachment relationships, and negative family experiences are also, likely represent the great contribution to anxiety (Chorpita, 2001). Generally, research on anxiety suggests that early experiences that foster a sense of diminished control over the environment may contribute to a vulnerability to develop anxiety in children (Chorpita & Barlow, 1998).

Quality of parenting is the strongest risk factor contributing to child's outcomes (Collins, Maccoby, Steinberg, Hetherington, & Bornstein, 2000). Specifically the lack of warmth is strongly associated with children's increased risk for behavioral and emotional problems (Shaw, Owens, Vondra, & Winslow, 1996). Children who experience a coercive pattern are in risk factor for eventual problems such as difficulties with school adaptation and relationship with peers (Loeber & Farrington, 1998).

Due to limited evidence related to association between parental rearing and childhood anxiety as rated by children, there is no definitive conclusions about this aspect of the literature (Bogels & Brechman-Toussaint, 2006; Wood, McLeod, Sigman, Hwang & Chu, 2003). More specifically, a linkage between perceived parental rearing and SAD has not been documented empirically; and it is surprising that there are few studies to date have examined the effects of parental rearing on children's SAD. A study of parental behavior and their offspring would help to clarify these issues. This study investigated the linkage between perceived parental rearing and SAD symptoms in children to provide a more definitive statement about anxiety disorder in children.

Current study does not specifically address the interaction between mothers and their children, but, a sense of control in the child may be beneficial in targeting early forms of separation anxiety. The main objective of this study is to identify the association between particular parental rearing such as overprotection or rejection rearing, with child's SAD in particular. The authors hypothesized that parental overprotection may contribute to the development of SAD by limiting the children's independence and social development. Parental rejection also, may lead to a dysfunctional relationship between the parent and child, which could result in the children having difficulty in social situations.

## 2. Previous Research

Parental overprotection and rejection were found to be significantly associated with higher rates of anxiety and social phobia in children and adolescents (Lieb, Wittchen, Hofler, Fuetsch, Stein, & Merikangas, 2000). While overprotection have been consistently implicated in contributing to the childhood anxiety (Rapee, 1997), only some studies have supported parental rejection as etiological factor for anxiety. It has been suggested that overprotection behavior from the mothers, excessively protects the children from all indicators of threat that related to child anxiety (Edwards & Rapee, 2007) and contribute to children's anxiety, dependence, and social withdrawal (Wood et al., 2003). This limits children's autonomy and fosters their dependency to parents, lead children to internalizing problems (Hudson & Rapee, 2001).

Two general models of parent-child interaction may provide an explanation as discussed here. Chorpita, Brown & Barlow (1998) model proposed that, over-controlling parenting represent excessive protection of children from negative consequences, and encourage children's unnecessary dependence on the parents. When mothers protect their children during events or continue to display high level of protection during later developmental periods, children's thoughts about their abilities or their control over their environment may be affected. In this case, the child may develop an external locus of control or feeling of helplessness (Chopita et al., 1998). Parker and colleagues (Parker, Tupling & Brown, 1979) conceptualized overprotection as parental behaviors that disallow the child's personal growth, development, autonomy, and independence. They included a second variable in their model, care, which is the parent's ability to communicate, express affection, and promote closeness with the child. Overprotection and care are theorized to interact, with moderate to high levels of parental overprotection and care assumed to have positive effects on the parent-child relationship and the child's health.

The majority of studies support the association between overprotection rearing and childhood anxiety in general (Wilde & Rapee, 2008; Wood et al., 2003; Hudson & Rapee, 2005). Also, McLeod, Jeffrey, Wood and Weisz (2007), revealed that higher levels of parental rejection and control were associated with more anxiety in children, while parental control has greater proportion of the variance in childhood anxiety. Wood (2006) found parental intrusiveness specifically linked with SAD in clinical sample. Also, Gastel, Legerstee and Ferdinand (2009) presented a positive relationship between parental overprotection and anxiety in children. More so, Brown and Whiteside (2008) found that worry in children has positive correlation with parental rejection only. On the other hand, Siqueland, Kendall & Steinberg (1996), have been found no significant association between normal and clinical children in rating of maternal control. Moreover, Muris, Loxton, Neumann, Plessis, King & Ollendick (2006), also, Gruner, Muris & Merchelbach (1999) found a positive correlation between anxiety symptoms and parental anxiety, overprotection and rejection. Some study represented relationship between parental depressive symptoms with more rejection and hostility (Burt, Van-Dulmen, Carlivati, Egelalnd, Sroufe, & Forman, 2005; Cummings, Keller & Davies, 2005; Johnson, Cohen, Kasen, Smailes & Brook, 2001). However, the studies that have examined children's report of current perceived parenting do not provide the strength evidence of associations between the parenting and childhood anxiety and it has not been established yet (Wood, 2006).

## 3. Hypothesis

For studying the association of parental rearing and SAD symptoms in children, we test the two following hypotheses:

H1: There is significant association between parental overprotection rearing with child's SAD symptoms.

H2: There is significant association between parental rejection with child's SAD symptoms.

## 4. Materials and Methods

### 4.1 Sample and Procedures

Respondents consisted of 120 normal children aged 6-8 years, who were randomly selected from the first grade schools in the southern city of Iran. All children were interviewed individually using SAAS-C and EMBU-C in a quiet room at their school. The instructions were read by the researcher and the children were asked if they had any questions about the questionnaire. They were told also that their responses would remain confidential.

### 4.2 Measures

4.2.1 Separation Anxiety Assessment Scale- Child (SAAS\_C): This scale is a 34-item measure designed to assess separation anxiety and related anxiety symptoms, developed by Hahn, Hajinlian, Eisen, Winder, and Pincus, (2003). The SAAS-C scored on a four-point Likert scale (1-4) and designed to assess four key dimensions of separation anxiety includes, fear of being alone (FBA), fear of abandonment (FAB), fear of physical illness (FPI), and worry about calamitous events (WCE). These symptom dimensions were drawn from the clinical child literature on SAD and related problems (Eisen & Schaefer, 2005). For purely exploratory reasons, the SAAS-C includes a frequency of calamitous events (FCE) subscale. This scale also, contains a Safety Signal of Index (SSI) of persons, places, or objects that help children feel more secure in distressful situations. The SSI may help clinicians identify unhealthy signals.

FBA and FAB are considered the avoidance dimension, which children may become anxious when alone or being abandoned, because maybe something bad will be happen. The FPI and WCE are considered the maintenance dimensions, which the children may have worry about physical sensation (like choking) and calamitous events can maintain child's FBA or FAB. The four key dimensions interpreted as general separation anxiety symptoms. Hahn (2006) examined the psychometric properties of this scale in a sample of 6-17 years old and Bahadurian (2006), in a sample of children aged 5-18 years. These studies indicated adequate psychometric properties and suggested as a useful assessment of children. In the current study, we restricted our analyses to overall score. The overall Cronbach's alpha for the SAAS\_C scale was found to be 0.92 and for subscales of FBA, FAB, FPI, FCE, WCE, and SSI were 0.86, 0.84, 0.82, 0.72, 0.84, and 0.74 respectively.

4.2.2 The Egna Minnen Beträffande Uppfostran (EMBU) is Swedish and means "My memories of upbringing" developed by Castro, Van der Ende, & Arrindell (1993). The EMBU is a questionnaire for assessing memories of parental rearing and focuses on the child's report of parents' child rearing behaviors. They showed the reliability analysis of the EMBU scales in Cronbach's alphas ranging from 0.62 to 0.80 with an average alpha of 0.72.

For the present study, we used a modified 40-item version of this questionnaire (Gruner et al., 1999) for children (EMBU-C). Gruner et al. (1999) attempt to include parental rearing styles that take specifically relevant for the study of childhood anxiety. The 40 items can be allocated to four subscales: emotional warmth (e.g., your mother and you like each other), rejection (e.g., your mother treats you unfairly), overprotection (e.g., your mother want you to reveal your secrets to her), and anxious rearing (e.g., your mother is afraid that something might happen to you). Each item could be rated on a 4-point Likert-scale (1: No, never, 2: Yes, but seldom, 3: Yes, often, 4: Yes, most of the time). Many studies suggested that EMBU-C can be considered to be a suitable instrument for children in 7-13 years old, whether relations between psychological disorders and the perception of parenting (Brown and Whiteside, 2008; Muris, Meesters, Schouten & Hoge, 2004; Markus, Lindhout, Boer, Hoogendijk, & Arrindell, 2003). In the present study, all items referring to mother. The internal consistency coefficient for EMBU\_C was 0.90 and for the subscale of warmth, over protection, rejection and anxious were 0.97, 0.83, 0.83, and 0.97 respectively. We restricted our analyses to two subscales scores consisted of parental overprotection and rejection.

## 5. Results

SPSS was used to calculate descriptive statistics, Cronbach's alpha, percentage, mean scores, standard deviations. Correlations computed in order to examine the connection between perceived parental rearing and anxiety symptom. Variance and regression analysis, used to find the significant association between variables and significant predictor of child's separation anxiety symptoms.

Data were available for 120 participating children from first grade school. The age of children as reported by the participants ranged from 6 to 8 years with a mean age of 7 year, and the gender of the children showed 45% boys and 55% girls.

The mean and standard deviation for the total SAAS-C score in the present sample were  $M= 75.6$  and  $SD= 12.6$ . The mean score corresponds closely to the results quoted by Eisen and Schaefer (2005), who reported a mean value 75 for this scale. The mean and standard deviation for EMBU-C total score was  $M= 95.82$  and  $SD= 6.95$ . The mean and standard deviation of subscales as represented in Table 1, were somehow differ in compare with prior study (Brown & Whiteside, 2008).

The hypothesis proposed that perceived parental rearing styles have significant correlation with child's SAD symptoms. The zero-order correlations were calculated to measure the association between each of the two perceived parental rearing and SAD symptoms among children. The parental overprotection and child SAD symptom was significantly correlated ( $r = 0.71, p < .05$ ), as higher levels of overprotection from mothers was associated with the presence of higher score in SAD symptom in the children. The correlation between parental rejection and SAD was not significant. Also, the correlation coefficient between parental overprotection and SAAS-C subscales ranged from .31 (for FPI) to .71 (for total score). The correlation coefficient between SAAS-C subscales and parental rejection, indicated that statistically significant correlation with FPI only, although the effect size was very small. These results revealed that parental rejection related more to FPI in children ( $r = -.20, p < .05$ ), means with higher score in parental rejection associated with lower score in fear of physical illness in children. More so, we did not find significant correlation between parental overprotection and rejection (see Tables 2).

A simple regression of parental overprotection on SAD revealed that the R-square explained 51% of the variance in the SAD and the model was fit [ $F(1, 118) = 122.22, p < .001$ ]. Also, a standard multiple regressions were used to assess the ability of both measures (overprotection and rejection) to predict level of SAD symptoms. The R-square explained about 53% of the variance in the SAD. The F statistic is very large and the corresponding p-value is highly significant [ $F(2, 117) = 64.82, p < .001$ ]. As it depicted in Table 4, the largest beta coefficient is ( $\beta = .722, p < .001$ ), which is for parental overprotection. This means that this variable makes the strongest unique contribution to explaining the SAD symptoms. The beta value for parental rejection is ( $\beta = .130, p < .05$ ) and indicating that it made the least contribution. The findings indicated that the effect of parental overprotection on SAD symptoms reduce when the parental rejection contributed in the model (see Tables 3 & 4). Partial correlation analysis shows that there was a small increase in the strength of the correlation (from .084 to .185,  $p < .05$ ) in parental rejection, means that the observed relationship between parental rejection and SAD symptoms is affected by parental overprotection. This result suggests that parental rejection is not merely to the influence of SAD symptoms in children, but with combination of parental overprotection have some effect on the SAD symptoms.

## 6. Discussion and Conclusion

The current study adds to recent literature by helping to investigate the association between perceived parental rearing style and SAD symptoms in children. We hypothesized that parental overprotection and rejection rearing may contribute to the development of SAD by limiting the children's independence and lead to a dysfunctional relationship in social situations.

Out of the two individual parental rearing (overprotection and rejection), parental overprotection was more significantly associated with SAD symptoms and suggests that excessive parental overprotection may play an important role in children SAD symptoms. The finding appear to support the notion that high protection by mothers, is an antecedent for the experience of SAD symptoms in children and is consistent with the more behavioral literature (Gastel, et al., 2009; Wood, 2006). These findings are consistent with those who found significant association between parental overprotection and control with childhood anxiety (Wilde & Rapee, 2008; Edwards & Rapee, 2007; McLeod et al., 2007; Wood et al., 2003; Lieb et al., 2000; Chopita & Barlow, 1998; Rapee, 1997).

Our results lend to support to theoretical models that emphasize the role of control and self-efficacy as a cause of anxiety. When parents fail to provide children with the opportunity of experience control, it is possible that children may not to provide a strong sense of self efficacy, thereby increasing their sense of vulnerability to threat and heightening anxiety (Wood, 2006; Chorpita and Barlow, 1998).

According to theoretical views, parental overprotection may lead to anxiety by increasing beliefs in the dangerousness of the situation and the lack of ability to avoid the danger (Rapee, 1997). This reflects intrusive actions that emphasize the closeness of the parent-child bond, such as restricting the child's independent activities, and unnecessary management, display high levels of distress and neediness in children may prevent the formation of independent behavior on the part of the child, leading to infantilezation (Parker & Lipscombe, 1981). In turn, this limits children's opportunities to practice and improve their self-regulation and active coping skills, and communicates the message that they are incapable and require parental assistance to handle normal life tasks.

Against, in regard to the literature on developmental relationship between the mother and the child (Bowlby, 1969), there is agreement regarding the idea of need gratification early on in the child's development and a sense of safety in responding to its environment. These early attachment behaviors and attitudes between the child and mother provide a foundation for the child to feel protected and safe in its development of meaning of self and other. This result may appropriate for the nature of separation anxiety disorder. It sounds that children who have more dependency to their family and they noteworthy by their parents in comparison with other children, they have more fear and anxiety of separation from parents and home (Eisen & Schaefer, 2005).

On the other hand, parental rejection appeared to play a very small role, explaining less than 1% of the variance in children's SAD. The parental rejection had effect only if it is contributed with parental overprotection, means rejection can not merely predict the SAD symptom. Conceptually, Bowlby (1969) hypothesized that insecure attachment experience develops expectations of lack of social reciprocity, inconsistency and rejection in other social relationships, and low self-confidence. They are less likely to regulate their emotions in stressful circumstance, by displaying either heightened emotional expression or suppressing the expression of their negative arousal. This process, during the parent/child relationship, may be involved in making the child feel less safe within the environment and causing the child to develop a protective armor. Based on our findings, observed pattern suggests that parental rejection support for independency in children may facilitate children's confidence and buffer against excessive separation anxiety.

This finding is not in line with existing literature that suggests that high rejection and high over protection may induce child anxiety and it was somewhat surprising and inconsistent with (Gruner, et al., 1999; Moor, Whaley & Sigman, 2004) in identifying parental rejection as a significant predictor. We found no real relationship between parental rejection and SAD symptoms in children. An explanation is this result is that, perceived parental rejection is a more important variable in differentiating depressed individuals (Burt et al., 2005; Johnson et al., 2001; Rapee, 1997) and mothers who exhibit depression, they are less warmth, more intrusive and rejective toward their children (Elgear, Mills, McGrath, Waschbusch & Brownridge, 2007; Cummings et al., 2005). More so, Wasserman, Miller, Pinner & Jaramillo (1996) proposed positive relation between parental rejection and externalizing disorders. However, a review of Wood et al. (2003) illustrated that the associations between parenting style and child anxiety are not consistent, and mostly based on retrospectively or observational measures in community samples.

The present study suggests that parental overprotection has an important role in the pathway leading to child separation anxiety, and increases development of this disorder. It is possible that those mothers that discourage exploratory activities and overprotect their children, leading to self-perceptions of incompetence, as well as decrease opportunities for the child to face and cope with strange situations.

Although, the current study provides initial support for using the SAAS-C and EMBU-C to assess the SAD symptom and perception of parental rearing in children, it should be mentioned that this study examined children sample from the general population who self-rated SAD symptom scores. So, the children with SAD symptom may differ from an actual DSM diagnosis of SAD. The generalizability of our results was limited by the fact that we could not adequately assess consistency of the parenting and child's SAD across in a broad range of characteristics of the sample. To aid future efforts, it would be helpful for researchers to provide a more thorough description of sample characteristics and design features so that the impact of these factors can be more fully assessed. It is extremely difficult to determine whether anxious children are a product of parental overprotective, or parent behaviors that increase the likelihood of development of separation anxiety disorder in a child. Future studies may evaluate the influence of parental overprotection in clinical and non-clinical samples. Finally, it is possible that children respond to mothers and fathers in differential pattern, which will increase the knowledge of the role of parental rearing on children SAD symptom.

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Table 1. Mean, standard deviation, minimum and maximum for SAA-C total score and EMBU-C total and subscales from current study compare with Brown & Whiteside (2008) and Eisen & Schaefer (2005).

Scales	Min.	Max.	Mean	S.D	Mean	S.D
					Brown & Whiteside (2008)	
Parental warmth	14.00	40.00	25.32	9.01	32.34	6.18
Parental overprotection	18.00	38.00	29.64	4.75	23.65	4.83
Parental rejection	10.00	21.00	13.46	2.66	15.89	4.55
Parental anxious	13.00	38.00	26.94	8.88	22.56	5.75
					Eisen & Schaefer (2005)	
SAAS-C total score	50.00	96.00	75.57	12.64	75.0	
FBA	5.00	19.00	12.56	3.27	11.0	
FAB	6.00	17.00	11.46	2.98	12.0	
FPI	7.00	14.00	10.19	1.51	9.5	
WCE	5.00	17.00	12.00	2.97	13.5	

Table 2. Correlation between SAD score and four dimensions of parental rearing, among the overall sample

	1	2	3	4	5	6	7
1) SAAS_C total	1.000	.894**	.850**	.459**	.904**	.713**	.084
2) FBA		1.000	.779**	.229*	.788**	.657**	.058
3) FAB			1.000	.237**	.653**	.651**	-.009
4) FPI				1.000	.425**	.308**	-.199*
5) WCE					1.000	.671**	.136
6) Overprotection						1.000	-.064
7) Rejection							1.000

\*\* . Correlation is significant at the 0.01 level (2-tailed).

\* . Correlation is significant at the 0.05 level (2-tailed).

Table 3. The simple regression analyses for the prediction of SAD score on the parental overprotection predicting.

<i>variable</i>	<i>B</i>	<i>SE</i>	$\beta$	<i>t</i>	<i>P</i>
Constant	19.29	5.15			
Overprotection	1.90	.172	.713	11.06	.000

Note:  $R^2 = .51$ ,  $\Delta R^2 = .50$ ,  $F_{(1,118)} = 122.22$ ,  $p < .001$

Table 4. The multiple regression analyses for the prediction of SAD score on the parental overprotection and rejection predicting.

<i>variable</i>	<i>B</i>	<i>SE</i>	$\beta$	<i>t</i>	<i>P</i>	<i>Partial r</i>
Constant	19.29	5.15				
Overprotection	1.92	.170	.722	11.31	.000	.723
rejection	.617	.303	.130	2.04	.044	.185

Note:  $R^2 = .53$ ,  $\Delta R^2 = .52$ ,  $F_{(2,117)} = 64.82$  ( $ps < .05$ )