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Too good / bad enough parents
The reasons, characteristics, impacts, and treating possibilities of psychological overprotection

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1. Introduction

The psychological overprotection is a frequently observed phenomenon in clinical circumstances (Thomasgard and Metz, 1993), in contrast relatively rarely investigated, during its research it isn’t operationalized properly (Livianos-Aldana and Rojo-Moreno, 1999). Because of the definitional problems the validity of metaanalytic investigations is quit low (Csomortáni, 2011).

Based on the theoretical and empirical efforts occurred until now the phenomena of psychological overprotection can be defined in this way: (1) an extreme behavioural group occurring in parent-child, helper-helpee relationships, in which the parent’s/helper’s protecting, supporting, control functions (it can’t be explained from the child’s/helpee’s needs and the characteristics of the context) unduly gets more importance against the functions which help the child’s/helpee’s preparation, the growth of his autonomy (Levy, 1966; Parker, 1983; Thomasgard, Metz, Edelbrock and Shonkoff, 1995); (2) it is an extreme level of a biologically and socially desirable function (parental/helper protection); (3) its presence can be decided just related to the child’s/helpee’s state (development, preparedness, aptitude, psychical and physical soundness, etc.) as well as the dangerousness, problematic functioning of the environment/societal context; (4) the overprotection can occur not just in parent-child relationship but in every asymmetric relations (teacher-pupil, doctor-patient, employer-employee – Parker, 1983a); (5) its negative consequences can be observed in a long term period through child/helpee internalising the parent’s/helper’s lowered expectations (Adler, 1998; Sanders, 2006).

Although thanks to the more effective measures appearing in the past decades (Parental Bonding Instrument - Parker, Tupling and Brown, 1979; Egna Minnen Beträffande Uppfostran - Perris, C., Jacobson, Lindstrom, Van Knorring and Perris, H., 1980) the investigation of psychological overprotection have grown significantly, it still shows a remarkable fall-back behind the investigational frequency of other parental maltreatments as abuse or neglect (Cicchetti and Cohen, 2006). The reason of this issue is that while the ‘hard trauma’ of abuse and neglect is spectacular and shocking for the environment, the ‘soft traumas’ like psychological overprotection develop their effects slowly and imperceptibly none the less the severity of its consequences is not smaller then in the case of the other two maltreatments (Sebald, 1976; Parker, 1983a).

The aim of this dissertation is to give a comprehensive view of the theoretical and empirical background of psychological overprotection as well as to show the outcomes of my empirical studies in this area and their consequences. In the long run I hope that this dissertation would be a step towards the clarification and outlining a unified theoretical framework of the parent-child relationship disturbances, parental maltreatments.

This study collects and puts in a unified framework the theoretical considerations which analysed the psychological overprotection. I’ll show the early attempts following the appearance of the term (Wylie, 1955; Strecker, 1946; Sebald, 1976; Levy, 1966), then the psychoanalytic (Jung, 1998; Kast, 1998; Adler, 1998; Rüedi, 1988; Fromm, 2000, 1995; Ainsworth, 1972; Bowlby, 1960; Birió, 2003; Hámori, 2000; Péley, 2002) and systemic (Stierlin, 1974; Bowen, 1978; Bőszörényi-Nagy, 2001; Minuchin et al, 1978; Ungar, 2009) notions which analyses the different aspects of the psychological overprotection. As an introduction of the empirical part there’ll be shown the social-cognitive theories of the psychological overprotection which contribute to a more accurate empirical approach of the phenomena (Becker, 1964; Baumrind, 1966; Maccoby and Martin, 1983; Parker, 1983a; Perris et al, 1980, Thomasgard and Metz, 1993).
My investigations will be presented in four large empirical units. The first two demonstrate the relevance of the overprotection phenomena in normal and clinical sample, the last two shows the validation process of measures designed for overprotection and some other parental attitude. The first study investigates the occurrence of the psychological overprotection and its relation to general intelligence and social status in healthy high school students (Csomortáni, 2005). The second study analyses the occurrence of overprotection and its psychopathological relevance in subclinical and clinical samples (Csomortáni, 2011). The third study presents the validation of the Hungarian version of the EMBU-C questionnaire as well as the relation between psychological overprotection and anxiety (Csomortáni, 2013a). The fourth and last investigation has two parts: at the first part the theoretical construct of the ChRAQ (Child Rearing Attitude Questionnaire) questionnaire family developed by me and Angéla Csomortáni (Csűry, 2010) and the relations between overprotection subscales of ChRAQ and the childhood coping strategies will be presented; at the second part the validation of child and parent form of the ChRAQ version designed for children aged 7-12 as well as the relationship between the evolved dimensions and childhood psychopathologies will be shown.

At the end of the empirical part the theoretical model will be presented that was developed on the bases of reviewed theoretical literature and my empirical results and which could ensure the greater validity of the future research of the psychological overprotection.

2. Theoretical background

2.1. Development of the overprotection term

At the beginning of the last century the American sociology and psychiatry described the concept of the parental overprotection with the momism phenomena. Wylie (1955) introduced the momism term to portray mothers who pull back their sons’ developing maturity saving them from their responsibilities. Strecker (1946) used the ‘protective mom’ term to describe mothers whom sons were sent down from military service due to psychiatric reasons. In these cases Strecker believed in the background of the sons’ symptoms their mothers’ inability to detach. Sebald (1976) completed the momism term offering the first comprehensive picture about it in his phenomenological description. He describes the overprotection as a process in which the modern mother with her empty identity uses her child to stabilize her personality. He suggests that the phenomena gain its strongest form in the middle class through maternal ambition, paternal departure, and the weakening of the rites of passage. The types, impacts and treatment options of momism are detailed.

The first scholarly description of maternal overprotection was made by Levy (1929, 1931, 1932, 1966). He isolated the cases of ’pure overprotection’ in a clinical sample, and described them regard to their types, maternal, paternal, infantile, and familial background of emergence, the infantile consequences, and therapeutic options. Four types of overprotection were identified: excessive physical or social contact, infantilization, the preventing of independent, autonomous behaviour, the excessiveness or lack of maternal control. Despite of the criticism received for clinical approach and the hard generalizability of the results, his work is regarded the standard work of psychological overprotection.
2.2. Contribution of different psychological approaches

2.2.1. Theories emerging from psychoanalysis

The psychological overprotection term emerged at first from psychoanalytic literature, and Levy (1966) also investigated the phenomena from psychoanalytic point of view. Although we couldn’t find monographs about the phenomena in this area, psychoanalytic theorists had described more versions of psychological overprotection, the first systematization of these is presented below (Csomortáni, 2013d): guilty/reaction forming type (Blank, 1957); reactive overprotection (Mahler, 1949); seductive overprotection (Mahler, 1949); anxious/neurotic overprotection (Bowlby, 1960); excessive libidinal satisfaction (Bowlby, 1960); simbiotic form/excessive relationship (Mahler and Gosliner, 1955).

More psychoanalytic author considered parental overprotection as pathogenic factor (a psychotoxic harm - Spitz, 1951; it sustains the symbiotic phase - Mahler and Gosliner, 1955; the source of basic anxiety – Horney, 1945; the causal factor of separation anxiety – Bowlby, 1960). Although the psychoanalytic authors give descriptions which are explicitly not about overprotection still they describe isomorph phenomena: the equilibrium between satisfaction and frustration (Freud S., 1992; Winnicott, 1967; Kohut, 1984); unbreakable mother-child fusion (Freud A., 1978; Winnicott, 1967; Kohut, 1984).

An important phenomenological description of psychological overprotection is given by the ‘dissidents’ of psychoanalysis and their followers. The representatives of individual psychology (Adler, 1994; Rüedi, 1988; Brezsnyánszky, 1998) interpret the overprotection as a misunderstanding of the parent in which the parent takes over some function from his or her child while he or she doesn’t load the child with the proper responsibilities, thereby the community feeling of the child can’t be unfolded. In analytical psychology the overprotection occurs in the theme of the parental complex (Jung, 1997; Kast, 1998). The mother is unable to exceed the fusion with her child thereby she renders her children a dependent, depressive person. From the view of analytic social psychology the child grown up in one-sided unconditional maternal love would become a neurotic person who is always dependent from others’ care (Fromm, 2000).

From the view of attachment theories parental overprotection could be interpreted as the synchrony problem of the attachment-detachment system (Ainsworth, 1972; Mahler et al, 1975; Bíró, 2003). Same like in other parental maltreatments in case of parental overprotection is also important to examine the deviations of mentalization/reflective functioning (Allen et al, 2011). The recent results suggest that the ‘soft traumas’ (neglect, overprotection) effecting children cause similar degrees of difficulties as ’hard traumas’ (physical or sexual abuse), despite their slower and less spectacular development (Allen et al, 2011; Hámori, 2000; Turco, 2006).

2.2.2. Theories of systemic family therapy

The systemic literature don’t use the psychological overprotection term but describes such processes which are equivalent with the overprotection phenomena (Csomortáni, 2013c). Bowen (1978) characterized as “undifferentiated family ego mass” the families in which the proper individualisation of the members can’t be evolve due to anxiety and the undifferentiated self. Stierlin wrote about disorders of the transactions from which the ‘delegation’ and the ‘binding’ can be related to psychological overprotection. In Böszörményi-Nagy and Krasner’s (2001) ‘relational ethic’ theory we can found the phenomena of overprotection related to excessive entitlement, while Napier (2000)
described it in infantilization phenomena. Forward (2000) described the characteristics and therapeutic options of overprotective parent in her ‘toxic parent’ typology, Ungar (2007, 2009) reviewed the background, negative impacts and therapy of excessive parental protective behaviour occurring in ‘safe ecologies’.

There are some evidences about the negative outcomes of psychological overprotection in the systemic clinical literature. Carr (2006) wrote about the overprotective intimate interactions, which fix the behaviour of depressive spouse and the proper therapeutic interventions. In the families of drug-users was shown the pathogen and disorder maintaining patterns of overprotective parenting (Blechman, 1982; Demetrovics, 2007; Hoyer, 2010; Kelemen, 2001; Barát and Demetrovics, 2009), as well as in anorexia nervosa patients was found the negative effect of the parental control and overprotection (Minuchin, Rosman, Baker, 1978; Calam et al, 1990; Pakier, 2003; Tereno et al, 2008).

2.3. Concepts determining the present empirical studies

The bases of the recent investigations is composed of parental attitude theories from which the most important ones are Becker’s (1959) model which groups parental attitudes along an affective and a control dimension, Baumrind’s (1966, 1967, 1971, 1980) model who determined among the extremities of parental control (authoritarian, indulgent) the optimal control (authoritative), as well as Maccoby and Martin’s (1983) model in which the authors combined the strengths of the previous two models. Kozéki’s (1975) model is also important because he name a third ‘plasticity’ dimension among the affective and control dimensions, which determines the dynamics of the parental attitudes.

The today empirical initiatives evolved from the attitude models shown above. From these the most important is Gordon Parker’s (Parker, Tulpig and Brown, 1979; Parker, 1978, 1979a-d, 1981, 1982, 1983a-b, 1993; Parker and Lipscombe, 1979a-b, 1981; Parker, Fairley et al, 1982; Parker, Roussos et al, 1997) empiric experiences with Parental Bonding Instrument (PBI).

He underlined the “affectionless control” as psychopathologically most relevant parental overprotective effect (in case of social phobia if both parents show “affectionless control” the relative risk become 9). The EMBU research series is also very important in revealing of the pathogenic effects of parental overprotection (Perris et al, 1980; Perris, Arrindell and Eisemann, 1994). Thomasgard and his research group contributed to a more differentiated approach of psychological overprotection by separating parental overprotection from the anxious parental behaviour developing due to the ‘vulnerable child syndrome’. The most recent overprotection researches are about the psychopathological relevance of psychological control (Barber, 1996), the non-parental overprotection (Coyne and DeLongis, 1986; Thompson, Galbraith, Thomas, Swan and Vrungos, 2002; Cimarolli, 2002, 2006), as well as the importance of the path models (Enns, Cox and Clara, 2002; Overbeek, ten Have, Vollebergh and de Graaf, 2007).

2.4. Educational relevance of psychological overprotection

The phenomenon of psychological overprotection is a typical scientific border area: it is located on the border of psychology, education and psychiatrics. That is why we have to take in evidence its factors relevant from the educational, pedagogical point of view, which are the following:
1. Using resources of the individual psychology balancing the effects of parental overprotection (Nelsen, 2013).

2. The negative impact of the overprotective parent to the performance of the child (Pomerantz, Moorman and Litwack, 2007).

3. The issue of kindergarten- and school phobia and other overprotection related factors pulling back school achievement (Ranschburg, 2008).

4. School bullying is related to parental overprotection (Coplan et al, 2004; Twemlow and Sacco, 2012; Figula, Margitics, Pauwlik and Szatmári, 2011).

5. The negative attitudes of overprotective parents against educational institutes and their non-compliance (Adler, 1988; Levy, 1966; Thomasgard and Metz, 1999).


7. Education of people with special needs, learning disability and mentally challenged (Coyne and DeLongis, 1986; Thompson and Sobolew-Shubin, 1993; Cimarolli, 2006).

8. The parental overprotection is also the theme of the family socialisation psychology so it has educational, family educational relevance (Vajda and Kósa, 2005; Slade, 2006).


3. Aims

The heterogeneous literature of the psychological overprotection reveals that this notion is not unified, it includes different constructs: control, indulgence, intrusion, infantilization, restriction of the autonomous behaviours, excessive relationship, etc. On the bases of the literature there are some problem to resolve: need of semantic clarification of the psychological overprotection construct; increasing the representativity of samples inviting subclinical and clinical groups; need of psychological overprotection measure validated in Hungarian child sample; emphasizing the importance of the developmental view in investigation of psychological overprotection; need to create a questionnaire battery using the theoretical and empirical experiences; outlining the theoretical model of psychological overprotection – realisation of these objectives is detailed below at the description of researches.

The whole research series from the beginning phenomenological study to the last investigation resulting a new measure family represent a full cycle in the examination of psychological overprotection. Each study is manifold considering both the examined samples (7-18 years old children; healthy, subclinical and clinical groups; parents – all in all 625 person) both the tools applied to measure parental overprotection (PBI, EMBU, ChRAQ) that contributed the better adaptability and generalizability of the outcomes.

4. The empirical studies

4.1. The relationship between general intelligence, social status and psychological overprotection

Objectives. In this study the relevance of the psychological overprotection was investigated in normal high school student sample as well as it was compared with the metrics of general intelligence and social status. Further purpose of the research was to examine
certain components of psychological overprotection, which served the semantic clarification (Csomortáni, 2005).

During the investigation two hypotheses were formed: (1) The overprotection, indulgence, excessive control, over-solicitude has a decreasing effect to general intelligence; (2) The overprotection, indulgence, excessive control, over-solicitude pushes the social status of the child to extremities (star or lonely roles).

*Participants.* The sample was composed of a 9th and a 10th grade class high school students (N=53), the ratio of the two ages was: n9th.gr. = 26 (49%; mean age: 15,2; sd: 0,78; range: 14-16 year)/ n10th.gr. = 27 (51%; mean age: 16,4; sd: 0,31; range: 16-17 year).

*Measures.* The measures were the Raven SPM intelligence test, a sociometric questionnaire, as well as an overprotection questionnaire developed by me.

*Results and discussion.* The hypotheses were proved just in a lower part: between the overindulgence and the intelligence was a negative significant correlation. The positive relation found between the social status and over-solicitude needs further research.

### 4.2. Investigating psychological overprotection in clinical sample

The next investigation examined the emergence of psychological overprotection and its relation to different psychopathological characteristics in a large age spectrum (3-18 years) subclinical and clinical sample. This investigation has two parts: the first part showed the demographical and symptomatic distribution of psychological overprotection in a sample with heterogenic psychic symptoms; the second part examined the connections between psychological overprotection and pathological symptoms in a subsample with more severe symptoms (Csomortáni, 2011).

#### 4.2.1. First study

*Objectives.* The question was that the psychopathological cases occurred in a child clinical service in what extent are connected with the phenomena of parental overprotection, which syndromes are more affected, in which ages and sexes is more typical.

*Participants.* In the study 53 Child Guidance patients were examined (sex ratio: 22 girls – 41,51%, 31 boys – 58,49%; range: 3-18 years).

*Measures.* The diagnostic suggestions were specified by BNO-10-05 (2004), the extent of overprotection was decided by judgement of two independent experts who made their decision based on Levy’s (1966) overprotection categories.

*Results and discussion.* The ratio of overprotection occurring in sexes is equal, but the two sexes have different overprotective patterns. The overprotectedness showed decreasing tendency in time that may arise from strengthening parental competencies, cultural impacts or other factors. In girls overprotection is higher in younger age related to boys while in boys continues to persist in a high level in latter age that may refers to long-term vulnerability of boys (Figure 1). In girls the overprotection occurs rather in the background of emotional disorders, physiological disturbances, while in boys it is associated with performance, behaviour and emotional disorders.
4.2.2. Second study

Objectives. In this study the parental rearing quality perceived by children was compared with different pathological characteristics (relationship characteristics, emotional problems, hyperactivity, somatisation, deviance, aggression, prosociality, internalization, externalization), personality traits (psychoticism, neuroticism, extroversion, conformity), as well as indexes of psychical symptoms with clinical relevance (anxiety, depression).

Participants. The sample was a psychopathologically relevant subsample of the previous study ( N=14, 10 boys – 71%, 4 girls – 29%, range: 8-17 év, mean age: 12,21 years, sd: 2,69).

Measures. The parental, teacher, child versions of CBCL were used for identifying general pathological signs, the parental and child version of SDQ were used for measuring the psychic symptoms of children, the JEPQ was used to show the personality traits of children, the STAIC and CDI was used to represent respectively the anxiety and depressive symptoms of children, as well as H-PBI was used to examine the parental attitudes.

Figure 1: The distribution of the ages and overprotection in sexes.

Figure 2: The ratio of H-PBI quadrants in maternal, paternal and parental dimensions.
**Results and discussion.** The parental care was protective factor, the protection dimensions were risk factors related to childhood psychical symptoms. There were different patterns depending on the parental sex: the lack of maternal care related to internalisation, the paternal control related to hyperactivity symptoms, the maternal overprotection related to deviance, the paternal overprotection related to internalization. The maternal and parental overprotection contributed to suicidal ideas. The examination of Parker’s quadrants showed the strong pathological relevance of ‘affectionless control’ (externalisation) and ‘affectionate constraint’ (internalisation). The parental attitude distribution in the four quadrants is presented by the Figure 2.

4.3. **Experiences with EMBU-C questionnaire in normal sample**

**Objectives.** This study presents the validation of the Hungarian version of EMBU-C questionnaire used to examination of the parental attitudes perceived by children, as well as the relationship of EMBU-C dimensions with anxiety in Hungarian sample (Csomortáni, 2013a). The aim of this research was to prove in a Hungarian primary school sample the usability, factor structure and psychometric properties of the EMBU-C.

**Participants.** The data of the sample were the following: N = 108; boys/girls – n_boys = 55 (50,9%) / n_girls = 53 (49,1%); 2nd grade./4th grade: n_2gr = 53 (49,1%; mean age: 8,07; sd: 0,53; range: 7-9 years) / n_4gr = 55 (50,9%; mean age: 10,12; sd: 0,65; range: 9-11 years).

**Measures.** The Hungarian version of EMBU-C translated by me, the STAIC questionnaire.

<table>
<thead>
<tr>
<th>Table 1: The goodness of fit indices of the 2, 3 and 4-factor models obtained with exploratory factor analysis.</th>
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<tbody>
<tr>
<td><strong>Model</strong></td>
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<tr>
<td></td>
</tr>
<tr>
<td>4-factor</td>
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<tr>
<td>3-factor</td>
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<tr>
<td>2-factor</td>
</tr>
</tbody>
</table>

Notation: χ^2/df = the ratio of χ^2 and the degrees of freedom; RMSEA = Root Mean Squared Error of Approximation; AIC = Akaike’s Information Criterion.

**Results and discussion.** The examination of goodness of fit of the factor models showed that the 4-factor model had the best fit similarly to the results of Markus et al (2003) and Castro et al (1993) (Table 1). The results similar to the recent investigations showed that the younger children evaluate more positively some of parental attitudes especially the manifestations of control (including overprotection) as older ones, the adolescents and adults (Markus, Lindhout, Boer et al, 2003; Penelo, Viladrich, Domenech, 2010). With growing up the positive correlation between the overprotection and emotional warmth dimensions disappears that proves the age-dependency of overprotection perception (developmental view).

The anxiety symptoms showed relation with rejection and overprotection dimensions, the regression analyses showed the anxiogenic impact of rejection and overprotection (Table 2). The maternal and paternal aggregation of rejection and overprotection is connected to the increase of anxiety and the increase of attitude-symptom relation significance (Figures 3-5).
4.4. Developing and validating the ChRAQ questionnaire family

This part of the dissertation is the summary of my theoretical and empirical experience that takes shape in the development of ChRAQ questionnaire family. The ChRAQ research was accomplished in two parts: in the first the theoretical dimensions of ChRAQ were tested statistically; in the second ChRAQ was validated in a primary school sample.

4.4.1. The theoretical construct of ChRAQ and its relationship with coping in childhood

*Objectives.* The critics of processes measuring psychological overprotection (Livianos-Aldana and Rojo-Moreno, 1999) leads to the decision to develop a more exact questionnaire family. This study has the aim to examine the psychometric parameters of the developed ChRAQ questionnaire family overprotection constructs and to unfold their relation to childhood coping strategies.

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Table 2: The results of the executed multiple regression analysis, where the predictor variables are the EMBU-C dimensions while the dependent variables are the STAIC dimensions (the results were controlled for the sex and the age)

<table>
<thead>
<tr>
<th>Dependent variables</th>
<th>Predictor variables</th>
<th>Partial r</th>
<th>p&lt;</th>
<th>R² change</th>
</tr>
</thead>
<tbody>
<tr>
<td>STAI-C state</td>
<td>1. rejection</td>
<td>EMBU-C scales - maternal</td>
<td>0.278</td>
<td>0.004</td>
</tr>
<tr>
<td></td>
<td>1. rejection</td>
<td>EMBU-C scales - paternal</td>
<td>0.342</td>
<td>0.0001</td>
</tr>
<tr>
<td>STAI-C trait</td>
<td>1. rejection</td>
<td>EMBU-C scales - maternal</td>
<td>0.340</td>
<td>0.0001</td>
</tr>
<tr>
<td></td>
<td>2. overprotection</td>
<td>EMBU-C scales - paternal</td>
<td>0.281</td>
<td>0.031</td>
</tr>
<tr>
<td></td>
<td>1. rejection</td>
<td>EMBU-C scales - paternal</td>
<td>0.340</td>
<td>0.0001</td>
</tr>
<tr>
<td></td>
<td>2. overprotection</td>
<td>EMBU-C scales - paternal</td>
<td>0.203</td>
<td>0.036</td>
</tr>
</tbody>
</table>

Participants. In the pre-test phase 17 4th grade child (mean age: 10.15, sd: 0.47, range: 9-11, 8 boys and 9 girls, 6 from a small town school - 3 boys, 3 girls-, 11 from big town school - 5 boys, 6 girls) and 45 parent (39 mother, 6 father) were examined. In the test phase 74 4th grade child (mean age: 10.21 years, sd: 0.54, range: 9-12; sex ratio: 33 boys -44%, 41 girls - 56%), 74 mothers (mean age: 37.19, sd: 4.08, range: 29-50), 52 fathers (mean age: 40.92, sd: 4.33, range: 33-56) participated.

Measures. In the pre-test phase the full itembases of ChRAQ-CHP (primary school child version) and the ChRAQ-PCH (primary school parent version) were used. In the test phase the overprotection subscales of ChRAQ (infantilization, excessive control, intrusion, indulgence, solicitude) and the CCQ (Child Coping Questionnaire - Fedorowitz, 1995; translated to Hungarian by Csüry, 2010) were used.

Results and discussion. An important result was the discrepancy between the higher order factor structure of rearing attitudes perceived by children and their parents: in the case of children a warm and a cold overprotective stile were differentiated while in the case of parents three factors were separated (an affectively neutral protective, an affective enmeshment and a separate infantilization dimension). This result may refer to the divergence of the child and parental perceptions of child-rearing attitudes.

The connections with the demographic data (parental age, SES variables, etc.) as well as CCQ dimensions show the developmental-psychopathological relevance of overprotection subscales of ChRAQ. The interactions with demographic data mean that the demographic risk factors (for instance lower SES, divorce, etc.) may be trigger for parental overprotection as well as the demographic extremities predisposes the parents to different overprotection types (for example the lower SES causes solicitude while the higher SES causes mainly control, intrusion). The relations with CCQ avoidance, emotion focused, short-term strategies (especially support seeking, self calming, avoidant actions, distracting actions) are more emphasised and there are some non-constructive coping tendencies (Figure 6).
4.4.2. The validity of ChRAQ in normal primary school children

Objectives. This study defines the factor structure of ChRAQ-CHP and ChRAQ-PCH versions with special attention to incidental new factors.

Participants. The sample was composed of 50 children (mean age: 9.44; sd: 1.16; range: 7-11 years; 22 boys - 44%, 28 girls - 56%; the participant families had a mean of 2.24 children - sd: 1.13; the mean birth order of the index child was 1.81 - sd: 0.77), 48 mothers (mean age: 38.56; sd: 4.41; range: 30-48 év) and 40 fathers (mean age: 40.48; sd: 4.95; range: 31-54 év).

Measures. The research tools were the ChRAQ-CHP and ChRAQ-PCH versions, the PBI, the CBCL, and a demographic questionnaire.

Results and discussion. The exploratory factor analysis for both ChRAQ versions presented 4 factors: namely in the child version Acceptance, Overprotection, Unreachableness, Excessive control, in the parental version Acceptance, Abusive tendencies, Overprotection, Enmeshment. The low parental Acceptance related to the most internalizing and externalizing symptom, the Unreachableness dimension mainly related to externalisation. The ambivalent results of Overprotection dimensions suggest that in child, maternal and paternal perception of this attitude occurs in different qualities, the pathological relevance was proved just for maternal Overprotection. The Abusive tendencies and the Enmeshment have consequences depending on the parental sex. The Figure 7 shows the range of relation significance between psychopathological more relevant ChRAQ dimensions and CBCL dimensions.
Figure 7: The significance sums of the CBCL pathologies connected to the values beyond the standard deviation range of ChRAQ dimensions

4.5. Development of the theoretical model
The development of the theoretical model is necessary because of the definitional problems and the future more exact examination. To define the model of overprotection a more clear definition of parental protection is needed.

Parental protection is an adaptive (with evolitional roots) and normative (societally desirable) function in which the parent creates such physical and psychological environment and preparation of the child to minimize to an optimum the potential threats that may peril the child. Parental protection has short term, direct components, which enable the survival of the child through forming a safe environment (by modulating the
effects of the outer world or by controlling the behaviour of the child), and long term, indirect components, which ensures his or her welfare through preparing the child for the life by strengthening his/her autonomy. The attachment system also supports the short-term components of protection because its evolitional aim is to enhance the safety through the maintenance of the closeness of the child (this is the link between protection and safety – Bowlby, 1977). The long-term components of the protection arise from socialization, upbringing, ultimately by using educational resources. These components probably are facilitated by detachment processes similarly to the above (Mahler et al, 1975). The short-term components of the protection relate to long-term, preparing components like the attachment processes to detachment ones. These systems are parallel and mutually supportive, the two sides of the childrearing coin.

The normal parent-child relationship and in the same time the optimal development of the child is characterized by the balance of the short and long-term components what is presented by the Figure 8. For creating an optimal protection parents have to take into consideration their own preparedness, potentials, the developmental level of the child, his/her capabilities, as well as the danger characteristics of the environment (Figure 9).

![Figure 9: The components and their relations playing roles in the appearance and subsistence of psychological overprotection](image)

After the above description of the parental protection it is easier to make the definition of parental overprotection. The parental overprotection is the class of parental protective behaviours where the short-term, parental activity centred components of the protection and/or the accentuation of the attachment prevail unreasonably over the long-term components also based on the child’s activity/development and/or detachment processes. The “unreasonability” here means that the tilt of the balance can’t be deduced from the characteristics of the child or environment (it follows that in the background of the overprotective parental behaviour there are mostly the characteristics of the parent as unpreparedness for childrearing, life story, traumatization, personality, psychopathology and consequently the misunderstanding/ineffective mentalization of the child and/or
environmental characteristics). Therefore the optimal level of the parental protective
behaviour can be interpreted just depending on the state of the child and the environment.

![Diagram of psychological overprotection]

**Figure 10: The system of overprotectional subtypes and their operationalized forms**

Based on the above definition several types of psychological overprotection can be
deduced, these are summarized in Figure 10. Below the psychological overprotection types
and their brief theoretical definitions will be presented.

1. The excessive protective behaviour of the parent (Thetis type overprotection): generally
it arises from the excessive threat-anticipation of the parent, it could come in two ways:
   1.1. The excessive monitoring of the context (over-solicitude): a typical example of it
       when the parent due to her/his mainly unreal worries forms the child’s safe physic and
       psychological environment excessively that can’t be deduced from the developmental level
       of the child or the dangerousness of the environment (dressing excessively, accompanying
       the child, etc.)
   1.2. Restricting the child’s behaviour: the other form of the protection when the parent
       restricts the child’s behaviour thus ensures for him/her the proper protection. This control
       may become excessive when restricts the behaviour necessary for the child’s normal
       development doesn’t give enough space for the spontaneous manifestations of the child.

2. Excessive attachment (Iocaste type overprotection): the parent evolve such a
   relationship with her/his child that is already exceeded by the child’s developmental level.
   This type of parental overprotection has three subtypes:
2.1. Child-centred: the parent over-accentuates her/his own responsibilities and underestimates the child’s, makes such things for the child (indulgence) or lets to make for her/him (permissiveness) that can’t be deduced from the child’s age or development.

2.2. Parent-centred: the parent uses the child for satisfying her/his own attachment needs more open then below. The manifestation form of this a certain version of intrusion when the parent intervenes to the child’s play, activity, emotional life because of his/her own (and not the child's) needs.

2.3. Don’t differentiated form: the third form is when the parent’s personality is not differentiated properly from the child’s, she/he experiences the child’s thoughts, feelings, needs as her/his own or easily enmeshes them with own ones.

3. Prevention of autonomy: although the previous two main group, the excessive protection and the excessive attachment prevents indirectly the autonomous capacity of the child, there’s a group of the parental overprotective behaviours where this prevention is realized directly. This group contains the parental behaviours that cause the child’s unpreparedness against the life challenges.

3.1. Over-accentuation of the child-role: the parent cares so her/his child that characterizing an earlier stage of the child’s development and the care appropriate to the age-role can’t be observed. This form in the literature is named as infantilization.

3.2. Ineffective preparing: the parent doesn’t require, teach such things, which are suitable for the child’s age, development. This form was named as sparing regarding to the ethnographic denomination. Because this form of overprotection was defined just theoretically it has little research evidence. It can be found in the literature in Pomenrantz and Eaton’s (2001) study.

The parent-child relationship qualities can be put hypothetically along a protection dimension where the overprotection represents the excessive level of protection, the optimal rearing the optimal protection, the neglect the minimal protection or the lack of it, while the abuse the physical and/or psychical attack of the child (see Figure 11.). Although these parental bonding forms may also arranged along other dimensions and the below suggestion needs further examination it’s undoubted that it offers a possible model of the unified theoretical frame of parent-child relational qualities.

![Figure 11: The arrangement of parent-child relational qualities along the protection axis](attachment:image.png)
5. Discussion

Summarising the outcomes of presented studies it could be say that the investigations took place successfully, in line with objectives. The results on the one hand were consistent with the outcomes of the recent studies on the other hand some new data appeared (for instance in the study validating ChRAQ new Unreachableness, Abusing tendencies and Enmeshment dimensions arouse) which could enrich the knowledge of this area.

Generally the psychological overprotection can be regarded a psychopathologically relevant phenomena based on our research (for example it shows a 45% presence rate in a clinical sample). According to the literature the psychological overprotection is descending with the age, it shows different age-rates (younger girls and older boys are more overprotected), reduction rates (in girls faster than in boys), as well as symptom patterns (in boys mostly related to conduct disorders, in girls related to emotional disturbances) in girls and boys. The investigations approved that in the dimensions related to overprotection mothers had higher (in most cases significant) rates than fathers. This arises from the biological determination and the characteristics of social roles.

The most important outcome of my research that the constructs related to overprotection are not only time shifting (the results of EMBU versions suggest that younger children perceive the controlling, intrusive parental behaviour more positive, more associated with emotional warmth than adolescents or adults – e.g. Markus et al, 2003) but the different educational agents (parents and children) represents them in different ways. The results obtained with the overprotection subscales of ChRAQ suggests that while children classify this subscales in a wormer and a colder overprotection category, parents define a more affectionless protection category and a relational category that coheres more with attachment. Children and parents coincides with the opinion that indulgence is more affectionate but they perception is different in intrusion and control, where children show these attitudes as cold overprotection, while in parents’ feedbacks intrusion is an emotional/relation fact and the control is an affectionless factor of protection (this may be the consequence of the different evolutional interests/strategies of the two rearing actors that would deserve more examination).

This phenomenon is supported by the observation that the overprotection dimension of the ChRAQ child and parental version aren’t show any correlation with each other, although the base of both was the parental worry. The parental overprotection denoted by children is mostly intrusive, emotionally overwhelming (colder), while the parental form is more anxious, indulgent (warmer) and only the parental dimension showed significant relation with the analogue dimension of the PBI (in children there was correlation just between the control dimensions).

The high number of the interactions between the overprotection and the demographic data underlines the validity of the research outcomes. There was no difference in the ratio of overprotection in two sexes. Children become more sensitive to overprotective tendencies over time their ability to differentiate these tendencies from emotional warmth develops continuously. In relation with the overprotection sub-scales the results suggest that the over-solicitude comes in closer contact with familial problems like divorce, lower incomes, lower educational attainment, generally worse SES conditions, lack of parental experiences, than in the families at the other endpoint the control, intrusion, infantilization and indulgence occurred tendentiously (this may show the different parental strategies and at the same time distinct risk factors arising form different societally/economic contexts).
Surprising and earlier haven’t published outcome that the school achievement and the overprotection may interact with each other: the low mathematic results related to high paternal overprotection, the low literature results related to high paternal abusive tendencies, maternal overprotection and emmeshment that refers to the interactions of paternal overprotection with rule consciousness, logical abilities, while maternal overprotection may interact with lingual/social/mentalizational competencies.

The most varied results arose from the interactions between psychological (intelligence, social status, coping), psychopathological (internalization and externalization symptoms) constructs and parental rearing attitudes. The basically positive parental attitudes as care dimension of PBI, the emotional warmth dimension of EMBU-C and the acceptance dimension of ChRAQ were in negative contact with the most pathology dimensions, while the fundamentally negative dimensions like rejection dimension of EMBU-C, unreachableness, abusive tendencies dimensions of ChRAQ showed positive correlation with symptoms (the former with both internalization and externalization, the latter just with externalization).

The investigation of psychological constructs shows that the indulgence was in negative relation with intelligence, the over-solicitude has positive correlation with higher social status (this may mean good sociability and star role too) but these results were strongly limited. The interaction of overprotection sub-scales and the coping strategies shows that the indulgence was related to the most harmonic coping patterns. The infantilization, excessive control, over-solicitude is related to destructive coping, the intrusion and the over-solicitude resulted aversive coping predominance (this effect is higher in intrusion). The overprotection subscales related more to support seeking, distracting actions, avoidant actions dimensions after these came the more approaching, active, positive coping strategies and in the end the less constructive. So the overprotection subscales shows stronger relations to emotion focused, short-term coping strategies.

In the context of psychic symptoms there were discrepancies between maternal and paternal attitudes. The maternal overprotection related to suicide attempts while paternal overprotection were associated to anxiety, internalisation. The maternal control related to anxiety, internalisation, the paternal control associated mostly to aggression, deviance, externalization. The above pattern suggests that respectively to internalization and externalization symptoms the maternal and paternal control are complementary to each other (in case of control mothers cause internalisation, fathers cause mostly externalisation, in case of overprotection this is reverse).

The maternal and paternal overprotection and the combined parental dimension relates positively to the child’s anxiety dimensions and neurotic personality traits (the combined parental dimension results stronger relations). The children who experience combined paternal and maternal overprotection show more somatisation and suicide ideations, the paternal and maternal combined control increases the externalization symptoms. The group with experienced parental affectionate constraint shows more externalisation, with experienced affectionless control has higher internalisation.

Positive relation was found between children’s trait anxiety and maternal and paternal rejection, as well as maternal and paternal overprotection. In both parents the rejection and overprotection explained a low but significant proportion from variance of trait anxiety. The occurrence of parental rejection and overprotection risk factors in one and/or in both parents causes a significant monotone increasing in the anxiety symptoms of the child.

The above results suggest that the psychological overprotection has developmental psychopathological relevance. The novelty of this research is that the phenomenon of
overprotection was presented in relation with development, educational agents (parent-child), educational roles (father-mother), in the patterns of sexes, as well as in relation to other rearing attitudes that elucidate the complex nature of it and the possibilities of its interactional interpretation. By drawing up the unified model of psychological overprotection as well as by placing the phenomenon to the ground of parent-child relational qualities a new possibility arises to revising the notions of the area and to develop a more sophisticated view of parental rearing phenomena.

6. Conclusion
At the end of the theses we can summarise the areas, which must be taken in consideration in the future research of psychological overprotection. These views have developed based on the processing of the theoretical background and their low presence in dissertation is mostly due to the extent possibilities and reflects less their importance.

**Embeddedness in the family system:** the parental overprotection earns its meaning just related to the family system, its development, survival and therapy can be interpreted just through the systemic phenomena of roles, responsibilities, differentiation, familial life cycle processes, inner and outer boundaries, adaptive processes, communication, transgenerational processes, triangulation, familial projection.

**Characteristics of dyadic processes:** the parent-child interactions are fundamentally characterized by feedback processes, cycularity and synchrony so the parental perception, affections, decisions, behaviour, beliefs, attitudes, experiences, memories, reflexions, self-reflexions, reactions are continuously in interaction with the similar constructs of the child, that is why it is not surprising that the overprotective parental social cognitions and behaviour could develop such a negative spiral in the parent-child relationship the therapeutic treatment of which is very difficult.

**The importance of mentalization:** because the parental mentalization plays an important role in development of the child’s attachment and mentalization capacity therefore it’s expected that it could get an important role in the development, subsistence and therapy of the parental overprotection.

**The multiple definiteness of the parental social cognitions and behaviour:** in the one hand these constructs make their effect not alone but in interactions with each other (for instance in the IV.3. chapter was proved that the rejection and overprotection jointly create greater trait anxiety than one by one), in the other hand the same construct could overlap some other factors (for instance the excessive control can be a protective factor but also can be the manifestation of the parental needs of power) that is why the parental social cognitions can’t be examined in isolation but in interaction with each other. Therefore an important contribution would be the development of the unified theory of the parent-child relational disorders/ parental maltreatments.

**Non-trivial child consequences:** although in the literature the parental overprotection is connected to neurotic symptoms of the child Ungar’s (2009) study and my results also suggest that the effect of overprotection a multifactorial issue (the child’s age, the sex of the parent and the child, the quality of the context, etc.) that must be taken into consideration.

**Culture- and role independency:** the psychological overprotection is a culture independent construct although there are some cultures where certain manifestations of it are more frequent (see Greece families – Parker, 1983a). The psychological overprotection
could be detected not only in parent-child relation but in helper-helpee and generally in asymmetric relations too (see Carr’s, Coyne’s and Thompson’s studies).

**Cultural embeddedness:** as Ungar (2009) emphasises in his article about the overprotection occurring in safe ecologies this phenomena couldn’t be separated from the surrounding cultural processes (cultural custom systems, postmodern phenomena, the crisis of the family, the rumour spreading effect of the media, the lack of the rites of passage, motherhood as a lonely activity, etc.). Like in the past in the future will be also required such social institutions (educational, medical, social, legal, spiritual and other forums) which can effectively act against the psychological overprotection and other parental maltreatment forms.

In closing and based to the above results we can declare that the investigation of parental/psychological overprotection a scientifically and societally very important activity. Its eclectic background and the long development of this area allow the interdisciplinary and integrative examination of the psychological phenomena that is the basic condition of the scientific development.

**References**


Other publications of the author which were not cited in theses of doctoral dissertation


Further publications of the author published on other topics


Melléklet – ADATLAP - a doktori értekezés nyilvánosságra hozatalához

I. A doktori értekezés adatai

A szerző neve: Csomortáni Domokos Zoltán
A doktori értekezés címe és alcíme: Túl jó / eléggé rossz szülők. A pszichológiai túlvédelés okai, jellemzői, következményei és kezelési lehetőségei.
A doktori iskola neve: ELTE PPK Neveléstudományi Doktori Iskola
A doktori iskolán belüli doktori program neve: nincs meghatározva
A témavezető neve és tudományos fokozata:
1. Dr. Demetrovics Zsolt, DSc, egyetemi tanár
2. Dr. Mesterházi Zsuzsa, CSc, professor emeritus
A témavezetők munkahelye: ELTE PPK
MTMT-azonosító: 10028777
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