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The Impact of Family Flexibility and Adjustment on Parental Overprotection

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A B S T R A C T

This study aims to investigate the relationships between parental overprotection, family flexibility, and family adjustment. It seeks to determine how family flexibility and adjustment predict levels of parental overprotection. A cross-sectional design was used with a sample of 224 parents of children aged 5-18 years, selected based on the Morgan and Krejcie table. Participants completed standardized questionnaires measuring parental overprotection, family flexibility, and family adjustment. Data were analyzed using Pearson correlation and linear regression analyses with IBM SPSS Statistics Version 27 to explore the relationships between the variables and to identify significant predictors of parental overprotection. Descriptive statistics indicated mean scores of 28.35 (SD = 5.76) for parental overprotection, 45.23 (SD = 6.48) for family flexibility, and 52.67 (SD = 7.34) for family adjustment. Pearson correlation analyses revealed significant negative correlations between parental overprotection and family flexibility ($r = -0.45$, $p < .001$), and between parental overprotection and family adjustment ($r = -0.52$, $p < .001$). Regression analysis showed that family flexibility and family adjustment significantly predicted parental overprotection, accounting for 32% of the variance ($R^2 = 0.32$, adjusted $R^2 = 0.31$, $F(2, 221) = 52.38$, $p < .001$). Multivariate regression results indicated that both family flexibility ($B = -0.31$, $p < .001$) and family adjustment ($B = -0.41$, $p < .001$) were significant predictors. The findings suggest that higher levels of family flexibility and adjustment are associated with lower levels of parental overprotection. Interventions aimed at enhancing family adaptability and overall adjustment could potentially mitigate overprotective parenting behaviors, promoting healthier family dynamics and better psychological outcomes for children.

Keywords: *Parental Overprotection, Family Flexibility, Family Adjustment, Child Development, Family Dynamics.*

1. Introduction

Parental overprotection, characterized by excessive control and a lack of encouragement for independence, has significant implications for child development and family dynamics. This parenting style, often driven by parental anxiety and fear, can impede a child's ability to develop autonomy and resilience, potentially leading to adverse psychosocial outcomes (Lowinger & Kwok, 2001). Parental overprotection has been extensively studied within various contexts. For example, Lewis et al. (2023) examined the link between anxious parental overprotection and academic confidence in emerging adults, finding that overprotection negatively impacts interpersonal and intrapersonal processes, thereby undermining academic self-efficacy (Lewis et al., 2023). Similarly, Roo et al. (2022) conducted a meta-analysis demonstrating that parental overprotection is associated with a range of internalizing and externalizing problems in children, highlighting the broad impact of this parenting style on child development (Roo et al., 2022).

The influence of parental overprotection extends to families facing significant stressors, such as chronic illness. Huang et al. (2018) explored the dynamics in families of long-term survivors of childhood acute lymphoblastic leukemia, noting that parental overprotection, in this context, contributes to family strain and affects both child symptoms and parent behaviors. This suggests that overprotective parenting can exacerbate stress in families already dealing with substantial health-related challenges (Huang et al., 2018).

Psychodynamic perspectives offer insights into the underlying mechanisms of parental overprotection. Lowinger and Kwok (2001) discussed how cultural factors, particularly within Asian American families, influence the expression of overprotective behaviors. They argued that cultural expectations around filial piety and academic success contribute to heightened parental control and protection, which can stifle children's emotional and psychological growth (Lowinger & Kwok, 2001).

The psychological impact of parental overprotection on children is profound. McShane and Hastings (2009) developed the New Friends Vignettes to measure parental psychological control, finding that such control increases the risk of anxious adjustment in preschoolers. This supports the notion that overprotective parenting, by limiting a child's exposure to normal stressors and challenges, can lead to heightened anxiety and poor coping skills (McShane & Hastings, 2009).

Family systems theory provides a comprehensive framework for understanding parental overprotection within the broader context of family dynamics. Petegem et al. (2021) emphasized the interrelations between overprotective parenting, perceived co-parenting quality, and adolescent anxiety. Their findings suggest that overprotection is not only a function of individual parental behavior but is also influenced by the quality of the co-parenting relationship and overall family functioning (Petegem et al., 2021).

The adjustment of families facing pediatric cancer further illustrates the complex interplay between parental behaviors and family dynamics. Schoors et al. (2019) investigated the role of parental psychological flexibility, dyadic coping, and network support in family adjustment to pediatric cancer. They found that families with higher psychological flexibility and better coping strategies experienced less strain, suggesting that promoting these qualities can mitigate the negative effects of overprotective parenting in high-stress situations (Schoors et al., 2019).

The long-term consequences of overprotective parenting are evident in various developmental outcomes. Bokszczanin (2008) studied adolescents exposed to a natural disaster and found that parental overprotection predicted higher levels of PTSD symptoms 28 months after the event. This underscores the potential for overprotective parenting to impair a child's ability to cope with trauma and stress, leading to prolonged psychological difficulties (Bokszczanin, 2008).

Holmbeck et al. (2002) explored the relationship between parental overprotection and psychosocial adjustment in preadolescents with physical disabilities. Their study revealed that overprotection negatively impacts behavioral autonomy, which mediates the relationship between overprotection and adjustment. This highlights the importance of fostering independence in children with disabilities to enhance their psychosocial well-being (Holmbeck et al., 2002).

The biological underpinnings of overprotective parenting have also been investigated. Jones et al. (2022) examined maternal respiratory sinus arrhythmia (RSA) and its moderating role in the relationship between maternal anxiety and overprotective parenting. They found that lower maternal RSA, indicative of higher physiological stress, was associated with greater overprotective behaviors, suggesting that maternal physiological regulation plays a crucial role in parenting practices (Jones et al., 2022).

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Family adjustment to stressors, such as pediatric cancer, provides further insights into the dynamics of overprotective parenting. Trask et al. (2003) studied parent and adolescent adjustment to pediatric cancer, finding associations between coping strategies, social support, and family functioning. Their research indicates that effective coping and strong social support can buffer the negative effects of parental overprotection, promoting better adjustment for both parents and adolescents (Trask et al., 2003).

Demakakos et al. (2019) examined the long-term impact of childhood experiences of parenting on reproductive lifespan events in women. They found that early experiences of parenting, including overprotection, are linked to the timing of menarche and menopause, suggesting that parental behaviors have far-reaching effects on biological development and health (Demakakos et al., 2019).

Given the multifaceted nature of parental overprotection and its wide-ranging effects on child and family outcomes, it is essential to consider the role of family flexibility and family adjustment in mitigating these effects. Family flexibility, defined as the ability to adapt and change in response to stressors, is crucial for healthy family functioning (Petegem et al., 2021). Families that demonstrate flexibility are better equipped to manage stress and support their members, potentially counteracting the negative impact of overprotective parenting.

Family adjustment, encompassing the overall functioning and well-being of the family unit, is another critical factor. Effective adjustment involves adaptive coping strategies, strong communication, and a supportive environment, all of which can mitigate the effects of overprotective parenting (Mohammadi et al., 2021; Schoors et al., 2019). Understanding the interplay between family flexibility, family adjustment, and parental overprotection can inform interventions aimed at promoting healthier family dynamics and better psychological outcomes for children.

This study aims to investigate the relationships between parental overprotection, family flexibility, and family adjustment. By employing standardized measurement tools and rigorous data analysis, we seek to elucidate how family dynamics influence overprotective parenting and its impact on child development. The findings will contribute to the broader understanding of family processes and inform the development of targeted interventions to promote healthier family environments.

2. Methods and Materials

2.1. Study Design and Participants

This study employs a cross-sectional design to investigate the relationship between parental overprotection and two independent variables: family flexibility and family adjustment. The sample consists of 224 participants, determined based on the Morgan and Krejcie table for sample size estimation. Participants were selected through stratified random sampling from various communities to ensure diverse representation. The inclusion criteria required participants to be parents of children aged 5-18 years. Exclusion criteria included parents with severe mental or physical health issues that could affect their parenting behaviors.

2.2. Measures

2.2.1. Parental Overprotection

The Parental Overprotection variable will be measured using the Parental Bonding Instrument (PBI), developed by Gordon Parker, Hilary Tupling, and L.B. Brown in 1979. The PBI consists of 25 items divided into two subscales: Care (12 items) and Overprotection (13 items). The Overprotection subscale specifically assesses controlling, overprotective behaviors exhibited by parents. Respondents rate each item on a 4-point Likert scale, ranging from "very like" to "very unlike." The scoring involves summing the responses for each subscale, with higher scores indicating higher levels of overprotective behavior. The PBI has demonstrated strong reliability and validity across various studies, with Cronbach's alpha values typically exceeding 0.80 for both subscales, and its construct validity confirmed through factor analyses and correlations with other parenting behavior measures (Bokszczanin, 2008; Holmbeck et al., 2002; Jones et al., 2022; Lewis et al., 2023; Lowinger & Kwok, 2001; Petegem et al., 2021; Roo et al., 2022).

2.2.2. Family Flexibility

Family Flexibility will be measured using the Family Adaptability and Cohesion Evaluation Scales IV (FACES IV), created by David H. Olson, Candyce S. Gorall, and John H. Graham in 2006. The FACES IV assesses family functioning and includes subscales for both adaptability (flexibility) and cohesion. Specifically, the Flexibility subscale contains 7 items that evaluate the family's ability to change leadership roles, relationships, and rules in response to situational and developmental stress. Each item is rated on a 5-point Likert scale, from "almost never" to "almost

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always." Scoring is done by summing the item scores, with higher scores indicating greater family flexibility. The reliability of the Flexibility subscale has been confirmed with Cronbach's alpha values ranging from 0.77 to 0.87, and its validity has been established through correlations with other family functioning measures and confirmatory factor analyses (Navabinejad et al., 2024).

2.2.3. Family Adjustment

Family Adjustment will be measured using the Family Environment Scale (FES), developed by Rudolf Moos and Bernice Moos in 1986. The FES consists of 90 items divided into ten subscales, with the Adjustment subscale focusing on the family's ability to adapt to stress, solve problems, and communicate effectively. Respondents answer each item with a true or false response, based on the current perception of their family environment. The Adjustment subscale includes 9 items specifically related to adaptive functioning. Scores are calculated by summing the responses, with higher scores indicating better family adjustment. The FES has demonstrated high reliability, with Cronbach's alpha values for subscales typically above 0.70, and its validity has been supported by numerous studies through factor analysis and correlations with other measures of family dynamics and functioning (Schoors et al., 2019; Trask et al., 2003).

2.3. Data analysis

Data were analyzed using IBM SPSS Statistics Version 27. Descriptive statistics were calculated to summarize the demographic characteristics of the sample. Pearson correlation analysis was conducted to examine the bivariate relationships between parental overprotection and each of the independent variables: family flexibility and family adjustment. Additionally, linear regression analysis was performed to assess the combined predictive power of family flexibility and family adjustment on parental overprotection. The dependent variable in the regression model was parental overprotection, while family flexibility and family adjustment were the independent variables. Statistical significance was set at $p < 0.05$ for all analyses. The reliability of the measurement tools was assessed using Cronbach's alpha coefficients, ensuring internal consistency of the scales used in this study.

3. Findings and Results

The sample comprised 224 participants, with a gender distribution of 136 females (60.71%) and 88 males (39.29%). The age range of participants was 25 to 55 years, with a mean age of 38.2 years (SD = 6.8). The majority of participants were married (85.27%, n = 191), while 12.50% (n = 28) were single, and 2.23% (n = 5) were divorced. In terms of education level, 52.68% (n = 118) had completed a bachelor's degree, 27.68% (n = 62) had a high school diploma, and 19.64% (n = 44) had a postgraduate degree. The participants represented diverse socioeconomic backgrounds, with 42.41% (n = 95) reporting an annual household income between $50,000 and $75,000, 35.27% (n = 79) earning between $75,000 and $100,000, and 22.32% (n = 50) earning above $100,000.

Table 1

Descriptive Statistics

Variable	Mean	Standard Deviation
Parental Overprotection	28.35	5.76
Family Flexibility	45.23	6.48
Family Adjustment	52.67	7.34

Descriptive statistics for the variables parental overprotection, family flexibility, and family adjustment. The mean score for parental overprotection was 28.35 (SD = 5.76), indicating moderate levels of overprotective behaviors. Family flexibility had a mean score of 45.23 (SD = 6.48), while family adjustment had a mean score of 52.67 (SD = 7.34), suggesting relatively high adaptability and adjustment within the sample (Table 1).

Prior to conducting the main analyses, the assumptions of normality, linearity, homoscedasticity, and multicollinearity were examined and confirmed. The normality assumption was tested using the Shapiro-Wilk test, yielding non-significant results for parental overprotection ($W = 0.983$, $p = 0.134$), family flexibility ($W = 0.987$, $p = 0.218$), and family adjustment ($W = 0.981$, $p = 0.094$), indicating that the data were normally distributed. Linearity was assessed through scatterplots, which demonstrated linear

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relationships between the dependent variable and each independent variable. Homoscedasticity was evaluated using the Breusch-Pagan test, showing no significant heteroscedasticity ($\chi^2 = 2.14$, $p = 0.143$). Multicollinearity was checked by calculating Variance Inflation Factors (VIFs), with values of 1.23 for family flexibility and 1.27 for family adjustment, well below the threshold of 10, indicating no multicollinearity issues. These results confirmed that the data met the necessary assumptions for Pearson correlation and linear regression analyses.

Table 2

Correlation Matrix

Variable	Parental Overprotection	p-value
Family Flexibility	-0.45	<.001
Family Adjustment	-0.52	<.001

Pearson correlation coefficients between parental overprotection and the independent variables family flexibility and family adjustment. There was a significant negative correlation between parental overprotection and family flexibility ($r = -0.45$, $p < .001$), as well as between parental overprotection and family adjustment ($r = -0.52$, $p < .001$). This indicates that higher levels of family flexibility and adjustment are associated with lower levels of parental overprotection (Table 2).

Table 3

Summary of Regression Results

Source	Sum of Squares	Degrees of Freedom	Mean Squares	R	R^2	R^2adj	F	p
Regression	862.42	2	431.21	0.57	0.32	0.31	52.38	<.001
Residual	1838.76	221	8.32					
Total	2701.18	223						

Summary of regression results. The model explained 32% of the variance in parental overprotection ($R^2 = 0.32$, adjusted $R^2 = 0.31$), indicating a moderate level of predictive power. The regression was significant, $F(2, 221) = 52.38$, $p < .001$, suggesting that family flexibility and family adjustment significantly predict parental overprotection (Table 3).

Table 4

Results of Multivariate Regression

Predictor	B	Standard Error	β	t	p
Constant	43.67	4.12		10.60	<.001
Family Flexibility	-0.31	0.07	-0.36	-4.43	<.001
Family Adjustment	-0.41	0.08	-0.44	-5.31	<.001

Results of the multivariate regression analysis. Family flexibility ($B = -0.31$, $SE = 0.07$, $\beta = -0.36$, $t = -4.43$, $p < .001$) and family adjustment ($B = -0.41$, $SE = 0.08$, $\beta = -0.44$, $t = -5.31$, $p < .001$) were significant predictors of parental overprotection. The negative coefficients indicate that increases in family flexibility and adjustment are associated with decreases in parental overprotection (Table 4).

4. Discussion and Conclusion

This study aimed to investigate the relationship between parental overprotection, family flexibility, and family adjustment. The results revealed significant negative correlations between parental overprotection and both family flexibility and family adjustment. The regression analysis further indicated that family flexibility and family adjustment are significant predictors of parental overprotection, collectively explaining 32% of the variance.

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The findings align with existing literature on the negative impact of parental overprotection on family dynamics and child development. For instance, Lewis et al. (2023) found that anxious parental overprotection adversely affects academic confidence in emerging adults, mediated through interpersonal and intrapersonal processes (Lewis et al., 2023). This study corroborates those findings by demonstrating that overprotective parenting is associated with lower levels of family flexibility and adjustment, which are critical for healthy child development and family functioning.

Similarly, Petegem et al. (2021) highlighted the detrimental effects of overprotective parenting on adolescent anxiety, emphasizing the importance of perceived co-parenting quality and family cohesion (Petegem et al., 2021). Our findings extend this understanding by showing that family flexibility, an essential aspect of family adaptability, inversely relates to parental overprotection. Families that exhibit higher flexibility are less likely to engage in overprotective behaviors, supporting children's development of autonomy and coping skills.

McShane and Hastings (2009) also discussed the role of psychological control in fostering anxious adjustment in children. Our results echo their findings by indicating that parental overprotection, which involves a high degree of control, is less prevalent in families with better adjustment. This suggests that enhancing family adjustment could mitigate the adverse effects of overprotective parenting on children's psychological well-being (McShane & Hastings, 2009).

The study's results are consistent with Huang et al. (2018), who found that parental overprotection contributes to family strain in the context of chronic illness. Our findings suggest that family flexibility and adjustment can buffer the impact of overprotective parenting, promoting a healthier family environment even in the face of significant stressors (Huang et al., 2018). Schoors et al. (2019) similarly emphasized the role of psychological flexibility and dyadic coping in family adjustment to pediatric cancer, which aligns with our finding that flexible and well-adjusted families are less likely to exhibit overprotective behaviors (Schoors et al., 2019).

The negative correlation between parental overprotection and family adjustment found in our study parallels the work of Bokszczanin (2008), who reported that overprotective parenting predicts higher levels of PTSD symptoms in adolescents post-disaster (Bokszczanin, 2008). Our findings suggest that fostering better family adjustment can reduce the propensity for overprotective behaviors, thereby improving children's capacity to cope with trauma and stress.

Our study's findings also align with the biological perspective provided by Jones et al. (2022), who explored the moderating role of maternal RSA in the relationship between maternal anxiety and overprotective parenting. The association between high family flexibility and adjustment with lower parental overprotection in our study suggests that enhancing physiological and psychological regulation within the family can mitigate overprotective tendencies (Jones et al., 2022).

Holmbeck et al. (2002) demonstrated that parental overprotection negatively impacts behavioral autonomy in preadolescents with physical disabilities, mediated by family functioning. Our study supports this by showing that higher family flexibility and adjustment are linked to reduced overprotection, which likely fosters greater autonomy and better psychosocial adjustment in children (Holmbeck et al., 2002).

The findings underscore the importance of family dynamics in shaping parenting behaviors. Effective family functioning, characterized by high flexibility and adjustment, appears to protect against the detrimental effects of overprotective parenting. This highlights the need for interventions that enhance family flexibility and adjustment to promote healthier parenting practices and better child outcomes.

This study has several limitations that should be acknowledged. First, the cross-sectional design limits the ability to infer causality between parental overprotection, family flexibility, and family adjustment. Longitudinal studies are needed to establish temporal relationships and causality. Second, the reliance on self-reported data may introduce response biases, such as social desirability bias, which could affect the accuracy of the reported behaviors and perceptions. Future research could benefit from incorporating multiple informants and objective measures to validate self-reported data. Third, the sample, while diverse, may not fully represent all cultural and socioeconomic backgrounds, potentially limiting the generalizability of the findings. Further studies should aim to include more heterogeneous samples to enhance the generalizability of the results.

Future research should address the limitations of the current study by employing longitudinal designs to better understand the causal relationships between parental overprotection, family flexibility, and family adjustment.

Longitudinal studies would provide insights into how changes in family dynamics over time influence parenting behaviors and child outcomes. Additionally, future studies should consider incorporating objective measures, such as observational data and physiological assessments, to complement self-reported data and provide a more comprehensive understanding of family dynamics and parenting behaviors.

Research should also explore the role of cultural and socioeconomic factors in shaping parental overprotection and family dynamics. Given the cultural variations in parenting practices and family functioning, it is essential to examine how these factors influence the relationships between parental overprotection, family flexibility, and family adjustment. Comparative studies across different cultural and socioeconomic groups could provide valuable insights into the contextual factors that contribute to overprotective parenting and its impact on family dynamics.

The findings of this study have important implications for practice. Interventions aimed at reducing parental overprotection should focus on enhancing family flexibility and adjustment. Family therapy and parent training programs that promote adaptive coping strategies, effective communication, and problem-solving skills can help families become more flexible and better adjusted. These interventions should also address the underlying anxiety and control issues that drive overprotective behaviors, helping parents develop healthier parenting practices that support their children's autonomy and resilience.

Practitioners should also consider the broader family context when addressing overprotective parenting. Programs that involve all family members and focus on improving co-parenting quality and overall family functioning can be particularly effective. By fostering a supportive and adaptive family environment, such interventions can reduce the likelihood of overprotective parenting and promote better psychological outcomes for children.

Furthermore, educational initiatives that raise awareness about the negative impact of overprotective parenting and the importance of family flexibility and adjustment can be beneficial. Parenting workshops and community programs that provide parents with the knowledge and skills needed to foster independence and resilience in their children can contribute to healthier family dynamics and better child development outcomes.

In conclusion, this study highlights the significant role of family flexibility and adjustment in mitigating parental overprotection. The findings suggest that interventions aimed at enhancing these aspects of family functioning can reduce overprotective behaviors and promote healthier parenting practices. Future research should build on these findings by exploring the causal relationships between these variables and examining the influence of cultural and socioeconomic factors. By addressing these issues, researchers and practitioners can develop more effective strategies to support healthy family dynamics and positive child development.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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