# Examining the Relationship Between Anxiety in Parents and Child Well-Being

### Arakshitha Viswanath

Student, Garodia International Centre for Learning Mumbai

### Abstract

This study investigated the correlation between parental anxiety and child well-being (evaluated through anxiety, self-esteem, emotional recognition, and locus of control) within the Indian context. It employed a correlational cross-sectional design, with sixteen Indian families (N = 48). Participants completed the procedure through an online meeting with the researcher. Parents filled four self-report questionnaires: the GAD-7, Parent Stress Scale, Parental Overprotection Measure, and the SCAS-Parent version. Children filled the SCAS-Child, the Rosenberg Self-Esteem Scale, the Nowicki-Strickland Locus of Control Scale, and an emotion recognition task. The Spearman's rank-order method was used to analyze ten primary correlations. Principal findings revealed that parental anxiety correlated positively with child anxiety and self-esteem; parental perception of child anxiety also correlated positively with child anxiety. There was no significant correlation between child anxiety and self-esteem, and a weak correlation between child anxiety and self-esteem, and a motion recognition. Further, an external locus of control in children was associated with greater child anxiety, higher self-esteem, and greater parental overprotection. These findings highlight the need for further research on parent and child well-being in the Indian context, while focussing on developing stronger support systems to help families cope with mental health challenges.

**Keywords:** Parental anxiety, child anxiety, well-being, self-esteem, emotion recognition, locus of control, overprotection, stress.

#### Introduction

Anxiety disorders are among the most common mental health conditions faced by children and adolescents, and they can seriously impact the emotional and social development of an individual lacking the right support (Gosch et al, 2006). Anxiety is a condition characterized by persistent feelings of worry, tension, and apprehension (*Encyclopedia of Psychology*, 2000). These feelings can manifest in somatic symptoms, including shortness of breath, tensing of muscles, and rapid heartbeat, hindering normal functioning. Children often find anxiety especially challenging to deal with, since they might not understand how to cope with sudden, strong, or overwhelming feelings in the absence of a parent or caregiver. With drastic lifestyle changes in recent years, particularly after the lockdown years from 2020, there has been a significant rise in the prevalence of mental disorders in the younger generation. According to the WHO, the occurrence of anxiety and depressive disorders has increased by 25% after the COVID-19 pandemic (Kupcova et al., 2023). This has made mental health more concerning and relevant than before, demanding greater awareness and support for individuals facing mental health issues.

Although mental disorders are becoming increasingly prevalent globally, discussions surrounding mental health remain limited and often discouraged in more traditional societies like those in India. The



stigmatization of mental health and related conditions affects children's personal, social, and academic well-being (Balamurugan et al., 2024). This attitude also leads to a lack of support systems that children can rely on to cope with their feelings and handle stressful environments. This may result in the development of mental disorders like anxiety and depression in children, and possibly also in their caregivers.

Child anxiety can develop as a result of multiple factors, including family environment, peer relationships, school environment, academic pressure, trauma, and stress (Murray et al., 2009). Apart from environmental factors, the role of family history and genetics is quite significant in contributing to symptoms of anxiety in children (Burstein et al., 2010). Past research holds mixed views about genetic factors and their influence on anxiety in children. However, parental anxiety and child anxiety are proven to be strongly correlated across much of the existing literature on the area, and parenting styles, behavior, and health have been found to influence child anxiety and well-being. Since parents strongly impact their children's lives, it is imperative to understand child anxiety in the context of parental anxiety so that measures can be taken to provide proper care and support to those with anxiety disorders.

Parental anxiety can be defined as the anxiety faced by a parent or a caregiver concerning their children's behavior, health, and future. It has also been defined as the behaviors that encourage child anxiety, like overcontrol, warmth, and excessive worrying (Teetsel et al., 2014). In this study, parent anxiety was studied through general anxiety, parental stress level, and parental overprotection. Parental stress was measured as the level of satisfaction a parent or caregiver felt in their roles. Greater parental satisfaction and lower parental stress correlate with lower parental anxiety and greater well-being. Parents with lower stress, therefore, might have less anxious children.

Parental overprotection refers to how often parents defend their children from potentially dangerous or uncomfortable situations. Lower overprotectiveness was linked to lower levels of anxiety and greater wellbeing. Anxious parents might be more overprotective of their children, which might also heighten child anxiety and lower their well-being. Finally, well-being is defined as a good quality of life, including emotional, mental, and social health (M, Dhanabhakyam & M, Sarath, 2023). Good well-being is generally observed by consistent happiness and low stress in daily life. Parent and child well-being strongly influence each other.

Child well-being can be observed through different variables, but this study specifically examines child anxiety, self-esteem, locus of control, and emotion recognition skills as measures of well-being. Child anxiety looks at how afraid or worried children feel in normal daily situations. Higher anxiety can hamper daily functioning and competence across different areas of life, hence correlating with lower well-being (M, Dhanabhakyam & M, Sarath, 2023).

Self-esteem is defined as one's overall sense of worth and view of characteristics and accomplishments (Rosenberg, 1965). Higher self-esteem was linked to better well-being and lower levels of anxiety, since individuals who are more confident in their identities and achievements are likely to be happier, more confident, and less vulnerable to mental disorders like depression than those with lower self-esteem. The greater a child's self-esteem, the better their abilities to adapt and manage daily situations.

Locus of Control refers to the degree of control an individual thinks they have over situations. Children who felt more control over their circumstances might be more relaxed and able to adapt to situational demands. Hence, consistent with past research that links control and anxiety (Chorpita & Barlow, 1998; Benassi et al., 1988), in this study, having an external locus of control was associated with greater anxiety and lower well-being in children. Children with an internal locus of control have been observed to have



better social skills, especially those related to teams and leadership (April et al., 2012). Children who perceive greater control over their lives can also be said to have better social well-being. Another important aspect of social well-being is the ability to recognize emotions. Greater emotion recognition skills are related to lower social anxiety and better well-being since it is associated with higher emotional and social intelligence (Cejudo et al., 2018).

Past literature investigates similar paradigms of parental and child well-being, including Turner et al (1987), who investigated the prevalence of anxiety-related disorders in children of anxiety patients. 59 children between the ages of 7 and 12 participated in the study, whose parents were either anxiety or dysthymia patients, or normal individuals with no diagnosis of any disorders. Children were administered self-report questionnaires and semi-structured interviews. The results found differences in the scores of children of anxiety and depression patients in certain traits like mood, friendships, fears, preferred activities, and so on. Researchers had no information about participant health, and different researchers conducted the study with the parents and the children to avoid bias. However, since this study was focused on clinically diagnosed patients and their offspring, it mostly looks at cases that are more severe than many individuals, which could have impacted the children differently than normal cases. They also do not account for the cognitive effects of anxiety in children.

To bridge this gap, Pereira et al (2013) examined how parental anxiety affects child anxiety through cognitive vulnerabilities. 80 children between the ages of 7 and 12 and their parents were administered self-report questionnaires. Children were given tests to measure anxiety symptoms (SCARED-r), types of cognitive errors (CNEQ), responses to certain situations (ASQ-C), and beliefs of control over anxiety-related situations (ACQ-C). The researchers found no significant correlation between the anxiety/overprotection levels and emotional support. There was a positive correlation between parents' trait anxiety and overprotective parenting and the child's anxiety symptoms. They also found that the mothers tended to be more overprotective and anxious than the fathers. The study measured both maternal and paternal impacts on children's anxiety. This acknowledges that both mothers and fathers can impact their children differently and to different extents. Understanding these differences can be crucial in designing treatments for anxiety, as it allows for a more personalized approach that addresses the specific underlying causes of the anxiety faced by each individual.

Building on that, a study by Apetroaia et al (2015) examined the maternal impact on child anxiety through parent overprotection, parent anxiety, and intrusive behavior. It also studied differences in the perception of responsibility between anxious and non-anxious mothers. 60 children living in the UK between the ages of 7 and 12 and their mothers were administered questionnaires and then interviewed to diagnose their symptoms. Results showed anxious mothers felt more responsible for their children than non-anxious mothers. This belief was also associated with more intrusive behavior and less warmth in interactions with their children. Maternal anxiety was significantly correlated with intrusive behavior. This study uses observation (through interviews) and self-report scales to assess how parental anxiety can be associated with perceived responsibility and how this can impact parenting behavior.

While it is important to study maternal anxiety and its influence on children, fathers can have an equally significant yet unique impact on child anxiety. Susan Bögels conducted two studies (2008 and 2010) on the link between paternal and child anxiety. Bögels & Perotti (2010) suggest that fathers influence their anxious children's perception of external social threats more strongly than mothers, and may play a significant role in the development of children's social anxiety. Bögels et al (2008) saw that fathers with anxiety disorders exhibit more control over their anxious children than non-anxious fathers. Further, they



suggest that children might rely on their mothers for emotional support, while they may rely on their fathers for social support. Researchers created a model based on different parental signs and their unique impacts on their child's anxiety. Their results proved the initial assumption that fathers' social anxiety is more likely to influence the development of children's social anxiety. Moreover, mothers of anxious children who also had anxious husbands were more likely to be more protective and caring to compensate for the increased anxiety in the other parent. While this study has limitations concerning different types of child characteristics and societal gender roles, it lays the groundwork for future empirical studies based on the model.

The connection between parent and child anxiety has been explored in many studies, and results have been consistent across much of the past research as mentioned above, finding that parent and child anxiety symptoms are significantly and strongly correlated. However, the existing literature consists of certain gaps that should be addressed to advance our current understanding of anxiety. Most research that connects parent and child anxiety has been conducted in Western countries, and hence largely focuses on the prevalence and relationship between mental health disorders in those settled in Western cultures and reflecting Western values. Although they provide valuable information about anxiety-related disorders in Western regions, it limits the generalizability of their results to Asian cultures. These are regions characterized by traditional and orthodox beliefs, and they often exhibit a notable lack of awareness about mental health and anxiety disorders among their residents. Moreover, many studies use clinically diagnosed patients with anxiety, often with severe cases of the disorder, failing to look into milder cases or patients with no diagnosis, but with symptoms of anxiety.

Some studies have been conducted in the South-Asian, more specifically Indian, context that also bridge a few of these gaps. Balamurugan et al (2024) investigated the prevalence of mental health issues in Indian children and adolescents (with a mean age of 14.58 years) through a systematic review of existing literature. They reviewed 31 studies conducted in India and published between 2014 and 2023. These studies were conducted in India, offline or online, and on children between 5 and 19 years old. Results showed that depression was the most common mental health issue in students, with a 30.65% prevalence rate. This was followed by emotional and social issues, anxiety (35.66%), stress, internet/technologyrelated issues, addiction, abuse, violence, phobias, ADHD, and other issues. Several reasons overlapped while explaining these issues: the lack of familial/parental support, high academic pressure or competition, weak peer relationships, financial strain, excessive screen time post the COVID-19 pandemic, childhood trauma or abuse, exposure to violence, and family/genetic history of health conditions all played significant roles in causing poor mental health. Further, older students, females, children from lower economic classes, and those with dysfunctional families were generally more likely to report feelings of depression, anxiety, loneliness, and other mental health issues. This study highlights the urgent need for increased mental health awareness and support systems for children and adolescents, especially in school environments, to prevent the worsening of mental health issues.

Karande et al (2018) conducted a study examining the prevalence of anxiety disorders in school-children in Mumbai city. 493 children between the ages of 8 and 15 were recruited from English-medium schools, and administered the Spence Children's Anxiety Scale (SCAS-Child), and a questionnaire collecting basic participant information including their age, gender, and academic performance. The results showed that 53 (10.8%) participants showed signs of anxiety, including symptoms of all six kinds of anxiety disorders. The most common was obsessive/compulsive anxiety, followed by fear of physical injury, separation anxiety, general anxiety, panic/agoraphobia, and social anxiety. They also found that older students were



more likely to have overall symptoms of anxiety. However, this study does not examine child anxiety with parent anxiety or parent behavior. Many studies on anxiety in Indian children also mainly look at child anxiety in connection with school and academic pressure, and do not focus on parental impact on a child's well-being.

The current study aims to understand the relationship between anxiety in parents, including general anxiety, parental stress, overprotection, and perception of child anxiety, and child well-being, assessed primarily through child anxiety, self-esteem, and emotion recognition. It intends to address the mentioned gaps in the existing literature by exploring parent anxiety and child well-being in the Indian context, and measuring how different socio-cultural factors may influence certain aspects of mental health.

The study hypothesized that there exists a statistically significant positive correlation between anxiety in parents and anxiety in children. It was also hypothesized that there would be a strong positive relationship between anxiety in children and an external locus of control. Lastly, we hypothesized a strong negative correlation between anxiety in children and their self-esteem and their emotion recognition abilities.

### Methods

### **Participants**

The sample for this study consisted of 16 children (5 males and 11 females) and their mothers and fathers. The children were between 9 and 12 years old, with a mean age of 10.93 (SD = 1.10). There were 48 total participants in the study (including mothers, fathers, and children) (n = 48). The mean age of the mothers was 42.71, and that for fathers was 45.29. Participants were recruited through snowball sampling, by contacting families known to the researcher through work, school, or residing in the same area. The sample included Indian families from different metropolitan cities, including Mumbai, Chennai, Ahmedabad, Pune, and one Indian family living in Singapore. Most families were middle-class and upper-middle class, and almost all were employed full-time. 11 of the 16 children had a sibling, and 5 were only children. 5 sets of parents had their youngest child participating, 2 had the eldest child, 2 had both their children, and 5 had their only child participating.

### Materials

The predictor variable was the parents' anxiety level, measured using multiple scales. The General Anxiety Test (GAD-7; Spitzer et al., 2006) (Appendix A) is a 7-item scale with four responses for each item, ranging from 0 (not at all) to 3 (nearly every day). It measured the frequency of anxious behavior over the past two weeks. The GAD-7 was used to understand the recent occurrence of anxiety-related symptoms in parents.

The Parent Stress Scale (PSS; Berry & Jones, 1995) (Appendix B) is an 18-item scale with five responses for each item, ranging from 1 (strongly disagree) to 5 (strongly agree). This measures parental satisfaction and the degree to which they feel stressed by responsibilities towards their children. Higher scores on the PSS would correlate with higher parental anxiety and lower well-being.

The Parent Overprotection Measure (POM; Edwards et al., 2008; Elfström & Åhlen, 2025) (Appendix C) is a 19-item scale with five responses each, ranging from 0 (not at all) to 4 (very much). This measured the parents' reaction in scenarios related to their children to find possible overprotective behavior in parents. A higher score on the POM would correlate with higher anxiety and lower well-being.

Lastly, the Spence Children's Anxiety Scale for Parents (SCAS-Parent; Spence, S. H., 1997) (Appendix D) is a 39-item scale with four responses per item, ranging from 0 (never) to 3 (always). It asked parents



to rate how anxious they think their children usually are or would be in common anxiety-eliciting situations. Higher scores on the SCAS-Parent indicate a higher perception of child anxiety and could either correlate with higher child anxiety, higher parental anxiety, or both.

The criterion variable was child well-being, measured by child anxiety, self-esteem, and emotion recognition. Three scales and one task were administered to the children. The Spence Children's Anxiety Scale for children (SCAS-Child; Spence, S. H., 1997) (Appendix E) is a 45-item scale with four responses for each item, ranging from 0 (never) to 3 (always). This scale asks children to rate how anxious they are or would be in certain situations to understand how often and how easily children usually feel anxious. Higher scores on the SCAS-Child indicate higher child anxiety and lower well-being.

The Rosenberg Self-Esteem Scale (RSE; Rosenberg, M., 1979) (Appendix F) is a 10-item scale with four possible responses for each item, ranging from 1 (strongly agree) to 4 (strongly disagree). This scale helps determine children's overall self-esteem by asking questions about their perceived self-worth and satisfaction. Half of the questions were worded positively on this scale, and the other half were negatively worded. Greater self-esteem would correlate with lower anxiety and better well-being.

Items from the Nowicki-Strickland Locus of Control Scale for children (LOC Scale; Nowicki & Strickland, 1973) (Appendix G) were also administered to understand whether children had an overall external or internal locus of control. 23 items were selected from the abbreviated scales for grades 1-6 and 7-12. There were two possible responses for each ('yes' or 'no'). This scale helped determine if participants had an internal or external locus of control. A greater score on this would equal an external locus of control, which correlates with higher anxiety and lower well-being.

Lastly, an emotion recognition task (Appendix H) was administered to the children. This task was created for the study and was not validated before usage. This task displayed pictures of faces expressing one of the following emotions: happiness, sadness, anger, surprise, disgust, and fear. The pictures were mostly headshots of middle-aged men and women of different ages (including children). The subjects were facing straight at the camera, or slightly tilted, but it was ensured that participants could see the entire face in the photographs. It was also ensured that the backgrounds were either plain colours or blurred out to avoid shifting the participants' attention. There was only one subject in each image. The image was displayed at the head of the question, and the options were listed below it. Participants were asked to select the option they believed correctly described the image. 4 photographs of each emotion were used, along with four neutral faces for control. There were 28 images and 7 options (happy, sad, angry, surprised, afraid, disgusted, neutral) under each image. This task aimed to measure the accuracy of emotion recognition in children. The pictures were used from sites with free access to photographs, like Pixabay, Unsplash, and Pexels. A higher score on this task indicates better emotion recognition abilities, lower anxiety, and better well-being.

All the scales and tasks were administered via Google Forms to ensure ease of administration and participant experience. The parent form consisted of six sections; the first included the introduction, instructions, and participant information, the second consisted of the consent form, followed by one section each for the GAD-7, the PSS, the POM, and the SCAS-Parent. Two Google Forms were administered to the children. The first included the introduction, instructions, and participant information, followed by the SCAS-Child and the RSE. The second Form included three sections: one for participant information, the emotion recognition task, and the LOC scale. There was no time limit on any scale, and participants could edit their responses to previous questions and/or sections before submitting the form.



### Procedure

The study used a correlational cross-sectional design to collect preliminary data on the subject. Participants were recruited through personal connections and snowball sampling. Each family was asked to join an online meeting with the researcher, and the participants were given the link to the Google Forms after a brief introduction to the experiment. The parents filled out the GAD-7 first, followed by the PSS, the POM, and the SCAS-Parent. The children were administered their scales once one of the parents finished (or simultaneously, if they had individual electronic devices), beginning with the SCAS-Child, the RSE, the emotion recognition task, and finally ending with the LOC scale. Some families attended the meeting together during the same time slot, while some participants joined individually at different times. The researcher was available throughout the experiment to clarify any doubts or questions during the procedure and to observe participants were advised not to overthink their responses and to inform the researcher at the end of every section. Participants were debriefed after the forms were filled out, and any doubts were clarified.

Data was analysed using Jamovi (version 2.6.26). The average scores were taken for each child scale for all the scales. For the parents, the average score between the mother and father was taken for each parent scale. A Shapiro-Wilk normality test was conducted, and the data were found to be not normally distributed. The p-values were all less than 0.05, except child emotion recognition (w = 0.965, p = 0.749) and locus of control (w = 0.969, p = 0.827). Table 1 contains the p-values for all variables. Therefore, a Spearman's correlation analysis was done between the variables.

### Results

Table 1 shows descriptive statistics including mean scores and standard deviations for parent anxiety, parent stress, parent overprotection, parent perception of child anxiety, child anxiety, child self-esteem, child locus of control, and child emotion recognition.

	Table 1: Descriptive Statistics									
	Parent Anxiety	Parent Stress	Parent Over- protection	Parent Percep- tion of Child Anxiety	Child Anxiety	Child Self Esteem	Child Emotion Recog- nition	Child Locus of Control		
N	16	16	16	16	16	16	16	16		
Missing	0	0	0	0	0	0	0	0		
Mean	0.687	1.93	2.75	0.503	0.673	1.69	22.3	8.19		
Median	0.571	1.78	2.67	0.428	0.489	1.45	22.5	7.50		
Mode	0.214ª	1.78	2.50ª	0.316ª	0.386	1.00	23.0	3.00ª		
Standard deviation	0.502	0.505	0.327	0.329	0.443	0.680	1.99	4.81		



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Variance	0.252	0.255	0.107	0.108	0.196	0.462	3.96	23.1
IQR	0.786	0.396	0.289	0.336	0.528	1.00	2.25	6.00
Range	1.79	2.08	1.13	1.41	1.48	2.20	7	17
Minimum	0.143	1.31	2.34	0.0921	0.114	1.00	19	1
Maximum	1.93	3.39	3.47	1.50	1.59	3.20	26	18
Skewness	0.963	1.62	1.18	1.84	0.934	0.787	-0.0890	0.350
Std error skewness	0.564	0.564	0.564	0.564	0.564	0.564	0.564	0.564
Kurtosis	0.760	3.88	0.554	5.13	- 0.262	- 0.276	-0.349	-0.445
Std. error kurtosis	1.09	1.09	1.09	1.09	1.09	1.09	1.09	1.09
Shapiro- Wilk W	0.874	0.860	0.866	0.832	0.884	0.887	0.965	0.969
Shapiro- Wilk p	0.031	0.019	0.024	0.008	0.044	0.050	0.749	0.827
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A Spearman's correlation was conducted between our variables. These were the correlation rests that were run: (i) parent anxiety (also including mother anxiety and father anxiety) and child anxiety, (ii) parent perception of child anxiety (including the mothers' and the fathers' perception of child anxiety) and child anxiety, (iii) parent stress and child anxiety, (iv) parental overprotection and child locus of control, (v) parental overprotection and parent perception of child anxiety, (vi) child anxiety and child self-esteem, (vii) parent anxiety and child self-esteem, (viii) child anxiety and child self-esteem, (viii) child anxiety and child locus of control. The results of the correlation tests were as follows (Appendix I).

### **Parental Anxiety**

A statistically significant moderate positive correlation was found between parental and child anxiety ( $r_s(14) = 0.512$ , p = 0.021). This suggests that parents and children influence each other's anxiety. The relationship between maternal and child anxiety ( $r_s(14) = 0.581$ , p = 0.018) was much stronger than that between paternal and child anxiety ( $r_s(14) = 0.217$ , p = 0.420).

There was a moderate positive correlation between parent perception of child anxiety and child anxiety ( $r_s(14) = 0.490$ , p = 0.027). However, the relationship between fathers' perception of child anxiety and child anxiety ( $r_s(14) = 0.486$ , p = 0.028) was stronger than that between mothers' perception of child anxiety and child anxiety ( $r_s(14) = 0.362$ , p = 0.084). A weak positive relationship was found between parent stress and child anxiety ( $r_s(14) = 0.371$ , p = 0.079).

Analysis also revealed a weak positive relationship between child locus of control and parent overprotection ( $r_s(14) = 0.012$ , p = 0.517). There was a very weak negative correlation between parental



overprotection and parent perception of child anxiety ( $r_s(14) = -0.139$ , p = 0.696). Although a positive correlation was hypothesized, the analysis suggests a statistically insignificant negative correlation between the two.

### **Child Well-Being**

We found no statistically significant correlation between child anxiety and self-esteem ( $r_s(14) = 0.759$ , p = 1.000). However, there was a significant positive relationship between parent anxiety and child self-esteem ( $r_s(14) = 0.434$ , p = 0.047). We also found a weak negative correlation between child anxiety and child emotion recognition ( $r_s(14) = -0.230$ , p = 0.196). While we hypothesized a negative correlation between these variables, the analysis revealed results that were not statistically significant.

We found a significantly strong positive correlation between child locus of control and child anxiety ( $r_s(14) = 0.807$ , p<0.001). This supports our hypothesis that children with higher levels of anxiety have a greater external locus of control. There was also a strong positive correlation between child self-esteem and an external locus of control ( $r_s(14) = 0.840$ , p<0.001). This suggests that children with higher self-esteem have a more external locus of control than those with lower self-esteem.

### Discussion

It is important to note that the study only investigates correlation, and that a different experiment design would be required to establish a causal relationship between the variables. Our study revealed a statistically strong moderate positive correlation between parent and child anxiety, thus proving our first hypothesis. We also proved the hypothesis that there would be a negative correlation between child anxiety and emotion recognition, although this correlation was weak. However, disproving our initial assumption, there was no significant correlation between child anxiety and self-esteem. Lastly, we found a significant, strong positive correlation between child anxiety and an external locus of control, thus proving another of our hypotheses. Additionally, we also found a strong positive correlation between child self-esteem and locus of control.

### **Parent Anxiety and Behavior**

Consistent with the results of past research (Weissman et al., 1984; Pereira et al., 2014; Turner et al., 1987; Burstein et al., 2010), the analysis showed a positive correlation between anxiety symptoms in parents and children. This correlation, confirming our hypothesis, indicates that children of anxious parents are more likely to develop more symptoms of anxiety in their childhood. It also implies that parents who have anxious children might grow more apprehensive about their role as caregivers. This could lead them to worry about their child's well-being, how they might be able to improve it, whether they are doing enough for their children, and so on.

Past research has investigated the impact of maternal anxiety on children and found a stronger, significant positive correlation between mother and child anxiety (Hudson & Rapee, 2001; Affrunti & Ginsburg, 2012). Similarly, this study finds a stronger positive correlation between maternal and child anxiety than it does with paternal anxiety. This could be explained by the fact that mothers usually spend more time with their children than fathers and are more closely involved in their upbringing and social and personal development, and hence their emotional regulation and reactions to situations may impact children more strongly (Lamb, 2000; Beaujot & Liu, 2005; Sun & Roopnarine, 1996). This is especially true in cultures



like India, where many women are homemakers and fathers are employed full-time. As explained by Affrunti and Ginsberg (2012), mothers generally exhibit higher levels of anxiety-inducing behaviours (such as increased overcontrol and maternal anxiety), which might lower child self-esteem and perceived self-competence, which increase child anxiety. These could explain the stronger correlation between maternal and child anxiety.

Secondly, there was a strong positive correlation between parents' perception of child anxiety and child anxiety. However, the relationship between fathers' perception of their children's anxiety was stronger than the mothers'. This could be explained by the possibility that fathers, due to their less frequent engagements with their children, are more objective when they observe anxiety-related symptoms and sudden changes that may appear in their behavior. On the other hand, mothers may subconsciously avoid acknowledging signs of anxiety or might downplay them to feel like their children are emotionally stable and happy.

While greater parental overprotectiveness might influence a more external locus of control in children (Fung, 2011), our results showed a weak correlation between the two variables. Moreover, a very weak negative correlation was found between parental overprotection and parents' perception of child anxiety. This disproves our initial expectations of a positive correlation between the two variables. This could be explained by the idea that parents who are more overprotective of their children would be less willing to perceive their children as more anxious, since they are almost always in control of their children's situation. This is similar to the reason for a weaker correlation between maternal perception of anxiety and child anxiety than paternal perception of child anxiety.

### **Child Anxiety and Well-Being**

Although previous research has shown a significant negative correlation between child anxiety and child self-esteem (Matthews & Odom, 1989), the results of this study found no significant correlation between the two variables. While a few individual responses do reflect a negative correlation between child anxiety and self-esteem, the mean scores do not come out to be statistically significant, hence disproving one of our initial hypotheses. Comparative studies have shown that Indian children tend to have lower self-esteem than children of Western cultures (Martin, 1978), but might not discuss their feelings or mental health for fear of judgment or disdain (Balamurugan et al., 2024). An explanation for this behavior could be that children often hesitate to discuss struggles with self-esteem, especially when interacting with the researcher and their parents. This might have resulted in their not being completely honest while answering the questions. Self-esteem is integral to a child's sense of self, and cultivating a healthy self-image is vital for improving their emotional and social health (Rosenberg, 1965). This emphasizes the need for enhanced mental health education and resources for children, especially those in traditional societies. A society that is more accepting of mental health issues might, therefore, help children feel more comfortable dealing with such struggles and contribute to greater personal and social well-being.

Emotion recognition and empathy are a crucial component of social well-being. Past research found that emotion recognition and social anxiety are inversely related (Cejudo et al., 2018), and lower social anxiety is essential to child well-being. In this study, a negative correlation was found between emotion recognition and child anxiety, though it was a weak correlation. This aligns with our initial hypothesis, although the results are not statistically significant. One main reason is that since the emotion recognition task was created during the study, it was not validated before usage. This could signify that the task was too simple for the children and, therefore, not the most accurate measure of emotion recognition abilities.



The lack of ambiguous images in the test is also a limitation, since they are the real measures of emotion recognition skills. This could have impacted the validity of the task and altered the results.

The strong positive correlation we found between child anxiety and locus of control was consistent with the results of past research (Chorpita & Barlow, 1998) that show children with a more external locus of control have more symptoms of anxiety and lower well-being. This could demonstrate how children who believe they have greater control of their environment and circumstances might be more adaptable, causing lower anxiety in everyday situations. However, we also found a strong positive correlation between child self-esteem and an external locus of control. Research by April et al. (2012) suggests that individuals with a balanced locus of control are the happiest, or have the best well-being. The findings of this study could show evidence to support this claim. Elevated self-esteem in children may be influenced by their acceptance that not all circumstances are within their control, leading them to recognize that they are not solely accountable when outcomes do not align with their expectations. This might potentially balance the influence that anxiety has on locus of control (or vice versa), and therefore, explain why our analysis showed a positive correlation between child self-esteem and an external locus of control, and also between anxiety and an external locus of control.

### **Strengths and Limitations**

While some of our hypotheses were proved, some tests yielded results that failed to produce significant correlations and validate our initial assumptions. The test procedure was standardized for all participants; the researcher ensured that the same initial instructions and information was provided to every group, and . Since participants could complete the process from the comfort of their homes, the anxiety or apprehension they might have had in a formal, laboratory, or outside setting was eliminated. This ensured that participants were no more or less anxious than normal, hence allowing the researchers to measure their daily anxiety or other behavioral symptoms.

This study also examines parent and child anxiety and well-being in a non-academic context to understand the influences on child well-being that are not school-related. Most research in the area uses severe cases or clinically diagnosed participants, which limits the study of anxiety symptoms and well-being in undiagnosed families. This study looked at individuals who were not diagnosed with anxiety (except two parents) to learn about the prevalence of such symptoms and behavior in the general population, rather than simply clinical patients seeking medication/therapy. Moreover, it examines parent and child well-being in a different demographic, using Indian participants. Compared to Western countries, there is not enough information on Indian children and families and anxiety, which makes this current study valuable to add onto the available knowledge in the area (Karande et al).

However, it is important to acknowledge certain limiting factors in the study. The study has low statistical power, which could be the result of a few factors. The sample size was small (n = 48) and only consisted of participants with similar socio-economic backgrounds. The study focused on families with a generally healthy dynamic between the parents and the children, and only those with a mother, a father, and their child(ren). This limits its generalizability to families of different socio-economic backgrounds, varied age groups and genders, and with different experiences compared to the current sample. Moreover, since the participants completed the procedure at home, the lack of control over confounding variables like noise and other sources of distraction could have hampered their performance

Secondly, the emotion recognition task was created during the study and was not validated before use. This was a significant limitation, since there was no way to determine how accurately the task could



measure participants' emotion recognition skills. No suitable task was readily available for the researchers to use in the study, pointing towards the need to develop more reliable tasks to measure emotion recognition and social well-being.

Moreover, the lack of significant findings can largely be attributed to using scales developed in Western contexts for Indian participants. The lack of validated and usable scales tailored to Indian families caused the researchers to use Westernised scales, whose items were not fully applicable to the current participants. Further, similar to the limitation stated by Karande et al. (2018) in their study, although it was ensured that participants were generally comfortable in English, and the researcher was available throughout the process to clarify or explain items when required, administering the scales in more regional languages could have produced better results. Further, all the scales and tasks were based on self-reported data. This limits the validity of the responses. Lastly, individual differences between participants could account for the inconsistency in results. Future research should aim to address these limitations and provide information to develop more holistic approaches to identifying and treating anxiety and related symptoms.

### Conclusion

The findings of the present study highlight critical gaps in existing knowledge regarding mental health, particularly the intergenerational transmission of anxiety between parents and children in India. The results indicated that parent anxiety correlates positively with child anxiety and self-esteem, while parental perception of child anxiety and child anxiety also correlate positively with each other. It also found that child anxiety and self-esteem were not significantly correlated, however we found a significant positive correlation between parental anxiety and child self-esteem. We also found a weak negative correlation between child anxiety and emotion recognition. Lastly, a greater external locus of control in children was associated with greater child anxiety, higher self-esteem, and greater parental overprotection. These findings emphasize the multifactorial nature of child well-being and reinforce the importance of fostering environments that support children's emotional, social, and personal development and resilience.

Understanding the influences on both parent and child anxiety is essential for the development of culturally appropriate therapy and coping strategies. Given that much of the existing research and assessment tools are based on Western populations, there is a pressing need to expand psychological research within Eastern societies, such as India, to develop more contextually appropriate measures. Moreover, greater awareness and education about mental health among parents and children are necessary to equip families to manage everyday stressors and mental health challenges. Future research could also focus on examining the relationship between parenting styles and child anxiety in more depth, using larger and more diverse samples to further our current understanding of anxiety and well-being in families.

### Appendix

### Appendix A: General Anxiety Test (GAD-7; Spitzer et al., 2006)

Over the <u>last two weeks</u> , how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3



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3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid, as if something awful might happen	0	1	2	3
If you checked any problems, how difficult have they made it for you to do your work, take care of things at home, or get along with other people?	Not difficult	Somew hat difficult	Very difficult	Extremely difficult

### Appendix B: Parent Stress Scale (PSS; Berry & Jones, 1995)

1 - Strongly Disagree, 2 - Disagree, 3 - Undecided, 4 - Agree, 5 - Strongly Agree

1	I am happy in my role as a parent.	1	2	3	4	5
2	There is little or nothing I wouldn't do for my child(ren) if it was necessary.	1	2	3	4	5
3	Caring for my child(ren) sometimes takes more time and energy than I have to give.	1	2	3	4	5
4	I sometimes worry whether I am doing enough for my child(ren).	1	2	3	4	5
5	I feel close to my child(ren).	1	2	3	4	5
6	I enjoy spending time with my child(ren).	1	2	3	4	5
7	My child(ren) is an important source of affection for me.	1	2	3	4	5
8	Having child(ren) gives me a more certain and optimistic view for the future.	1	2	3	4	5
9	The major source of stress in my life is my child(ren).	1	2	3	4	5
10	Having child(ren) leaves little time and flexibility in my life.	1	2	3	4	5
11	Having child(ren) has been a financial burden.	1	2	3	4	5
12	It is difficult to balance different responsibilities because of my child(ren).	1	2	3	4	5
13	The behaviour of my child(ren) is often embarrassing or stressful to me.	1	2	3	4	5
14	If I had it to do over again, I might decide not to have child(ren).	1	2	3	4	5
15	I feel overwhelmed by the responsibility of being a parent.	1	2	3	4	5
16	Having child(ren) has meant having too few choices and too little control over my life.	1	2	3	4	5
17	I am satisfied as a parent.	1	2	3	4	5



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18	I find my child(ren) enjoyable.	1	2	3	4	5

**Appendix C: Parent Overprotection Measure (POM; Edwards et al., 2008; Elfström & Åhlen, 2025)** 0 - Not at all, 1 - A little, 2 - Somewhat, 3 - Quite often, 4 - Very much

1	I comfort my child immediately when he/she cries	0	1	2	3	4
2	When playing in a park, I keep my child within a close distance of me (i.e. within about 30m)	0	1	2	3	4
3	I protect my child from criticism	0	1	2	3	4
4	I give my child extra attention when he/she clings to me	0	1	2	3	4
5	I would not allow my child to go out with family friends if I were not present	0	1	2	3	4
6	I almost always take my child to the doctor if he/she is unwell	0	1	2	3	4
7	I keep a close watch on my child at all times	0	1	2	3	4
8	I tend to be over-protective of my child	0	1	2	3	4
9	I try to anticipate and avoid situations where my child might do something risky	0	1	2	3	4
10	I try to protect my child from making mistakes	0	1	2	3	4
11	I do not allow my child to climb trees	0	1	2	3	4
12	I shelter my child from life's difficulties	0	1	2	3	4
13	When away from home I tend to panic if my child is out of my sight, even for a moment	0	1	2	3	4
14	I am reluctant for my child to play some sports for fear he/she might get hurt	0	1	2	3	4
15	I will only leave my child with close friends or relatives if I have to go out	0	1	2	3	4
16	I accompany my child on all outings	0	1	2	3	4
17	I shield my child from conflict	0	1	2	3	4
18	I do everything possible to protect my child from potential injury	0	1	2	3	4



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19	I protect my child from his/her fears	0	1	2	3	4
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### Appendix D: Spence Children's Anxiety Scale for Parents (SCAS-Parent; Spence, S., H., 1997)

1	My child worries about things.	Neve r	Sometim es	Ofte n	Alway s
2	My child is scared of the dark.	Neve r	Sometim es	Ofte n	Alway s
3	When my child has a problem, s/he complains of having a funny feeling in his/her stomach.	Neve r	Sometim es	Ofte n	Alway s
4	My child complains of feeling afraid.	Neve r	Sometim es	Ofte n	Alway s
5	My child would feel afraid of being on his/her own at home.	Neve r	Sometim es	Ofte n	Alway s
6	My child is scared when s/he has to take a test.	Neve r	Sometim es	Ofte n	Alway s
7	My child is afraid when s/he has to use public toilets or bathrooms.	Neve r	Sometim es	Ofte n	Alway s
8	My child worries about being away from us/me.	Neve r	Sometim es	Ofte n	Alway s
9	My child feels afraid that s/he will make a fool of him/herself in front of people.	Neve r	Sometim es	Ofte n	Alway s
10	My child worries that s/he will do badly at school.	Neve r	Sometim es	Ofte n	Alway s
11	My child worries that something awful will happen to someone in our family.	Neve r	Sometim es	Ofte n	Alway s
12	My child complains of suddenly feeling as if s/he can't breathe when there is no reason for this.	Neve r	Sometim es	Ofte n	Alway s
13	My child has to keep checking that s/he has done things right (like the switch is off, or the door is locked).	Neve r	Sometim es	Ofte n	Alway s
14	My child is scared if s/he has to sleep on his/her own.	Neve r	Sometim es	Ofte n	Alway s



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15	My child has trouble going to school in the mornings because s/he feels nervous or afraid.	Neve r	Sometim es	Ofte n	Alway s
16	My child is scared of dogs.	Neve r	Sometim es	Ofte n	Alway s
17	My child can't seem to get bad or silly thoughts out of his/her head.	Neve r	Sometim es	Ofte n	Alway s
18	When my child has a problem, s/he complains of his/her heart beating really fast.	Neve r	Sometim es	Ofte n	Alway s
19	My child suddenly starts to tremble or shake when there is no reason for this.	Neve r	Sometim es	Ofte n	Alway s
20	My child worries that something bad will happen to him/her.	Neve r	Sometim es	Ofte n	Alway s
21	My child is scared of going to the doctor or dentist.	Neve r	Sometim es	Ofte n	Alway s
22	When my child has a problem, s/he feels shaky.	Neve r	Sometim es	Ofte n	Alway s
23	My child is scared of heights (e.g., being at the top of a cliff).	Neve r	Sometim es	Ofte n	Alway s
24	My child has to think special thoughts (like numbers or words) to stop bad things from happening.	Neve r	Sometim es	Ofte n	Alway s
25	My child feels scared if s/he has to travel in the car, or on a bus or train.	Neve r	Sometim es	Ofte n	Alway s
26	My child worries what other people think of him/her.	Neve r	Sometim es	Ofte n	Alway s
27	My child is afraid of being in crowded places (like shopping centres, the movies, buses, busy playgrounds).	Neve r	Sometim es	Ofte n	Alway s
28	All of a sudden, my child feels really scared for no reason at all.	Neve r	Sometim es	Ofte n	Alway s
29	My child is scared of insects or spiders.	Neve r	Sometim es	Ofte n	Alway s



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30	My child complains of suddenly becoming dizzy or faint when there is no reason for this.	Neve r	Sometim es	Ofte n	Alway s
31	My child feels afraid when s/he has to talk in front of the class.	Neve r	Sometim es	Ofte n	Alway s
32	My child complains of his/her heart suddenly starting to beat too quickly for no reason.	Neve r	Sometim es	Ofte n	Alway s
33	My child worries that s/he will suddenly get a scared feeling when there is nothing to be afraid of.	Neve r	Sometim es	Ofte n	Alway s
34	My child is afraid of being in small closed places, like tunnels or small rooms.	Neve r	Sometim es	Ofte n	Alway s
35	My child has to do some things over and over again (like washing his/her hands, cleaning, or putting things in a special order).	Neve r	Sometim es	Ofte n	Alway s
36	My child is bothered by bad or silly thoughts that come into his/her head over and over.	Neve r	Sometim es	Ofte n	Alway s
37	My child has to do things in a certain way to stop bad things from happening.	Neve r	Sometim es	Ofte n	Alway s
38	My child is scared if s/he has to stay away from home overnight.	Neve r	Sometim es	Ofte n	Alway s
	Is there anything else that your child is really afraid of? Please write down what it is, and fill out how often (s)he is afraid of t	Neve r	Sometim es	Ofte n	Alway s

### Appendix E: Spence Children's Anxiety Scale for children (SCAS-Child; Spence, S. H., 1997)

1	I worry about things.	Neve r	Sometim es	Ofte n	Alway s
2	I am scared of the dark.	Neve r	Sometim es	Ofte n	Alway s
3	When I have a problem, I get a funny feeling in my stomach.	Neve r	Sometim es	Ofte n	Alway s
4	I feel afraid.	Neve	Sometim	Ofte	Alway



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19I can't seem to get bad or silly thoughts out of my head.Neve rSometim esOfte sAlway s	18	I am scared of dogs.	Neve r	Sometim es	Ofte n	Alway s
	19	I can't seem to get bad or silly thoughts out of my head.	Neve r	Sometim es	Ofte n	Alway s



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20	When I have a problem, my heart beats really fast.	Neve r	Sometim es	Ofte n	Alway s
21	I suddenly start to tremble or shake when there is no reason for this.	Neve r	Sometim es	Ofte n	Alway s
22	I worry that something bad will happen to me.	Neve r	Sometim es	Ofte n	Alway s
23	I am scared of going to the doctors or dentists.	Neve r	Sometim es	Ofte n	Alway s
24	When I have a problem, I feel shaky.	Neve r	Sometim es	Ofte n	Alway s
25	I am scared of being in high places or lifts (elevators).	Neve r	Sometim es	Ofte n	Alway s
26	I am a good person.	Neve r	Sometim es	Ofte n	Alway s
27	I have to think of special thoughts to stop bad things from happening (like numbers or words).	Neve r	Sometim es	Ofte n	Alway s
28	I feel scared if I have to travel in the car, or on a bus or a train.	Neve r	Sometim es	Ofte n	Alway s
29	I worry what other people think of me.	Neve r	Sometim es	Ofte n	Alway s
30	I am afraid of being in crowded places (like shopping centres, the movies, buses, busy playgrounds).	Neve r	Sometim es	Ofte n	Alway s
31	I feel happy.	Neve r	Sometim es	Ofte n	Alway s
32	All of a sudden I feel really scared for no reason at all.	Neve r	Sometim es	Ofte n	Alway s
33	I am scared of insects or spiders.	Neve r	Sometim es	Ofte n	Alway s
34	I suddenly become dizzy or faint when there is no reason for this.	Neve r	Sometim es	Ofte n	Alway s
35	I feel afraid if I have to talk in front of my class.	Neve	Sometim	Ofte	Alway



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		r	es	n	S
36	My heart suddenly starts to beat too quickly for no reason.	Neve r	Sometim es	Ofte n	Alway s
37	I worry that I will suddenly get a scared feeling when there is nothing to be afraid of.	Neve r	Sometim es	Ofte n	Alway s
38	I like myself.	Neve r	Sometim es	Ofte n	Alway s
39	I am afraid of being in small closed places, like tunnels or small rooms.	Neve r	Sometim es	Ofte n	Alway s
40	I have to do some things over and over again (like washing my hands, cleaning or putting things in a certain order).	Neve r	Sometim es	Ofte n	Alway s
41	I get bothered by bad or silly thoughts or pictures in my mind.	Neve r	Sometim es	Ofte n	Alway s
42	I have to do some things in just the right way to stop bad things happening.	Neve r	Sometim es	Ofte n	Alway s
43	I am proud of my school work.	Neve r	Sometim es	Ofte n	Alway s
44	I would feel scared if I had to stay away from home overnight.	Neve r	Sometim es	Ofte n	Alway s
45	Is there anything else you're really afraid of? How often are you afraid of this thing?	Neve r	Sometim es	Ofte n	Alway s

### Appendix F: Rosenberg Self-Esteem Scale (RSE; Rosenberg, M., 1979)

1 = Strongly agree, 2 = Agree, 3 = Disagree, 4 = Strongly disagree

1	On the whole, I am satisfied with myself.	
2	At times I think I am no good at all.	
3	I feel that I have a number of good qualities.	
4	I am able to do things as well as most other people.	
5	I feel I do not have much to be proud of.	
6	I certainly feel useless at times.	



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7	I feel that I'm a person of worth.	
8	I wish I could have more respect for myself.	
9	All in all, I am inclined to think that I am a failure.	
10	I take a positive attitude toward myself.	

# Appendix G: The Nowicki-Strickland Locus of Control Scale\* (LOC Scale; Nowicki & Strickland, 1973)

\* Items from the abbreviated versions of the scale (grades 1-6, 7-12)

1	Do you believe that most problems will solve themselves if you just don't fool with them?	Yes / No
2	Are you often blamed for things that just aren't your fault?	Yes / No
3	Do you feel that most of the time it doesn't pay to try hard because things never turn out right anyway?	Yes / No
4	Do you feel that most of the time parents listen to what their children have to say?	Yes / No
5	Do you believe that wishing can make good things happen?	Yes / No
6	When you get punished, does it usually seem it's for no good reason at all?	Yes / No
7	Most of the time, do you find it hard to change a friend's opinion?	Yes / No
8	Do you feel that it's nearly impossible to change your parent's mind about anything?	Yes / No
9	Do you feel that when you do something wrong there's very little you can do to make it right?	Yes / No
10	Do you believe that most kids are just born good at sports?	Yes / No
11	Are most of the other kids your age stronger than you are?	Yes / No
12	Do you feel that one of the best ways to handle most problems is just not to think about them?	Yes / No
13	Do you feel that when a kid your age decides to hit you, there's little you can do to stop him or her?	Yes / No
14	Have you felt that when people were mean to you it was usually for no reason at all?	Yes / No



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15	Most of the time, do you feel that you can change what might happen tomorrow by what you do today?	Yes / No
16	Do you believe that when bad things are going to happen they just are going to happen no matter what you try to do to stop them?	Yes / No
17	Most of the time, do you find it useless to try to get your own way at home?	Yes / No
18	Do you feel that when somebody your age wants to be your enemy there's little you can do to change matters?	Yes / No
19	Do you usually feel that you have little to say about what you get to eat at home?	Yes / No
20	Do you feel that when someone doesn't like you there's little you can do about it?	Yes / No
21	Do you usually feel that it's almost useless to try in school because most other children are just plain smarter than you are?	Yes / No
22	Are you the kind of person who believes that planning ahead makes things turn out better?	Yes / No
23	Most of the time, do you feel that you have little to say about what your family decides to do?	Yes / No

### Appendix H: Stimuli for the emotion recognition task

Options under each image were: Happy, Sad, Angry, Surprised, Afraid, Disgusted, Neutral Sources: Pixabay, Unsplash, Pexels





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13.



14.





16.

19.





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Answers: (1) Neutral, (2) happy, (3) sad, (4) disgusted, (5) afraid, (6) surprised, (7) sad, (8) neutral, (9) angry, (10) surprised, (11) disgusted, (12) happy, (13) surprised, (14) sad, (15) neutral, (16) afraid, (17) angry, (18) disgusted, (19) afraid, (20) surprised, (21) angry, (22) neutral, (23) sad, (24) angry, (25) happy, (26) disgusted, (27) afraid, (28) happy.

### **Appendix I: Correlation Matrices**

**Correlation Matrix** 

		Child Anxiet y	Child Self- Estee m	Child Emotio n Recog- nition	Child Locus of Contr ol	Parent Anxiet y	Parent Stress	Parent Overprotecti on	Parent Perce p- tion of Child anxiet y
Child Anxiety	Spearma n's rho								
	df								





	p-value							
Child Self-	Spearma n's rho	0.75 9						
Esteem	df	14						
	p-value	<.00 1						
Child Emotion Recogniti	Spearma n's rho	- 0.23 0	- 0.05 5					
on	df	14	14					
	p-value	0.39 2	0.84 1	_				
Child Locus of Control	Spearma n's rho	0.80 7	0.84 0	- 0.14 1				
	df	14	14	14				
	p-value	<.00 1	<.00 1	0.60 2	_			
Parent Anxiety	Spearma n's rho	0.51 2	0.43 4	- 0.23 6	0.41 6			
	df	14	14	14	14			
	p-value	0.04 3	0.09 3	0.37 8	0.10 9			
Parent Stress	Spearma n's rho	0.37 1	0.05 3	0.17 4	0.16 5	0.54 3	—	
	df	14	14	14	14	14		
	p-value	0.15 8	0.84 4	0.51 8	0.54 2	0.03 0		
Parent Over-	Spearma n's rho	0.16 4	0.17 3	- 0.30 1	0.01 2	- 0.06 3	- 0.08 9	

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protectio	df	14	14	14	14	14	14			
11	p-value	0.54 3	0.52 1	0.25 7	0.96 5	0.81 7	0.74 4			
Parent Perceptio n of Child	Spearma n's rho	0.49 0	0.18 1	- 0.40 7	0.27 9	0.46 4	0.41 3	-0.139		
Anxiety	df	14	14	14	14	14	14	14		
	p-value	0.05 4	0.50 3	0.11 8	0.29 5	0.07 0	0.11 2	0.609	—	

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