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PARENTAL ATTACHMENT PATTERNS AND THEIR IMPACT ON SEPARATION ANXIETY IN KINDERGARTEN CHILDREN

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ABSTRACT

The current study aims to examine the impact of parental attachment patterns on the emergence of separation anxiety in kindergarten children. To achieve this aim, a clinical study was conducted involving five children enrolled at Toyour Al-Jannah Kindergarten in Relizane, aged between three and five years. The Separation Anxiety Scale (prepared by Maiar Mohamed Ismail, 2013) and the Parental Attachment Patterns Scale (prepared by Mervat Azmy Zaki Abdel-Gawad, 2015) were administered to these children. The study concluded that insecure parental attachment patterns (fearful attachment, dismissive attachment, and preoccupied attachment) influenced the emergence of separation anxiety among kindergarten children.

KEYWORDS

Kindergarten Children, Parental Attachment Patterns, Separation Anxiety

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1. Introduction

Early childhood is a critical period in an individual's life, during which the child is susceptible to the continuously changing environmental circumstances that often lead to various problems and difficulties. Children strive to adapt to these conditions and satisfy their needs within the family context. Numerous psychological and educational studies have affirmed that the foundations of mental health are established during this developmental stage, and many psychological disorders originate within it. Given the significance of this age group, identifying such problems has become more essential today than ever before, particularly in the light of current changes affecting society in general and the family specifically.

2. Statement of the Problem

Parental attachment patterns have attracted considerable attention among psychologists, as they represent the first and most significant emotional and social relationship in an individual's life, whose influence persists throughout all developmental stages, from birth to death. This relationship is built upon emotional bonds characterised by intense feelings and mutual influence between the child and their caregiver, with the primary goal being the provision of survival, nutrition, protection, and care. According to the psychological literature, proponents of attachment theory, notably Bowlby, posit that a child's adaptive or maladaptive behaviours are shaped by the type of attachment and the nature of interaction established with the mother during early childhood, effects that continue into subsequent life stages. Children who develop secure attachments in early childhood can better form healthy relationships and cope with life's challenges more

effectively. Clarke and Stewart, as well as Stayton and Ainsworth, emphasised that mothers who demonstrate a high capacity for expressing affection are responsive to their children, provide abundant opportunities for social stimulation, and foster secure attachment patterns. Consequently, such children experience less anxiety when confronted with unfamiliar situations and display a broader range of social behaviors, enabling smoother interactions with others.

Notably, children with secure attachment patterns do not experience difficulty during separation; they possess a high capacity for symbolic play and representational abilities, and they also exhibit enhanced skills in exploring environmental stimuli (e.g., objects, people, animals). These competencies are primarily facilitated by acquiring motor independence (such as crawling, creeping, walking, grasping, spatial perception, and balance). Thus, securely attached children tend to effectively utilise attachment figures as a secure base when engaging in relational experiences characterised by security. Conversely, children who develop insecure attachments suffer and encounter relational difficulties, potentially persisting into adolescence and adulthood, thereby contributing to the emergence of psychological and behavioural disorders as compensatory responses to emotional deprivation. This assertion has been highlighted in studies by Bowlby (1973) and Pinto and Turton (2006), indicating that children display symptoms of separation anxiety as a result of an insecure-avoidant attachment or may exhibit hyperactivity (Bowlby, 1978, p. 66).

In a similar context, Jibril (1992), Stifter (1993), Susan Bassiouni (2016), and Mervat Azmy (2015) indicated through their studies a positive relationship between parental attachment patterns and separation anxiety in children. Furthermore, their research emphasised that working mothers who experience higher levels of separation anxiety exhibit behaviours characterised by depression, and their children demonstrate behaviours marked by a refusal to participate in kindergarten activities and continuous crying.

Al-Saeed Ghazi and Rabie Shaaban (1996) similarly demonstrated a positive correlation between school-related fears and attachment disorders (Khalil, 2006, p. 144). Furthermore, studies by Whitkar et al. (2006), Tapiacollados (2005), Najah Mohamed Mahrez (2003), and Hind Al-Anzi (2019) revealed that insecure attachment resulting from harsh and neglectful maternal treatment significantly contributes to psychological and behavioural disorders in children, such as school phobia, anxiety, depression, and subsequent social maladjustment within kindergarten and school contexts (Rasha Mahmoud, 2013, p. 82). Moreover, research conducted by Hadi Warikat and Adel Tannous (2014) identified a relationship between attachment patterns and future anxiety among children residing in orphan care centres.

In light of the above, the present study aims to examine parental attachment patterns and their impact on the emergence of separation anxiety among kindergarten children. Entry into kindergarten is considered a significant separation event, requiring the child to be in an unfamiliar environment among previously unknown individuals (children of the same age and unfamiliar adults) without the presence of parents. The child is also expected to adhere to rules and regulations previously unfamiliar to them at home and assume responsibility for their actions and behaviour. Collectively, these factors often exacerbate stress, fear, and anxiety in children. Consequently, the research problem is formulated as follows:

Do insecure parental attachment patterns influence the emergence of separation anxiety among kindergarten children?

Accordingly, the study hypothesis was formulated as follows:

Insecure parental attachment patterns have an impact on the emergence of separation anxiety among kindergarten children.

3. Theoretical Framework of the Study

3.1. Kindergarten Child

A kindergarten child is a child between the ages of three and six who is experiencing the developmental stage between the ages of three and six. This stage is referred to by various terms, including preschool age, early childhood, play stage, and the age of creativity and innovation (Karkoush, 2008, p. 36). This study defines a kindergarten child as any child between three and five enrolled at Rimas Kindergarten in Oued Rhiou, Relizane.

3.2. Attachment

3.2.1. Definition of Attachment

Bowlby defined attachment as an internal tendency within every human being, leading them to establish an intimate emotional relationship with the most significant individuals, beginning at birth and continuing throughout life (Mustafa & Al-Shurayfeen, 2012, p. 74). He emphasised that a child uses the caregiver as a

secure base for exploration and seeks proximity to them, provided the caregiver responds appropriately and consistently to the child's needs (Abu Ghazal, 2015, p. 55).

Operationally, in the current study, attachment is defined as the high score obtained by the child in one of the four dimensions of the Attachment Scale developed by Mervat Azmy Zaki Abdel-Gawad (2015), namely secure attachment, resistant attachment, avoidant attachment, and preoccupied attachment.

3.2.2. Attachment Patterns

Attachment is classified into four distinct patterns:

a. Secure Attachment:

This type is characterised by active interaction between both parties. It provides the child with trust and reassurance, enabling them to explore their surroundings and understand the world (Askar, 2005, p. 84).

b. Avoidant Attachment:

This is an insecure attachment pattern wherein the child does not respond to the mother's presence, displays no distress upon her departure, and expresses no desire for attachment to her (Al-Adly, 2010, p. 71).

c. Resistant Attachment:

This pattern involves emotional behaviours through which the child expresses resistance and refusal to separate from the mother, exhibits significant distress when she departs and does not demonstrate happiness upon her return (Abu Ghazal, 2015, p. 69).

d. Disorganised Attachment:

This attachment style includes contradictory behavioural patterns toward the mother, representing the highest degree of insecure attachment. Upon the mother's return, the child shows disturbed behaviours, responding with emotional detachment, thus expressing feelings of distress and frustration toward her (Al-Adly, 2010, p. 97).

3.3. Separation Anxiety

3.3.1. Definition of Separation Anxiety

Kettani Fatima (2000) defined separation anxiety as "the distress displayed by an infant at the moment the caregiver leaves the environment" (Kettani, 2000, p. 156). The *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5) defines it as: "a marked fear of being alone that increases over time, or a fear of being separated from the individual to whom the person is strongly attached, either at home or elsewhere" (DSM-5, 2013, p. 523).

In the present study, separation anxiety is operationally defined as a high score obtained by the child on the Separation Anxiety Scale for Kindergarten Children, developed by researcher Maiar Mohamed Ali Suleiman (2003). This scale includes the following dimensions: physiological, emotional, behavioural, and social. High scores are considered indicative of separation anxiety when the symptoms appear following the child's enrolment in kindergarten and the subsequent separation from the mother, with the symptoms persisting for more than four weeks, by DSM-5 criteria.

3.3.2. Symptoms of Separation Anxiety

The symptoms of separation anxiety, as outlined in the *Diagnostic and Statistical Manual of Mental Disorders*, *Fifth Edition* (DSM-5), include the following:

- > Developmentally inappropriate and excessive anxiety concerning separation from home or prominent attachment figures.
- > Recurrent and intense distress when anticipating or experiencing separation from home or prominent attachment figures.
- > Persistent and excessive worry about losing prominent attachment figures or possible harm befalling them, such as illness, injury, or disasters.
- > Persistent and excessive worry about experiencing an untoward event (e.g., getting lost, being kidnapped) that causes separation from a central attachment figure.
 - Reluctance or refusal to go to school or elsewhere because of fear of separation from the mother.
- > Persistent reluctance or refusal to sleep away from home or to go to sleep without being near a central attachment figure.
 - > Repeated nightmares involving themes of separation.
- ➤ Complaints of physical symptoms such as headaches, stomach aches, nausea, or vomiting when separation from prominent attachment figures is anticipated or occurs (DSM-5, 2013, p. 80).

4. Methodological Procedures of the Study

4.1. Methodology and Instruments Used

The clinical method was adopted, as it is deemed appropriate for examining the relationship between attachment patterns and the emergence of separation anxiety in kindergarten children. A set of instruments was employed, including:

4.1.1. Clinical Interview

Hamed Abdel Salam Zahran defined the clinical interview as "a professional, dynamic, face-to-face social interaction between the clinical specialist and the patient in a secure environment characterised by mutual trust between both parties. The interview aims to understand the case, gain its trust, and identify its problems and suffering" (Zahran, 1998, p. 235).

This tool was used with the mothers of kindergarten children experiencing separation anxiety to collect relevant information about the children.

4.1.2. Clinical Observation

Julian Rotter defined clinical observation as "the necessary skills manifested in observing the patient in general from outward appearance to facial expressions and tone of voice in relation to the context or situation in which the patient responds to a question or engages in conversation" (Rotter, 1971, p. 103).

4.1.3. Attachment Patterns Scale

This scale is adapted from the study conducted by researcher Mervat Azmy Zaki Abdel-Gawad (2015). It consists of 39 items measuring parental attachment patterns, distributed across four dimensions: secure attachment, fearful attachment, preoccupied attachment, and dismissive attachment. Each item is rated using a four-point Likert scale: *Never*, *Often*, *Sometimes*, *Always*, with scores ranging from 0 to 3 when the item is positively worded. For negatively worded items, the scores are reversed.

The scale was administered to a random sample of 60 children enrolled at Toyour Al-Jannah Kindergarten in Oued Rhiou, Relizane, to verify its psychometric properties. The scale's validity was established through internal consistency, calculated by correlating the score of each item with the dimension to which it belongs. The correlations between the scale's dimensions and the overall score were also computed, and all correlation coefficients were statistically significant at the 0.01 level.

Reliability was verified using Cronbach's alpha and the split-half method. The correlation coefficients ranged between 0.81 and 0.63, indicating a high level of reliability that permits the scale's application in the study.

4.1.4. Separation Anxiety Scale for Kindergarten Children

This scale is adapted from the study conducted by researcher Maiar Mohamed Ali Suleiman (2003). It comprises 40 items designed to assess symptoms of separation anxiety in kindergarten children, distributed across four dimensions: physiological, emotional, behavioural, and social.

The scale was administered to a random sample of 60 children enrolled at Toyour Al-Jannah Kindergarten in Oued Rhiou, Relizane, to verify its psychometric properties. The scale's validity was tested using the discriminant validity method. Specifically, 27% of the sample with the highest and 27% with the lowest scores were selected. A *t*-test was used to compare the two groups.

The results are presented in the following Table:

Table 1. Terminal Comparison Between the Upper and Lower Groups

Variable	Group	Mean	Standard Deviation	Degrees of Freedom	t Value	Significance Level
Separation Anxiety Scale	Upper Group	92.86	16.16	12	7.16	Significant at 0.05
	Lower Group	46.71	5.47			

The data presented in Table (01), which compares the upper and lower groups, reveal statistically significant differences in the level of separation anxiety among kindergarten children with high and low scores. This finding indicates that the scale demonstrates a satisfactory level of validity.

Reliability was confirmed using three statistical methods: Guttman's split-half reliability coefficient, Cronbach's alpha coefficient, and the split-half method. The results showed high reliability coefficients for the

entire scale, all statistically significant at the 0.01 level, ranging from 0.89 to 0.92. This confirms that the scale possesses strong psychometric properties suitable for data collection in this study.

Each item on the scale was rated using a four-point Likert scale: *Never*, *Often*, *Sometimes*, *Always*, with scores ranging from 1 to 4 for positively worded items. Scores were reversed for negatively worded items. The levels of separation anxiety were determined as follows:

Table 2. Levels of Separation Anxiety

Range	Level of Separation Anxiety
40 - 80	Low
80 – 120	Moderate
120 – 160	High

5. Presentation and Discussion of Results

The hypothesis states that "insecure parental attachment patterns affect the emergence of separation anxiety in kindergarten children." To test this hypothesis, a clinical study was conducted on five kindergarten children between 3 and 5 years old enrolled at Toyour Al-Jannah Kindergarten—Oued Rhiou—Relizane. Tools were applied, including the clinical interview, observation, the Separation Anxiety Scale, and the Attachment Patterns Scale.

It was found that most cases obtained high levels on the Separation Anxiety Scale (Cases 1, 2, and 4), while Cases 3 and 5 obtained moderate levels. This is primarily due to their presence in the kindergarten and their separation from their mothers. The children displayed a range of symptoms indicating separation anxiety, which included:

- > Physiological symptoms (feigned illness, stomach pain, headache...)
- **Emotional symptoms** (crying, screaming, fear, shyness, anxiety, night terrors...)
- **Behavioural symptoms** (nail-biting, thumb-sucking, aggression, throwing themselves on the floor, stubbornness, running after the mother...)
- > Social symptoms (social withdrawal and reluctance to participate in activities within the kindergarten, strong attachment to the caregiver).

This result is consistent with the findings of John Bowlby, Schaefer & Eisen (2007), Cowan (1996), Werman (2000), Susan Bassiouni (2016), and Mervat Azmy (2015), whose studies indicated that separation anxiety in children arises as a result of the mother's absence or the child's separation from the mother when attending nursery or school. Its symptoms may manifest as school refusal, reluctance to sleep alone, recurrent nightmares related to separation, complaints of physical illness, refusal to eat, and unwillingness to engage in conversation with others.

The results of the Attachment Patterns Scale revealed that the five cases displayed various attachment styles. The fearful attachment pattern was observed in Case 1 and Case 4. In the first case, this pattern was attributed to the child receiving treatment characterised by excessive protection from the family in general and the mother in particular, who displayed significant fear and anxiety about her daughter's separation due to frequent illnesses and hospitalisations during early childhood. This prompted the family to be overly cautious and attentive to her needs.

Case 4, on the other hand, experienced inconsistent parenting. The mother alternated between overprotectiveness, fulfilling all her daughter's emotional and material needs, and harshness, rejection, and deprivation. Simultaneously, the child received significant neglect from the father, who did not meet any of her needs or requirements. This inconsistency led both girls to express fear and anxiety in separation situations, with behaviours marked by social withdrawal, avoidance, a negative self-image and view of others, heightened anxiety, sensitivity, and fear of forming social relationships with other children in the kindergarten.

Their behaviours were also characterised by actions such as hiding their faces, intense crying, nail-biting or thumb-sucking, and strong attachment to the caregiver. In this regard, Griffin and Bartholomew (1994, p. 230) and Bartholomew and Horowitz (1991, p. 235) argue that children who develop a fearful type of insecure attachment tend to be avoidant, experience feelings of inadequacy in their relationships with others, and suffer from anxiety. Socially, they are sensitive, yet they lack confidence in developing their social skills. They tend to seek independence from others as they perceive relationships to threaten their sense of control and view them as unworthy of the effort required to maintain them (Fikri, 2008, p. 28).

Cases 2 and 5 exhibited a dismissive attachment pattern. This was the result of specific familial treatment. In Case 2, the child had received overprotective parenting from both parents due to a visual impairment present since early childhood. However, following the birth of her younger brother, their behaviour towards her shifted to neglect and indifference.

In Case 5, the child experienced excessive maternal overprotection as a compensatory response to the father's harsh treatment, which included severe physical punishment. This led both children to reject forming relationships with other children and participating in activities. They displayed low self-confidence and exhibited behavioural problems such as thumb-sucking, stubbornness, aggression towards others (pushing and hitting anyone who approached them), and throwing objects and playing on the floor.

In this context, Rosenstein and Horowitz (1996, p. 250) argue that behavioural disorders are associated with the dismissive attachment pattern. Children with this pattern cannot often communicate and interact effectively with others, making them more vulnerable to behavioural problems such as aggression and delinquency.

Case 3 displayed a preoccupied attachment pattern resulting from inconsistent familial treatment. The child received excessive emotional and material indulgence from the mother, which appeared to be a compensatory response to the father's neglect and indifference. The child showed the ability and desire to engage and participate socially in kindergarten activities. However, her behaviour was also marked by low self-confidence, dependency, a desire to attract attention, fear of being alone, and expressions of anger when ignored, particularly by the caregiver.

In this regard, West and George (2002, p. 287) indicated that individuals with a preoccupied attachment style manage stressful situations but constantly seek care and attention from others, such as parents and friends. They experience ongoing anxiety about not being loved and are easily frustrated, showing anger when their attachment needs are unmet. They fear losing the attachment figure and continuously seek attention and approval due to their partial dependence on others. These individuals exhibit compulsive dependency, making it difficult for them to gain independence from the attachment figure or explore their inner world. They tend to act with limited personal agency, believing they cannot make things happen, often leading to adjustment difficulties.

6. Conclusions

Attachment is an emotional bond that gives the child a sense of security and protection from the caregiver, often the mother. When separation occurs, it evokes feelings of fear and anxiety. Attachment is the foundation for future relationships and is crucial to the child's social development. The present study focused on the impact of parental attachment patterns on the emergence of separation anxiety in kindergarten children. Kindergarten enrolment is among the most significant experiences in which a child may feel fear and anxiety, especially when experiencing separation from their parents. A clinical study was conducted on five children enrolled at Toyour Al-Jannah Kindergarten in Relizane, using a set of tools, including the clinical interview, observation, the Separation Anxiety Scale, and the Attachment Patterns Scale. The findings indicated that insecure attachment patterns (fearful, dismissive, and preoccupied) contributed to the emergence of separation anxiety at moderate to high levels. This anxiety was reflected in physiological, psychological, behavioural, and social symptoms that negatively affected the children's psychological and social adjustment both within the kindergarten and at home. Based on these results, it is evident that there is a need to provide psychological support programmes for children within kindergarten settings. Accordingly, we conclude this study with the following recommendations:

Recommendations

- > Develop therapeutic, supportive, and preventive programmes using family counselling techniques, systemic therapy, and cognitive behavioural therapies to raise awareness among parents and children about secure and insecure attachment patterns and promote healthy child development.
- > Conduct studies on the development of attachment patterns across different developmental stages, along with in-depth investigations into the psychological and social determinants that may influence the emergence and progression of these patterns.
- > Undertake multiple studies focusing on insecure attachment patterns and identify appropriate therapeutic techniques that can be employed to reduce the impact of such experiences and their psychological and social consequences on the child.

Organise seminars and conferences on attachment patterns to help parents understand the correct approaches for interacting with their children and foster psychologically and behaviourally healthy individuals.

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