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Research Paper

Role of Parental Bonding, Personal Responsibility and Somatic Symptoms in Young Adults with Depression

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ABSTRACT

Background: Parental bonding significantly affects mental well-being and responsibility taking capabilities of individuals, with discernible implications for depression. The present study was conducted with the aim to study the relationship between role of parental bonding, personal responsibility and somatic symptoms in young adults with depression. **Materials and Method:** The study include 30 clients who were diagnosed with depression. A semi-structured questionnaire for socio-demographic and clinical details was administered. Beck's BDI scale, Parker et al.'s PBI scale, Dr. Robert L. Spitzer's SS scale, and Paul T P Wong and Gokmen Arslan's responsibility scale were used to assess depression, parental attachment, somatic symptoms, and responsibility respectively. Test of Pearson Correlation and Chi-square (Fisher`s Exact) Test were performed (0.05 & 0.01% respectively). **Results:** Findings of the result showed that there is negative correlate between mother care and somatic symptoms and positive correlate between father overprotection and depression. **Conclusions:** Parental bonding patterns, personal responsibility attitudes and somatic symptoms are interconnected in depression; thus, treatment or prevention of these aspects should be considered in a comprehensive manner.

Keywords: *Adults, Attachment, Parental Bonding, Responsibility, Depression, Somatic Symptoms*

Parental bonding is a crucial metric that provides a wealth of information about the dynamics between parents and children. One could characterize it as a bond between the parent and child. The attachment theory is predicated on the notion that newborns differ from one another in how they form emotional bonds with their caregivers and that these early attachment experiences have an impact on the social, cognitive, and emotional development of infants in the future (Bowlby, 1969; 1977). A youngster learns about themselves and the world around them through connecting.

Depression is a multifaceted mental health disorder influenced by a range of psychological, biological, and environmental factors. Among these, parental bonding during childhood plays a significant role in shaping emotional and psychological development, which can

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persist into adulthood (Fahs et al., 2022). The quality of parental bonding has been linked to various attachment styles and coping mechanisms, which in turn can influence an individual's vulnerability to depression. Inadequate or dysfunctional parental bonding, such as low levels of care or high levels of overprotection, has been shown to contribute to insecure attachment styles and increase the risk of depressive symptoms (Raffagnato et al., 2021; Singh & Singh, 2018).

Personal responsibility, or the extent to which individuals feel accountable for their own actions and outcomes, is another critical factor in the context of depression. While responsibility attitudes are typically associated with anxiety disorders, there is growing evidence that these attitudes also play a role in depression (Avard & Garratt-Reed, 2021).

This paper aims to explore the relationships between parental bonding, personal responsibility, and somatic symptoms in young adults with depression. By examining these factors together, we can gain a more comprehensive understanding of the mechanisms underlying depression and potentially identify new avenues for intervention and prevention.

MATERIALS AND METHODS

Study Design

The present study is primarily correlational in nature. Sample size was 30 clients who were diagnosed with depression. The study includes participants who were above age 18 years of age, were selected from inpatient and outpatient department in different clinical setups in Dehradun.

Tools

- **Socio-demographic and clinical datasheet:** It is a semi-structured proforma, containing information about socio-demographic variables like age, gender, marital status, birth order, education, etc. and clinical details like duration of depression, history of substance use or any other mental illness and chronic medical or physical problems or psychotic features, not undergoing psychotherapy etc. of the patient.
- **Beck's Depression Inventory (BDI):** The BDI inventory which is a self-report inventory with 21 items that assesses depression-related attitudes and symptoms. When the test is scored, each response is assigned a number ranging from 0 to 3, and the entire score is compared to a key to identify the severity of depression. The normal cutoff scores were as follows: 0-9 denotes little depression, 10-18 suggests mild depression, 19-29 shows moderate depression, and 30-63 indicates severe depression.
- **Parental Bonding Instrument (PBI):** The Parental Bonding Instrument (PBI) asks respondents to recollect their parents' behavior toward them throughout their first 16 years of life. The questionnaire contains 25 items, each of which is assessed on a 4-point Likert scale from 'very like' to 'very unlike.' The participants are asked to rate their moms' and fathers' attitudes individually.
- **Somatic Symptoms Scale (SSS):** Scale of Somatic Symptoms (SSS) measured somatic symptoms. It is a 15 items scale. Symptoms are measured for the last four weeks using a three-point Likert-type scale, ranging from 0 (not bothered at all), over 1 (bothered a little), to 2 (bothered a lot). The derived total scores thus range from 0 to 30. Higher scores indicate greater severity of somatic symptoms. Cut-offs for somatic distress are Minimal (≤4), mild (≥5), moderate (≥10), and severe (≥15).

- **Responsibility Scale (RS):** Responsibility Scale (RS) 10) was created to assess an individual's perspective of their own responsibility for decisions made by an organization. Sense of responsibility was assessed using a two-item scale. One question was phrased as follows: "To what extent do you feel responsible for the previous investment of $5 million?" The two items were adapted from E. J. Conlon and Park (1987; alpha =.79). Responses were given on a 7-point scale ranging from 1 (very limited extent) to 7 (very great extent). The writers created this variable to examine the responsibility modification.

Procedure

A list of the diagnosed patients with depression was procured from inpatient and outpatient department in different clinical setup in Dehradun. The adults, both male and female, who had been diagnosed with depression were chosen and asked to participate in the study. Following their consent, a rapport was formed to enhance their interest in the study. Responses were obtained based on the numerous variables used in this study. Clients were included in the study as per inclusion and exclusion criteria mentioned. 33 clients were approached and screened for inclusion and exclusion criteria. 30 clients fulfilled the criteria but 3 clients did not fulfil the criteria because their parents were separated in their early childhood. Finally, 30 participants were selected for the study and were given brief overview of the study where 10 patients with depression were selected from State mental health institute, Selaqui; 12 patients from Govt. doon medical college hospital, Dehradun and 11 patients from department of clinical and rehabilitation psychology and research (NIEPVD).

Following this, socio-demographic details were taken from the clients. Other scales like parental bonding instrument, somatic symptoms scale and responsibility scale were administered. Total time to complete total assessment were approximately 15-20 minutes. Client was thanked after the completion of assessment. No intervention was provided by the investigator. Questionnaires were scored according to standardized norms. Obtained data was analyzed by SPSS.

Statistical Analysis

Statistical analysis was done using the Statistical Package for Social Sciences (SPSS). The statistical tests were used are as follows:

- Descriptive statistics were used to understand the sociodemographic and clinical characteristics of patients.
- Pearson's Correlational statistics was used to find the relationship between role of parental bonding, personal responsibility and development of somatic symptoms in young adults with depression.

RESULTS

Table 1. Showing correlation between birth or sibling order, parental bonding (mother's and father's care and over-protection, personal responsibility and somatic symptoms in young adults with depression

	PBMC	PBMP	PBFC	PBFP	Depression	SSS	RS
PBMC	1	0.94	-.223	.223	.105	-.439*	.306
PBMP	.094	1	.200	.274	.100	.047	-.080
PBFC	-.223	.200	1	.118	.059	.024	-.337
PBFP	.223	.274	.118	1	.529**	-.024	.081

	PBMC	PBMP	PBFC	PBFP	Depression	SSS	RS
Depression	.105	.100	.059	.529**	1	-.099	-.040
SSS	-.439*	.047	.024	-.024	.099	1	.233
RS	.306	-.080	-.337	.081	-.040	.233	1

Note. The results for the depression patients' sample (*n*=30) are shown at this level of significance.
*p< .05. **p<.01

Table 1. shows that there is a negative correlation between mother's care (PBMC) and somatic symptoms (SSS), (-.439, p>0.05) and there is significant positive correlation between father's over-protection and depression (.529, p>0.01).

Table 1. shows that there is no significant correlation between mother's care and depression (.105, p<0.05), there is no significant correlation between mother's over-protection and somatic symptoms (.047, p<0.05), there is no significant correlation between mother's over-protection and depression (.100, p<0.05), there is no significant correlation between father's care and depression (.059, p<0.05), there is no significant correlation between father's over-protection and somatic symptoms (-.024, p<0.05), there is no significant correlation between personal responsibility and somatic symptoms (.233, p<0.05). and there is no significant correlation between personal responsibility and depression (-.040, p<0.05).

Table 2. Chi square table showing relationship between sibling order and depression

Sibling	Depression			Total	Value	Df
Order	Mild	Moderate	Severe			
First	12	4	1	17		
Second	2	2	2	6	7.237	6
Third	4	2	0	6		
Forth	0	1	0	1		
Total	18	9	3	30		

Table 2. shows that the chi-square value (Fisher's exact) for relationship between sibling order and depression. It can be observed that chi-square value (7.237) less than value of df 6 on 0.05 (7.843, p>0.05) do not indicate significant relationship between sibling order and depression. There is no significance relationship between sibling order and depression.

Table 3 Chi square table showing relationship between sibling order and responsibility

Sibling	Responsibility				Value	Df
Order	High	Medium	Low			
First	6	9	2	17		
Second	1	5	0	6		
Third	3	3	0	6	6.927	6
Forth	0	0	1	1		
Total	10	17	3	30		

Table 3. shows that the chi-square value (fisher's exact) for relationship between sibling order and responsibility. It can be observed that chi-square value (6.927) less than value of df 6 on 0.05 (12.114, p>0.05) do not indicate significant relationship between sibling order

and responsibility. There is no significance relationship between sibling order and responsibility.

Table 4. Chi square table showing relationship between marital status and depression

Marital Status	Depression			Total	Value	Df
	Mild	Moderate	Severe			
Married	6	1	1	8	1.718	2
Unmarried	12	8	2	22		
Total	18	9	3	30		

Table 4. shows that the chi-square value (fisher's exact) for relationship between marital status and depression. It can be observed that chi-square value (1.718) less than value of df 2 on 0.05 (1.591, $p>0.05$) do not indicate significant relationship between marital status and depression. There is no significant relationship between marital status and depression.

DISCUSSION

The present study aimed to explore the relationship between parental bonding (mother's care and over-protection; father's care and over-protection), personal responsibility, and somatic symptoms in young adults diagnosed with depression. The findings revealed several significant and non-significant correlations, shedding light on the complex interplay of these variables.

Parental Bonding and Somatic Symptoms

The study found a significant negative correlation between mother's care and somatic symptoms, suggesting that increased maternal care may reduce the manifestation of somatic symptoms in young adults with depression. This finding aligns with attachment theory, which posits that a secure attachment, fostered by responsive caregiving, can mitigate stress and contribute to better psychological outcomes (Bowlby, 1980/1991; Meites et al., 2011). The importance of maternal care in reducing somatic symptoms may be attributed to the role of mothers as primary caregivers, whose sensitivity to their children's needs fosters a sense of security and well-being. These results echo previous findings that maternal care deficits are associated with negative self-schemas and increased vulnerability to stress-related symptoms (Ingram & Ritter, 2000).

Contrary to the hypothesis, no significant relationship was found between mother's over-protection and somatic symptoms of depression. This could be due to the multifaceted nature of depression, where other factors such as peer pressure or relationship issues may play a more substantial role than parental over-protection.

Parental Bonding and Depression

The study revealed a significant positive correlation between father's over-protection and depression. This finding supports the notion that excessive parental control and over-protection can contribute to the development of depressive symptoms, possibly by undermining psychological autonomy and fostering feelings of helplessness and low self-esteem (Baumrind, 1967; Singh et al., 2011). The association between over-protection and negative psychological outcomes, such as depression, is well-documented, with overprotective parenting linked to increased rates of social phobia, anxiety, and depression in offspring (Albinhac et al., 2018; Betts et al., 2009).

However, no significant relationships were found between father's care and depression, father's care and somatic symptoms, or father's over-protection and somatic symptoms. These non-significant findings may indicate that paternal influences on these outcomes are less direct or may be moderated by other factors, such as the quality of the mother-child relationship or external stressors.

Personal Responsibility, Somatic Symptoms, and Depression

The study did not find significant relationships between personal responsibility and either somatic symptoms o depression. This finding suggests that, within this sample, personal responsibility may not be a significant predictor of these psychological outcomes. This is consistent with previous research indicating that responsibility attitudes may have a stronger link to anxiety rather than depression (Avard & Garratt-Reed, 2020).

Strengths

The study has highlighted the influence of parental bonding provides insights into early life experiences and their long-term impact on mental health. Strong parental bonds are often associated with secure attachment styles, which can contribute to better emotional regulation and resilience against depression; the study has brought attention to the need of evaluating patients with depression and how their psychological symptoms correlate with physical symptoms, parental bonding, and personal responsibility; Including somatic symptoms acknowledges the physical manifestations of depression, offering a comprehensive view of how depression affects both mind and body; focusing on young adults is crucial as this developmental stage involves significant life transitions that can influence mental health. Early intervention during this period can have long-lasting benefits.

Limitations

The present study also has a number of limitations. The small sample size is the main source of the study's limitations. In the future, we can concentrate on diverse group of population including adolescents and older adults. Adolescent housing situations should be considered in future studies. Parental characteristics including age, relationship type, and the presence of psychopathology should be taken into account when assessing the influence of these variables.

The influence of parental bonding, personal responsibility, and somatic symptoms can vary across different cultural and socioeconomic contexts. Studies need to account for these variations to ensure generalizability.

CONCLUSION

Findings of the current study shows that parental bonding, particularly during childhood, was found to significantly impact depressive symptoms in young adulthood. Secure and positive bonding experiences were associated with lower levels of depression, whereas negative bonding (characterized by neglect or overprotection) correlated with higher depression levels. These relationships imply that parenting style may contribute to how a person thinks about themselves and may contribute to their risk for depression. The present study not only measured how both care and overprotective bonding styles distinctly predicted depressive symptoms, but also distinguished the unique prediction of cognitive-affective and somatic depressive symptoms. Factors associated with higher level of depression were related to father's overprotection, personal responsibility and somatic symptoms.

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Conflict of Interest

The author(s) declared no conflict of interest.

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