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Research Paper

Understanding the Relationship between Parental Bonding, Depressive Symptoms and Self-Esteem

Arjundeep Ranjit Singh Sandhu[1]*, Kashish Dhingra[1], Debasmita Sen[2]

ABSTRACT

This study is about how parental bonding during childhood that is the care and overprotection given to the child by their parents is related to Depressive Symptoms where an individual is low on mood and interest for a longer period of time causing a disturbance in the daily lives of the individuals and Self-Esteem that is a person's evaluative perception about his/her worth and capability. The study is quantitative correlational research investigating the relationship of Parental Bonding: Mother's bonding and Father's Bonding amongst individuals in childhood with Depressive Symptoms and Self-Esteem in adulthood. The study was conducted with 300 unmarried participants aged 18 to 30 from India who have lived with both of their parents till the age of 18. The hypotheses made were about whether there will be any correlation of Depressive Symptoms and self-esteem. The data was collected using Parental Bonding Inventory (PBI), Beck's Depression Inventory (BDI) and Rosenberg Self-Esteem Scale (RSES). The results indicate a weak positive correlation between father's bonding and self-esteem of (+0.117) significant at 0.05 level but no significant correlation of mother's bonding with self-esteem. Whereas there was no significant correlation of father's bonding and mother's bonding with depressive symptoms. Therefore, the study implicates that the care and overprotection of the father given to the child slightly helps in the development of self-esteem in the child's adulthood. This study it can help researchers to find out how parental bonding can have a huge impact on an individual's mental well-being.

Keywords: *Parental bonding, mental health, depressive symptoms, self-esteem*

This study is being done to investigate the relationship between Parental Bonding, Depressive Symptoms and Self-Esteem in young adults. Parental bonding helps to understand the parent-child relationship, which plays a vital role in the development of mind and self. Depression is a common mental health condition that can cause a constant emotion of sadness and loss of interest in activities for a longer period of time. Its severe symptoms affect a person's cognition, behaviour, physiology, social and day-to-day life extremely. High self-esteem is more correlated with positive mental well-being, such that individuals with high self-esteem are generally more resilient and happy in life than their counterparts, who, in turn, may often be associated with the cases of anxiety and depression.

[1]Student of Department of Psychology, Humanities and Social Sciences, Vishwakarma University
[2]Assistant Professor of Department of Psychology, Humanities and Social Sciences, Vishwakarma University
*Corresponding Author

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This study is being conducted on young, unmarried adults from India to find out the exact relationship of their parental bonding with their depressive symptoms and self-esteem.

Concept

The concepts of Parental Bonding, Depressive Symptoms and Self-Esteem have been studied since a longer time.

Parental bonding

Parental Bonding is usually described as an attachment between the child and the parent where this attachment theory is based upon the idea that there are individual differences in terms of how infants become emotionally bonded to their parents and how these attachment experiences influence the future developments of infants in social, cognitive and emotional aspects. According to Ainsworth & Bell, parental bonding is "the emotional bond between a child and his or her primary caregiver, which is characterized by secure children associated with sensitive and responsive parents" that means that the child's attachment style depends on their parents' behaviour where she stated that secure relationship between the child and the parents lead to stronger intimate relationships and friendships, more social life, very low chances of depression and anxiety and a higher level of self-esteem, and lifelong better emotional health (Ainsworth & Bell, 1970). Hazan and Shaver described parental bonding as "a lasting emotional bond that develops between a child and his or her primary caregiver, and that can influence the individual's later relationships." (Hazen and Shaver, 1987).

The concept of parental bonding has been studied in psychology since a longer period of time, with various theories that emerged and still emerging to explain its nature and impact on individuals' development. Bowlby's (1969) attachment theory is one of the prominent theories, stating "that a strong emotional bond forms between a child and at least one primary caregiver, fostering a sense of security and trust". This attachment style, shaped by early childhood experiences, is believed to influence subsequent relationships and emotional regulation throughout life. According to Bowlby, the child when an infant, shows panic during separation from the parent to avoid it is a high evolutionary mechanism that has been reinforced through natural selection and invokes a child's fight or fight condition. Such behaviour was conditioned to be produced only during a situation of threat. This behaviour is enhanced and passed on to the next generations due to natural selection. The child's attachment is completely dependent upon the care and affection given to them by parents as it results to them being highly secured and if not given then the child will have higher levels of anxiety during the presence of the parent. This kind of behaviour also determines the child's behaviour in the future with the intimate/romantic partner or spouse as children who received more care and affection by their parents will be having a better attachment style with their partner and will be feeling secure.

Mary Ainsworth, a Canadian psychologist who studied Bowlby's theory in depth from which she introduced the Strange Situation Procedure, a standardised laboratory experiment for child-parental attachment where a mother and the child are in a room and then a stranger enters, then the mother leaves and the stranger stays and then the mother comes back and the stranger leaves. This was repeated twice. Its findings demonstrated that the sensitive and more responsive parent will create a secure environment for the child leading the child to have a stronger bond and a secure relationship with the parent. The results stated the actual importance of parental behaviour's need to foster a healthy and secure parent-child bonding. (Ainsworth & Bell, 1978)

Another theoretical perspective is Bartholomew and Horowitz's four-category model, which proposes that parental bonding is contains both positive and negative dimensions, that includes warmth, support, control, and rejection. This model states that the individuals develop their attachment styles according to their parents' behaviour and availability. (Bartholomew and Horowitz, 1991).

The study by van IJzendoorn and Kroonenberg, which was published in 1988, became a landmark research on attachment styles among nations given that it employed the same Strange Situation Procedure introduced by Mary Ainsworth to exemplify cross-national similarities and definition of different attachment styles. The study even revealed the cultural factors influencing the nature of mother-child bonding. The researchers also investigated the construct of parental sensitivity as it relates to bonding in terms of parents (van IJzendoorn & Kroomberg, 1988).

In addition, an investigation has been carried out by researchers on how children develop cognitively and emotionally under the influence of parental bonding, with the Sroufe (1996) study showing that secure attachment leads to greater academic achievement, high self-esteem, and fewer emotional difficulties (Sroufe, 1996). Likewise, Main and Cassidy (1988) linked insecure attachment with difficulties in social relationships, emotional regulation, and academic achievement (Main and Cassidy, 1988). Thus, these results provide sure evidence about the significance of parental nurturing concerning all-round child development. The relationship between parental bonding and adult relationships has been examined in different studies-it was revealed in a work by Fraley and Shaver (2000) that attachment styles established in childhood can somehow play a role in romantic relationships, friendships, and parenting styles in adulthood. This, thus, points to how early bonds between parents and children leave long-lasting emotional moods in their interpersonal interactions all through life (Fraley & Shaver, 2000).

Depressive symptoms

Depressive symptoms are signs of depression. Depression is a serious mood disorder that causes feelings of sadness and affects the mood. The APA's Diagnostic and Statistical Manual of Mental Disorders (DSM-5) define depression as "a mood disorder characterized by persistent feelings of sadness, loss of interest, or pleasure in activities. It also includes other symptoms such as changes in appetite, sleep, energy levels, and concentration." According to World Health Organisation depression is "a common but serious mood disorder that causes a persistent feeling of sadness, loss of interest, or pleasure in activities. It can also lead to changes in sleep, appetite, energy levels, and concentration." NIMH states that depression is "a common but serious mood disorder that can affect how a person feels, thinks, and handles daily activities. It is characterized by a low mood or loss of interest in activities for long periods of time."

Aaron Beck's cognitive theory of depression is the most significant. It asserts that it is appositively held that negative thoughts and beliefs in a person contribute significantly to the onset and/or maintenance of depression. Beck asserted that an individual's thinking will tend to form a negative cognitive triad, in which negative feelings about themselves, their world, and the future can lead them to feel hopeless, worthless, and despairing, reinforcing their level of depression (Beck, 1967).

It has been discovered that there is a genetic theory of depression which sees inheritance as the basis on which "inherited genetic factors play an important role in its development and

transmission". This is Kendler's theory & Prescott, who state that individuals might inherit predisposition toward depression from either specific gene variations or combinations of genes. Studies on families have, as well, proved that such members who have a history of depression have been found to have a higher risk for developing this disorder. Studies done on twins and those on adopted children have unearthed more evidence for the heritability of depression that indicates genetic factors accounts upto a huge percentage to its etiology as well (Kendler & Prescott, 2006).

According to Sigmond Freud's "the psychodynamic theory" of depression, unconscious conflict and childhood episodes have been the major causes of depression." This theory suggests that depression is an expression of an underlying anger or sadness that has not been addressed or has been displaced outside - within the individual. Depression may also involve unconscious feeling of guilt, shame, or worthlessness that develops into a symptom associated with depression. (Freud, 1917).

Neuroimaging theory of depression by Mayberg et al. supports that structural brain anomalies acquired during prenatal stage and broken activity of the brain have significant contribution to the development and persistence of depression. Various neuroimaging studies, that utilize techniques such as MRI or PET have indicated not only the significance of the prefrontal cortex in depression, but also lesions in other areas such as the hippocampus and amygdala. (Mayberg et al., 2009).

The neuroendocrine theory of depression by Holsboer states that there is a dysregulation of the activity of HPA axis due to excessive production of cortisol in depressed patients. Therefore, this hyperactivity of the HPA axis would predispose the person to depressive symptoms, such as fatigue, mood disturbances, and cognitive impairment. (Holsboer, 2001).
According to the circadian rhythm theory of depression, disruptions in the body's internal clock, or circadian rhythm, can be one of the biological causes of depression. Studies have shown that individuals suffering from depression usually have sleep-wake cycles that are altered, and could get much help from light therapy by regulating their circadian rhythms (Lewy et al., 1990).

Raison et al. ‘s inflammation theory of depression suggests that chronic inflammation, a process involving the activation of the immune system, can contribute to be a major cause of depression and/or its symptoms. Studies have shown that individuals with depression often have elevated levels of inflammatory markers, such as C-reactive protein (CRP) and interleukin-6 (IL-6). This chronic inflammation can disrupt brain function and contribute to the development of depression if not treated (Raison et al., 2009).

Self-Esteem

Self-esteem is another psychological construct referring to a person's evaluative perception about his worth and capability. This self-concept has gone on to mean a subjective assessment of the self, with a consequently significant bearing on one's emotional wellness and behavior. According to Rosenberg (1965), self-esteem may be defined as the action of, or attitude toward, the self, in terms of self-acceptance and self-respect, greatly colored by early relational experiences. According to Cognitive Theory (Beck, 1967), founded by Aaron Beck, negative thought patterns, as well as beliefs, play a significant role in the onset and persistence of depression and low self-esteem. Persons with low self-esteem often possess a negative cognitive triad, with three components: a negative view of themselves, a negative interpretation of the world, and a negative prediction about the future. These types

of distorted thoughts may lead to the experience of hopelessness and worthlessness, which served to reinforce the negative self-image.

According to sociometer theory, proposed by Leary and Baumeister in 2000, self-esteem is thereby seen as an indicator of social acceptance. Positive parental bonding promotes feelings of belonging, which tend to elevate self-esteem. The theory focuses more on the relational aspect of self-esteem, emphasizing the transformative role that relationships play on self-perception. Self-Determination Theory formulated by Deci and Ryan (1985) lays particular emphasis on autonomy, competence, and relatedness which nurture self-esteem. The supportive parent-child bonding tends to gratify these psychological needs and optimizes self-esteem and general well-being. This theory greatly emphasizes the function of parental assistance in the formation of laudable self-regard. Resilience Theory states that positive relationships with caregivers are the basis of the resilience that enables one to meet challenges and maintain high self-esteem (Masten, 2001). Secure attachments allow one to develop strategies for facing challenges and manage emotional responses to confront life challenges.

Significance

This research is important as it can open up many doors to study more about parental bonding with depressive symptoms and self-esteem, as to see what if certain level of parental bonding from birth till the age of 18 causes depressive symptoms after the age of 18 in adults in India.

Statement of the problem

To investigate the relationship of Parental Bonding with Depressive Symptoms and Self Esteem.

Objective

The objective of this study is to see any kind of relationship between Parental Bonding with Depressive Symptoms and Self Esteem.

REVIEW OF LITERATURE

Studies in this sub-discipline of psychology commenced from the work entitled "Parental Bonding and Depressive Disorders in Adolescence" by Burbach et al., which sought to investigate the parent-offspring bond in relation to depressive disorders among adolescents where it was found that low parental care and high parental overprotection contribute to the increasing risk for depressive disorders during childhood (Burbach et al., 1989). On the contrary, the study by Ingram and Ritter named "Vulnerability to Depression: Cognitive Reactivity and Parental Bonding in High-Risk Individuals" analyzed the role of parental bonding in vulnerability to depression in high-risk individuals and suggested that negative parental bonding experiences, such as low care and high overprotection, were linked with increased cognitive reactivity and a high risk of developing depression (Ingram & Ritter, 2000).

The one with a third variable personality was Prental bonding and Depression: Personality as a Mediating Factor by Avagianou and Zafiropoulou that investigated the mediating role of personality in the relationship between parental bonding and depression, in which it found that specific personality traits like neuroticism might mediate the relationship between negative parental bonding experiences and depression (Avagianou & Zafiropoulou, 2008). Another study on the same subject, "Parental Bonding and Depressive Affect: The

Mediating Role of Coping Resources," was conducted by Anisman et al. where the copings resources act as mediators between parental bonding and depressive affect in line with the premise that unfavorable parenting experiences may reduce the coping resources available while indirectly increasing susceptibility to developing depression. (Anisman et al., 2011).

The study conducted by Fujii et al. looking into how Parental bonding and personality relate one's life to a history of depression in Japan revealed that some personality traits, such as neuroticism and introversion, were referred to mediate the connection between a negative parental bonding experience and his137 lifetime depression history (Fuiji et al., 2001). Another related study was "Perceptions of Parental Bonding and Symptom Severity in Adults with Depression: Mediation by Personality Dimensions," where Cox et al. presented the issue of parental bonding regarding depression and personality traits. Their findings ascribed that several personality dimensions including neuroticism and introversion could mediate the relationship between negative perceptions of parental bonding and the symptom severity in depression (Cox et al., 2000).

A recent study in China by Gan et al. titled "Mediating role of parental depression, parental bonding, and child self-esteem between family income and child depression: a longitudinal study" utilized self-esteem as a third variable by trying to explore the mediation role of parental depression, parental bonding, and child self-esteem between family income and child depression wherein the study suggested that low family income could lead to suffering from depression among parents, and in turn, could negatively influence parental bonding and self-esteem of their children to finally result in child depression (Gan et al, 2024). The second research on self-esteem as a third variable is "The effects of parental bonding on depression and self-esteem in adolescence" by Masoud Bahreini et al. (2022), who studied the effects on levels of depression and self-esteem based upon parental bonding in adolescence where research found positive parental bonding experiences to correlate with higher self-esteem and lower depression in adolescents.

Meanwhile, another research associating suicidal behavior as another variable is "Parental bonding, depression and suicidal ideation in medical students" by Tugnoli et al.in which they have explored the relationship of parental bonding with depression and suicidal ideation in medical students where the findings suggested that negative parental bonding experiences are linked with increased levels of depression and suicidal ideation in this group of people (Tugnoli et al., 2022). In the same way, another research concerning parental bonding and suicide is the one entitled "The Role of Parental Bonding and Early Maladaptive Schemas in the Risk of Suicidal Behavior Repetition" by Murray et al. in finding the effects of parental bonding and early maladaptive schemas on the incidence of suicidal behavior repetition in which their results indicated that negative parental bonding experiences and the existence of early maladaptive schemas correlated with increased possibility of suicide behaviors repetitions (Murray et al., 2010).

The largest breakthrough research on the parental bond and depression is "Parental bonding and depressive disorders" by Gordon Parker, which reviewed the literature on parental bonding and depressive disorders in comprehensive ways and according to which the review discusses the importance of parental bonding in development and course of depressive disorders, therefore emphasizing the need for research in this area further (Parker et al., 1994). Another research paper entitled "Depression in Young Adolescents: Investigations Using 2 and 3 Factor Versions of the Parental Bonding Instrument" by Graham et al. analyses the relationship between parental bonding and depression in the young adolescent

groups differently using different versions of the Parental Bonding Instrument and thereby tries to elicit the most appropriate structure of factors that can be used to assess parental bonding in relation to the depression in this age group.(Graham et al., 2004)

The research work by Parker et al. gave the title "Low Parental Care as a Risk Factor to Lifetime Depression in a Community Sample...". It identified low parental care as a predictor for lifetime depression in a sample from the general population, and little parental care was found to be associated with increases in the risk of having depression along the life course (Parker et al., 1995). The other research from the communal sample was carried out by Dolores et al. titled "Effect of the emotional valence of autobiographical memory and parental bonding on depressive symptoms in a community sample" (2023) which showed that negative autobiographical events occurred together with negative experiences about parents associated with an increase in levels of depressive symptoms (Dolores et al., 2023).

Sharma and Agarwal (2015) explored the impact of parental warmth and autonomy support on self-esteem in Indian adolescents. They established that high parental warmth was highly correlated with increased self-esteem, while overcontrolling parenting resulted in lower self-worth. Contrary to Western research, however, moderate parental involvement was viewed positively because of the collectivist orientation of Indian families.

Das and Nair (2021) investigated gender variations in parental bonding and self-esteem in an Indian population. In their research, they established that daughters had greater self-esteem when mother's bonding was defined by emotional closeness and sons had increased self-worth when father's bonding had care as well as guidance.

Kumar and Tiwari (2017) compared urban and rural Indian youth using a study on parental bonding and its influence on self-esteem. The findings revealed that in urban environments, increased parental care was positively related to positive self-judgment, while in rural regions, increased parental authority and punishment were not necessarily correlated with decreased self-esteem. This implies that cultural norms act as mediators for the impact of parental control on psychological well-being.

Singh and Verma (2019) studied the influence of self-perceived overprotection of parents on Indian college students' self-esteem. According to their findings, mothers' overprotection did not have any noticeable effect on self-esteem in consonance with traditional cultural standards, where control on the part of parents is assumed to mean caring and not encroaching. Paternal overprotection did, however, demonstrate a mild inverse correlation, indicating changing father-child relations within contemporary Indian homes.

Bahreini et al. (2022), which examined the relationship between parental bonding and self-esteem in adolescents, was one of the foundation studies in the area. Their research suggested that warm, attentive, supportive, and responsive parental bonding was positively and strongly related to higher levels of self-esteem. The study emphasizes the critical role nurturing parental relationships play in developing self-esteem during the formative years of the individual.

Kossakowska et al. (2020) further examined the role of parental emotional support on children's self-esteem. Their findings indicated that a child who perceives his or her parents as emotionally available and supportive tends to have significantly higher self-esteem. This

emphasizes the importance of emotional attachment in the parent-child relationship and its direct influence on self-esteem.

Hammen et al. (2010) conducted a longitudinal study assessing the long-term impact of parental bonding on self-esteem. The findings suggested that positive interactions between parents during childhood correlate with greater self-esteem in adulthood. This implies that early experiences in bonding have lasting effects on self-worth and emphasizes the importance of promoting healthy parental relationships from an early age.

Chao (1994) examined how cultural factors impact parental bonding and self-esteem. The research found that children from collectivist cultures, where the involvement of parents is stressed, report higher self-esteem than children from individualistic cultures. This suggests that the cultural context plays a very significant role in influencing the relationship between parental bonding and self-esteem, implying that the impact of parental bonding might be different across various cultural backgrounds.

Schmitt et al. (2021) examined the relationship between parental bonding and identity formation in adolescents. Their findings suggested that secure parental attachments contribute o a positive self-concept and higher self-esteem. This reinforces the idea that parental bonding is crucial for healthy identity development, as a secure sense of self is often rooted in positive early relationships with parents.

Ingram and Ritter (2000) explored the consequences of negative bonding experiences with parents on adolescents' self-esteem. Results showed that both low care and high over-protection from parents correlated significantly with lower self-esteem in the adolescent. Negative parental relationship may, therefore, negatively impact the attainment of positive self-concept, emphasizing the need for healthy relations with parents.

METHODOLOGY

Variables used in this study:

- **Variable 1**: Mother's bonding
- **Variable 2**: Father's bonding
- **Variable 3**: Depressive Symptoms
- **Variable 4:** Self Esteem

Hypotheses

- **H1:** There will be a positive correlation of Mother's bonding (care and overprotectiveness) with Child's depressive symptom
- **H2:** There will be a positive correlation of Father's bonding (care and overprotectiveness) with Child's depressive symptom
- **H3:** There will be a positive correlation of Mother's bonding (care and overprotectiveness) with Child's self-esteem
- **H4:** There will be a positive correlation of Father's bonding (care and overprotectiveness) with Child's self-esteem

Operational Definition

- **Parental Bonding**: is an attachment between the child and the parent where a healthy parental bond is characterized by a balance between care and overprotection. (Bowlby, 1969) Which means that both the participant's parents' bonding, the

father's and the mother's bonding that consists of the care and overprotectiveness that they have shown to the participant from the participant's birth till 18 years of age and how the participant feels about it.

- **Depressive symptoms**: are symptoms of serious mood disorder that causes feelings of sadness and affects the mood (DSM-5) where the participant after the age of 18 completely having no mood of doing anything and being continuously sad, creating a melancholic environment with disturbed life or no mood to carry out any task including day-to-day chores with continuous pessimistic thoughts and having a relatively or higher low self-esteem and being isolated or deviated from the world for more than 6 months.
- **Self Esteem:** Self-esteem is the general assessment of an individual's worth. It measures how much a person values, respects, and feels confident about himself or herself. In this study, self-esteem is measured as the participant's subjective sense of self-worth using a standardized tool (Rosenberg, 1965).

METHOD

Sample

The study consists of 300 males and females who are mainly pursuing bachelors and are unemployed from all over India.

i) **The inclusion criteria** is them being Indians, from the ages of 18 to 30, having both their parents alive and living with them from birth till the age of 18, and the participants shall be unmarried.

ii) **The exclusion criteria** is them not being citizens of India , below the age of 18 and above the age of 30, the participants having separated parents before the age of 18, having a deceased parent before the age of 18, having foster parents before the age of 18, being orphans before the age of 18, parent in the military and/or living in another country for more than 20 years, and the participants being married or being a single parent.

Tools

There have been two standardised tools used to measure the level of both the variables for this study:

- **Parental Bonding Inventory**: The Parental Bonding Instrument (PBI), developed by Gordon Parker and colleagues in 1979 (Parker et al, 1979), is a psychological tool designed to measure individuals' perceptions of parental care and overprotection during their formative years. The PBI consists of 25 items, divided into two scales: "care" and "overprotection," which assess the fundamental styles of parenting as perceived by the child up to the age of 18. Respondents evaluate their memories of their parents using a retrospective approach, providing separate scores for maternal and paternal figures. In terms of reliability, the PBI has demonstrated good internal consistency and test-retest reliability, with studies indicating stability over extended periods, including a notable 20-year interval. The reliability scale value is generally considered acceptable with a reliability rate of 0.85 to 0.94, with retest coefficients showing consistent results across different cohorts. Regarding validity, the PBI has been found to possess satisfactory construct and convergent validity, indicating that it effectively measures the intended psychological constructs without being significantly influenced by mood states or other external factors. It exhibits strong construct validity, as evidenced by significant correlations with other established measures of psychological well-being, such as the Edinburgh Postnatal Depression

Scale (EPDS). The PBI's factor structure has been confirmed through factor analyses, showing that its items effectively load onto the intended scales of "care" and "overprotection". Furthermore, the instrument has been validated in diverse cultural contexts, indicating its robustness and sensitivity to populations. Longitudinal studies have also affirmed the stability of PBI scores over extended periods, suggesting that perceptions of parental bonding are consistent and not significantly influenced by mood states or life experiences. Overall, the PBI is recognized as a reliable and valid measure for assessing perceived parenting styles during childhood.

- **Beck Depression Inventory**: The Beck Depression Inventory (BDI), developed by Aaron T. Beck in the 1960s, is a widely used self-report tool designed to assess the severity of depression in individuals (Beck, 1961). The inventory consists of 21 items, each reflecting a specific symptom of depression, and respondents are asked to select the statement that best describes their feelings over the past two weeks. The BDI has shown strong reliability, with Cronbach's alpha coefficients typically ranging from 0.85 to 0.94, indicating excellent internal consistency across various populations. Additionally, the test-retest reliability is also robust, with coefficients around 0.93, suggesting that the BDI yields stable results over time. In terms of validity, the BDI has demonstrated strong construct validity, correlating well with other established depression measures, such as the Hamilton Depression Rating Scale. It has also been validated in numerous clinical and non-clinical settings, confirming its effectiveness in identifying depressive symptoms and their severity.
- **Rosenberg Self-Esteem Scale (RSES):** The RSES is a popular 10-item scale from Rosenberg, 1965, and it is the most widely used measure of global self-esteem. Respondents rate how much they agree with statements about their own worth using a four-point Likert scale, whereby higher scores indicate higher self-esteem levels. It demonstrates high internal consistency (Cronbach's α typically between 0.77 and 0.88) and strong test-retest reliability (r = 0.82 to 0.88), alongside robust convergent and discriminant validity across diverse demographic and international populations.

Procedure

The participants will be selected from the age range of 18-25 years in the city of Pune. Firstly, the participants will be educated about the importance and purpose of the study, and then will be asked for their consent to participate in the study. They will also be informed that their data will be safe and confidential. After getting the consent from the participants, the data will be collected through google forms which will be shared to them through their email or any other social media medium. The data collected will further be analysed statistically to know whether the hypothesis gets accepted or rejected.

Statistical analysis

Statistical analysis will be done by using the software of Statistical package of social sciences (SPSS)

RESULTS

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Father's Bonding	300	10	57	38.19	7.295
Mother's Bonding	300	22	61	40.77	6.211
BDI Score	300	0	61	15.68	12.691
Self-Esteem Score	300	0	30	18.29	5.922

The descriptive statistics summarise the scores of 300 participants on father's bonding, mother's bonding, depressive symptoms, and self-esteem. Participants reported a higher average score for mother's bonding (M= 40.77, M=40.77, SD= 6.21, SD=6.21) than for father's bonding (M= 38.19, M=38.19, SD =7.30, SD=7.30), indicating that, on average, participants perceived slightly stronger bonding with their mothers.

The mean BDI score was 15.68 (SD =12.69, SD=12.69), with scores ranging from 0 to 61. The relatively high standard deviation shows substantial variation in depressive-symptom scores across participants: while some reported no symptoms, others reported comparatively high symptom levels.

The mean self-esteem score was 18.29 (SD = 5.92, SD=5.92), with scores ranging from 0 to 30. This indicates moderate variation in participants' self-esteem, with some reporting very low self-esteem and others reporting high self-esteem.

Correlations

		1.	2.	3.	4.
1.	**Father's Bonding**	1			
2.	**Mother's Bonding**	.556**	1		
3.	**BDI Score**	-.104	.001	1	
4.	**Self-Esteem Score**	.117*	.034	-.716**	1

***. Correlation is significant at the 0.01 level (2-tailed).*

**. Correlation is significant at the 0.05 level (2-tailed).*

DISCUSSION

This study aimed to look at the relationship between parental bonding (mother's bonding and father's bonding) during childhood with depressive symptoms and self-esteem in adulthood with 300 unmarried Indian participants aged 18 to 30 years, who lived with both parents until age 18. The hypothesis assumed a correlation with each other. The results show a weak positive correlation between father's bonding and self-esteem (+0.117), significant at the 0.05 level. However, neither mother's bonding nor father's bonding correlated with self-esteem or depressive symptoms. This means that a father's care and overprotection during childhood may add to slight self-esteem development later on in life.

These findings are consistent with attachment theories like Bowlby's (1969) attachment theory that states that past experiences with primary caregivers shape subsequent relationships and emotional regulation. This study does not show a significant correlation between parental bonding and depressive symptoms. Yet, it shows a weak positive correlation between father's bonding and self-esteem. This correlation could mean that secure attachment formed through parental care contributes to an individual's positive self-perception, which serves as a wall against depression. Moreover, van IJzendoorn and Kroonenberg's (1988) have identified the cultural factors influencing mother-child bonding and attachment styles that may also give an account for the difference in the role of father and mother in developing self-esteem among young adults in India.

The modest but weakly positive correlation between paternal bonding and self-esteem could be explained along several factors. The randomness inflicted on the sample might have established a legitimate variation, as subjects were selected according to certain set criteria (age, marital status, and co-residence with parents) and not others, for example,

socioeconomic status of family, level of educational attainments, and personality type. Cultural factors might be of importance from the standpoint of India, as there exist traditional gender roles that tend to characterize the father as the figure of discipline while assigning caregiving responsibilities to the mother, and conversely, these very factors might distort the perception of parental bonding whereby the father might not be credited for offering emotional support even though he is engaging positively in his child's life skills towards building self-esteem. Furthermore, since the PBI administered to study parental bonding is based on retrospective self-reports, it will consequently be susceptible to recall bias of its own with the subjects interpreting their own experiences within the framework of the variable of care and overprotection.

Other factors to be considered relate to the dynamics within Indian families. The extent of parental involvement, communication styles, and emotional expression could vary from home to home, with prominent cultural and family value influences impacting the bonding between parents and children. Furthermore, even though this study focused on the child's perspective of parental bonding, the researchers did not obtain any data from the parents on either their perceptions or their parenting behaviors. Future research might profit from integrating various perspectives, which would provide a fuller understanding of the parent-child dynamics.

CONCLUSION

There is a weak relationship of fathers bonding with self-esteem and there is no relation of mother's bonding with self-esteem and parental bonding with depressive symptomology

Limitations

1. **Limiting Ecological Validity**: This study is being conducted only amongst in India that might not be applicable to other nations thus limiting the ecological validity of the study
2. **Lack of Generalisability**: The study is mainly on Indian youth and has mainly females thus it lacks generalisability as it needs to be conducted on people from other countries too
3. **Low Sample**: The study had a sample of 300 participants from the entire 1.4 billion population of India that is comparatively a small population which constrains the applicability of the results to more diverse populations.
4. **Social Desirability Rate and Random Results**: The participants might have shown social desirability rate where the responses have been manipulated by the participant or must have lied. As there is a population of 300 participants filling out a google form there is a higher chance of participants giving random responses.

Implications

1. **Parenting Implications:** Indian Fathers emotional availability, care, affection, involvement and guidance have little significant relevance to a young individual's self-esteem**.** This can be implicated to make sure that both the parents especially fathers to join for parent-based awareness programs. Also, this can be implied for fathers to spend more time with their children.
2. **Clinical and Counselling Implications:** This study can imply in clinical psychotherapy and counselling therapy for young individuals who have low self-esteem or no self-esteem as psychologists can use psychodynamic therapy for understanding their past family history/relationship with their father. This should be

done sensitively, without assuming that parental bonding is the sole cause of low self-esteem.

3. **Research Implication:** As this is the first Indian study on parental bonding, depressive symptomology and self-esteem, there is a larger scope to study more on the affects of different levels of parental bonding during childhood on mental health during adulthood of individuals in India because in India parents have too much or too less care and control on their children so there are multiple mental health topics to study on whether of one demographic, multiple demographics and intergenerational also.
4. **Parental Bonding not a sole cause of Depression:** There are multiple causes of depression caused in young Adults of India and not only parental bonding. Oner of the major causes is competitive exams and blockage in career as young Indian adults' cause of suicide is failure in competitive exams and unemployment.
5. **Cultural Implications:** In previous times, Indian fathers who were Boomers took the greater responsibilities of financial provision and discipline making and were strict towards their children. Now, Indian fathers who are GenX, parents of GenZ and late Millennials have been more caring and overprotecting towards their children. This sudden change of intergenerational cultural behaviour needs to be studied more.

Future Directions

1. **Using longitudinal designs:** As this study is cross-sectional, it only shows a correlation and cannot prove cause and effect. A multi-year study following the same children into adolescence is needed to confirm whether parental bonding actually causes changes in their self-esteem and depression levels over time
2. **Recruit more diverse samples:** The current study's findings are limited because the sample only included unmarried young adults who grew up with both parents. To make future results more broadly applicable, researchers should recruit a more diverse group. This means including participants from both rural and urban areas, different Indian states, various social classes, diverse educational and religious backgrounds, different family setups, and an equal mix of genders.
3. **Separate care and overprotection:** Instead of merging the subscale scores of Parental Bonding Instrument (PBI) into total scores making Parental Bonding Instrument into a single 'bonding' variable, researchers should analyse the care and overprotection subscales separately for both mothers and fathers. Combining them makes it harder to see whether it is warmth, independence, control, or discipline that actually influences a child's self-esteem.
4. **Study mechanisms:** The study shows that paternal bonding had only a weak link to self-esteem, while maternal and paternal bonding had no significant link to depression. To explain these weak or missing connections, future studies should test mediating and moderating factors. This includes analyzing how traits like attachment security, emotional regulation, coping styles, personality, family communication, social support, gender, and socioeconomic status might influence or change these outcomes
5. **Using Multiple Methods:** Rather than relying only on young adults remembering their past, researchers should gather data from parents as well, using interviews, direct observations, or tracking them over time. Additionally, because fatherhood research highlights the limits of single-person accounts, future studies ought to measure father-child relationships, coparenting styles, and overall family dynamics to get a complete picture.

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Conflict of Interest

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