The effects of parental bonding on depression and self esteem in adolescence

Bahreini M\textsuperscript{1}, Akaberian Sh\textsuperscript{*2}, Ghodsbini F\textsuperscript{3}, Yazdankhah Fard MR\textsuperscript{4}, Mohammadi Baghmollaei M\textsuperscript{5}

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Abstract

Introduction:
Depression and low self-esteem are the most important psychological disorders common among adolescents. But few studies have investigated the association between parental bonding patterns and depression and low self esteem in adolescents. The aim of this study was to detect the effects of parental bonding on depression and self esteem during adolescence in Bushehr in 2010.

Material and Methods:
In this cross-sectional study, a total of 482 adolescents (246 females and 236 males) in the first grade at 8 high schools of Bushehr were selected according to cluster random sampling. A series of valid and reliable questionnaire by each subject including the Beck Depression Inventory, Cooper Smith Self esteem Inventory and Parental Bonding Inventory (PBI) were completed. Descriptive statistics and independent t-test were used for analysis of the data in SPSS 11.5.

Results:
Parental care was more associated with depression and low self esteem in both male and female adolescents than parental protection. An interactive combination of low care and high protection (affectionless control) revealed a significant relationship with depression and low self esteem in female adolescents.

Conclusion:
The results showed that a combination of low care and over-protection increases the risk of depression and low self-esteem in female adolescents. Optimum parental behavior is characterized by the behavior through which adolescents get a feeling of freedom, love and protection.

Keyword: Adolescents, Depression, Psychological Bonding, Parents, Self Esteem
poor singularity and identification, insecure parental bonding, and display of negative behaviors by parents (1).

Bowlby was the first to emphasize the importance of effective social and psychological function of children in 1960s. He proposed the well known attachment theory, stating that an individual’s weakness in establishing healthy relationships with others and mental disorders stem from insecure parental bonding in childhood. Based on this theory, Ainsworth et al defined 3 attachment styles: 1) secure attachment; 2) insecure avoidant attachment; and 3) insecure anxious/ambivalent attachment. Inspired by Bowlby’s work, Parker, Topling and Brown defined two aspects of parental bonding. The first pattern is the caring parental bonding which reflects a warm, close and sympathetic relationship as opposed to a cold, repelling and neglectful one. The second bonding style is the controlling style which reflects the degree of control parents exert on their children and in intense cases may hinder the development of independence in children (4).

The term “bonding” expresses the close and emotional relationship between a child and parents. This bonding provides a safe and secure basis for the child to explore and control the environment (5). This basic and essential bonding shapes a child’s understanding and participation in his/her future relationships (6). In fact, this cognitive-emotional aspect of bonding will continue to exert its influence through adolescence on the mental and emotional compatibility of the child (7). For this reason, some experts believe that isolation in adolescence is the result of repelling parental bonding experiences in childhood (8). Moreover, researchers have stated that insecure parental bonding may lead to an interpretation of failures as an intrinsic fault in the individual himself, which will implicitly bring about mental disorders (9).

Studies conducted by Paterson et al and Overbeek et al corroborate a relatively strong relationship between parental bonding style and self-esteem and depression (10, 11). The findings of another study indicate that a secure bonding style between mothers and daughters will improve self-esteem and reduce depression in daughters, whereas girls with an avoidant bonding style will sympathetically associate negatively with their mothers, resulting in poorer self-esteem and more depression (12).

Our country, Iran, is demographically young. Investigating the challenges of this active group may yield very positive results for social functioning. It is particularly true nowadays that the relationship between family members is declining continuously and their support for each other is diminishing. Moreover, women’s employment decreases the amount of time they spend in their families with its ensuing negative results. Despite the importance of this issue, there are unfortunately few Iranian studies to address it. For this reason, we undertook the present study to determine the impact of parental bonding styles on depression and self-esteem of high school students in Bushehr in 2010.

Material and Method:
This is a cross-sectional descriptive-analytic study conducted in 2010. The study population consisted of first year high school students in eight high schools of Bushehr which were selected among all girls and boys high schools through simple clustered randomized sampling. All 482 participants of the study were enrolled through a survey. The inclusion criteria were celibacy, living with parents during the study period, studying in first year of high school, and willingness to participate. Married or disinclined students were excluded from the study.

Data were collected using a collection of three questionnaires: Beck Depression Inventory, Cooper Smith Self-Esteem Inventory, and Parental Bonding Inventory. All questionnaires were completed by the
The effects of parental bonding on students themselves under guidance of the researchers. In addition to the Beck Depression Inventory and Cooper Smith Self Esteem Inventory which have been used repeatedly in Iran and their reliability and validity reported, the reliability and validity of Parental Bonding Inventory have been confirmed in a study by Zargham et al. The questionnaire consists of 27 questions with the answers sorted on a Likert scale of “Never:1”, “Seldom:2”, “Medium:3”, “Usually:4”, and “Always:5”. The specific scoring system of this questionnaire defines 4 styles of parental bonding or behavior: Low Care, High Care, Low Control, and High Control. Combining these styles will yield new patterns, namely: the optimal pattern (low control, high care); affectionless control (low care, high control); affectionate controlling (high care, high control); and affectionless (low care, low control).

In order to collect data, the researchers attended the schools to explain about the process of completing the questionnaires and answer any questions raised by the participants. In order to comply with the ethics of research and the Helsinki Declaration, we obtained the necessary permits and all participants expressed their informed consent in written. The consent form explained the objectives and applications of the study, reassured the anonymity of questionnaires, and highlighted the confidentiality of data collected. The data were analyzed on SPSS software version 11.5 using descriptive analysis and independent t-test.

Results:
Out of 482 first year high school students, 236 (49%) were boys and 246 (51%) were girls. The mean age of participants was 16.2 ± 0.9 years; the mean score of self-esteem was 79.23 ± 14.14, and the mean score of depression was 15.37 ± 10.27. The findings of the study revealed that girls tended to be more depressed than boys (17.76 ± 11.5 vs. 12.98 ± 9.40) with a significant difference (p<0.05). On the other hand, the self-esteem of boys and girls was not found significantly different (79.8 ± 13.51 vs. 78.67 ± 14.74; p=0.377). Table 1 depicts the scores of depression and self-esteem in our participants in relation to their parental bonding style for each sex. As is obvious, the highest depression and the lowest self-esteem for both boys and girls pertain to the low care pattern.

Table 1: Comparing the mean scores of depression and self-esteem of participants for parental bonding style

<table>
<thead>
<tr>
<th>Parental Bonding</th>
<th>Boys</th>
<th>Girls</th>
<th>P Value</th>
<th>Self-Esteem</th>
<th>Boys</th>
<th>Girls</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low care</td>
<td>29.50 ± 21.92</td>
<td>35.20 ± 15.30</td>
<td>0.27</td>
<td>64.00 ± 13.78</td>
<td>53.00 ± 17.59</td>
<td>0.11</td>
<td></td>
</tr>
<tr>
<td>High care</td>
<td>12.30 ± 8.61</td>
<td>17.02 ± 9.95</td>
<td>0.001</td>
<td>80.31 ± 13.18</td>
<td>80.70 ± 13.13</td>
<td>0.59</td>
<td></td>
</tr>
<tr>
<td>Low control</td>
<td>12.15 ± 9.59</td>
<td>13.85 ± 6.68</td>
<td>0.32</td>
<td>81.56 ± 13.08</td>
<td>84.76 ± 12.77</td>
<td>0.42</td>
<td></td>
</tr>
<tr>
<td>High control</td>
<td>12.69 ± 8.47</td>
<td>19.11 ± 12.06</td>
<td>0.001</td>
<td>78.87 ± 13.75</td>
<td>76.11 ± 16.04</td>
<td>0.15</td>
<td></td>
</tr>
</tbody>
</table>

Table 2: Comparing the mean scores of depression and self-esteem of participants for combination of parental bonding styles

<table>
<thead>
<tr>
<th>Parental Bonding</th>
<th>Boys</th>
<th>Girls</th>
<th>P Value</th>
<th>Self-Esteem</th>
<th>Boys</th>
<th>Girls</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optimal bonding</td>
<td>12.07 ± 9.79</td>
<td>13.56 ± 6.42</td>
<td>0.37</td>
<td>81.53 ± 13.27</td>
<td>84.83 ± 12.01</td>
<td>0.17</td>
<td></td>
</tr>
<tr>
<td>(high care, low control)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low care, high control</td>
<td>29.50 ± 21.92</td>
<td>38.44 ± 12.04</td>
<td>0.41</td>
<td>64.00 ± 13.78</td>
<td>50.00 ± 15.29</td>
<td>0.13</td>
<td></td>
</tr>
<tr>
<td>High care, high control</td>
<td>12.25 ± 7.72</td>
<td>17.46 ± 10.10</td>
<td>0.0001</td>
<td>79.94 ± 13.60</td>
<td>79.01 ± 13.52</td>
<td>0.62</td>
<td></td>
</tr>
<tr>
<td>Affectionless</td>
<td>14.25 ± 17.18</td>
<td>36.00 ± 9.08</td>
<td>0.0001</td>
<td>78.79 ± 13.48</td>
<td>83.00 ± 13.74</td>
<td>0.42</td>
<td></td>
</tr>
</tbody>
</table>
Discussion:
The present study was conducted to determine the impact of different styles of parental bonding on depression and self-esteem in adolescents. The findings of the present study indicate that depression and low self-esteem are more common in both boys and girls whose parents fall in the low care category. Similarly, Avagianou & Zafiropoulou demonstrated that insufficient care and excessive control by parents leads to depressive symptoms, low self-esteem, introversion and emotional instability of their children (13). Of course, it is crucial to take into account the cultural differences of societies (particularly traditional versus modern societies) when analyzing these findings. According to the findings of this study with its particular social-cultural milieu, the participating adolescents desire more affection from their parents while requiring more freedom as well.

The influence of cultural differences on children’s understanding of different parental bonding styles may be observed in a study by Grotmol et al, which yielded different results from ours. In that study, the participants were individuals with depression and history of suicide attempts. After studying the parental bonding styles, it was revealed that those with higher levels of care had more severe depression, which was more prominent in men than women (14). In addition, a study conducted on students of different nationalities and different growing conditions in an American university indicated considerable diversities in terms of the relationship between parental bonding styles and some mental conditions such as anxiety and depression (15).

Considering the findings of the above studies, it may be concluded that the two important indices of mental health, i.e. depression and low self-esteem, in oriental communities are closely tied to the emotional atmosphere of families and the manner of parental behavior towards their children, most notably cold and unemotional behaviors with little affection. In fact, the mental health of children in adolescence and adulthood is under the influence of parental behavior as well as the children’s understanding of the parental bonding style. Similarly, the findings of a case-control study demonstrated that depressed adolescents feel that their parents are less competent compared to those without depression (16). Our findings indicate that parents who provide excessive care or control tend to have daughters with greater sensitivity and their intensity of depression and low self-esteem rises significantly compared to boys. This underlines the particular attention to be paid to raising policies for girls. It must be admitted that the risk of emotional problems, such as depression and low self-esteem, is higher in girls due to their stronger emotional aspects. It means that gender issues must be taken into account for raising purposes.

In a combination of parental bonding styles, the greatest rate of depression and the lowest rate of self-esteem for both boys and girls pertained to one in which parents do not provide enough care and simultaneously exert great control over their children. Similarly, a study by Shaker and Homeyli on 110 psychological patients referring to the clinics of Ardebil concluded that affectionless control of parents is significantly related to children’s depression (17). Studies by Lau & Kwok, Hay & Ashman, and Takeuchi et al also confirm the positive relationship between family relationships which are warm, positive and without intense control and low depression scores and high self-concept, corroborating our findings (18-20). In fact, our findings confirm that the adolescent on search for independence and entry into the adult world needs not only freedom of action, but also mental support and emotional confirmation of parents. The results is that in order to improve the mental health of adolescents, who are in...
charge of the future of our country, it is crucial to contemplate the parent-child relationship, educate parents about the positive or detrimental impacts of each behavioral pattern and raise the sensitivity in the society to modify and improve relationships with adolescents.

Conclusion: This study has certain limitations like any other. Since this is a quantitative study, it bears all the limitations of such studies. It is believed that considering the nature of major components of interest, a qualitative study may yield a more profound understanding of parental behavioral styles. Moreover, as this study was conducted in a specific environment with its proper social-cultural characteristics and geographical limitations, the findings may not be applicable to other societies and communities with different cultural properties.

For deeper and more extensive studies on this subject, we recommend future studies to address the impact of parental behavioral patterns on mental status of other age groups such as children, as well as investigate the impact of these patterns on the participants’ behaviors and social function. Furthermore, we recommend further studies to include both parents and children for evaluation of parental behavioral patterns and compare the results.

References: