

PERCEPTION OF PARENTING STYLES AND VULNERABILITY TO
DEPRESSION IN ADULTHOOD

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ABSTRACT

The present study is an attempt to investigate the effects of perceived parental styles on the psychological health of adults. Researches reveal that rejection and overprotection specially play a significant role in developing their perception for parental styles as adaptive or maladaptive. In the light of the research review, it has been hypothesized that individuals who perceive their parental styles as maladaptive are more vulnerable to psychological problems like depression than individuals who perceive their parental styles as adaptive.

Perceived parental styles and the psychological problems were measured by the Egnä Minnen Beträffande Uppförstran (EMBU, Swedish acronym for "My Memories of Upbringing) and Symptom Assessment-45 (SA-45) questionnaire's respectively. The sample comprised one hundred and sixty one (161) students, i.e. 81 male and 80 female students participated in this research. Initially they filled the demographic information form and then EMBU and SA-45 questionnaires were administered.

The scores of EMBU questionnaire of the students were statistically evaluated by 95% Confidence Interval. Furthermore one-way analysis of variance (ANOVA) and t-test were applied on the data in order to get statistical significance of results.

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Results reveal that high parental rejection and high parental overprotection groups had significantly higher depression scores as compared to low parental rejection and low overprotection groups.

INTRODUCTION

A variety of authors have emphasized the importance of the quality of early experiences with parents in the development of Adult depression. Beck's (1967) cognitive model of depression, explicitly attributes the development of negative schemata and cognitions to a critical, disapproving parent, and Blatt et al (1979) psychoanalytic formulation suggests a vulnerability to depression, stemming from impaired relations with parents. To test these claims, researches examined the incidence of parental loss among depressed people. Brown and his colleagues (Brown and Harris, 1978; Brown et al, 1986) have argued that loss of, or separation from a mother before age 11, represents a vulnerability factor for depression. Other investigators (Crook and Eliot, 1980; Perris et al, 1986) disagree, however, and the etiological significance for depression of early loss of a parent is still very much unresolved issue.

A different approach to examining the importance, in case of depression, of the quality of early parenting involves assessing depressed individuals' perceptions of their childhood experiences, and results in this area appear to be more consistent. Perris (1966) found that both unipolar and bipolar depressed patients reported unfavorable home conditions during their childhood. Abrahamas and Whitlock (1969) similarly found that depressed patients were more likely than non-depressed controls to report poor childhood relationships in their families.

Support for the qualitative hypothesis can be found in more modern psychoanalytic views of depression. Bibring (1953) mentioned a predisposition to depression is due to insufficient parental love during childhood, which would fixate the child to feelings of helplessness, and Bowlby stressed that the role of the caregiver that should be empathetic and stimulating.

Raskin et al (1971) and Jacobson et al (1975) in studies of depressed patients did not find any association of adult depression with overt parental loss in childhood, but evidence of an association with depriving childrearing practices; depressed patients rated their parents more negatively than normals, especially in respect of acceptance vs. rejection. Parker who found in a series of investigations that depression was strongly associated with patients' reports of either lower quality parental care or overprotection, confirmed the results by Raskin et al. Both Jacobson et al and Parker also found that depriving child rearing practices were related to the severity of adult depression.

Eisemann, Perris, Perris and von-Knorring (1984) investigated the occurrence of possible differences in rearing practices related to social class in a series of 125 depressed patients by means of a special inventory the EMBU (EgnaMinnen av Barndoms Uppfostran-My Memories of Upbringing) a questionnaire that measures perceptions of parental rearing behaviour. Three factors derived from the EMBU in the course of previous studies: "rejection", "emotional warmth", "overprotection" has been taken into account. The rearing practices experienced by subjects belonging to different social classes did not differ concerning "emotional warmth" proved in an earlier study to discriminate between depressives and healthy controls, it is concluded that the difference cannot have been biased by possible differences in social class.

In another study two groups of former depressed Italian patients comprising 54 bipolar and 52 unipolar completed the Italian version of the EMBU, a Swedish instrument aimed at assessing the experience of parental rearing behavior. As in a previous study of Swedish depressives, three factors, "rejection", "emotional warmth", and "overprotection", have been taken into account. The results obtained in the patient group have been compared with those obtained in Italian healthy controls. Depressed patients rated both parents significantly lower than the controls on the factor "emotional warmth". The present results cross-validate those obtained previously in the Swedish depressives and strengthen, together with other findings in the literature, the assumption that the lack of emotional warmth in the parents' rearing practices might be a crucial variable in the pathogenesis of depressive illnesses (Perris, Maj. Perris and Eisemann, 1985).

In a study by Perris et al (1986) four groups of depressed patients 47 unipolars, 21 bipolars, 34 with neurotic-reactive depression, and 39 with unspecified depressive disorder completed, after recovery, the EMBU questionnaire. The results for three factors: "rejection", "emotional warmth" and "over-protection" and the global judgment scores of "severity" and "consistency" in rearing attitudes were compared with those obtained from 205 healthy individuals. Depressed patients, particularly in the unipolar unspecified groups rated both parents lower than the controls on emotional warmth. Patients tended also to rate their parents as less consistent in their rearing attitudes. The variables emotional warmth and overprotection allowed 64% of the patients and 72 of the unipolar depressives to be classified correctly. These results, like those of previous studies, support the hypothesis that deprivation of love during childhood represents an important psychological risk factor in the background of depressive disorders.

Possible differences in the early family situation as concerns parental rearing practices have been investigated in a series of 50 depressed patients and 258 controls by means of the Swedish EMBU inventory. The results show that the depressive patients experienced their parents as more “rejecting”, more “overprotecting” and less “emotionally warm” as compared to their normal counterparts (Gaszner, Perris, Eisemann and Perris, 1988).

In a study by Richter, Richter and Eisemann (1990) the relationships between severity of depression, emotional family atmosphere and perceived parental rearing were studied at admission, discharge and follow-up in a sample of 72 depressed inpatients. The results indicate that paternal rejection and overprotection might be of particular importance for developing social skills used to form close relationships, whereas maternal emotional warmth seems to have a preventive effect by promoting emotional stability.

Stuart, Laraia, Ballenger and Lydiard (1990) characterize the early family experiences of 30 women with bulimia nervosa and 15 women with major depression, and compare them with 100 women controls, with particular emphasis placed on parental rearing practices, family conflict resolution, sexual mistreatment, problematic childhood indicators, and childhood separation experiences. There is little research on these patient populations in relation to their childhood experiences, and thus, it is difficult to identify markers for women at risk for these disorders. The findings show that there are significant differences between the experiences these women had growing up and those of the control group.

In a pilot study of 72 psychiatric inpatients, Richter, Eisemann and Richter (1991) have investigated relationships between state versus trait aspects of depression and perceived parental rearing. It appeared

that trait aspects (assessed by the mood scale of the Giessen test) yielded the most frequent and highest correlations with the factors rejection, emotional warmth and overprotection of the EMBU questionnaire. Particularly rejecting maternal rearing behavior during childhood seems to constitute a risk factor for the development of trait depression during adulthood.

In a study by Gerlsma, Das and Emmelkamp (1993) parental representations of a Dutch sample of psychiatric patients with diagnoses of dysthymia and unipolar depression were compared with those of a matched sample of non-depressed patients and a matched sample of healthy controls. No differences in recalled parental rearing styles were found between depressives with a diagnosis of dysthymia and those with a diagnosis of unipolar depression. Depressives did not differ from the mixed (but non-depressed) sample of psychiatric patients, whereas both the depressed and the mixed group of patients reported more adverse parenting than the healthy controls. Analysis of repeated measurements of parental representations showed that memories of parental behavior were highly stable across clinically significant changes in depressed mood, so that it seems unlikely that patients' relatively negative recollections of their parents' behavior were due to mood state dependent recall. Results are discussed within the framework of depression theories and with regard to the validity and utility of self-report instruments for parental rearing styles.

Oliver and Paul (1995) examined associations among self-esteem and self-efficacy; perceived unfavorable Parental Rearing Style (perceived PRS) and unfavorable family climate in the family of origin, and depression in undergraduates still in frequent contact with their families (N = 186). Unfavourable perceived PRS and family climate were construed as "affectionless control", in which parents and family provide little affection, but excessive control. Constructs were

measured by the Self-Esteem Inventory, the Self-Efficacy Scale, the Child Report of Parental Behavior Inventory, the Family Environment Scale, and the Beck Inventory. Percieved “affectionless control” in both PRS and family climate accounted for about 13% of the variance in self-esteem, self-efficacy, and depression. Neither introversion nor depression mediated the relation between family socialization and self-esteem.

Although many case-control studies have replicated an association between dysfunctional parenting and a lifetime diagnosis of depression, few epidemiological studies have explored the association. In addition, little is known about the association in non-western countries. Using logistic regression analyses, additive and interactive contributions of parental child-rearing behaviors, as measured by the Parental Bonding Instrument (PBI), toward the risk for having a lifetime diagnosis of major depressive disorder were explored in 418 employed Japanese adults. The diagnosis was provided by using the Inventory to Diagnose Depression, lifetime version. The analyses were conducted for male and female subjects separately. Results indicated that parental care rather than parental protection was primary in predicting lifetime depression in both male and female subjects. An interactive combination of low care and high protection (‘affectionless control’) was a significant risk factor for lifetime depression in male respondents’ reporting child-rearing behaviors of both parents and female respondents’ reporting paternal child-rearing behaviors. Model improvements when entering the PBI scores were larger in male subjects than in female subjects. The results suggested that a combination of low care and over-protection increases a risk to lifetime depression even in a non-clinical sample, that an association between dysfunctional parenting (particularly low care) and the development of depression is independent of culture; and that Japanese boys are more sensitive than Japanes girls to

dysfunctional parenting as regards the development of depression (Sata et al, 1998).

Rojo-Moreno, Livianos-Aldana, Cervera-Martinez and Domingues-Carabantes (1999) investigated the style of rearing in a sample of depressive patients and compared it with a control group of normal subjects of similar age, sex, and civil status. The hypothesis to verify was that among the depressives the style of rearing is characterized by a deficit in emotional warmth and an excess of rejection and protection. It was analyzed whether the severity of the depression, **Major Depressive Disorders versus Depressive Disorders Not Otherwise Specified**, was associated with differences in the perceived rearing conditions. It was an observational study of the case/control type. There were 50 patients, whose first depressive episode (DSM-III-R criteria) began in the 6 months prior to the interview. They were entered sequentially into the study sample. The control group comprised 50 subjects with no depressive pathology, matched by age, sex, and social class. The EMBU questionnaire was applied to all the subjects. Only 35% of all depressive patients, as against 64% of the controls, had experienced an optimum upbringing. It is shown that a deficit in emotional warmth and a high level of rejection constitute parental attitudes that are significantly more frequent among depressives than among subjects with no psychiatric pathology. Type of depression or degree of intimacy did not influence the scores obtained in the subscales of the EMBU. Depressives pertaining to lower social classes tended to score higher in overprotection and rejection scales.

Enns, Cox and Larsen(2000) study objective was to evaluate several different personality dimensions as possible mediators of the relationship between perceptions of parental bonding and depressive symptoms in adulthood. Outpatients with depression (n = 138)

completed the Parental Bonding Instrument (PBI), the Beck Depression Inventory (BDI), and several measure of proposed personality vulnerabilities to depression. The conceptual and methodological criteria of Baron and Kenny (1986) were used to assess possible mediating effects of personality variables. It was found that in men, overprotection by their fathers was significantly associated with depression; neuroticism, socially prescribed perfectionism, and concern over mistakes acted as mediators of this relationship. In women, lack of care by their mothers was significantly associated with depression; self-criticism, socially prescribed perfectionism, and concern over mistakes mediated this relationship. This study provides evidence that personality factors may mediate the observed relationship between parental rearing style and depression.

In a study by Narita, et al (2000) 418 employed Japanese adults completed the PBI and the Inventory to Diagnose Depression, lifetime version. Associations of PBI scores with lifetime history were explored by performing logistic regression analyses. The analyses were carried out using the original two PBI dimensions and the three new PBI dimensions validated in this sample. The results of the analyses using the three new dimensions did not differ markedly from those using the original two dimensions. Parental low care was always associated with having a lifetime history of depression. Analyses using the three new PBI dimensions provided some evidence that overprotective aspects of parenting may also be associated with a lifetime history of depression (a higher score on paternal denial of the psychological autonomy dimension predicted a lifetime history of depression in female subjects). Low parental care may be the most important factor associated with depression.

Few studies have explored the relationship between personality, dysfunctional parenting in childhood, and adult depression. Sakado et

al (2000) Conducted a study in which parental rearing styles and personality scores as measured by the Parental Bonding Instrument (PBI) and the Interpersonal Sensitivity Measure (IPSM) were compared in a group of employed Japanese adults with and without a lifetime history of depression. The diagnosis was provided by the Inventory to Diagnose Depression, Lifetime version (IDDL). To estimate the effects of the PBI and the IPSM scores on lifetime depression, a multiple logistic regression analysis was performed. Subjects with lifetime depression were seen to have significantly lower scores on the PBI 'care' and higher scores on the IPSM than the subjects without lifetime depression. Lower levels of maternal care and higher levels of 'interpersonal sensitivity' each independently increased the risk for lifetime depression. In conclusion it can be said that dysfunctional parenting and personality seem to be correlated by lifetime depression, but it is uncertain whether they are independent risk factors.

With regard to information about parental rearing, retrospective data are exclusively available among adults. These data are vulnerable due to various biases. Richter and Eisemann (2001) conducted a study in order to replicate the findings of overall stability of three perceived parental rearing factors of the EMBU (Swedish acronym for 'own memories of childhood upbringing') based on 14 rather detailed subscales. A consecutive sample of 220 depressive inpatients was investigated on admission and at discharge by means of the EMBU, the Beck Depression Inventory and the Dysfunctional Attitude Scale. Perceived parental rearing scores showed high stability despite clinically significant changes in the severity of depression, except for 'tolerance', 'guilt engendering', 'performance orientation' and 'shaming' parenting with probable gender-specific effects which were found to correlate with dysfunctional attitudes.

Muris, Schmidt, Lambrichts and Meesters (2001) investigated the role of various protective and vulnerability factors in the development of depressive symptoms. A sample of normal adolescents (N=373) completed the Children's Depression Inventory and measures of a negative attributional style, parental rearing behavior, coping styles, and perceived self-efficacy. In addition to computing the correlations between depression and these protective and vulnerability factors, the present data were also subjected to structural equations modeling to examine the correlational structure of the data. Depression was accompanied by high levels of parental rejection, negative attributions, and passive coping, and by low levels of active coping and self-efficacy. Furthermore, a model in which negative parental rearing behavior and a negative attributional style featured as the primary sources of depression, while coping styles and self-efficacy played a mediating role in the formation of depressive symptoms, provided a reasonable fit for the data.

In the above mentioned studies a lot of evidence exists for the parent-child relations for the development of depressive disorders in adulthood. Compared to healthy subjects, depressed adults frequently perceived both parents as been more rejective, more overprotective, and less emotionally warm. It seems that deprivation of love during childhood is an important risk factor in the background of adult depressive disorders. However disturbed parent-child relations also found to be beneral risk or vulnerability factor for depressive manifestations later in life.

Hypothesis:

In the light of the literature review the following hypothesis was formulated.

The subjects who perceive their parental rearing styles as

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maladaptive would have significantly higher depression scores as compared to those who perceive their parental rearing styles as adaptive.

METHOD

Participants:

The total sample consisted of 161 students, from different departments of arts and science faculties of the University of Karachi. There were 81 male and 80 female students enrolled in different academic years that is third year (Hons), previous, and final year. Their age range was between 19 to 27 years and mean calculated age was 21.9 years.

Sample was divided into high and low parental rejection and overprotection groups for each parent (mother and father) separately. In order to determine the score bands falling in high and low groups' "95% Confidence Interval" was computed for the two variables under study. The subjects who had average scores were discarded in order to meet the present research requirement.

A purposive sampling procedure was used for the present research. The original sample comprised of 200 students, those students who left incomplete questionnaires, and were not living with their real parents (mother and father both) since their birth, for any reason, were excluded from the sample. As a result the sample size reduced to 161 students, including 81 males and 80 females.

Procedure:

The entire sample was collected from different departments of the University of Karachi. For data collection a formal permission was taken from the chairman/chairperson of the concerned departments.

The researcher distributed the demographic information form to the entire class of volunteer subjects, in a group setting. Subjects were requested to complete the form there and then. After the subjects returned the demographic information forms, the examiner scanned them. Only those subjects requested to complete the two questionnaires (i.e. EMBU and SA-45) who were living with their real parents (mother and father both) since their birth.

As both the questionnaires were available in both the languages (i.e. English and Urdu) subjects were offered the choice to complete the questionnaires in either languages. Rest of the students was thanked for their cooperation and time, and they were requested to leave the class quietly, without disturbing the subjects who were completing the questionnaires. At the end of the completion of all the questionnaires, the examiner thanked the subjects.

OPERATIONAL DEFINITIONS:

MALADAPTIVE PARENTAL STYLES: are defined as the parental perception of high rejection and high overprotection.

ADAPTIVE PARENTAL STYLES: are defined as the parental perception of low rejection and low overprotection.

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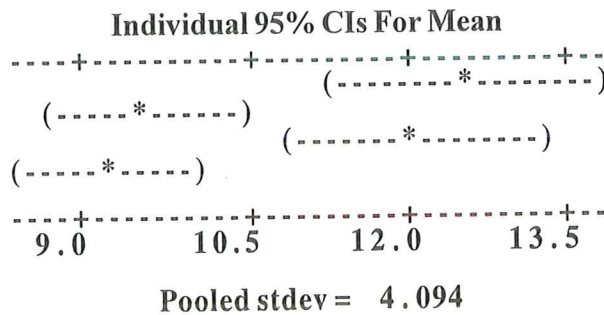
RESULTS TABLE NO. 1

ANOVA and Comparison of Means of Depression between High and Low Parental Rejection Groups.

Source	SS	DF	MS	F	P-value
Factor	436.8	3	145.6	8.68	0.000
Error	3839.1	229	16.8		
Total	4275.9	232			

Groups	N	Mean	Standard Deviation
F-Rejection-High	38	12.474	3.937
F-Rejection-Low	75	9.507	4.209
M-Rejection-High	41	12.146	3.909
M-Rejection-Low	79	9.342	4.151

F= Father M=Mother



The results indicate highly significant difference between high and low parental rejection groups. This shows that high parental rejection group has more depression as compared to the low parental rejection group.

TABLE NO. 2

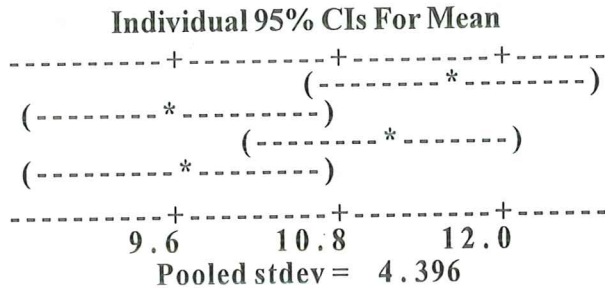
ANOVA and Comparison of Means of Depression between High and Low Parental Overprotection Groups

Source	SS	DF	MS	F	P-value
Factor	234.2	3	78.1	4.04	0.008
Error	4926.9	255	19.3		
Total	5161.2	258			

Groups	N	Mean	Standard Deviation
F-Overprotection -High	68	11.662	4.676
F-Overprotection -Low	62	9.532	4.052
M-Overprotection -High	70	11.343	4.380
M-Overprotection -Low	59	9.695	4.427

F= Father M=Mother

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The results indicate significant difference between high and low parental overprotection groups. This shows that parental overprotection group has more depression as compared to the low parental overprotection group.

DISCUSSION

Psychological theories suggest that the way children are raised is an important source of psychological problems in childhood and then in later life. Studies suggest that cold, rejecting, aloof, confusing, hostile and overprotective parenting styles are sources of maladaptive behavior. Busy life, competition and over stimulation of today's world have brought changes in life styles in developing societies generally and in families particularly. Major problems of parents are to give time, attention and care to their children. Growing children need an appropriate, balanced and consistent interaction with parents and significant others. In the light of the above mentioned facts lack of care and inconsistent interaction with parents tend to cause lack of communication with children and bring various misperceptions. Therefore under such circumstances of unstable relationship, parents are misinterpreted and children tend to misperceive parent's behavior.

Out of various perceived parental styles mainly the rejection and overprotection has been singled out to produce negative effect on a child's psychological well being. High rejection and high overprotection hamper the clear perception and the knowing processes of the children. Consequently they tend to misperceive parents behavior. Such interactions produce confusion, conflicts and frustrations in the children. If experienced repeatedly during growth they tend to develop a number of misconceptions and a variety of psychological problems specially depression.

Hypothesis states that:

“The subjects who perceive their parental rearing styles as maladaptive would have significantly higher depression scores as compared to those who perceive their parental rearing styles as adaptive”.

This hypothesis is supported by the data and is significant for parental rejection at $P=0.000$ and for parental overprotection at $P=0.008$ which is less than 0.05 level.

According to table No. 1 and graph A, it is quite clear from the highly significant result that subjects who perceived high parental rejection and had more depression as compared to those subjects who perceived low parental rejection. Whereas table No. 2 and graph B shows that subjects who perceived high parental overprotection had more depression as compared to subjects who perceived low parental overprotection.

From these results it can be said that perception of parental rejection and overprotection are the important factors in the vulnerability to adult depression. As suggested by Bibring (1953) insufficiency of parental love and approval (narcissistic supplies) in infancy fixates the infant to feelings of helplessness and predisposes to depression.

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Bowlby (1977) has argued that parents need to provide a secure, affectionate base and encourages a child to explore away from that base. He suggested that "pathogenic parents" (who are unresponsive rather than caring and who invert the normal relationship by requiring the child to act as an attachment figure to the parent) create "anxious attachment" in the child. As a consequence the child is said to be anxious, insecure, and over dependent, and disposed to display "neurotic symptoms, depression or phobia" under stress. Thus high rejection and high overprotection lead to develop the feelings of loneliness, helplessness and worthlessness.

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