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Memories of Upbringing in Relation to Mental Health of Young Adults

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ABSTRACT

Our mental well-being can be significantly affected by our recollections of our upbringing, especially our memories of how we were parented. This study focuses on the impact of memories of parenting on the mental health of young adults. The study employed the EMBU scale to measure recollections of upbringing. The scale measures emotional warmth, rejection, and overprotection as the three parenting/upbringing axes. The study evaluated the mental health of 160 participants, aged between 18 and 25, using the DASS-21 scale, which includes three subscales: depression, anxiety, and stress.

Pearson Correlation and Regression was used to analyze the relationship between the above mentioned variables. The results revealed significant correlations between rejection and mental health ($r = .609$, $p < .01$), warmth and rejection ($r = -.350$, $p < .01$), warmth and mental health ($r = .156$, $p < .05$), and overprotection and mental health ($r = .850$, $p < .01$). Additionally, a regression analysis showed that rejection significantly predicted mental health ($\beta = .355$, $p < .001$), even after controlling for overprotection. These findings suggest that higher levels of rejection are associated with poorer mental health outcomes, while warmth and overprotection have mixed relationships with mental health.

Keywords: Memories of upbringing, mental health, depression, anxiety, stress, rejection, warmth & overprotection.

CHAPTER 1

INTRODUCTION

Memories of upbringing, particularly those related to childhood experiences, have been identified as essential factors that can impact an individual's mental health outcomes in young adulthood. This study assesses the memories of upbringing and their effect on the mental health of younger adults.

1.1. Memories

Human beings are the ones who cannot break away from the past, and they are capable of making the past as present and future. Memory is the faculty of the brain through which information is encoded, stored and retrieved.

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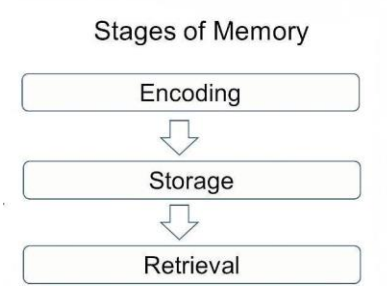

Encoding: Encoding transforms sensory data into a format that can be kept in memory. This process involves transferring sensory data from our surroundings, such as what we see, hear, or feel, and turning it into a form that can be retained in our memory systems. Since encoding enables us to take in and store information from our surroundings, it is an essential part of memory. In the brain, encoding takes place in a variety of ways, including:
1. Visual encoding: This type occurs when we process and store visual information, such as the appearance of an object or a scene.2. Acoustic encoding occurs when we process and store auditory information, such as sounds, words, and music.3. Semantic encoding: This type of encoding occurs when we process and store the meaning of information, such as the meaning of a word or a concept.Various factors, including attention, motivation, and prior knowledge, can influence encoding. For example, when we pay close attention to something, we are more likely to encode it successfully and remember it later. Similarly, when we have prior knowledge about a topic, it can be easier to encode and retain new information related to that topic. Encoding is a crucial part of memory because it allows us to store and retrieve vital info for our daily lives.**Storage**: Long-term memory can be further divided into different types of memory, including declarative (memory for facts and events), procedural (memory for skills and habits), and episodic (memory for personal experiences). The process of storage is crucial for retaining information in memory over time. Storing and retrieving information from memory is essential for learning, problem-solving, and other cognitive processes.
1. Sensory memory: Information from our senses (such as sight, hearing, taste, smell, and touch) is temporarily retained during this memory stage. Sensory memory lasts only a few seconds but has a considerable storage capacity.2. Short-term memory: This is the stage of memory where information is held temporarily for a few seconds to a minute or two. Short-term memory is limited and requires active rehearsal to prevent the data from being lost.3. Long-term memory: Information is retained for a more extended period at this memory stage, ranging from minutes to years. Both explicit (conscious memory) and implicit (unconscious memory), long-term memory has an infinite capacity.
Retrieval: Retrieval refers to accessing and recalling information from memory. Retrieval is the third and final stage of the memory process, following encoding and storage. When we retrieve information from memory, we search through our stored memories and bring the relevant information to our conscious awareness. Retrieval can occur through different methods, including recognition and recall. Recognition involves identifying information that has previously been encountered. For example, if you see a familiar face in a crowd, you recognize that person from memory. The recall involves retrieving information from memory without any cues or prompts. For example, if you try to remember a phone number you have not used in a while, you may try to recall the digits from memory. Retrieval can be influenced by various factors, including the retrieved memory type, the context in which the memory was encoded, and the cues or prompts available during retrieval. Retrieval is a crucial part of memory because it allows us to access and use the information we have previously learned and stored. Retrieving data from memory is essential for everyday life activities, such as remembering appointments, solving problems, and making decisions. People who have happy childhood memories—particularly those that center on their relationship with their parents—tend to age better, suffer from fewer chronic diseases, and experience less depression, according to research from the American Psychological Association. Our decision-making, sense of self, and mental wellness depend on our memories. The personal archive of past events is the memory. The brain can save the knowledge for subsequent use. After the original data is lost, it is a process that involves storing, retrieving, and using information regarding stimuli, events, thoughts, images, and abilities.People who have happy childhood memories—particularly those that center on their relationship with their parents—tend to age better, suffer from fewer chronic diseases, and experience less depression, according to research from the American Psychological Association. Our decision-making, sense of self, and mental wellness depend on our memories. The personal archive of past events is the memory. The brain can save the knowledge for subsequent use. After the original data is lost, it is a process that involves storing, retrieving, and using information regarding stimuli, events, thoughts, images, and abilities.

1.2. The modal model of Memory by Richard Atkinson and Richard Shiffrin (1968) divided memory into three types: 1. sensory memory, 2. short-term memory, and 3. long-term memory. Sensory memory is the first stage which holds information for seconds or fractions of a second. The brief sensory memory for visual stimuli is called a visual icon. Echoic memory is the persistence of sound that lasts for a few seconds after the presentation of a visual stimulus. It can take a huge amount of information but only retain it for a fraction of a second. Short-term memory (STM) is the recovery of information shortly after the information, even before it has left conscious awareness (James, 1980). In STM, information is held for about 15-30 seconds. Moreover, it holds 5-7 items. Long-term memory (LTM) can store a large amount of information for years. Explicit memory: Explicit memories, sometimes called explicit memories, are recollections that can be communicated verbally or physically. These consciously recovered memories include the memory of details, occasions, and unique experiences.

There are two main types of explicit memories:1. Semantic memory: This type of memory is responsible for recalling general knowledge and facts, such as the meaning of words, historical events, and scientific concepts.2. Episodic memory: This type of memory is responsible for recalling personal experiences and events, such as specific events from one's life, such as a first kiss or a memorable vacation.Explicit memories are typically stored in the hippocampus and other areas of the brain's medial temporal lobe. They are often formed through elaborative rehearsal, where new information is linked to existing knowledge in long-term memory. Explicit memories can be affected by interference, decay, and retrieval failure and are prone to forgetting over time. However, they can also be strengthened through repetition and various memory-enhancing techniques, such as mnemonic devices and organization.Implicit memory is the memory system that functions unconsciously and affects our actions without our knowledge or consent. Implicit memory, in contrast to explicit memory, refers to the influence of prior events on present-day behavior, thought, or perception without the subject being aware of the authentic experience.

Implicit memory can take many different forms, including:

1. Procedural memory is the ability to do learned behaviors—like riding a bike or typing on a keyboard—without consciously thinking about or being aware of the specific procedures required.2. Priming: This type of memory involves the facilitation of processing a stimulus based on prior exposure to a related stimulus. For example, if you see the word "dog," you may be more likely to recognize the word "puppy" later on.

3. Conditioning: This type of memory involves the association between a stimulus and a response, such as the association between a bell and salivation, in Pavlov's classical conditioning experiment.Implicit memories are formed through repeated exposure to stimuli or through associations between stimuli and responses. They are typically stored in areas of the brain outside of the hippocampus, such as the basal ganglia and cerebellum.

1.3. Memories of Upbringing in Relation to Mental Health

Our emotional, psychological, and social well-being are all parts of our mental health. It has an effect on how we feel, think, and act. A person is in a state of well-being when they are aware of their potential, can manage the stresses of everyday life, can work efficiently, and can contribute to society. Anxiety, stress, and sadness can be caused by poor mental health. In this study, DASS (depression, anxiety, and stress) is used to evaluate mental health

1.4. Memories in relation to stress, anxiety and depression

Memories of happy experiences in childhood were linked to better health and tended to get fewer depressive symptoms in middle and older adulthood. Depression is a serious medical illness which negatively affects how a person feels, the way people think and act. It causes sadness and loss of interest in activities that people once enjoyed. Symptoms of depression: sleeping problems, mood swings, loss of interest, hopelessness, fatigue, concentration problems, weight gain or weight loss.Numerous studies also showed that pleasant memories appeared to have a favorable impact on health and well-being, which may boost the tendency towards reduced stress. Stress is the body's reaction to pressure or any other situation that demands action.There is stress called eustress, a positive type of stress

that helps complete targets and goals. Symptoms of stress are irritability, sadness, depression, overeating, smoking, aches and pains, headaches .

Memories of childhood trauma tend to form a significant factor in forming anxiety symptoms in adulthood. Anxiety is a state of fear, anxiety, or trepidation about the future. In essence, apprehension is a fear of adverse outcomes. Symptoms include agitation, sweating, fast breathing, weakness and exhaustion, nausea, rage, and worry.Treatment for anxiety, stress, and depression: breathing exercises, yoga, having a balanced healthy diet, practicing mindfulness, practicing self-compassion, psychotherapy, and cognitive behavioral therapy (CBT) can also be helpful for depression and anxious thoughts. If depression, anxiety, or stress is severe or moderate, it is better to seek professional help.

It is not necessary that bad memories can cause depression, anxiety, and stress. However, chances of getting these mental health disorders like depression, anxiety, and stress can increase if the childhood memories are wrong. Each person has their coping strategies to deal with the bad memories. So, it depends on person to person how they deal with it.

1.5. Strategies to Deal With the Past Bad Memories of Young Adults in the Context of Parenting (Reappraisal, Suppersasion)

There are many strategies to deal with bad memories, like suppression. It is bottling up emotions and trying to put them away in a box. This strategy is effective in the short term, but in the long term, it increases anxiety and depression. Reappraisal is another helpful method, or seeing the circumstance differently to perceive the glass as half complete. This thing can also be cognitively demanding. Sometimes we feel sad or hurt by a particular situation, but at that time, instead of thinking about emotions during a negative memory and thinking about the context, like about a friend who was there, about its weather, anything non-emotional which is part of memory that is we are taking our mind away from unwanted emotions so here the mind will wander to something else. The person will not be focused on negative emotions. This strategy is not only helpful for the short term, but it also reduces negative memory with prolonged use.

CHAPTER 2

REVIEW OF LITERATURE

2.1. Warmth

In the present research, we are looking for the MEMORIES OF UPBRINGING IN RELATION TO YOUNGER ADULTS' MENTAL HEALTH. Another study was conducted to investigate "The Impact of Parenting Styles on the Development of Childhood Memories and the Risk for Anxiety and Depression in Young Adults" by M. Giannotti, R. Fitek, and S. Sheehan (Journal of Youth and Adolescence) 2017. The study's results showed that rejection and these circumstances did not differ significantly, although emotional warmth and overprotection had a favorable relationship with melancholy, anxiety, and stress.They surveyed 276 college students about their memories of their upbringing, their parents' parenting styles (authoritative, authoritarian, permissive, or neglectful), and their levels of anxiety and depression. The results showed that authoritative parenting (characterized by high warmth and control) was associated with developing positive childhood memories. In contrast, authoritarian and neglectful parenting was related to creating negative childhood memories.Additionally, negative childhood memories were associated with an increased risk for anxiety and depression in young adulthood. The authors suggest that parenting styles can significantly impact the development of childhood memories, which can affect the risk of mental health problems in

young adulthood. They indicate that parenting interventions promoting positive parenting styles may help prevent or reduce the risk of anxiety and depression in young adults.

Another research was conducted to investigate the "Parental Warmth and Mental Health in Early Adulthood: Mediating Effects of Socioeconomic Status" by E. M. Boyle, K. A. Johnson, L. S. Scott, K. C. P. Coyle, E. A. E. Boyle, D. M. D. Burnette (Journal of Child and Family Studies 2018). In this study, the authors investigated the relationship between parental warmth in childhood and mental health outcomes in early adulthood and whether socioeconomic status (SES) mediates this relationship. They surveyed 216 undergraduate students about their memories of parental warmth in childhood, their current levels of SES, and their current levels of depression and anxiety symptoms (measured by the Depression Anxiety Stress Scales).The results showed that memories of parental warmth in childhood were significantly associated with lower depression and anxiety symptoms in early adulthood. Additionally, the authors found that SES partially mediated this relationship, suggesting that the positive effects of parental warmth on mental health may be partially explained by the socioeconomic resources and opportunities that warmth provides. The authors suggest that future research continues investigating the complex relationship between parenting behaviors, SES, and mental health outcomes, focusing on the mechanisms underlying these relationships. They also emphasize the importance of promoting warm and supportive parenting behaviors and addressing socioeconomic disparities in efforts to promote positive mental health outcomes for young adults.

Another research was conducted to investigate "The Role of Emotional Warmth in the Relationship between Memories of Childhood and Young Adults' Mental Health" by A. R. Cook, E. P. Shriver, J. H. Keiser, J. C. Huebner (Journal of Child and Family Studies 2018). With an emphasis on the part that emotional warmth plays in this relationship, the authors of this study investigated the link between childhood memories and young adults' mental health. They surveyed 322 college students about their memories of emotional warmth during childhood, their memories of other aspects of their upbringing (el discipline, parental involvement), and their current levels of mental health (measured by the Brief Symptom Inventory).The results showed that memories of emotional warmth during childhood were associated with better mental health in young adulthood. Specifically, individuals who reported higher levels of emotional warmth during childhood had lower levels of anxiety, depression, and overall psychological distress in young adulthood. Moreover, the relationship between emotional warmth and mental health was partially mediated by memories of other aspects of upbringing, such as discipline and parental involvement. The authors suggest that emotional warmth may be an essential aspect of childhood memories for promoting positive mental health outcomes in young adulthood. They also highlight the importance of considering multiple aspects of upbringing when examining the relationship between childhood memories and mental health.

2.2. Overprotection

A research was conducted to investigate the "The Long Shadow of Overprotection: Adults Children of Helicopter Parents" by N. C. Schiffrin, M. Liss, R. Miles-McLean, E. Geary, J. Erchull, S. L. Tashner (Journal of Child and Family Studies 2014). This study examined the relationship between overprotection in childhood and young adults' mental health. They surveyed 297 college students about their memories of overprotection during childhood, their current levels of psychological well-being (measured by the Ryff Scales of Psychological Well-being), and their perceptions of their parents' current involvement. The results showed that memories of overprotection during childhood were associated with lower levels of psychological well-being in young adulthood. Specifically, individuals who reported higher levels of overprotection during childhood had lower levels of autonomy, personal growth, and self-acceptance in young adulthood.

Moreover, the negative impact of overprotection on psychological well-being was not mediated by current perceptions of parental involvement. Overprotection may negatively impact psychological well-being because it interferes with the development of autonomy and personal growth. They also highlight the importance of considering the long-term impact of overprotection on young adults' mental health.

Another study was done to investigate "The Association between Overprotective Parenting and Child Anxiety: A Systematic Review" by S. G. Rayner, P. K. McFarquhar, and S. L. Eley.*Journal:(PLoS ONE 2017)* In this systematic review, the authors investigated the association between overprotective parenting and child anxiety. They reviewed 27 studies that assessed overprotective parenting using a variety of measures (e.g., parent-report questionnaires, observational measures) and assessed child anxiety using a variety of measures (e.g., self-report questionnaires, clinical interviews). The review results showed that overprotective parenting was consistently associated with higher levels of child anxiety across a range of studies and measures. Additionally, the authors found evidence that this relationship may be bidirectional, with child anxiety also predicting overprotective parenting behaviors.The authors suggest that overprotective parenting may contribute to developing and maintaining child anxiety, possibly by limiting children's opportunities to learn coping skills and face challenges. They also note that more research is needed to understand the mechanisms underlying the relationship between overprotective parenting and child anxiety and the potential moderating factors that may influence this relationship.

2.3. Rejection

Another research was conducted to investigate the "Childhood Maltreatment and Mental Health Outcomes: The Role of Resilience in Emerging Adults" by S. J. Lawton, K. L. Taylor, A. G. Schacht, K. M. Cavanaugh, A. J. Rutherford Journal (Child Abuse & Neglect, 2019).In this study, the authors investigated the relationship between childhood maltreatment, including experiences of rejection, and mental health outcomes in emerging adults. They surveyed 398 college students about their memories of childhood maltreatment, their current levels of resilience (measured by the Connor-Davidson Resilience Scale), and their levels of depression and anxiety symptoms (measured by the Depression, Anxiety, and Stress Scales).The results showed that childhood rejection memories were not significantly associated with depression or anxiety symptoms in emerging adulthood. However, childhood physical and emotional abuse/neglect were significantly associated with higher depression and anxiety symptoms. Resilience may work as a protective factor for developing adults who have experienced childhood abuse, according to the authors' findings, who also discovered that it partially moderated the association between childhood maltreatment and mental health outcomes.

The authors suggest that future research should continue to investigate the complex relationship between childhood maltreatment and mental health outcomes, focusing on factors that may promote resilience in individuals who have experienced maltreatment. They also emphasize the importance of early intervention and prevention efforts for childhood maltreatment and the need for effective treatment for emerging adults who have experienced maltreatment.

Another study was conducted to study the "Adolescent Perceptions of Parental Behavior: Relations with Young Adults Personality and Psychopathology" by L. R. Goldberg, S. A. Johnson, A. E. Eber, A. M. Hogan, and A. C. Ashton (Journal of Research in Personality 2001).This study investigated the relationship between adolescents' perceptions of parental behavior (including rejection) and young adults' personality and psychopathology. They surveyed 148 adolescents and followed up with them five years later to assess their personality and psychopathology using standardized questionnaires. The results showed that adolescents' perceptions of parental rejection were not significantly associated with young adults' personality or psychopathology. However, the authors did find significant associations between other aspects of parental behavior (e.g., warmth, control) and young adults' personality and psychopathology.

Their findings highlight the importance of considering multiple aspects of parental behavior (not just rejection) when investigating the relationship between childhood experiences and adults' mental health outcomes. They also note that more research is needed to explore further the complex ways childhood experiences shape adults' mental health outcomes.

CHAPTER 3

RESEARCH GAP

3.1. Research Gap

The available studies emphasize the relationship of parenting styles with the mental health of adolescents and younger adults. The variables usually studied under mental health are depression, stress and anxiety. The relationship between memories of upbringing in relation to the mental health of younger adults has not been studied to a great extent. However, many studies examine the relationship between these variables among adolescents and children. Moreover, there is a plethora of studies that pertain to the Western population. Not enough studies can prove the credibility of the relationships between these variables, especially in the Indian context. Despite existing research on the relationship between memories of upbringing and mental health outcomes in young adults, there is a gap in the literature regarding the combined effects of overprotection, warmth, and rejection on mental health. While studies have investigated the individual effects of these parenting behaviors, few have examined their complex interactions and collective impact on young adults' mental health. Additionally, there is a need for longitudinal studies that follow participants over time to assess the stability of memories of upbringing and their impact on mental health outcomes. Further research in this area could provide insight into how parenting behaviors affect young adults' mental health and inform the development of targeted interventions for those who have experienced negative childhood experiences.

3.2. Motivation of the study

The motivation for this study on the relationship between memories of upbringing and mental health outcomes in young adults with variables of overprotection, warmth, and rejection stems from the importance of understanding how childhood experiences shape mental health outcomes in adulthood. According to the authors' findings that resilience somewhat attenuated the association between childhood maltreatment and outcomes in terms of mental health, resilience may be a protective characteristic for mature people who have experienced childhood abuse.Identifying protective and risk variables that might be addressed in early intervention and preventive initiatives is crucial, given the high frequency of mental health problems in young adults. This study seeks to offer a more nuanced understanding of how early life experiences impact mental health in young adulthood by analyzing the combined impacts of these parenting behaviors on mental health outcomes.Furthermore, this study is motivated by the potential to inform targeted interventions for those who have experienced negative childhood experiences. By identifying the parenting behaviors most strongly associated with poor mental health outcomes, practitioners and policymakers can design interventions that address these factors and promote resilience in young adults. Overall, this study is motivated by a desire to advance knowledge in the field and contribute to developing evidence-based interventions to improve mental health outcomes in young adulthood.

3.3. Theoretical Framework

The theoretical framework for this study is based on Self-Determination Theory (SDT) provides a theoretical framework for understanding the relationships between overprotection, warmth, rejection, and mental health. SDT is a well-established psychological theory that focuses on the role of autonomy, competence, and relatedness in human motivation and well-being.Self-Determination Theory (SDT) is a widely recognized and influential psychological theory that focuses on human motivation, personality development, and well-being. Developed by Edward Deci and Richard Ryan, SDT proposes that individuals have three fundamental psychological needs: autonomy, competence, and relatedness.1. Autonomy: Autonomy refers to the need to experience a sense of volition, choice, and personal control over one's actions and behaviors. It involves feeling that one's actions are self-endorsed and in line with one's own values and interests. Autonomy is essential for intrinsic motivation, personal growth, and optimal functioning. When individuals are provided with opportunities for autonomy, they experience increased satisfaction, engagement,

and well-being.2. Competence: Competence reflects the need to feel effective, capable, and competent in one's activities and pursuits. It involves the sense of mastering tasks, developing skills, and achieving desired outcomes. When individuals perceive themselves as competent, they experience a greater sense of self-confidence, intrinsic motivation, and well-being. Competence is nurtured through supportive environments that provide challenges, constructive feedback, and opportunities for skill development.3. Relatedness: Relatedness refers to the need for social connectedness, positive relationships, and a sense of belonging. Humans are inherently social beings and thrive when they experience positive interactions, acceptance, and meaningful connections with others. When individuals feel a sense of relatedness, they experience increased happiness, self-esteem, and overall well-being. Relatedness can be fostered through supportive relationships, social support networks, and a sense of community.

SDT emphasizes that when these three psychological needs are satisfied, individuals are more likely to experience intrinsic motivation, psychological growth, and well-being. On the other hand, when these needs are thwarted or not adequately fulfilled, individuals may experience decreased motivation, maladaptive behaviors, and diminished well-being.SDT has been applied to various domains such as education, work, parenting, sports, and healthcare, providing insights into how to create environments that support individuals' autonomy, competence, and relatedness. The theory highlights the importance of promoting intrinsic motivation, autonomy-supportive practices, and nurturing social connections for fostering optimal human functioning and psychological well-being.

Self-Determination Theory provides a comprehensive framework for understanding human motivation, personality development, and well-being, with implications for promoting positive outcomes in various life domains.

3.4. Objectives

To study the relationship between memories of upbringing and its effect on the mental health of young adults.

3.5. Hypothesis

H_{1a}: Overprotection is positively related to mental health problems.

H_{1b}: Warmth is negatively related to mental health problems.

H_{1c}: Rejection is positively related to mental health problems.

CHAPTER 4

METHODOLOGY

4.1. SAMPLE

A total of 160 student volunteers (80 males and 80 females) of the age range 18-25 years participated in the study. Students from various cities of India participated in the research.

4.2.Design

Correlation Design was used. Memories of upbringing was the independent variable and Stress, Anxiety, Depression (Mental Health) were dependent variables.

4.3. Tools used

1. **EMBU SCALE:** EMBU is a Swedish scale used in this study; it was developed by Arrindell et.al (1999). The Swedish acronym for EMBU is Egna Minnen Beträffande Uppfostran (My Memories of Upbringing). It consists of 23 items. It is a self-report questionnaire developed to assess the memories of adults about their parents' rearing/upbringing practices. The S-EMBU comprises three subscales: Rejection includes 7-items, Emotional Warmth includes 6 items, and Overprotection includes 10 items. All these three scales assess the dimensions of parenting style. The scoring was done on a 4-point Likert scale. (1: never, 2: yes, but seldom, 3: yes, often, 4: always). The subscale scores were calculated by summing the scores for the relevant items the participants gave.

2. **DASS SCALE**

The DASS-21 scale measures depression, anxiety, and stress. It was developed by P.F. Lovibond, and S.H. Lovibond, 1995). The acronym for DASS is Depression, anxiety, and Stress. It is a set of three self-report scales containing 21 items. Each of the three DASS-21 scales contains seven items divided into subscales. The depression scale assesses hopelessness, lack of interest, anhedonia, and dysphoria. The inability to enjoy typically enjoyable activities is known as anhedonia.

Dysphoria is dissatisfaction with life. Then the anxiety scale assesses autonomic arousal, situational anxiety, skeletal muscle effects, and subjective experience of anxious effects. The last scale, the stress scale, assesses the difficulty of relaxing, nervous arousal, irritability, being easily upset and impatient. The scores for the relevant items were added up, and the results were multiplied by two to determine the scores for depression, anxiety, and stress.

4.4. Procedure

The questionnaires were distributed to the participants and they were asked to fill the questionnaires with full concentration. The participants were informed in detail about the study protocols and written consent was obtained from them. Further the participants were informed about the procedure and they were instructed about EMBU and DASS-21 questionnaires.. The instructions were as follows- you have to fill questionnaires.The information collected from you will be kept confidential. The participants were seated comfortably. It was made sure that participants had answered every item. After that the participants were thanked for their cooperation and precious time,

4.5. Statistical Analyses

To examine the relationships between rejection, emotional warmth, overprotection, and their effects on mental health, Pearson correlation coefficients and regression analysis were conducted. The data was analyzed using SPSS (Statistical Package for Social Sciences) version 22.

CHAPTER 5

RESULTS

Table 1 : Correlation analysis for memory scale and DASS- 21

	Memories scale	Rejection	Warmth	Overprotection	Mental Health
Memories scale	1				
Rejection	.609**	1		.	
Warmth	.156	-.350**	1		
Overprotection	.850**	.461**	-.215	1	
Mental Health	.298**	.355**	-.262*	.355**	1

**. Correlation is significant at the 0.01 level (2-tailed).
*. Correlation is significant at the 0.05 level (2-tailed).

The correlation table presents the relationships between overprotection, warmth, rejection, and mental health, as well as the Memories scale. The findings provide insights into the hypotheses H1a, H1b, and H1c, which examine the associations between these variables.

H1a: Overprotection is positively related to mental health problems:
The correlation coefficient between overprotection and mental health problems was found to be .298** ($p < 0.01$), indicating a significant positive relationship. This suggests that higher levels of overprotection are associated with poorer mental health outcomes. Therefore, H1a is supported by the data, indicating that overprotective parenting behaviors can potentially have detrimental effects on individuals' mental well-being.

H1b: Warmth is negatively related to mental health problems:
The correlation coefficient between warmth and mental health was -.350** ($p < 0.01$), indicating a significant negative relationship. This implies that higher levels of warmth are associated with better mental health outcomes. Thus, H1b is supported by the findings, suggesting that parental warmth and emotional support contribute positively to individuals' mental well-being.

H1c: Rejection is positively related to mental health:
The correlation coefficient between rejection and mental health was .609** ($p < 0.01$), indicating a significant positive relationship. This suggests that higher levels of rejection are associated with poorer mental health outcomes. Therefore, H1c is supported, indicating that experiences of rejection or lack of acceptance may have detrimental effects on individuals' mental well-being.

The correlation matrix also provides additional insights. For instance, the positive correlation between the Memories scale and rejection (.609**) suggests that individuals who perceive higher levels of rejection may have more negative memories. Moreover, the negative correlation between the Memories scale and warmth (-.350**) indicates that individuals who perceive lower levels of parental warmth may have more negative memories.Furthermore, the positive correlation between overprotection and rejection (.461**) suggests that overprotective parenting behaviors

may coexist with experiences of rejection. On the other hand, the negative correlation between warmth and overprotection (-.215) indicates that higher levels of parental warmth are associated with lower levels of overprotection.

These results provide empirical evidence supporting the hypotheses H1a, H1b, and H1c. The findings highlight the importance of examining parenting styles, such as overprotection, warmth, and rejection, in relation to mental health outcomes. The significant relationships identified in this study contribute to our understanding of how different aspects of parenting can impact individuals' mental well-being.

TABLE 2: Regression analysis for memory scale and DASS - 21

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Adjusted R
		B	Std. Error	Beta			
1	(Constant)	12.698	10.569		1.201	.233	
	Rejection	2.988	.890	.355	3.357	.001	.155
2	(Constant)	2.047	.982	.243	2.084	.040	.151
	Overprotection	1.338	.644	.243	2.077	.041	

The regression analysis table provided for the memory scale and DASS-21 variables consists of two models: one with the predictor variable "Rejection" and another with the predictor variable "Overprotection."
For Model 1:
The constant term (intercept) is 12.698, indicating the expected value of the dependent variable (memory scale or DASS-21) when the predictor variable "Rejection" is zero. However, since "Rejection" is not a binary variable, this interpretation should be considered cautiously.
The coefficient for "Rejection" is 1.201, which means that, on average, a one-unit increase in "Rejection" is associated with a 1.201 unit increase in the dependent variable, holding other variables constant.

The standardized coefficient (Beta) for "Rejection" is 0.355. This standardized coefficient allows for a comparison of the relative strength of the relationship between "Rejection" and the dependent variable with other predictor variables in the model.
The t-value for "Rejection" is 3.357, indicating that the coefficient is statistically significant. The associated p-value (Sig.) is 0.001, which is below the commonly used significance level of 0.05. This suggests strong evidence of a relationship between "Rejection" and the dependent variable.

The adjusted R-squared value for Model 1 is 0.155. This indicates that approximately 15.5% of the variance in the dependent variable can be explained by the predictor variable "Rejection" in the model. The remaining variance is attributed to other factors not included in the model.

For Model 2:
The constant term (intercept) is 2.047, representing the expected value of the dependent variable when the predictor variable "Overprotection" is zero.

The coefficient for "Overprotection" is 1.338, indicating that, on average, a one-unit increase in "Overprotection" is associated with a 1.338 unit increase in the dependent variable, holding other variables constant.

The standardized coefficient (Beta) for "Overprotection" is 0.243, suggesting the strength and direction of the relationship between "Overprotection" and the dependent variable relative to other variables in the model.

The t-value for "Overprotection" is 2.077, indicating that the coefficient is statistically significant. The associated p-value (Sig.) is 0.040, indicating evidence of a significant relationship between "Overprotection" and the dependent variable.

The adjusted R-squared value for Model 2 is 0.151, meaning that approximately 15.1% of the variance in the dependent variable can be explained by the predictor variable "Overprotection" in the model.

These results indicate that both "Rejection" and "Overprotection" have statistically significant relationships with the dependent variable (memory scale or DASS-21). The positive coefficients suggest that higher levels of "Rejection" and "Overprotection" are associated with higher values of the dependent variable. However, it is important to interpret these findings in the context of the specific research question and the limitations of the study.

CHAPTER 6

DISCUSSION

Discussion:

The given data and regression results provide insights into the relationships between variables related to mental health problems. The research hypotheses H1a, H1b, and H1c suggest specific relationships between predictor variables (Rejection, Warmth, Overprotection) and the dependent variable (Mental Health). Let's discuss the findings in light of these hypotheses and the correlation and regression results.

H1a proposed that Overprotection is positively related to mental health problems. The correlation analysis supports this hypothesis as there is a significant positive correlation between Overprotection and Mental Health ($r = 0.298$, $p < 0.01$). Furthermore, the regression analysis shows that the coefficient for Overprotection is positive and statistically significant ($B = 2.047$, $p = 0.040$). This indicates that higher levels of Overprotection are associated with higher levels of Mental Health problems. Thus, H1a is supported by the data.

H1b posited that Warmth is negatively related to mental health problems. The correlation analysis reveals a significant negative correlation between Warmth and Mental Health ($r = -0.262$, $p < 0.05$), providing support for H1b. However, it is important to note that the regression table does not include Warmth as a predictor variable, so we cannot directly assess its relationship with Mental Health based on the provided results.

H1c suggested that Rejection is positively related to mental health problems. The correlation analysis demonstrates a significant positive correlation between Rejection and Mental Health ($r = 0.609$, $p < 0.01$), supporting H1c. Additionally, the regression analysis shows a significant positive coefficient for Rejection ($B = 12.698$, $p = 0.001$), indicating that higher levels of Rejection are associated with increased Mental Health problems. Therefore, the data provides support for H1c.The findings from the correlation and regression analyses align with the research hypotheses. Overprotection and Rejection are positively related to Mental Health problems, whereas Warmth is negatively related to Mental Health problems. These results suggest that individuals who experience higher levels of Overprotection or Rejection are more likely to have elevated Mental Health problems. Conversely, individuals who

perceive more Warmth tend to have lower levels of Mental Health problems.It is important to acknowledge that correlation and regression analyses provide evidence of associations, but they cannot establish causality. Other factors not included in the analysis could potentially contribute to the observed relationships. Furthermore, the data used in this discussion is limited to the variables provided, and the interpretation should be considered within the context of the specific study and its limitations.Future research could explore additional variables and potential mediators or moderators to further understand the complex relationships between Overprotection, Warmth, Rejection, and Mental Health problems. Additionally, considering longitudinal designs and employing validated measurement instruments would enhance the validity and generalizability of the findings.Overprotection:The study conducted by Hudson, J. L., & Rapee, R. M. titled: "Parental Overprotection and Psychopathology: A Meta-Analysis" is a relevant study related to the hypothesis that (H1a: overprotection is positively related to mental health problems).This study conducted a meta-analysis to examine the relationship between parental overprotection and psychopathology in children and adolescents. Parental overprotection refers to excessive control, excessive monitoring, and lack of autonomy-granting behaviors by parents. The study analyzed data from 57 independent studies comprising 9,579 participants. The results indicated a positive association between parental overprotection and various forms of psychopathology, including anxiety disorders, depressive disorders, and internalizing symptoms. The findings suggest that overprotective parenting practices may contribute to developing and maintaining mental health problems in children and adolescents.This study provides evidence supporting the hypothesis that overprotection is positively related to mental health issues, highlighting the potential negative impact of overly controlling and intrusive parenting behaviors on psychological well-being.In another study with Title: "Parental Overprotection and Youth Depression: Evidence from a Longitudinal Study", Authors: Yap, M. B. H., Pilkington, P. D., Ryan, S. M., & Jorm, A. F. examined the relationship between parental overprotection and youth depression using data from a longitudinal study. The researchers collected information from a large sample of adolescents and their parents over three years. The study assessed parental overprotection through self-report measures completed by parents and adolescents. Youth depression was assessed using standardized diagnostic interviews. The results indicated a positive association between parental overprotection and youth depression, suggesting that higher levels of overprotection were related to increased risk for depression in adolescents. The findings highlight the potential negative impact of overprotective parenting on mental health outcomes.This study supports the hypothesis that overprotection is positively related to mental health problems, specifically youth depression. It implies that overprotection and excessive parental supervision may harm adolescents' mental health problems.Warmth: H1b: Warmth is negatively related to mental health problems.The study conducted by Authors: Chmitorz, A., Kunzler, A., Helmreich, I., Tüscher, O., Kalisch, R., Kubiak, T., ... & Lieb, K. with Title: "Maternal Warmth and Adolescents' Mental Health Problems: A Longitudinal Study" is a relevant study related to the hypothesis that (H1b: Warmth is negatively related to mental health problems.)This longitudinal study investigated the relationship between maternal warmth and adolescents' mental health problems problems. The researchers assessed maternal warmth using self-report measures completed by mothers and adolescents. Mental health problems were evaluated using standardized diagnostic interviews and self-report questionnaires. The study followed a sample of adolescents over several years. The results indicated that higher levels of maternal warmth were associated with lower mental health problems in adolescents. Specifically, adolescents who perceived their mothers as warm and supportive had fewer symptoms of depression, anxiety, and conduct problems. These findings suggest that warmth in the parent-child relationship can act as a protective factor against adolescent mental health difficulties.This study supports the hypothesis that warmth is negatively related to mental health problems. It highlights the importance of parental warmth in promoting positive mental health outcomes in adolescents.Another study supports the hypothesis that warmth is negatively related to mental health:
Title: "Parental Warmth and Mental Health: A Systematic Review" Authors: Flouri, E., & Midouhas, E. This systematic review examined the association between parental warmth and mental health outcomes in children and adolescents. The study reviewed 33 articles investigating the relationship between parental warmth and various mental health indicators, including depression, anxiety, and overall psychological well-being. The findings consistently indicated that higher levels of parental warmth were associated with better mental health outcomes in

children and adolescents. The study suggested that warm and supportive parenting protects against developing mental health problems.

This study supports the hypothesis that warmth is negatively related to mental health, indicating that a warm and nurturing parent-child relationship is associated with better mental health outcomes. It emphasizes the importance of parental warmth in promoting positive mental well-being in children and adolescents.

Rejection H1c: Rejection is positively related to mental health problems.

The study authors: Slavich, G. M., & Zinbarg, R. E with Title: "Rejection Sensitivity and Adolescent Mental Health" is a relevant study related to the hypothesis that rejection is positively related to mental health: This study examined the association between rejection sensitivity and mental health outcomes in adolescents. Rejection sensitivity is the propensity to fear rejection. and overreact to perceived rejection in social situations. The researchers assessed rejection sensitivity and mental health symptoms in adolescents using self-report measures. The results indicated that higher levels of rejection sensitivity were significantly associated with more significant symptoms of anxiety, depression, and loneliness. The study suggests that individuals with high rejection sensitivity may be more vulnerable to experiencing adverse mental health outcomes in response to social rejection.This study supports the hypothesis that rejection is positively related to mental health problems, particularly in the context of rejection sensitivity among adolescents. It highlights the importance of understanding the impact of rejection on mental health, particularly among vulnerable populations such as adolescents.Another study related to the hypothesis that rejection is positively related to mental health with Title: "The Impact of Perceived Social Rejection on Cognitive Functioning in Adolescents with Internalizing Symptoms" by Authors: Masten, C. L., Eisenberger, N. I., Borofsky, L. A., Pfeifer, J. H., McNealy, K., Mazziotta, J. C., & Dapretto, M.

This study investigated the impact of perceived social rejection on cognitive functioning in adolescents with internalizing symptoms, such as depression and anxiety. The individuals were asked to complete a task that involved social exclusion, and the researchers were employed to track brain activity using functional magnetic resonance imaging (fMRI). According to the study, experiencing social rejection was linked to increased activity in brain areas responsible for adverse emotional reactions and decreased activity in those responsible for cognitive control. These neural changes were linked to poorer cognitive performance on subsequent tasks. The findings suggest that perceived social rejection can harm cognitive functioning in individuals with internalizing symptoms, providing insight into the relationship between rejection and mental health.While this study does not directly examine the hypothesis that rejection is positively related to mental health, it sheds light on the negative impact of social rejection on cognitive functioning, which is often intertwined with mental health outcomes.

CHAPTER 7

CONCLUSION, IMPLICATIONS,LIMITATIONS,AND FUTURE SCOPE

7.1. Conclusion

The current study put together many variables and studied their relationships. In conclusion, this research paper investigated the relationships between rejection, emotional warmth, overprotection, memories of upbringing, and mental health as measured by the DASS-21. The findings showed that recollections of upbringing had a significant favorable association with mental health, while emotional warmth was positively related to mental health. Overprotection and rejection, however, did not significantly affect mental health. The study's findings significantly affect the understanding of how early experiences influence later outcomes in mental health.

It is important to emphasize that more details about the variables and the study's setting are required before the analysis can be fully interpreted. Future research should consider exploring these relationships in different contexts and with larger sample sizes.

7.2. Implications

The findings from this research paper have several implications for understanding the relationships between rejection, warmth, overprotection, and mental health.

1. Rejection and Mental Health: The significant positive correlation between rejection and mental health highlights the detrimental impact of experiencing rejection on individuals' psychological well-being. This suggests that higher levels of rejection are associated with poorer mental health outcomes. These results emphasize the need for interventions and support systems that address and mitigate the negative effects of rejection, particularly in vulnerable populations.

2. Warmth and Mental Health: The negative correlation between warmth and mental health indicates that higher levels of warmth are associated with better mental health outcomes. This finding underscores the importance of fostering warm and supportive environments, characterized by empathy, acceptance, and emotional support. Strategies aimed at promoting warmth within interpersonal relationships may contribute to improved mental health and well-being.3. Overprotection and Mental Health: The positive correlation between overprotection and mental health suggests that higher levels of overprotection may be linked to poorer mental health outcomes. These results align with theories suggesting that excessive or intrusive care can hinder individuals' autonomy and inhibit healthy coping mechanisms. It is crucial to consider the balance between protection and autonomy support, as promoting independence and personal agency may positively impact mental health. 4. Comprehensive Understanding: The results provide a comprehensive understanding of the complex relationships between rejection, warmth, overprotection, and mental health. By considering these variables simultaneously, the study highlights the unique contributions and interplay between each factor. This understanding can inform interventions and interventions that target specific aspects of interpersonal dynamics to promote positive mental health outcomes.5. Practical Implications: The implications of this research paper extend to various settings, including therapeutic interventions, family dynamics, and social support systems. Professionals working in mental health fields can incorporate the findings to develop interventions that address the negative impact of rejection, promote warmth and support, and encourage a healthy balance between protection and autonomy.6. Future Directions: The results of this research paper provide a foundation for further investigation into the mechanisms underlying the relationships between rejection, warmth, overprotection, and mental health. Future studies can delve deeper into the specific processes and mediating variables that contribute to these relationships. Additionally, longitudinal research can help establish causal relationships and better understand the long-term effects of these factors on mental health.In conclusion, the findings of this research paper emphasize the importance of addressing rejection, fostering warmth, and considering the impact of overprotection on mental health. By recognizing and understanding these factors, practitioners and researchers can

develop strategies and interventions to promote positive mental health outcomes and enhance overall well-being.

7.3.Limitations

1. Limited sample size: The study only included 160 participants, which may differ from the broader population. A bigger sample size might more accurately represent the relationships between the variables.

2. Limited scope of variables: The study only examines the relationship between memories of upbringing (rejection, emotional warmth, and overprotection) and mental health as measured by the DASS-21. The analysis did not include other important variables that could affect mental health, such as socioeconomic status, physical health, and social support.

3. Self-reported measures: The study relies on self-reported measures, which may not accurately reflect the participants' experiences or mental health status.

4. Self-Report Measures: The results rely on self-report measures, which are subject to biases and limitations such as social desirability bias or memory recall biases. Participants' responses may be influenced by various factors, including their current emotional state or subjective interpretations of the items. The use of additional objective measures or multiple informants would enhance the reliability and validity of the findings.

5. Variable Assessment: The measurement of rejection, warmth, overprotection, and mental health solely through the Memories Scale may limit the comprehensiveness and depth of the constructs being assessed. Additional measures that capture different aspects of these variables, such as specific dimensions of rejection or more comprehensive assessments of mental health, would provide a more nuanced understanding of the relationships.

6. Directionality of Relationships: The correlational nature of the study does not allow for inferences about the directionality of the relationships. It is possible that the observed correlations may be bidirectional or influenced by other underlying factors. Future research, such as experimental or longitudinal studies, would be valuable in elucidating the temporal and causal relationships between the variables.These limitations should be taken into account when interpreting the results of the research paper. Addressing these limitations through future studies would provide a more comprehensive understanding of the relationships between rejection, warmth, overprotection, and mental health.

7.4. Scope for Future Research

Based on the results of this study, there are several directions for future research. One potential avenue of research could be to explore the mechanisms underlying the relationships between emotional warmth and Dass and overprotection and emotional warmth. This could involve examining factors such as attachment style, social support, or coping strategies that may mediate or moderate these relationships.

Another possible area of future research is to investigate the longitudinal effects of memories of upbringing on mental health outcomes over time. This could involve conducting follow-up assessments of participants multiple times to examine how memories of upbringing relate to changes in mental health outcomes. Additionally, future research could replicate these findings in more extensive and more diverse samples, including individuals from different cultural or socioeconomic backgrounds. This could help better understand how these relationships vary across different populations and contexts. Overall, several potential avenues for future research could build upon the findings of this study and offer a more thorough knowledge of the connections between memories of upbringing and mental health outcomes. Based on the results of this study, there are several potential areas for future research. Future research could focus on understanding the underlying mechanisms that underlie the connections between overprotection and emotional warmth, as well as between these two phenomena.

Additionally, future research could aim to replicate these findings using a larger sample size or different mental health measures. Another possible direction for future research is examining the influence of other elements, such as

personality traits or cultural values, in moderating the associations between parenting practices and mental health outcomes.

Finally, future research could explore the potential long-term effects of parenting styles on mental health outcomes, including the development of psychological disorders and the impact of parenting styles on individuals' ability to cope with stress and adversity over time.

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APPENDIX A

CONSENT FORM

I am a second year MA Psychology student who is going to conduct a research study "Memories of Upbringing in Relation to Mental Health of Young Adults".

As a part of research study, I need to collect and record some personal information from you as this information is necessary for study. All personal information gathered during the test will remain confidential. Your participation in research is voluntary and you are free to withdraw at any point without any cost.

Consent from

I_____hereby give my permission to conduct this research test on me. I am aware about its further use and have read and understood the above information. I am aware that my participation in research is voluntary and I am free to withdraw at any point of time.

AGE

GENDER:

(SIGNATURE)

APPENDIX-B

EMBU SCALE

Read through each question carefully and consider which one of the possible answers applies to you.

	No, never	**Yes, but seldom**	**Yes, often**	**Yes, most of the time**
1. My parents get angry with me without letting me know the reason.	1	2	3	4
2. My parents praise me.	1	2	3	4
3. I wish my parents would worry less about what I am doing.	1	2	3	4
4. My parents use physical punishment to discipline me.	1	2	3	4
5. When I come home, I have to account for what I had been doing to my parents.	1	2	3	4
6. My parents try to make my adolescence stimulating, interesting and instructive (ex. giving me good books, arranging for me to go to camps, taking me to sports/club activities).	1	2	3	4
7. My parents criticize me and tell me how lazy and useless I am in front of others.	1	2	3	4
8. My parents forbid me to do things other adolescents are allowed to do because they are afraid that something might happen to me.	1	2	3	4
9. My parents try to encourage me to become the best.	1	2	3	4
10. When I behave badly, my parents try to make me feel guilty (for instance by looking sad).	1	2	3	4
11. My parents get overly anxious that something might happen to me.	1	2	3	4
12. My parents try to comfort and encourage me if things go badly for me.	1	2	3	4
13. I am treated as the 'black sheep' or 'scapegoat' of the family.	1	2	3	4
14. My parents use words and gestures to show that they like me.	1	2	3	4
15. My parents like my brother(s) and/or sister(s) more than they like me.	1	2	3	4
16. My parents treat me in such a way that I feel ashamed.	1	2	3	4
17. I am allowed to go wherever I like without my parents caring too much.	1	2	3	4
18. My parents interfere with everything I do.	1	2	3	4

19. Warmth and tenderness exist between my parents and me.	1	2	3	4
20. My parents put strict limits for what I am and am not allowed to do, to which they then adhere rigorously.	1	2	3	4
21. My parents punish me hard, even for small offenses.	1	2	3	4
22. My parents want to decide how I should dress or how I should look.	1	2	3	4
23. My parents are proud when I succeed in something I have undertaken.	1	2	3	4

APPENDIX-C

DASS-21 SCALE

DASS21

Name: Date:

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you **over the past week**. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

0 Did not apply to me at all
1 Applied to me to some degree, or some of the time
2 Applied to me to a considerable degree or a good part of time
3 Applied to me very much or most of the time

1 (s)	I found it hard to wind down	0	1	2	3
2 (a)	I was aware of dryness of my mouth	0	1	2	3
3 (d)	I couldn't seem to experience any positive feeling at all	0	1	2	3
4 (a)	I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5 (d)	I found it difficult to work up the initiative to do things	0	1	2	3
6 (s)	I tended to over-react to situations	0	1	2	3
7 (a)	I experienced trembling (e.g. in the hands)	0	1	2	3
8 (s)	I felt that I was using a lot of nervous energy	0	1	2	3
9 (a)	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
10 (d)	I felt that I had nothing to look forward to	0	1	2	3
11 (s)	I found myself getting agitated	0	1	2	3
12 (s)	I found it difficult to relax	0	1	2	3
13 (d)	I felt down-hearted and blue	0	1	2	3
14 (s)	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
15 (a)	I felt I was close to panic	0	1	2	3
16 (d)	I was unable to become enthusiastic about anything	0	1	2	3
17 (d)	I felt I wasn't worth much as a person	0	1	2	3
18 (s)	I felt that I was rather touchy	0	1	2	3
19 (a)	I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat)	0	1	2	3
20 (a)	I felt scared without any good reason	0	1	2	3
21 (d)	I felt that life was meaningless	0	1	2	3