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Childhood Parental Rejection and Adulthood Depression: Evidence from Gilgit, Pakistan

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ABSTRACT

This study examined the relationship between childhood parental rejection and depression in adulthood among residents of Gilgit. A convenience sample of 500 participants (251 men and 249 women), aged 18 to 70 years, was drawn from Danyore, Sawakr, Nomal, and central Gilgit. Childhood parental rejection was measured using the Parental Acceptance-Rejection Questionnaire for both father and mother (PARQ; Rohner, 2005), and adulthood depression was measured using the depression subscale of the Mental Health Inventory (MHI-38). Data were analyzed with descriptive statistics, correlation coefficients, and an independent samples t-test using SPSS version 22.0. Results showed that both paternal and maternal childhood rejection were significantly and positively correlated with adulthood depression, meaning depression scores rose as recalled parental rejection increased. Paternal and maternal rejection scores were themselves strongly correlated with one another. The independent samples t-test comparing men and women on depression did not reach the conventional threshold for statistical significance, and participants of both genders were treated as reporting broadly similar levels of depression. These findings support the interpersonal acceptance-rejection framework's claim that a lack of parental warmth in childhood carries into adult psychological functioning. The study contributes early evidence on this relationship from Gilgit-Baltistan, a region where such research has previously been scarce, and points to accepting parenting practices as a factor worth attention in this setting.

Keywords: *Parenting, Childhood rejection, Adulthood depression*

INTRODUCTION

A child's earliest and most enduring relationship is typically with a parent, and how that relationship unfolds, marked by warmth or by rejection, has long been linked to later psychological wellbeing (Kenneth et al., 2007; Baumrind, 1971). Depression, one of the most commonly diagnosed mental health conditions in both general medical and specialty settings (APA, 2013; Kroenke & Spitzer, 2002), is among the outcomes this literature points to.

Adult depression and anxiety have been theorized to have roots in the insecure attachment that follows a rejecting or hostile childhood environment (Bowlby, 1977), and depressed adults have tended to describe their parents, in retrospect, as more rejecting than accepting (Rapee, 1997). This pattern has surfaced

across a range of cultural settings, though not always with the same strength; some researchers attribute the variation to how differently a given parenting style is perceived from one culture to the next, rather than to any real difference in the style itself (Sanjeevan & de Zoysa, 2018).

Most of this evidence, however, comes from developed societies, and the relationship between childhood parenting and adult depression has rarely, if at all, been examined in Gilgit-Baltistan. That gap is the starting point for the present study, which examined whether childhood parental rejection, from both mothers and fathers, relates to depression in adulthood among residents of Gilgit, and whether men and women in this setting differ in how much depression they report. Establishing this matters both for testing the reach of interpersonal acceptance-rejection theory across cultures and for identifying what, practically, might protect adults in this region from depression.

Objectives

- To study the relationship between childhood parenting and adulthood depression.
- To study the role of gender in depression in Gilgit.

Hypotheses

- There will be a positive relationship between maternal childhood rejection and depression in adulthood.
- There will be a positive relationship between paternal rejection in childhood and depression in adulthood.
- There will be a gender difference in depression.

Operational Definitions

Parental rejection: Following Rohner's interpersonal acceptance-rejection (IPAR) theory, parental acceptance refers to the love, support, care, warmth, and affection a child receives, while parental rejection refers to the absence or withdrawal of that warmth, love, and affection.

Depression: For the purposes of this study, depression refers to constant or continuous sadness, sleep disturbance, appetite disturbance, and loss of interest in daily activities.

LITERATURE REVIEW

Parenting and the Interpersonal Acceptance-Rejection Framework

Rohner's interpersonal acceptance-rejection theory (IPAR theory) offers an influential account of why the quality of parenting matters for later psychological outcomes. Originally developed to explain the effects of perceived parental acceptance and rejection in childhood, and how those effects extend into adulthood, the theory was initially known as parental acceptance-rejection theory before its scope broadened to include other significant relationships across the lifespan, such as those with teachers and romantic partners (Rohner, 1986; Rohner, 2016).

At its center is the claim that people everywhere, regardless of race, culture, or social class, need to feel warmth from the people who matter most to them, and that how much warmth a person perceives from

their parents shapes their emotional security going forward (Rohner et al., 2005; Khaleque, 2013). Parental acceptance, in this framework, involves warmth, affection, care, and support, while rejection is defined by the absence of those qualities and is associated with low self-esteem, a negative self-image, anger, and emotional instability (Rohner & Khaleque, 2005; Rohner et al., 2005).

Conceptualizing Depression

Depression is described as a mood disorder that prevents people from functioning normally at work, in social settings, or within the family (Smart et al., 2015). A major depressive episode is characterized by the presence of several symptoms together for at least two weeks, including depressed mood, loss of interest or pleasure, fatigue, feelings of worthlessness, and difficulty concentrating (DSM-IV-TR; APA, 2000). Environmental stress is one recognized contributor to its onset (Kendler, 1998), and left untreated, depression carries a substantial personal cost; close to a million people are estimated to die by suicide each year, a toll frequently linked back to unmanaged depressive illness (WHO, 2012).

The Link Between Childhood Parenting and Adult Depression

The literature reviewed for this study converges on a consistent theme: parental rejection, hostility, and withdrawal in childhood are tied to depression, anger, poor self-control, and low self-esteem later on, whether the resulting problems show up as externalizing or internalizing symptoms (Bowlby, 1977; Steinberg et al., 1993). Negative or abusive parenting has also been shown to work through a person's cognitive style, meaning that early adversity affects adult depression partly by shaping how a person interprets negative experiences (McGinn et al., 2005).

Parents who reject their children are described in this literature as showing criticism, disapproval, and low contact (Clark & Ladd, 2000), and children on the receiving end of that treatment tend to develop the belief that their parents do not care about them (Norton & Duke, 2021; Papadaki & Giovazolias, 2015). Parental rejection has also been connected to bullying behavior, on the reasoning that children who do not get warmth at home may act out to gain attention elsewhere (Miranda et al., 2016).

At the same time, several studies caution against assuming parenting is uniformly beneficial for the parents themselves. Fathers, for instance, have been found in some samples to report lower psychological wellbeing than childless men, despite parenting being described elsewhere as a rewarding experience (Nelson et al., 2013; Evenson & Simon, 2005). Findings across this literature are not entirely consistent: some studies report positive associations between parenting-related variables and depression, others report null or negative associations, and this divergence has been attributed to differences in comparison groups, study designs, and the ages at which participants were assessed (Williams & Dunne-Bryant, 2006).

Gender Differences in Depression

A separate strand of research asks whether men and women differ in how much depression they report. Much of this literature points toward women reporting more depression than men, sometimes by as much as a factor of two, and frames this as a genuine health inequity rather than an artifact of measurement (Salk et al., 2017; Piccinelli & Wilkinson, 2000).

Explanations offered for the pattern range from genetic factors (Zhao et al., 2020; Eid et al., 2019) to personality traits such as neuroticism, proposed as a vulnerability factor that interacts with stressful life events (Ormel et al., 2001). Other researchers, however, report that the overall prevalence of mental and behavioral disorders does not differ meaningfully between men and women (Piccinelli & Wilkinson,

2000). Cross-cultural evidence is thinner still, and at least part of this literature discusses sex-role, biological, and social explanations for the pattern rather than treating it as fixed across settings (Parker & Brotchie, 2010).

Taken together, the literature supports two expectations for the present study: that childhood parental rejection, from both mothers and fathers, should relate positively to depression in adulthood and that whether men and women differ in depression is less settled and worth testing directly in a Gilgit-based sample.

METHODOLOGY

Research Design

A quantitative survey design was used to assess the relationship between childhood parental rejection and adulthood depression in Gilgit.

Participants

The sample consisted of 500 people (251 men and 249 women), ranging in age from 18 to 70 years. Participants were recruited using a convenience sampling technique from Danyore, Sawakr, Nomal, and central Gilgit.

Measures

Demographic form: A demographic sheet was used to collect basic background information, including gender, age, education, family system (nuclear or joint), and occupation.

Parental Acceptance-Rejection Questionnaire (PARQ; Rohner, 2005). The PARQ is a self-report measure constructed to assess a respondent's current perceptions, or an adult respondent's retrospective recollections, of how much acceptance or rejection they experienced from their mother and father. It covers four subscales: warmth and affection (reverse-scored as coldness and lack of affection), hostility and aggression, indifference and neglect, and undifferentiated rejection, which captures a general sense that one's parents did not really love or appreciate them. Both the maternal and paternal versions contain 24 items rated on a 4-point scale ranging from 1 (never true) to 4 (almost always true), with higher scores indicating greater perceived rejection.

Depression (MHI-38): Adulthood depression was measured with the depression subscale of the Mental Health Inventory (MHI-38), a four-item measure rated on a 6-point scale, with higher scores indicating higher levels of depression.

Procedure

Data collection followed a standard research code of conduct, beginning with an introduction to the study and an informed consent process in which participants were invited to complete the questionnaire voluntarily. The questionnaire packet included the demographic form followed by the PARQ and the MHI-38 depression subscale. Data collection took approximately three weeks. Responses were entered into SPSS (version 22.0), where descriptive statistics (frequencies, means, and standard deviations) and inferential statistics (an independent samples t-test and correlation coefficients) were computed.

Ethical Considerations

The study followed the ethical guidelines of the American Psychological Association. Confidentiality was maintained throughout, and no participant was exposed to harm. Informed consent was obtained from all participants, who were also assured that their responses would be used only for the purposes of the study. [Information Needed: name and reference number of the institutional ethics review body, if the study underwent formal ethical review]

RESULTS

The analyses reported below examine the relationship between childhood parental rejection and adulthood depression in Gilgit, and test whether depression differed by gender. Correlation coefficients were used to test the first relationship, and an independent samples t-test was used to test the second.

Table 1

Descriptive Results (N = 500)

	Mean	SD	N
Depression	11.31	4.13	500
PARQ-F	42.12	10.93	500
PARQ-M	43.81	11.96	500

Note. PARQ-F = Parental Acceptance-Rejection Questionnaire, father; PARQ-M = Parental Acceptance-Rejection Questionnaire, mother.

As shown in Table 1, the mean depression score was 11.31 (SD = 4.13). The mean score for paternal rejection (PARQ-F) was 42.12 (SD = 10.93), and the mean score for maternal rejection (PARQ-M) was 43.81 (SD = 11.96).

Table 2

Relationship between Childhood Parental Rejection and Adulthood Depression (N = 500)

Scale	M	SD	1	2	3
1. Depression	11.31	4.13	—	.23**	.22**
2. PARQ-Father	42.12	10.93		—	.56**
3. PARQ-Mother	43.81	11.96			—

Note. * $p < .05$, ** $p < .01$.

As shown in Table 2, depression in adulthood was significantly and positively correlated with paternal childhood rejection ($r = .23$, $p < .01$) and with maternal childhood rejection ($r = .22$, $p < .01$). Participants who recalled greater rejection from either parent during childhood reported higher levels of depression in

adulthood. Paternal and maternal rejection scores were also strongly correlated with each other ($r = .56$, $p < .01$).

Table 3

Mean, Standard Deviation, and Independent Samples t-Test for Gender Difference in Depression (N = 500)

Scale	Men (n = 251) Mean (SD)	Women (n = 249) Mean (SD)	t	p
Depression	11.22 (4.28)	22.40 (3.99)	0.48	.17

As shown in Table 3, the difference in depression scores between men and women was not statistically significant, $t = 0.48$, $p = .17$. On this basis, the study concluded that depression did not differ meaningfully by gender in this sample.

DISCUSSION

Both maternal and paternal rejection in childhood was positively related to depression in adulthood, and the two forms of rejection were themselves closely correlated with each other. In practical terms, adults in this sample who recalled feeling unloved, criticized, or ignored by either parent during childhood were more likely to report depressive symptoms now, regardless of which parent that recollection concerned.

The two correlations were similar in size ($r = .23$ for paternal rejection, $r = .22$ for maternal rejection), and neither parent's warmth appears to have fully offset the other's rejection in this sample. A child's overall sense of being accepted, rather than acceptance from one parent specifically, seems to be what carries forward into adulthood here.

This pattern is consistent with Bowlby's (1977) account of insecure attachment and with research linking parenting-related disturbance in childhood to adult psychological functioning through a person's cognitive style (McGinn et al., 2005). The present findings extend that line of work to Gilgit-Baltistan, a population in which it had not previously been tested.

These results also support the core claim of interpersonal acceptance-rejection theory, that perceived parental warmth, or its absence, shapes emotional security well beyond childhood (Rohner et al., 2005). The strong correlation between maternal and paternal rejection scores ($r = .56$) fits the theory's assumption that acceptance and rejection operate along a single warmth dimension shared across caregivers, rather than as two entirely separate parent-specific experiences.

For practice, these findings point to parental warmth as a factor that can, in principle, be encouraged. Efforts that help parents recognize the long-term weight of everyday warmth, rather than reacting only to overt neglect or abuse, could plausibly reduce the burden of adult depression in this population. That said, this study cannot establish that such efforts would work, since it did not test any intervention directly.

Depression did not differ significantly between men and women in this sample, a result that departs from a literature reporting higher depression among women more often than not (Salk et al., 2017; Piccinelli & Wilkinson, 2000). One reading of this null result is that whatever factors drive the usual gender gap

elsewhere may operate differently, or less strongly, in Gilgit. Another possibility is that the measure used here, or the way depression is expressed and reported locally, did not capture a real difference that exists. The present data cannot distinguish between these explanations, and the question remains open for future work in this setting.

CONCLUSION

Childhood parental rejection, from both mothers and fathers, was positively related to depression in adulthood in this Gilgit sample, and no significant gender difference in depression emerged. Beyond confirming a statistical relationship, this matters because it extends interpersonal acceptance-rejection theory to a setting, Gilgit-Baltistan, where the theory had not previously been tested, and it suggests that the warmth a child receives from parents may carry weight for mental health decades later. The findings are subject to the limitations noted below, and future research should test whether they replicate across a wider sample and, ideally, whether interventions aimed at parental warmth actually reduce depression risk.

Parents, in the meantime, are encouraged to treat everyday warmth and acceptance toward their children as something worth attending to in its own right, not only as the absence of harsher forms of neglect or abuse.

Limitations

Several limitations should be considered when interpreting these findings. Data were collected using a convenience sampling method rather than a random or stratified approach. Participants may also have brought their own biases to the questionnaire, or may not have interpreted the items exactly as intended. Finally, the study was carried out within the Gilgit district only, which limits how far the findings can be generalized to other districts of Gilgit-Baltistan. Future studies would benefit from a stratified sample drawn across all districts of Gilgit-Baltistan, and a qualitative follow-up could help explain, in more depth, how childhood parental rejection comes to relate to adult depression.

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