Recollections of cold and overprotective behaviors from parents have been hypothesized to lead to the presence of mental disorders in young adulthood through their detrimental effects on individuals' satisfaction in later partner relationships. Previous studies have not explicitly tested, however, whether partner relationship satisfaction mediates the longitudinal relationship from parental bonds to DSM-III-R disorders in young adults. Methods We examined: (1) whether recollections of parental bonds in the first 16 years of life were related to the prevalence of DSM-III-R mental disorders in young adulthood, and (2) whether young adults' satisfaction with current partner relationships mediated these links. Data were used from 1,581 Dutch young adults aged 18–34 years, who were interviewed in three waves (1996, 1997, and 1999) of a nationwide epidemiological study. Results Structural Equation Models demonstrated that recollections of caring, non-intrusive parenting behaviors were significantly, negatively associated with the prevalence of mood and anxiety disorders (but not substance disorders) in young adulthood. The satisfaction with current partner relationships did not mediate these negative associations. Conclusions Results replicate and extend earlier findings from the National Comorbidity Survey (Enns et al. 2002), demonstrating that mental disorders are directly related to people's recollections of parental care and overprotection. Low-quality parental bonds were only related to internalizing types of psychopathology, however, and were of a modest strength. Results may indicate that there is relatively little cross-relationship continuity in the experience of intimacy between relationships with parents and with partners.

Key words young adulthood - parental bonds - partner relationships - prevalence - DSM-III-R - mental disorders

Introduction

Previous research on adolescents and young adults has demonstrated that lower levels of intimacy and perceived quality in partner relationships are associated with emotional maladjustment (e.g., Cramer and Donachie 1999) and criminality and substance abuse (e.g., Mudar et al. 2001). Until now, however, only a few studies have examined parent-child bonds in conjunction with partner relationships (Anderson and Stevens 1993; Gittleman et al. 1998; Bartholomew and Horowitz 1991). An important explanation for the link between people's bonds with parents and the later prevalence of mental disorders is based on the assumption of 'cross-relationship continuity'. Specifically, parental bonds are often hypothesized to contribute to the development of mental disorders through their effects on experiences in later partner relationships.

According to attachment theory and social-cognitive perspectives, early experiences in parent-child relationships form the basis of cognitive-affective schemas that govern people's understanding of intimate relationships throughout life (Baldwin 1992; Parkes and Stevenson-Hinde 1982). Negative bonding experiences such as with the unavailability or insensitivity of caretakers may lead people to perceive themselves as unworthy of love, and others as emotionally unavailable or unresponsive.
(Kenny and Rice 1995). This may lead to negative evaluations of the partner relationship which, in turn, may increase the vulnerability for both internalizing and externalizing mental disorders (Dozier et al. 1999). In accordance with this idea, previous research on recollections of parent-child bonds has shown that parents’ acceptance and encouragement of autonomy are linked to secure attachment styles in young adults (Carnelley et al. 1994; Feeney and Noller 1990). These attachment styles have also been found to be related to the perceived satisfaction with partner relationships (Collins and Read 1990; Simpson 1990). Similar results have come from research with the Parental Bonding Instrument (PBI) (Parker et al. 1979), which showed that recollections of parental care were related to higher satisfaction in partner relationships (Truant et al. 1987).

Although it might be expected that childhood recollections of the bond with parents contribute to the development of mental disorders through its effect on later partner relationships, most studies have exclusively examined direct links between recollections of parental bonds and the prevalence of alcohol and narcotic addictions (Bernardi et al. 1989), depression (Burbach et al. 1989; Mackinnon et al. 1993) and anxiety and phobic disorders (Arrindell et al. 1983; Gerlsma et al. 1990). Results from these studies have indicated that perceived overprotection and lack of warmth from parents are cross-sectionally related to a higher prevalence of both internalizing and externalizing psychopathologies. Recently, cross-sectional results from a large-scale epidemiological survey (National Comorbidity Survey) (Enns et al. 2002), demonstrated that recollections of parental care and overprotection were significantly, but modestly, associated with lifetime prevalences of DSM-III-R disorders, explaining about 1% – 5% of the total prevalence rates. Until now, however, only a limited number of studies have employed a longitudinal design in examining parental bonds – mental disorder links, and these have mainly found weak or insignificant relationships between low-quality parental bonds and psychiatric symptoms (MacKinnon et al. 1989; Rodgers 1996).

Moreover, little knowledge has been gained with regard to the question whether experiences in partner relationships may mediate the relationship between recollections of parental bonds and mental health problems. In a sample of 1,022 adults aged 20–43, Gittleman et al. (1998) found one mediation effect in women: maternal overprotection and lack of warmth from parents are cross-sectionally related to a higher prevalence of both internalizing and externalizing psychopathologies. Recently, cross-sectional results from a large-scale epidemiological survey (National Comorbidity Survey) (Enns et al. 2002), demonstrated that recollections of parental care and overprotection were significantly, but modestly, associated with lifetime prevalences of DSM-III-R disorders, explaining about 1% – 5% of the total prevalence rates. Until now, however, only a limited number of studies have employed a longitudinal design in examining parental bonds – mental disorder links, and these have mainly found weak or insignificant relationships between low-quality parental bonds and psychiatric symptoms (MacKinnon et al. 1989; Rodgers 1996).

In this study, we used longitudinal data of 1,581 young adults aged 18–34 in order to examine: (1) whether recollections of parental bonds in the first 16 years of life would be longitudinally related to the prevalence of mental disorders (DSM-III-R) in young adulthood, and (2) whether young adults’ satisfaction with partner relationships would mediate these longitudinal associations. We assumed that recollections of parents’ caring and non-intrusive behaviors would be significantly, but modestly, related to the later prevalence of mood, anxiety, and substance disorders. In addition, we hypothesized that satisfaction with partner relationships would mediate the longitudinal association between parental bonding and the prevalence of mood, anxiety, and substance disorders. The present study provides a more stringent test of mediation effects in comparison with previous research, because the longitudinal design allows us to control for the earlier prevalence of disorders and previous levels of satisfaction with current partner relationships. In the cross-sectional studies we discussed earlier, this was not assessed. Additionally, this study is the first to examine partner relationship linkages in the prediction of clinically relevant disorders in young adults.

Subjects and methods

Sample and procedure

All subjects taking part in NEMESIS (the Netherlands Mental Health Survey and Incidence Study) were selected using a multi-stage, stratified, random sampling procedure. First, a sample of 90 Dutch municipalities was selected based on the level of urbanization and dispersion over the 12 provinces of the Netherlands. Second, a sample of private households was drawn from the post office registers. The number of households selected in each municipality was determined by the size of its population. Third, selected households were sent a letter of introduction and were contacted shortly thereafter. In all households, members with the most recent birthday were selected, on the condition that they were between 18 and 64 years of age and sufficiently fluent in Dutch to be interviewed. All respondents were interviewed in person, and received a small token of appreciation at the end of the interview. In total, 7,076 individuals were interviewed at the first wave in 1996 (T1) – initial response rate 70%. This baseline sample was representative for the Dutch population in terms of gender, marital status, and degree of urbanization of the residential municipality. Of all respondents interviewed at baseline, 5,618 were interviewed again at the second wave in 1997 (T2), and of these a total of 4,848 were interviewed again in the third wave of 1999 (T3). Total response from wave 1 to wave 3 was 69%.

Of all people who were interviewed at each of the three waves, we selected a subsample of 1,581 young adults aged 18–34. We selected this age group because individuals’ intimate bonds with parents were...