



Parental Bonding, Emotional control and Life Functioning in Women with Functional Neurological Disorder

Zohra Khalid¹, Aasma Yousaf²

¹ Centre for Clinical Psychology, University of the Punjab, Lahore, Pakistan.

Email: zohrahaseeb5@gmail.com

² Centre for Clinical Psychology, University of the Punjab, Lahore, Pakistan.

Email: aasma.ccpsy@pu.edu.pk

ARTICLE INFO	ABSTRACT
Submission: June 25, 2026 Revised: July 08, 2026 Accepted: July 22, 2026 Available Online: August 06, 2026 Keywords: <i>Functional Neurological Disorder, Parental Bonding, Cognitive reappraisal, Expressive suppression, Life functioning</i> Corresponding author: Zohra Khalid Email: zohrahaseeb5@gmail.com	This study sought to find out the relationship between parental bonding, emotional control and life functionality amongst women with (FND). It was based on three hypotheses: (1) Parental bonding, emotional control and life functionality are expected to be positively associated with one another amongst women diagnosed with FND (2) Parental bonding, emotional control and life functionality are expected to be negatively associated with one another amongst women experiencing FND. (3) Parental bonding and emotional control are expected to significantly predict life functionality among women experiencing FND. The research design was correlational within group with purposive sampling. Participants were 92 women, aged 16-60 years, diagnosed with FND and selected from five different psychiatry wards in Lahore, Pakistan. Measures used were the Parental Bonding Instrument (PBI), Quality of Life Scale. Correlation, Hierarchical Regression Analysis were run to interpret the data. Results suggested role of parental bonding in life functioning. Paternal care is positively correlated with cognitive reappraisal, is negatively associated with the expressive suppression and is positively associated with the life functioning. Regression analysis suggested that parental bonding to be significant positive predictor for the life functioning.

Introduction

Functional Neurological Disorder (FND), previously termed as Conversion disorder and now characterized by Functional Neurological Symptom Disorder (FNSD) refers to a condition which is marked by disturbance in motor and sensory functionality that cannot be an identifiable organic condition (DSM-5-TR, 2022). It is characterized by an acute manifestation of neurological disturbance within the sensory and motor nervous system (Hudson, 2020).

The cause of FND formerly known as FNSD is multifactorial having genetic basis, psychological disturbance, and social factors. Dysfunctional thoughts, which are manifested by logical errors and attention difficulties, plays an important role in maintaining FNSD symptoms (Fiorio et al., 2022). In addition, adversities in life and social challenges both have the lasting affect on the predisposition and the maintenance of FNSD (Blanco & Mitra, 2023).

In Pakistani settings, where family is the primary support system for most mental health patients, parental bonding is a factor of interest in FND patients. Additionally, in view of Freud's hypothesis regarding hysteria, an examination of defenses and in FND patients may raise areas of exploration for treatment, and provide clinicians with innovative treatment strategies to improve the life functioning of the patients. Parent's role is integral in the upbringing of their children. Parent-child relationships and bonding may predict the child's later life attachment style (Girme, Jones, Fleck, Simpson & Overall, 2020). The bonding of the parent-child may be healthy or unhealthy, it occurs along two dimensions, namely, care and protection (De Cock & Shevlin, 2014). Individuals with protective parental attachment facing less relationship problems and have good relationships as opposed to individuals with non-protective parental attachment (Ainsworth, 2006). Those with overprotective parental attachment displayed less positive emotions and more negative emotions as compared to those with protective parental attachment. (Overbeek et al., 2007). Parental bonding in FND patients is under-researched, and this study aims to contribute to the literature on this.

Koole (2009) defined emotion control, is the capability to manage and modulate our own emotions. Disturbance in emotional control can trigger functional neurological disorder's symptoms. Researches have indicated a strong connection between emotional and physiological symptoms in hysteria. (Breuer & Freud, 1957). FND involves impaired emotional regulation and express. On impacting daily life functioning (Demartini, Petrochilos & Ricciardi, 2014).

Life functioning refers to process in which a person perceive himself/herself in life within the framework of their cultural context and viewed himself/herself to their expectations, goals, concerns and standards (Kim, 2020).

Life functioning refers to "individuals' perception of their position in life in the context of the culture in which he/she lived, and in relation to their goals, expectations, standards and concerns" (Kim, 2020). FND has been characterized to be strongly linked with poor life functioning (Jones & Reuber, 2016). There exist a significant association between psychological wellbeing and quality of life in patients with FNSD. Low mood, emotional changes, dissociative experiences and somatic symptoms are factors linked to poor life functioning in patients with FND (Karakis, 2014).

Khan (2013) examined the influence of social support on life functionality of women diagnosed with FNSD. Results showed the significant correlation exist between the social support and disturbed functionality.

In most mental health disorders, poor life functioning may compound individual's distress. The aim of the study is to provide effective mental healthcare in order to improve life functioning of patients.

Clinical and Social Significance of Study

In Pakistan, functional neurological disorder (FND) in women remains mainly misunderstood and sometimes symptoms interpreted as attention seeking behavior or psychosomatic behavior rather than functional neuropsychological condition. Research evaluation about parental bonding, emotion regulation, and life functioning in this population carries significant clinical value, as it can help clinicians move beyond purely biomedical models to identify early relational and affective risk factors, enabling more targeted psychotherapeutic interventions such as attachment-based therapies and emotion-focused therapies within mental health system. Socially, the study addresses an important need in social context, family oriented culture like Pakistan, where parenting styles, gender-based emotional suppression, and limited awareness of psychological distress often go unrecognized as contributors to physical symptoms, leading to delayed help seek behavior, delayed diagnosis, stigmatization, and prolonged suffering among affected women. By generating locally diverse evidence, this research can inform mental health policy, guide the training of clinicians, throws light on the importance of parental attachment, emotion regulation in improving early identification, treatment pathways, and life functioning for women living with FND in Pakistan. The aim of the study is to examine the association amongst parental attachment, emotional control and life functionality in women diagnosed with FNSD. The disturbances in social involvement are caused by non-congenial relationship with parents during life circumstances in patients suffering from FNSD (Yoshizumi, Murase, Murakami & Takai, 2007).

Adversities during childhood and strained family dynamics act as a predisposing factor for later onset of functional neurological disorder (Bokharey, 2007). Parenting practices tend to be strict in Pakistani culture. In families, father's role is dominant and often perceived as integral figure in family, has high expressed emotions in family (Malik, 2012). Mickelson et al. (1997)

Research Objectives

Research objectives will be to:

- Explore association in parental bonding, emotion regulation and

Life functionality among women diagnosed with (FND).

- To determine the factors that predict life functioning in women diagnosed with FND

Materials and Methods

Research Design

The correlational within group design was used for this study (Shaughnessy, 2001).

Participants Characteristics

Participants (n= 92) were women aged 16-60 years, diagnosed with FND, and being treated at inpatient and outpatient units of psychiatry departments of five different hospitals in Lahore, Pakistan.

Sampling

A purposive sampling strategy was used (Shaughnessy, 2001).

Measures

Demographic Characteristics Sheet

A demographic characteristics sheet was used, which gathered information about demographic data. The demographic sheet was used to collect information on participants' education, birth order, occupation, and family system.

Parental Bonding Instrument

The parental bonding instrument (Parker, Tupling & Brown, 1979) was administered to quantify attachment between parents and women with FND. Parker et al. (1979) conceptualized attachment as how child interact with significant persons in his/her surroundings. It depends on the quality of relationship with significant persons in his/her childhood. In this study, parental bonding was operationally defined by scores on the PBI, which were calculated separately for mother and father forms. The scale comprises two subscales: the care subscale (12 items), reflecting dimensions such as emotional warmth, sense of belonging, rejection, and emotional neglect; and the overprotection subscale (13 items), capturing aspects such as excessive concern, restriction of autonomy, and fostering of dependency (Parker, 1979).

Emotion Regulation Questionnaire

ERQ, originally developed by Gross and John (2003) and later translated by Khan and Kausar (2015). It measures two emotional regulation strategies i.e.; Cognitive reappraisal and expressive suppression. Cognitive reappraisal is the antecedent-focused strategy reflects an individual's capability to reframe his/her cognitions in response to the situations he/she faced and also reflect the ability to alter the associated emotions. The expressive suppression is the response-focused act which characterize the extent to which an individual inhibits the outward emotional expression (Gross & John, 2003). Gross and John (2003) study the psychometric properties of the scale and reported strong internal consistency, with Cronbach's alpha values ranging from .73 to .79. The scale consists of 10 items rated on a 7-point scale and is divided into two subscales: cognitive reappraisal (six items, scores ranging from

6 to 42) and expressive suppression (four items, scores ranging from 4 to 28). Test-retest reliability was reported as .68 for the cognitive reappraisal subscale and .60 for the expressive suppression subscale.

Quality of Life, Enjoyment and Satisfaction Scale

Life functionality was measured by using the Q-LES-Q (Endicott, Nee, Harrison & Blumenthal, 1993). It is a 16-item scale derived from the original 93-item scale and translated by the researcher following MAPI guidelines. The scale measures daily activities, social and sexual interaction, health, finances, functionality, medication effects, and overall health status, using a five-point Likert format ranging from "not at all/never" to "frequently or all the time." Total scores range from 14 to 70, with higher scores indicate greater satisfaction and life enjoyment; the final two items, assessing medication and overall life satisfaction, are scored separately. The scale demonstrated strong reliability, with an internal consistency of .90 and test-retest reliability of .93.

Procedure

Ethical review and permission for executing this study were obtained from Institutional Review Board Committee at the Centre for Clinical Psychology, University of the Punjab, Lahore. Five private and governmental hospitals with psychiatric in-patient and out-patient services were identified. With consent from each department, female patients meeting the above-mentioned characteristics and diagnosed with FND were individually interviewed. Before data collection, written informed consent was provided to participants. Each participant received an information sheet containing the study's objectives. Women with any type of FND were included, while those with comorbid organic illness, severe medical conditions (e.g., cancer, HIV/AIDS, organic brain disease, neurological deficits, epilepsy), substance-related disorders, or psychiatric comorbidity, as confirmed through prior medical records were excluded in the study. All the ethical considerations were considered during the whole research process.

Results

Data was interpreted by two different data analysis techniques. Firstly, demographics and related factors were analyzed through descriptive statistics.

Table 1: Demographic Profile of Women with Functional Neurological Disorder (N=92)

Demographic characteristics	F	%
Education		
Uneducated	6	6.5
Middle	29	31.5
Matric	36	39.1
Graduation	18	19.6
Masters	3	3.3
Birth order		
Only born	2	2.2
First born	29	31.5
Middle born	42	45.7
Last born	19	20.7
Occupation		
No job	22	23.9
Housewife	39	42.4
Student	24	26.1
Job	7	7.6
Family System		
Nuclear	46	50

Joint	46	50
-------	----	----

Table 2: Intercorrelations on Parental Bonding, Emotional Regulation and Life functioning in Women with FND

Variables	1	2	3	4	5	6	7	M	SD
1- Mother care	1	-.12	.66***	-.29***	-.11	-.20*	.06	21.95	5.32
2- Mother overprotection		1	-.46***	.68***	-.06	.11	-.13	19.36	4.76
3- Father care			1	-.48***	.10	-.22*	.25*	21.01	5.37
4- Father overprotection				1	-.12	.02	-.23*	20.1	4.36
5- Cognitive reappraisal					1	.19	.24*	17.35	8.64
6- Expressive suppression						1	-.00	20.15	7.27
7- Life Functioning							1	37.41	9.86

Note. *N= 92, M=Mean, SD=Standard Deviation, * p<.05, **p<.001, ***p<.0001

Results reveal that mother care has significant positive relationship with father care in women with FND. Whereas, mother care has significant negative relationship with father over protection and expressive suppression. Mother overprotection has significant negative relationship with father care. Whereas, mother overprotection has significant positive relationship with father overprotection. Father care has significant relationship with father overprotection and positive relationship with life functioning. Father overprotection has significant negative relationship with life functioning. Cognitive reappraisal has significant positive relationship with life functioning.

Furthermore, it was hypothesized that parental attachment and emotion regulation is likely to predict the life functioning in women with FND. In order to test these hypotheses, multiple hierarchal regression was performed.

Table 3: Hierarchal Regression Analysis Showing Predictors of Emotion Regulation and Life Functioning in Women with FND

	Expressive Suppression	Cognitive Reappraisal	Life Functioning
Variables	β	β	β
Mother Care	.11	-.40**	-.07
Mother Overprotection	.07	.15	.08
Father Care	-.15	.31**	.35***
Father Overprotection	-.10	-.19	-.23*
R^2	.29*	.15	.17

Note. N= 92, *p<.05; ** p<.01; ***p<.001

Table 3 showed that mother care, mother overprotection, father care and father over protection explained 29% of the variance for expressive suppression, 15% of the variance for cognitive reappraisal and 17% for life functioning. Mother care predicts negative significant prediction for cognitive reappraisal. Father care has significant positive prediction for cognitive reappraisal and life functioning. Father overprotection has significant negative prediction for life functioning.

Discussion

The present study sought the association between parental bonding, emotional control, and life functionality in women with (FND). Specifically, it explored how maternal and paternal care, along with paternal overprotection, relate to expressive suppression, cognitive reappraisal, and overall life functioning in this population. The findings are discussed below in light of existing theoretical and empirical literature.

Parental Care and Expressive Suppression

Results showed that both mother and father care subscales of parental bonding were significantly negatively correlated with expressive suppression, a maladaptive emotion regulation strategy characterized by the inhibition of emotional expression. This result is contingent with the previous attachment researches, which indicated a warm, accepting, and caring relationship with parents enhance confidence and encourages emotional expression in adulthood (Ashraf, 2008). Individuals who experience parental acceptance tend to develop greater trust, self-worth, and healthier interpersonal relationships, all of which reduce the tendency to suppress emotional experiences and foster confidence (Tariq & Kousar, 2015).

Developmentally, parents play an important role in validating individual's emotional states, including basic experiences such as hunger, irritation, and anger, thereby influencing the child's later ability for emotional control (Fotopoulou, 2017). When this validating environment is present, it appears to boost up confidence to express themselves and reduced suppression in adulthood. Conversely, inconsistent, insecure or rejecting parental care has been linked to poorer emotional control and a greater likelihood of psychological distress, which is particularly consistent with the presentation of FND (Rohner & Khaleque, 2007; Miller & Eisenberg, 1988).

The present findings also align with attachment theory, which explore the effectiveness of childhood parental bonding shapes child secure environment and also adapt better emotional control in adulthood (Mikulincer, 2019). For women with FND, whose symptoms are often understood as an unconscious, unexpressed psychological disturbances, the association between lack of parental care and high expressive suppression lends support to the idea that early relational experiences may shape the specific ways in which emotional disturbance is later manifest or withheld from conscious expression (McLaughlin, 2015).

Father's Care and Life Functioning

A particularly notable finding was that father's care emerged as a significant positive predictor of life functioning. This is consistent with research emphasizing the father's distinct developmental role, which differs from that of the mother in important ways. While maternal care is often associated with emotional security, paternal care is more strongly linked to the encouragement of confidence, exploration, and independence (Paquette, 2004). A father's positive and engaged interaction with his daughter has been shown to support her social development, emotional control, and life functioning across the lifespan (Grossman et al., 2005). Research on adolescent daughters further supports this pattern, showing that paternal involvement is associated with fewer internalizing problems and greater social competence (Williams & Kelly, 2005).

Paternal Overprotection and Life Functioning

In contrast to the protective role of paternal care, paternal overprotection was found to be significantly negatively associated with life functioning. This finding can be understood through a psychodynamic view, wherein excessive parental control and over involvement during developmental stage may prevent the adequate solution of underlying emotional problems. Over time, this unresolved conflict is thought to be not expressed and may later manifest in the form of physical symptoms, consistent with the classical understanding of functional phenomena (Brown & Hawkins, 2004).

This relationship takes on additional cultural significance within the Pakistani context. Parenting norms in Pakistan often reflect a more authoritative and hierarchical family structure, in which the father is regarded as the dominant figure within the household (Malik, 2012). While this positioning can, in some cases, provide structure and security, paternal overprotection in particular tends to be experienced not as nurturing care but as controlling and restrictive, which can adversely affect the psychological wellbeing of family members (Bhutto, 2004). Empirical work within Pakistani has similarly found that excessive paternal involvement and overprotection are associated with poorer interpersonal relationships and reduced life functioning among individuals with FND (Najam & Kausar, 2012).

This pattern is further supported by broader research demonstrating that heightened parental overinvolvement can itself contribute to psychological difficulties, including functional neurological presentations (Segrin, 2001). Experimental evidence has similarly

shown that individuals whose parents were highly overinvolved and overattentive during upbringing demonstrated poorer functioning in adulthood relative to those raised with an optimum level of parental attention (Walker et al., 2006). Overprotective parenting may also affect the progression of congenial, problem focused coping strategies, confidence, which are essential for managing the physical and psychological challenges associated with functional neurological symptoms (Sanders, 1994). Consistent with this, prior work has found that patients with FND commonly report having experienced overprotective and controlling parenting styles, which appear to negatively influence their long-term life functioning (Jacob & Seshadri, 2013).

Conclusion

Considered together, these findings suggest that parental attachment, and specifically paternal attachment, plays a crucial part in shaping both emotion control and life functioning among women with FND. Secure and caring parental relationships appear to support healthier emotional expression and reduce suppression, while caring and secure attachment to the father specifically appears to promote better overall life functioning. At the same time, paternal overprotection, though perhaps, appears to affect quality of life, potentially by restricting the development of confidence, autonomy, and adaptive coping strategies.

These patterns are especially relevant within the Pakistani cultural context, where paternal authority is often normatively strong, making it important for clinicians and family systems alike to distinguish between protective, caring paternal involvement and overprotective, controlling paternal involvement. The present findings highlight the value of secure attachment and family-based therapeutic approaches when working with women with FND, as interventions that address early relational patterns, particularly those involving the father, may hold meaningful potential for improving both emotion regulation and overall life functioning in this population.

Limitations and Suggestions

- Sample size was small due to un-availability of sample potentially limiting generalizability
- Large sample should be taken in future for more generalizability of results
- Most participants were drawn from government hospitals in Lahore with low socioeconomic status, findings are largely limited to urban, low-SES populations and may not generalize to rural or higher-SES groups.
- Future studies should draw from a wide range of government and private hospitals in order to achieve a larger, more diverse sample.
- Since the current sample's age ranged from 16 to 60 years, future research should include adolescents below 16 to extend the generalizability of results also to that age group.

Strengths of the Study

This study explores parental attachment as predictor to the emotional control and life functionality in women diagnosed with FND. The findings revealed that parental bonding is positively associated with emotional control and life functioning. The study explores that the father and mother's attachment and overprotection serve as the influential factors in life functioning of women with FND. The study highlighted that the father's care is the significant positive predictor for life functioning in women with FND.

Implications of the Study

This study probed meaningful association between parental attachment, emotional control and life functionality in women diagnosed with FND. These findings may also benefit mental health professionals by using therapeutic approaches that address parental attachment and emotional regulation strategies, ultimately supporting and improving life functionality in women with FND.

Declarations

Conflict of Interest

The authors declare no conflict of interest.

Ethics Statement

This study was approved by the Ethical Review Board of the Centre for Clinical Psychology, University of the Punjab, Lahore (Approval No: CCP/2025/013)

Informed Consent

Informed consent was obtained from all individual participants included in the study

Author Contributions

Zohra Khalid: Conceptualization, Methodology, Data Collection, Formal Analysis, Writing Original Draft, & Editing

Dr. Aasma Yousaf: Guidance in conceptualization, help in data analysis, critical review of manuscript drafts, and identification of methodological and conceptual improvements throughout the research process.

Data Availability Statement

The datasets used and analyzed during the current study are available from the corresponding author on reasonable request.

Funding

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors. This was an academic project.

Running Head: Parental bonding, Emotional Regulation and Life Functioning

References

1. Ainsworth, M. D. S. (2006). Attachments and other affectional bonds across the life cycle. In *Attachment across the life cycle* (pp. 41–59). Routledge.
2. American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). <https://doi.org/10.1176/appi.books.9780890425787>
3. Ashraf, R. (2008). *Relationship between parental attachment and subjective well-being in adult life* [Unpublished thesis]. University of the Punjab.
4. Bennett, K., Diamond, C., Hoeritzauer, I., Gardiner, P., McWhirter, L., Carson, A., & Stone, J. (2021). A practical review of functional neurological disorder (FND) for the general physician. *Clinical Medicine*, 21(1), 28–36.
5. Blanco, S. R., Mitra, S., Howard, C. J., & Sumich, A. L. (2023). Psychological trauma, mood and social isolation do not explain elevated dissociation in functional neurological disorder (FND). *Personality and Individual Differences*, 202, 111952.
6. Bhutto, Z. A. (2004). *Psychological problems as a result of perceived maladaptive parental styles* [Unpublished master's thesis]. University of Karachi.
7. Breuer, J., & Freud, S. (1955). On the psychical mechanism of hysterical phenomena: Preliminary communication. In *The standard edition of the complete psychological works of Sigmund Freud: Vol. 2. Studies on hysteria* (pp. 1–17). Hogarth Press. (Original work published 1893)

8. De Cock, T. P., & Shevlin, M. (2014). Parental bonding: A typology of the parent-child relationship in a population sample. *SAGE Open*, 4(3), 1-8.
9. Demartini, B., Petrochilos, P., Ricciardi, L., Price, G., Edwards, M. J., & Joyce, E. (2014). The role of alexithymia in the development of functional motor symptoms (conversion disorder). *Journal of Neurology, Neurosurgery & Psychiatry*, 85(10), 1132-1137.
10. Endicott, J., Nee, J., Harrison, W., & Blumenthal, R. (1993). Quality of Life Enjoyment and Satisfaction Questionnaire: A new measure. *Psychopharmacology Bulletin*, 29(2), 321-326.
11. Fiorio, M., Braga, M., Marotta, A., Villa-Sánchez, B., Edwards, M. J., Tinazzi, M., & Barbiani, D. (2022). Functional neurological disorder and placebo and nocebo effects: Shared mechanisms. *Nature Reviews Neurology*, 18(10), 624-635.
12. Fotopoulou, A., & Tsakiris, M. (2017). Mentalizing homeostasis: The social origins of interoceptive inference. *Neuropsychanalysis*, 19(1), 3-28. <https://doi.org/10.1080/15294145.2017.1294031>
13. Girme, Y. U., Jones, R. E., Fleck, C., Simpson, J. A., & Overall, N. C. (2021). Infants' attachment insecurity predicts attachment-relevant emotion regulation strategies in adulthood. *Emotion*, 21(2), 260-272.
14. Grossmann, K. E., Grossmann, K., & Waters, E. (Eds.). (2005). *Attachment from infancy to adulthood: The major longitudinal studies*. Guilford Press.
15. Gross, J. J., & John, O. P. (2003). Individual differences in two emotion regulation processes: Implications for affect, relationships, and well-being. *Journal of Personality and Social Psychology*, 85(2), 348-362.
16. Hudson, S. (2020). How people develop functional neurological disorder: Some current theories. *British Journal of Neuroscience Nursing*, 16(2), 69-72.
17. Jacob, P., & Seshadri, S. (2013). Parenting in children and adolescents with internalizing disorders. *Journal of Indian Association for Child and Adolescent Mental Health*, 9(4), 136-148.
18. Karakis, I. (2014). Patient and caregiver quality of life in psychogenic non-epileptic seizures compared to epileptic seizures. *Seizure*, 23(1), 47-54.
19. Khan, A. (2013). Effect of moral support and self-esteem on life functioning in women with functional neurological disorder in district Bahawalpur [Unpublished master's thesis]. The Islamia University of Bahawalpur.
20. Kim, S. (2020). World Health Organization Quality of Life (WHOQOL) assessment. In *Encyclopedia of quality of life and well-being research* (pp. 1-2). Springer.
21. Koole, S. L. (2009). The psychology of emotion regulation: An integrative review. *Cognition and Emotion*, 23(1), 4-41.
22. MAPI Research Trust. (2019). Retrieved from <https://mapi-trust.org/>
23. Malik, F. (2012). Parental acceptance-rejection and paternal authoritarianism among abused children in Pakistan. *Journal of Behavioural Sciences*, 22(1), 23-48.
24. Mikulincer, M., & Shaver, P. R. (2019). Attachment orientations and emotion regulation. *Current Opinion in Psychology*, 25, 6-10. <https://doi.org/10.1016/j.copsyc.2018.02.006>
25. Najam, N., & Kausar, R. (2012). Father acceptance-rejection, father's involvement and socioemotional adjustment of adolescents in Pakistan. *Journal of Behavioral Sciences*, 22(1), 1-22.

26. Overbeek, G., ten Have, M., Vollebergh, W., & de Graaf, R. (2007). Parental lack of care and overprotection. *Social Psychiatry and Psychiatric Epidemiology*, 42(2), 87–93.
27. Paquette, D. (2004). Theorizing the father–child relationship: Mechanisms and developmental outcomes. *Human Development*, 47(4), 193–219.
28. Parker, G., Tupling, H., & Brown, L. B. (1979). A parental bonding instrument. *British Journal of Medical Psychology*, 52(1), 1–10.
29. Rohner, R. P., Khaleque, A., & Cournoyer, D. E. (2012). *Introduction to parental acceptance-rejection theory, methods, evidence, and implications*. University of Connecticut, Center for the Study of Parental Acceptance and Rejection. <https://csiar.uconn.edu/wp-content/uploads/sites/494/2014/02/INTRODUCTION-TO-PARENTAL-ACCEPTANCE-2-15-12.pdf>
30. Sanders, M. R., Shepherd, R. W., Cleghorn, G., & Woolford, H. (1994). The treatment of recurrent abdominal pain in children: A controlled comparison of cognitive-behavioral family intervention and standard pediatric care. *Journal of Consulting and Clinical Psychology*, 62(2), 306–314. <https://doi.org/10.1037/0022-006X.62.2.306>
31. Segrin, C. (2001). *Interpersonal processes in psychological problems*. Guilford Press.
32. Shaughnessy, J. J., & Zechmeister, E. B. (2001). *Research methods in psychology* (9th ed.). McGraw-Hill.
33. Tariq, O., & Kausar, R. (2015). Parental acceptance-rejection and interpersonal problems in patients with conversion disorder. *Journal of Behavioural Sciences*, 25(1), 19–38.
34. Walker, L. S., Williams, S. E., Smith, C. A., Garber, J., Van Slyke, D. A., & Lipani, T. A. (2006). Parent attention versus distraction: Impact on symptom complaints by children with and without chronic functional abdominal pain. *Pain*, 122(1–2), 43–52. <https://doi.org/10.1016/j.pain.2005.12.020>
35. Wang, Y. M., Chen, J., & Han, B. Y. (2017). The effects of cognitive reappraisal and expressive suppression on memory of emotional pictures. *Frontiers in Psychology*, 8, 1921.
36. Williams, S. K., & Kelly, F. D. (2005). Relationships among involvement, attachment, and behavioral problems in adolescence: Examining father's influence. *Journal of Early Adolescence*, 25(2), 168–196. <https://doi.org/10.1177/0272431604274178>
37. Yoshizumi, T., Murase, S., Murakami, T., & Takai, J. (2007). Dissociation as a mediator between perceived parental rearing style and depression in an adult community population using college students. *Personality and Individual Differences*, 43(2), 353–364. <https://doi.org/10.1016/j.paid.2006.12.00>



2026 by the authors; Journal of Global Social Transformation (JGST). This is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC-BY) license (<http://creativecommons.org/licenses/by/4.0/>).