

**The Hidden Toll on Daughters; Parentification And It's Relationship With Depression,
Anxiety And Stress In Women.**

Dissertation submitted in partial fulfilment of the requirements for the award of

Bachelor of Science in Psychology

By

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CERTIFICATE

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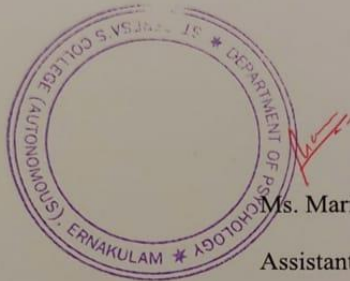
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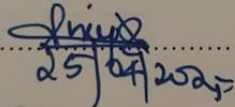


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DECLARATION

I, Krishna Gadha K S, do hereby declare that the work represented in the dissertation embodies the results of the original research work done by me in St. Teresa's College, Ernakulam under the supervision and guidance of Ms. Maria Dony, Assistant Professor, Department of Psychology, St. Teresa's College, Ernakulam, it has not been submitted by me to any other university or institution for the award of any degree, diploma, fellowship, title or recognition before.

A handwritten signature in black ink, appearing to read 'K. Gadha K S', with a horizontal line drawn through the middle of the signature.

Krishna Gadha K S

Place: Ernakulam

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Thanking you

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Abstract

Long-term psychological effects have been linked to parentification, the practice of children taking on caregiving responsibilities that are normally reserved for parents. In addition to investigating birth order differences in parentification experiences, this study looks at the association between women's depression, anxiety, and stress and Parent-Focused Parentification, Sibling-Focused Parentification, and Perceived Benefits of Parentification. Validated scales were used to evaluate a sample of 200 women, and the comparative test, regression analysis, and correlation were used to examine the results. The findings showed that perceived benefits of parentification had a negative link with stress, anxiety, and depression, while there was no significant correlation between sibling-focused parentification and parent-focused parentification. Perceived benefits of parentification was found to be a significant predictor of psychological distress by regression analysis, indicating that those who find benefits in their parentification experience of birth order may have resilience traits. There were clear disparities in birth order: firstborns were more likely to have sibling - focused parentification, parent-focused parentification and perceived benefits of parentification does not have significant difference. These results demonstrate the nuanced influence of parentification and its alleged advantages in determining mental health consequences. Interventions that address the psychological effects of early parenting obligations while identifying possible strengths can benefit from an understanding of these dynamics.

Keywords: stress, anxiety, depression, birth order, and parentification

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Chapter I

Introduction

The Hidden Toll on Daughters; Parentification And It's Relationship With Depression Anxiety And Stress In Women

Background of the study

“Children who become parents to their parents to bear an invisible burden, one that often shapes their emotional landscape well into adulthood”(Jurkovic,1997).

The Psychological phenomenon of parentification ,where a child assumes adult responsibilities within the family often acting as a caregiver or emotional support for parents or siblings often results in long-term impacts on emotional wellbeing. Parentification is divided into two types emotional parentification and instrumental parentification (Byng-Hall&Davies,2002). Emotional parentification is when the child provides the parent emotional support in the form of giving advice, holding secrets, comforting siblings during arguments, and diffusing conflict. Instrumental parentification is when children are tasked with adult responsibilities, such as cooking dinner, managing finances, or being responsible for their siblings .Parentification is an unhealthy relationship dynamic that can have a lasting effects on children. Constantly suppressing one's needs is not healthy and children who experience parentification results in depression ,anxiety and stress. (Gabrielle J. Jurkovic,1997)

Depression is a mood disorder characterized by persistent feelings of sadness, hopelessness, and a lack of interest or pleasure in activities. It can impact one's ability to function daily and may lead to significant emotional distress. (APA 2013). Women are more likely than men and younger adults are more likely than older adults to experience depression. While depression can occur at any time and at any age, on average it can first

appear during one's late teens to mid-20s (Cicchetti & Toth, 2005). Parentified children seem to adapt well to school life, but in reality, they feel left out, suppress their desires, and become obsessed with responsibility as they are forced to help their parents. As a result, they may be continuously exposed to stressful and tense situations, and if they do not fully fill their role as parents, they may feel helplessness and excessive guilt, which may increase depression (Jurkovic, 1997). They may also experience difficulties forming their self-identity because they did not differentiate themselves from their parents while growing up, which can aggravate depression (Shulman & Scharf, 2000). Childhood parentification was also found to have a significant effect on the manifestation of adulthood depression. The Parentified children cannot be able to express their emotions to anyone because they are acting as the parent of their family and want to look after all other members which makes them a distress and which can lead to depression (McMahon & Lydon, 2009)

Anxiety is an emotion characterized by feelings of tension, worried thoughts, and physical changes like increased blood pressure. Anxiety is not the same as fear, but they are often used interchangeably. Anxiety is considered a future-oriented, long-acting response broadly focused on a diffuse threat, whereas fear is an appropriate, present-oriented, and short-lived response to a clearly identifiable and specific threat. (APA 2025) Children who are parentified often learn to prioritize the needs of others over their own, leading to a heightened sense of responsibility and a fear of failure. This heightened sense of responsibility can contribute to a constant state of vigilance and worry about meeting the expectations of family members. The pressure to fully fill these roles can lead to anxiety symptoms such as excessive worry, irritability, and difficulty concentrating. As the children pass into their adulthood the anxiety established during the childhood will persist, potentially resulting in chronic anxiety disorders. Individuals with a history of parentification may experience higher levels

of anxiety compared to their peers, due to the cumulative effects of stress and emotional burdens carried throughout their childhood (Chase, 1999; Jurkovic, 1997)

Stress is the psychological and physical response to perceived challenges or threats, characterized by feelings of tension, anxiety, and pressure. It can result from both external factors (like family dynamics) and internal factors (such as personal expectations) (Lazarus 1984). Children who experienced parentification results in stress due to their pressure to handle all the responsibility at a young age which cause the individual an impairment. The constant demand can lead to chronic stress because the child is ongoing through parentification to meet all the needs of others not looking their own. Problems within the parents want to be solved by them which cause a distress because of the overload given to the parentified children which later results in mental health outcomes but they are not aware about it because they consider this has their duty and those who engaged in emotional caregiving reports greater current stress (Derikozis & Wingsiong 2017)

The sample taken for the study are adult women aged 18-30 year old. Focusing on adult women aged 18 to 30 for this study is crucial for several reasons. This age group represents a transitional period where individuals are often navigating significant life changes, including educational and career pursuits, establishing independence, and forming their own families. During this phase, the effects of childhood experiences, such as parentification, can become particularly pronounced as these women confront the responsibilities and expectations that may echo their early familial roles. Women's are more likely to experience parentification due to the societal expectations. Considering birth order in the study can examine whether the first born, middle born or last born experience parentification.

Theoretical Background

The phenomenon of childhood parentification has been discussed within the framework of attachment theory, where parentification is presented as a disruption in the parent-child attachment relationship (Chase, 1999; Hooper, 2007a). According to Bowlby (1969, 1988), in the early years of life children begin to construct mental representations of the expected behaviour of self and others based on interactions with caregivers. These mental representations, known as internal working models, are built based on primary caregivers' communication and behaviour towards the child. Internal working models shape the child's expectations for treatment by caregivers, help the child plan future behaviours, and influence how the child feels about him or herself. As largely unconscious cognitive structures, internal working models developed during childhood are said to be imposed onto later relationships, including friendships and romantic partnerships (Bowlby, 1988). In circumstances where there is parentification, the parent is said to be unresponsive to the child's need for physical and emotional care. As such, parentification is proposed to disrupt the maintenance of a secure and stable connection with caregivers. This may result in the child developing an internal working model that others cannot be relied upon to provide care and comfort in times of need (Hooper, 2007a). From this internal working model, in which others cannot be relied upon, the individual may come to believe and internalize that care is not being provided because he or she is undeserving of care. This internal working model may lead the child to experience feelings of unworthiness that persist into later life and contribute to internalizing symptoms. Further, the disrupted attachment pattern formed through parentification may persist into later social relationships and lead to emotional distress (Katz 2009). Thus, the social support networks of the developing parentified child are likely to be affected.

According to Hooper (2007), the family systems theory provides clarity to the context in which parentification takes place. This theory considers the relational patterns at individual

(ontological), dyadic, and systemic levels (Demby et al., 2017). Murray Brown's Family Systems theory was developed to understand human behaviour with a focus on interactions between members in a family and how it may influence each other's behaviour (Bowen, 1974). The Family Systems theory posits that the family is a system in the way that a change in the functioning of one family member will automatically follow a compensatory change in another family member (Bowen, 1974). For example, family functioning is affected when a family member is temporarily unwell and another family member will automatically compensate while the unwell member recovers (Bowen, 1974). If the sick member becomes chronically or permanently ill, it can influence a long-term imbalance in the family due to the compensatory behaviours of other members for the functioning of the family (Bowen, 1974). Based on the premises of family systems theory, clear boundaries are crucial to healthy family functioning (Kerig, 2005)

Minuchin (1974) proposed that there are underlying structures within all families that guides the organisation of the family and directs the nature of how family members interact. According to family systems theory, adaptive families are well organised in a hierarchical system and enmeshed families have problematic structures (Demby et al., 2017). Enmeshed refers to healthy parent-child roles which has been corrupted (Garber, 2011). The occurrence of boundary dissolutions, family hierarchy distortions or lack in parental care may stem from intergenerational transmission of dysfunctional family roles and responsibilities such as the parents' own experience of childhood parentification and neglect (Borchet et al., 2022; Kerig, 2005). As such, parentification is a disruption to the family system as the family becomes enmeshed (Garber, 2011). In accordance with attachment theory, family systems which have become enmeshed demonstrate the interaction of children with ambivalent attachment and parents with preoccupied attachment (Rothbaum et al., 2002). Based on the definition of Rothbaum et al. (2002), preoccupied adults are those who display excessive preoccupation

with past experiences and are excessively expressive about relational problems. In which case, children with parents who have preoccupied attachment tend to experience role-reversal to provide care for their preoccupied parents (Rothbaum et al., 2002).

Role theory explains how individuals behave based on the expectations associated with their social positions. It suggests that people adopt specific roles influenced by social norms, family expectations, and cultural values (Biddle, 1986). In the context of parentification, daughters often assume caregiving roles typically expected of parents, leading to a shift in family hierarchy. This role reversal can contribute to stress, anxiety, and depression, as these individuals navigate responsibilities beyond their developmental capacity (Hooper, 2007). According to role strain theory, when individuals are unable to balance multiple roles effectively, it can lead to psychological distress (Goode, 1960). Furthermore, social role theory posits that gendered expectations shape role adoption, with women being more likely to take on caregiving responsibilities due to societal norms (Eagly & Wood, 2012). Applying role theory to parentification helps explain how societal and familial expectations contribute to the emotional burden on daughters, reinforcing the need for further research on its psychological impact.

Resilience theory explains how individuals adapt and thrive despite adversity by utilizing personal and environmental protective factors (Masten, 2001). In the context of parentification, resilience plays a crucial role in determining whether the experience leads to psychological distress or personal growth (Hooper, 2007). While excessive caregiving responsibilities can increase stress, anxiety, and depression, some individuals develop emotional strength, problem-solving skills, and independence, which act as protective factors against negative outcomes (Luthar et al., 2000). The protective factor model of resilience suggests that Perceived Benefits of Parentification (PBP) may buffer the negative impact of parentification, allowing individuals to develop coping mechanisms and emotional

intelligence (Werner & Smith, 1992). Understanding resilience in parentified individuals helps explain why some experience long-term distress while others develop adaptive skills, highlighting the need for research on moderating factors such as support systems and cultural influences.

Birth order theory suggests that an individual's position within the sibling hierarchy influences personality, behavior, and psychological outcomes (Adler, 1928). According to Alfred Adler's theory of birth order, firstborns often develop a strong sense of responsibility and leadership due to early parental expectations, making them more prone to parentification (Sulloway, 1996). Middle-born children may struggle with finding their role in the family, while lastborns, though often perceived as the most cared for, can also experience parentification, especially in cases where older siblings leave home (Eckstein et al., 2010). Research has shown that firstborns are more likely to take on Parent-Focused Parentification (PFP), whereas later-borns, particularly lastborns, are more involved in Sibling-Focused Parentification (SFP) (Hooper et al., 2008). Applying birth order theory to parentification helps explain the varying psychological impacts based on sibling position, emphasizing the need to consider birth order in studies of childhood caregiving roles.

Chapter II

Review Of Literature

This chapter reviews literature on parentification ,depression, anxiety and stress. Through existing research, the study seeks to uncover how parentification have relationship with depression anxiety and stress for further investigation while providing insights. And also to find the gaps in the study ,what contributions the study is given to the society all are addressing in this chapter.

Parentification ,Depression, Anxiety And Stress

The study “Childhood Parentification and Adulthood Depression and Anxiety” by Derikozis (2017) examines the relationship between perceive parentification and unfairness in childhood ,and current anxiety in adulthood .The participant of the study was undergraduate students using a quantitative method to collect data using various scales. The study finds that Participants who experienced higher levels reported increased current depression and anxiety. Similarly, those who engaged in emotional caregiving reported greater current stress, depression, and anxiety Additionally, individuals who perceived their caregiving roles as unfair reported higher levels of psychological distress. Findings also suggest a vulnerability to stress, depression, and anxiety for parentified children who are also the youngest sibling in their family.

Moreover a study by Shamsaee, M.et.al (2024) conducted a study on “The Psychological Effects of Parentification in Girls within Single-Parent Families.” Investigated the impact of parentification of girls within a single parent family using a qualitative design ,collected data through semi-structured interviews with 21 girls aged 13 to 18 who comes under a single parent family. The study concludes that parentification has a profound impact on the psychological well-being of girls in single-parent families, with significant implications for their emotional, social, and academic development. While parentification can

promote certain developmental strengths, it also necessitates the need for targeted interventions to support parentified children and mitigate the challenges they face.

Furthermore the study by Van Parys, et al (2015) "The study Toward understanding the child's experience in the process of parentification; Young adult's reflections on growing up with a depressed parent" examined how young adults make sense of their childhood experiences of parental depression and how their retrospective reflections help us to understand the experiences of children and the processes of parentification using a qualitative study of 21 young adults with depressed parents. The findings reveal that parentification leads to both positive and negative psychological effects. Positively, it fosters emotional maturity, resilience, and independence. Negatively, it imposes an emotional burden, results in social isolation, and poses challenges to academic performance. Importantly, the presence of social support was identified as a crucial factor in mitigating some of the adverse effects of Parentification.

"Parentification, Stress, and Problem Behavior of Adolescents who have a Parent with Mental Health Problems" by Linda M. A. et al was published in the journal Family Process (March 2017) aimed to the effects of parentification—where adolescents assume parental roles—on internalizing and externalizing problems among adolescents living with a parent who has mental health issues. The study was conducted with 118 adolescents using a cross sectional design and using different scales. It was a longitudinal study and the findings were Parentification was directly linked to increase internalising and externalising problems over 1 year, parentification predicted an increase in internalizing problems and not externalizing it. parentification can have negative consequences for adolescence with a parent with current symptoms of psychopathology and also the stress was measured only for a short frame.

Moreno, A. J., & Killoren, S. E. (2011) conducted study "Does locus of control influence parentification and anxiety in father–daughter relationships?" This study aimed to examine how the locus of control influences parentification and anxiety within father–daughter relationships. The study was done in adolescent daughters and their experiences of parentification in families with varying father-daughter dynamics using a quantitative methodology by using different scales. The findings revealed that daughters with an external locus of control were more likely to experience higher levels of anxiety and dysfunctional parentification in father–daughter relationships. This study highlights the psychological impact of control orientation on daughters' well-being, making it relevant to the research on the interplay of parentification, anxiety, and family dynamics.

Hooper, L. M. et al. (2011). "Effect of marital conflict on adolescent anxiety". This study investigates the relationship between marital conflict and adolescent anxiety, focusing on the mediating role of parentification. The study was done in adolescents exposed to varying levels of marital discord using a quantitative methodology, the researchers collected data through self-reported surveys assessing marital conflict, levels of parentification, and symptoms of anxiety. The findings indicate that parentification significantly mediates the impact of marital conflict on adolescent anxiety, with higher levels of parentification linked to greater anxiety in adolescents.

The study "Exploring effects of childhood parentification on adult-depressive symptoms in Korean college students." by Shin & Hecht, M. L. (2012). This study examines how childhood experiences of parentification influence depressive symptoms in Korean college students during adulthood. Using a quantitative approach, the researchers analysed survey data measuring levels of childhood parentification and current depressive symptoms. The findings reveal a significant positive correlation between emotional parentification in

childhood and depressive symptoms in adulthood. Additionally, instrumental parentification was linked to adaptive outcomes when familial obligations were culturally valued.

The study "Expanding the Discussion Regarding Parentification and Its Varied Outcomes: Implications for Mental Health Research and Practice. *Journal of mental health counselling* Hooper, L. M. (2007). This article broadens the discussion on parentification, focusing on its complex and varied outcomes. The scope encompasses both adaptive and maladaptive effects of parentification on mental health, emphasizing the need for nuanced understanding in research and practice literature review methodology, synthesizing findings across studies to examine how factors such as the type (instrumental vs. emotional), duration, and context of parentification influence outcomes. The study highlights that while parentification often correlates with anxiety, depression, and other mental health challenges, it can also foster resilience and maturity under supportive family conditions.

Hooper, L. M.et.al (2012). A study on "Depression and Parentification among Adults as Related to Parental Workaholism and Alcoholism aimed to examines the relationship between parental workaholism and alcoholism with depression and parentification in adult children. The samples were adults who experienced these parental behaviors during their upbringing. Using a cross-sectional quantitative methodology, the researchers analysed self-reported data on parental behaviors, levels of parentification. Findings indicate that both parental workaholism and alcoholism significantly predict higher levels of emotional parentification and depressive symptoms in adulthood.

A study on "Risk and Resilience in Emerging Adults with Childhood Parentification. by Williams, K. (2017) aimed to investigates the interplay of risk and resilience factors in emerging adults who experienced parentification during childhood. Using a mixed-methods approach. Findings reveal that while parentification is associated with heightened risks for

mental health challenges, such as anxiety and depression, it also fosters resilience, including greater emotional intelligence and problem-solving skills, under certain conditions.

The study on “Perceptions of Boundary Ambiguity and Parentification Effects on Family Satisfaction, Family Support, and Perceived Stress in Young Adults of Divorced Families.” Kansas State University by Turner, S. L. (2015). Aimed to investigate the how boundary ambiguity and parentification influence family satisfaction, family support, and perceived stress in young adults from divorced families. Using a sample of 109 students at a Midwestern university with divorced or separated parents. The study uses a quantitative methodology. The findings reveal that high levels of parentification, particularly emotional parentification, are associated with lower family satisfaction and increased perceived stress.

The study on “Predictors of Child Neglect: Mothers’ Parentification, Stress, Marital Status, Education, and Financial Situation” by Chitiyo, R. A. (2015). Aimed to examines the predictors of child neglect, focusing on how mothers' experiences of parentification, along with stress, marital status, education, and financial situation, contribute to the likelihood of neglecting their children. The study includes a diverse sample of mothers, utilizing a quantitative research methodology with surveys. The findings indicate that higher levels of maternal parentification and stress significantly correlate with increased risks of child neglect.

The study on “Patterns of Self-Reported Alcohol Use, Depressive Symptoms, and Body Mass Index in a Family Sample: The Buffering Effects of Parentification” by Doehler.et.al (2012). Aimed to examine the relationships between self-reported alcohol use, depressive symptoms, and body mass index (BMI) within a family sample, focusing on the buffering effects of parentification. The data in the current study were collected from an understudied, high-priority adolescent population. Using a quantitative methodology, the

researchers analysed survey data from families to explore these dynamics. Findings suggest that higher levels of parentification are associated with increased depressive symptoms and alcohol use, while also affecting BMI.

The study on "Influence of Adolescence Parentification on Adulthood Depression in Children of Women with Breast Cancer." By Tebes, J. R., & Hwang, J. (2015) This study aimed to investigate the levels of adolescence parentification and identify its influence on adulthood depression in children of women with breast cancer. This study used a cross-sectional online survey. Data were collected from an online community comprising Korean women with breast cancer and their families. A total of 217 adult children of women with breast cancer. Finding suggests that parentification can be stressful for adolescents living with a parent with cancer. Hence, a greater awareness regarding parentification is needed to prevent adolescents from developing depression in their adulthood.

The study "Parentification: The Long-Term Effects on the Parentified Adult" by Miller, R. L. (2018) aimed to examine focuses on the psychological, emotional, and relational consequences of being parentified, examining how these experiences shape adult identity and functioning using a qualitative methodology. The findings reveal that parentification often leads to a range of challenges in adulthood, including issues with emotional regulation, difficulties in establishing boundaries, and an increased risk of mental health issues such as anxiety and depression.

The study "Race/Ethnicity, Gender, Parentification, and Psychological Functioning: Comparisons Among a Nationwide University Sample." Journal of Counselling Psychology by, Schaefer, M. A., & Edmonson, C. (2020). Examined the relationships between race/ethnicity, gender, parentification, and psychological functioning among a diverse nationwide university sample. Using a quantitative approach, the researchers collected data

through surveys. The findings reveal significant differences in parentification experiences based on race/ethnicity and gender, with some groups reporting higher levels of emotional and instrumental parentification.

Kelley, R. (2017) Study on "The Developmental Implications of Parentification: Effects on Childhood Attachment." Aimed to investigate the developmental implications of parentification, particularly its effects on childhood attachment styles. Using a qualitative review methodology, the author synthesizes findings from various studies on parentification and attachment theory. reveals that parentification can lead to insecure attachment styles in children, which may result in difficulties forming healthy relationships in adulthood. The findings suggest that children who are parentified may struggle with trust, emotional regulation, and dependence on others.

Jones, D. J., & Prinz, R. J. (2005). "Parenting Stress and Parental Efficacy." In *Handbook of Parenting: Volume 4: explores the relationship between parenting stress and parental efficacy*, focusing on how stressors impact parents' perceptions of their abilities to manage parenting challenges effectively. The authors utilize a review methodology to analyze existing literature on the constructs of parenting stress and efficacy, drawing connections between them. Findings indicate that higher levels of parenting stress are negatively correlated with parental efficacy, suggesting that parents who experience significant stress are more likely to doubt their parenting abilities and struggle with effective parenting practices.

Brennan, A., & Barlow, J. (2017). "Depression and Parenting: The Need for Improved Intervention Model. This article addresses the intersection of depression and parenting, emphasizing the need for improved intervention models to support affected families. The scope focuses on how parental depression can negatively impact parenting practices and, consequently, child development. The authors conduct a comprehensive review of existing

literature on the effects of parental depression on parenting behaviors and child outcomes. Findings suggest that depressed parents often exhibit less warmth, increased irritability, and impaired responsiveness, which can lead to adverse effects on children's emotional and behavioral development.

The study by Brochet et.al (2020) titled 'We are in this together Retrospective, Sibling Relationships and Self -Esteem .The aim of the study was to examine the retrospective perception of sibling relationships and their impact on self-esteem in adulthood .The study found that perceived benefits of parentification are influenced more by sibling relationships and individual experiences rather than birth order alone.

Despite existing research on Parentification and mental health outcomes, several gaps remain. Studies have been rarely exploring how cultural norms and family dynamics in Kerala shapes parentification experiences leaving a gap in understanding regional background. Additionally Parentification shaping birth order is underexplored. Most research focuses on the negative aspects of parentification .And also most studies take parentification as a whole by not considering subdimensions. Lastly the research often combines male and female experiences failing to understand gender-specific expectations that may increase the burden on daughters.

Rationale Of The Study

Raising awareness about parentification and its impact on children and families is essential for promoting healthier family dynamics in society. Parentification, where children take on parental roles and responsibilities, can lead to significant emotional and psychological challenges, affecting their overall well-being. Also giving awareness that parentification does not always cause negative outcome it can also fosters positive outcomes .Educating both parents and children about the detrimental effects of parentification can

empower families to identify and address these issues proactively, fostering an environment that prioritizes emotional health and balanced responsibilities. Furthermore, it is critical to challenge the stereotype that women should shoulder the majority of family responsibilities. This societal expectation not only places excessive burdens on individuals, particularly women, but also reinforces unhealthy family dynamics. By breaking this stereotype and rejecting the normalization of struggle, we can create a more equitable family environment that encourages shared responsibilities and open communication. Ultimately, this approach will help future generations thrive, cultivating resilience and healthier relationships within families.

Current Study

The current study aims to investigate the relationship between parentification and its relationship with depression, anxiety and stress among adult women. The research will employ quantitative methods to assess mental health symptoms using validated instruments such as the DASS-21 and to measure parentification using Parentification Inventory. The study also focuses on the cultural context of Kerala, examining how societal norms influence family dynamics and socio-economic status. It investigates the impact of these factors on experiences of parentification and also whether perceived benefits of parentification have an impact on women. Additionally, the study explores whether birth order plays a role in shaping the dynamics of parentification, considering how the position of an individual within the family may affect their responsibilities and experiences related to parentification.

Chapter III

Methodology

Problem Statement

What is the relationship between Sibling-Focused Parentification, Parent-Focused Parentification and Perceived Benefits of Parentification in depression, Anxiety and stress in women? and how does Sibling-Focused Parentification, Parent-Focused Parentification and Perceived Benefits of Parentification influences birth order in women?.

Research Objectives

- To determine the relationship between parentification and depression in adult females.
- To determine the relationship between parentification and stress in adult females.
- To determine the relationship between parentification and stress in adult females.
- To examine the difference in parentification between first born and last born

Hypothesis

H₁: There is a significant relationship between parentification and depression in adult females

H₂: : There is a significant relationship between parentification and anxiety in adult females

H₃: : There is a significant relationship between parentification and stress in adult females.

H₄: There is significant difference in parentification between first born and last born.

Operational Definitions

1. Parentification

Parentification occurs when children provide caregiving for family members that typically exceeds their capacity and developmental stage. Parentification roles and responsibilities are often linked with deleterious outcomes, including robbing children of age-appropriate opportunities, activities, and support. Sibling-Focused Parentification(SFP),this dimension measures the degree to which a child takes on caregiving roles for their siblings; Perceived Benefits of Parentification ,this subdimension assesses the positive outcomes individuals associate with their experience of parentification.(Hooper 2011)

2. Depression

Depression refers to low positive affect, loss of self-esteem ,hopelessness, and lack of interest or pleasure(Lovibond &Lovibond 1995)

3. Anxiety

Anxiety refers to autonomic arousal, situational anxiety and fearfulness, including symptoms like trembling ,dry mouth and dizziness(Lovibond &Lovibond 1995)

4. Stress

Stress is associated with chronic tension ,irritability, and difficulty relaxing, often manifesting as nervous arousal and agitation (Lovibond &Lovibond 1995)

Research Design

The research follows a quantitative approach, utilizing a correlational design to find the relationship among the variables. Linear regression analysis and comparative tests

such as Student's t test and Mann-Whitney U test are used in the study for comparing between the groups.

Sampling

The study focused on adult females aged 18-30 with one or more siblings. The sample was selected through convenience sampling, targeting individuals who meet the inclusion criteria. A minimum sample size of 200 participants were chosen to ensure the statistical reliability. Under sociodemographic details nuclear family constituted the most i.e 79%, upper class constituted the most in socio economic status with 50%.44% of sample constituted of 20 years of age.

Inclusion Criteria

- Participants who are between 18-30 years adult daughters
- Participants should be Keralites

Exclusion Criteria

- Excluding Children and Men
- Those who do not know English and
- Participants with mental issues
- People without Siblings

Measures

Socio-demographic sheet

Using socio-demographic data sheet details like age, socio-economic status, family structure ,birth order, number of siblings, regional background etc.. were collected.

Parentification Inventory (PI)

Parentification Inventory (PI) developed by Lisa M. Hooper(2011).It assess three main dimensions: Parent-Focused Parentification(PFP), this dimension assesses how a child assumes emotional support for their parents; Sibling-Focused Parentification(SFP),this dimension measures the degree to which a child takes on caregiving roles for their siblings; Perceived Benefits of Parentification ,this subdimension assesses the positive outcomes individuals associate with their experience of parentification. The questionnaire consists of 22 items rated on a Likert scale. Raw scores are summed and then divided by the number of items on each subscale. Subscale ranges from 1 to 5.Strong reliability Cronbach's alpha for the first subscale being .86 and for the second subscale being .84 and third subscale being .79 and construct validity is established.

Depression, Anxiety And Stress Scale (DASS-21)

Depression, Anxiety and Stress Scale developed by Lovibond S.H ,Lovibond P.F(1995) is a shortened version DASS-42.It is a set of three dimensions: The Depression scale assess dysphoria, hopelessness, devaluation of life, self-deprecation, lack of interest / involvement, anhedonia and inertia. The anxiety scale assesses autonomic arousal, skeletal muscle effects, situational anxiety, and subjective experience of anxious affect. The stress scale is sensitive to levels of chronic non-specific arousal. It assesses difficulty relaxing, nervous arousal, and being easily upset / agitated, irritable /over-reactive and impatient. Each of the three scales contains 7 items .For each subscale score multiple the total by 2 to get total score. The scale is a 4 point Likert scale. Reliability Cronbach's alpha being . 96,.89,.93 respectively. In terms of validity the tool Concurrent validity ,Confirmatory factor analysis and Known_ group validity and used in several studies.

Table 1*Reliability of the scales*

Scale	Cronbach's Alpha
Sibling-Focused Parentification (PI)	.681
Parent-Focused Parentification (PI)	.737
Perceived Benefits of Parentification (PI)	.810
Depression (DASS-21)	.875
Anxiety (DASS-21)	.801
Stress (DASS-21)	.839

Table 1 shows the reliability of all the scales used in this study. The sibling -focused parentification scale has a reliability of .681, Parent -focused parentification scale has a reliability of .731. Both the scales have moderate reliability. Perceived Benefits of parentification scale has a reliability of .810. Depression scale has a reliability of .875. Anxiety scale has a reliability of .801. Stress scale has a reliability of .839. All the scales have high reliability.

Procedure

The data was collected within 200 samples of adult daughters from 18 to 30 years Keralites. The data for the study was collected using google forms, The informed consent was obtained from all individuals in the first section of the google form. Socio-demographic data was collected and further questionnaires assessing will be administered through google

forms. Participants will be assured that their identities will remain confidential and data will be used solely for research purposes.

Ethical Considerations

Participants were informed about the study's purpose, procedures, and data usage before providing consent. Participation will be voluntary, with no coercion involved. All data collected will be kept confidential and used only for academic purposes. Participants will have the right to withdraw from the study at any time without consequences. The study will not pose any physical, psychological, or emotional risks to participants. Data will be securely stored and protected from unauthorized access.

Data Analysis

The data collected from the participant was analysed using Jamovi. Reliability of the scales will be checked. Descriptive statistics will summarize participant characteristics. Correlation analysis is done using Spearman correlation coefficient as the data was not normally distributed. Hypothesis testing will be done $P < 0.05$, and linear regression analysis will be used. Independent sample t test will be used to compare the difference of two groups. Student t test was used to compare sibling-focused parentification and parent-focused parentification among birth order because the data was parametric. Mann-Whitney U test was used to compare perceived benefits of parentification among birth order because the data was non-parametric.

Table 2*Normality Table*

Shapiro-Wilk	W	p
Sibling focused parentification	0.989	0.136
Parent focused parentification	0.990	0.171
Perceived benefits of parentification	0.924	< .001
Stress	0.982	0.010
Anxiety	0.982	0.010
Depression	0.972	< .001

Table 2 shows the results of the Shapiro-Walk Test of Normality. The results indicate that SFP (M= 3.10, W = .989, P = .136) and PFP (M = 3.02,W = .990,P = .171) and are normally distributed. PBP (M = 3.67, W = 0.924, p < .001) Depression (M = 17.98, W = 0.972, p < .001) Stress (M = 18.04, W = 0.982, p = 0.010) and Anxiety (M = 17.88, W 0.982, p = 0.010). These variables are not normally distributed.

Chapter IV

Results and Discussion

The results section presents the statistical finding of the study ,including the descriptive statistics, correlations ,regression and comparison T tests. Each hypothesis is analyzed using appropriate statistical tests , with table summarizing key results.

Table 3

Descriptive Statistics

	Mean	Median	SD
Sibling -Focused Parentification	3.10	3.14	0.732
Parent -Focused Parentification	3.02	3.08	0.585
Perceived Benefits of Parentification	3.67	4.00	1.091
Stress	18.04	18.00	10.101
Anxiety	17.88	18.00	9.665
Depression	17.98	18.00	10.881

Table 3 shows the descriptive statistics for the study variables including mean, median and standard deviations. The mean score for Sibling-focused parentification is 3.10 (SD= 0.732)Mean score of parent-focused parentification is 3.08 (SD = 0.585) while the mean score of perceived benefits of parentification 3.08 (SD = 1.091).Mean score of stress is 18.04 (SD = 18.00) ,Anxiety mean = 17.88 (SD = 9.665) and depression mean score of 17.98 (SD = 10.881)

Correlational Analysis

H₁: There is a significant relationship between parentification and depression in adult females

Table 4

Correlation analysis between parentification and depression in adult Females.

Parentification Dimensions	Depression
Parent-focused parentification	-0.109
Sibling-focused parentification	-0.119
Perceived benefits of parentification	-0.486***

Note. * $p < .05$, ** $p < .01$, *** $p < .001$

Table 4 shows the spearman's correlational analysis and it can be inferred that there is no significant correlation between parent-focused parentification and depression ($r = -0.109, p = .125$) There is no significant correlation between sibling-focused parentification and depression ($r = -0.119, p = .064$) There is significant negative correlation between Perceived benefits of parentification and depression ($r = -0.486, p < .001$)

H₂: : There is a significant relationship between parentification and anxiety in adult females

Table 5

Correlational analysis between parentification and anxiety in adult females

Parentification dimensions	Anxiety
Parent-focused parentification	0.048
Sibling-focused parentification	-0.055
Perceived benefits of parentification	-0.368***

Note. * $p < .05$, ** $p < .01$, *** $p < .001$

From table 5 shows the spearman's correlational analysis and it can be inferred that there is no significant correlation between parent-focused parentification and depression ($r = 0.048$, $p = .497$) There is no significant correlation between sibling-focused parentification and depression ($r = -0.055$, $p = .439$) There is significant negative correlation between Perceived benefits of parentification and depression ($r = -0.368$ $p < .001$)

H₃: : There is a significant relationship between parentification and stress in adult females

Table 6

Correlational analysis between parent-focused parentification and stress in adult females

Parentification Dimensions	Stress
Parent-focused parentification	-0.031
Sibling-focused parentification	-0.102
Perceived benefits of parentification	-0.421***

Note. * $p < .05$, ** $p < .01$, *** $p < .001$

Table 6 shows the spearman's correlational analysis and it can be inferred that there is. there is no significant correlation between parent-focused parentification and stress($r = -0.031, p = .660$) no significant correlation between sibling focused parentification and stress $r = -0.102, p = .150$) There is significant negative correlation between perceived benefits of parentification and stress ($r = -0.421, p < .001$)

Regression Analysis

Table 7

Regression analysis of perceived benefits of parentification has a predictor of depression anxiety and stress in adult women.

Dependent Variable	β	t	p	r^2	F	β_0	p
Depression	-0.494	-8.00	<.001	0.244	64.0	2.359	<.001
Anxiety	-0.375	-5.69	<.001	0.141	32.4	2.234	<.001
Stress	-0.417	-6.45	<0.01	0.174	41.6	2.290	<.001

Regression analysis indicated that perceived benefits of parentification is a negative predictor of depression ($\beta = -0.494$, $P < .01$), anxiety ($\beta = -0.375$, $P < .01$) and stress ($\beta = -0.417$, $P < .01$). Coefficient of determination ($r^2 = .244$) for depression, ($r^2 = .141$) for anxiety and ($r^2 = .174$) for stress. The r^2 values suggest that perceived benefits of parentification explains a moderate proportion of variance in depression 24.4%, anxiety 14.1% and stress 17.4%.

Comparative test

H4: There is significant difference in parentification between first born and last born.

Table 8

Student's t-test comparison of sibling focused parentification between firstborn and last Born

Variable	Birth Order	N	M	SD	Mean difference	t	df	p
Sibling focused parentification	First born	97	3.30	.739				
	Last born	85	2.88	.676	0.429	3.965	180	<.001
Parent focused parentification	First born	97	3.03	.594				
	Last born	85	2.99	.588	0.04	.504	180	.615

Table 8 presents the independent samples t-test results comparing Sibling-focused parentification between first born and last born. For SFP, firstborns ($M = 3.30$, $SD = 0.739$) reported significantly higher levels compared to second-born ($M = 2.88$, $SD = 0.676$). The t-test result, $t = 3.965$, $p < .001$, indicates a statistically significant difference, suggesting that firstborns experience greater sibling-focused parentification than second-born.

Table 9

Mann – Whitney U test comparison of perceived benefits of parentification between firstborn and lastborn

Variable	Birth order	N	M	SD	Mean difference	U	P	F	P
Perceived	First Born	97	3.61	1.14					
benefits of					-0.12	3901	.529	3.16	.007
parentification	Last born	85	3.73	1.03					

Table shows the Mann-Whitney U test was conducted to compare Perceived Benefits of Parentification (PBP) scores between firstborn and lastborn participants. The results indicated that firstborns and last born did not significantly differ in their perceived benefits of parentification, $p = .529$. This suggests that birth order does not have a significant impact on PBP among birth order.

Discussion

This chapter discusses the key findings of the study's findings and examining each hypothesis in detail. It provides theoretical explanations and also explores how the results relate to existing research, and considers possible reasons for any inconsistencies.

The aim of the study was to examine parentification and its relationship with depression, anxiety and stress in adult women, as well as perceived benefits of parentification predicts depression, anxiety and stress in women, also to compare the influence of parentification on first born and last born. The study finds that parent focused parentification and sibling focused parentification does not have a correlation with depression anxiety and stress in women but perceived benefits of parentification negatively correlated with depression, anxiety and stress in women and higher levels of perceived benefits of parentification were associated with lower levels of anxiety, depression and stress in women. Furthermore the study also found that sibling focused parentification are seen in first born compared to last born, that parent-focused parentification and perceived parentification is not influenced by birth order.

The hypothesis stated that there is significant relationship of parent-focused parentification, sibling-focused parentification and perceived benefits of parentification with depression, anxiety and stress in adult females. And the study found that there is no significant relationship of sibling-focused and parent-focused parentification with depression, anxiety and stress in adult females. But perceived benefits of parentification has a negative correlation between depression, anxiety and stress in women. Study by Van et al. (2015) found that while parentification can cause mental health challenges in individuals in some cases, it can also enhance and foster resilience and maturity under supportive family conditions. Another study by Hooper (2007) also supports the finding that parentification can

also will be able to decrease stress, depression and anxiety in a supportive environment. Both studies support the finding that there is no significant relationship on sibling-focused parentification, parent-focused parentification and negative correlation with depression, anxiety and stress in adult females. According to attachment Theory, children develop internal working models based on early caregiver relationships (Bowlby, 1988) so the child believes that they may internalize the belief that they should give the care to their family rather than getting from them (Hopper, 2007). So the attachment disruption is not extreme, individuals may adapt by compensatory coping mechanisms which doesn't impact their mental health outcomes leading to positive effect in parentification. A contradictory study for perceived benefits of parentification was done by Shin & Hecht (2012) found that emotional parentification was positively correlated with depressive symptoms in college students. This was because of the cultural expectations in some culture.

Perceived benefits of parentification is a predictor of depression, anxiety and stress in adult women. The study found that higher levels of perceived benefits of parentification were associated with lower levels of anxiety, depression and stress in women. Tuner (2015) also found that individuals who perceived their caregiving roles as meaningful reported lower levels of perceived stress and greater emotional stability. According to family system theory, family functions as interconnected units where changes in one member affect the entire system (Bowen 1974). In the case of parentification, if a child assumes caregiving roles within a supportive environment, they develop greater adaptability and problem-solving skills which leads to reduced psychological distress (Demby et al., 2017). In contrast to enmeshed family structures, where unhealthy family parent-child boundaries causes psychological distress, a balanced redistribution can cause positive outcomes (Rothbaum et al., 2002) which explains why perceived benefits of parentification predicts lower depression, anxiety and stress. Differences in measurement tools could

contribute to the inconsistency as used different scales to assess distress and resilience(Williams2017).perceived parentification focuses on positive perceptions rather than burden. Culture and family contexts plays an important role. Cultures that value caregiving as a responsibilities consider role as duty rather than burden(Turner 2015)

The hypothesis stated that there is significant difference of parentification between first born and last born and the study found that there is significant difference in sibling-focused parentification. First born are more likely to experience but there is no significant difference in parent-focused parentification and birth order. According to birth order theory first borns are more likely to help their younger siblings .They are more likely to take down the leadership roles and they act as a parent for their siblings.(Alder ,1928).In family system theory ,where role rigidity existing family first borns are often assigned caregiving responsibilities for their siblings(Bowen 1978).Later borns may be shielded from these duties .According to role theory social expectations assign different roles to siblings ,with first born expected to be responsible and take care of younger siblings (Parsons 1951)so the first born are more likely to experience sibling-focused parentification. But in the case of parent-focused parentification according to family system theory roles is shaped by family needs not by sibling hierarchy(Bowen1978)A contradictory study to result was done by Derikozis (2017) findings suggested that a vulnerability to stress, depression, and anxiety for parentified children who are also the youngest sibling in their family .There is a significant difference of perceived benefits of parentification in first born and last born and the study found that there is no significant difference between first born and last born. A study by Borchet (2020) supports the result which shows shows the result that perceived benefits of parentification are influenced more by sibling relationships and individual experiences rather than birth order alone. Resilience theory suggests that individuals develop resilience in response to life challenges(Masten 2001) if both first born and lastborns have developed resilience through

their caregiving roles, their perception of benefits may be similar .Family system theory explains that both firstborns and lastborns may engage in parentification, but their perception of benefits depend more on family cohesion and support rather than birth order(Minuchin 1974).

Chapter V

Conclusion

Key Findings

- Perceived benefits of parentification is associated with lower levels of depression, anxiety and stress in women.
- Perceived benefits of parentification has a negative correlation with depression, anxiety and stress in women
- There is no relationship between Parent-Focused Parentification, Sibling-Focused Parentification with depression, anxiety and stress in women
- First born and second born have a significant difference in Sibling-Focused Parentification.
- Parent-focused and perceived benefits of parentification does not have a significant difference among first born and second born.

Implications

The study's findings have wide-ranging implications for policy creation, education, family counselling, and mental health. By addressing emotional loads and emphasising constructive coping strategies, therapists can assist people in redefining caring responsibilities as sources of resilience. Models of family-based treatment can help siblings divide up the caregiving duties so that no one individual takes on too much. To assist students with caregiving responsibilities, schools and colleges can offer counselling services or flexible scheduling. Employers can create Employee Assistance Programs (EAPs) that offer work-life balance programs or mental health help while acknowledging the impact of early caregiving. Campaigns for public awareness might encourage more equitable family responsibilities and question gendered assumptions for caregiving. For those impacted by parentification, incorporating these concepts can enhance family dynamics, lessen emotional stress, and promote personal development.

Limitations

This study has several drawbacks in spite of its contributions. First of all, research only looked at adult women in Kerala, which limited the findings' applicability to mixed-gender groups or other cultural contexts. Given that gender variations may affect how people view and manage their caregiving responsibilities.. Furthermore, despite prior study indicating that children of parents with mental health difficulties may exhibit higher degrees of emotional parentification, parental mental health was not taken into account. Since people from households with mentally ill parents may report higher levels of psychological discomfort, the results may have been affected by the absence of this component. The fact that sibling age groupings were not investigated is another drawback. Depending on whether a person is looking after younger or older siblings, the dynamics of parentification may vary, which could affect their perceived rewards, stress, and worry. Additionally, only participants with siblings were included in the study; children, who might also assume caregiving responsibilities within the family, such as providing emotional support to a single parent, were not included. Last the study used self-report measures, which could be impacted by social desirability or recall bias.

Recommendations for Future Research

Future research should further explore the parentification not only the first born and last born the individuals ,future studies should explore how middle born will experience parentification and also individuals with no siblings, children of single parent should be considered into future studies. Future studies can focus on total parentification score also. Parentification beyond birth order ,considering factors such as cultural influences ,family structure etc.. should be considered. Research should also investigate gender differences within parentification. Additionally longitudinal studies could provide deeper insights into

how early caregiving experiences impact long term effect mental health, relationships, attachment styles and career.

Conclusion

This study focused on Parentification ,stress, anxiety, and depression in women and investigated the association between parentification and birth order. According to the results, perceived benefits of parentification served as a protective factor, negatively predicting stress, anxiety, and depression, but parent-focused and sibling-focused parentification were not significantly linked to psychological distress. Another factor was birth order; firstborns reported higher sibling-focused parentification , while both firstborns and lasborns had perceived benefits of parentification. Both first borns and second borns also expressed a higher perception of the advantages of parentification. These findings demonstrate the complexity of parentification and imply that its effects vary depending on perceived advantages and family dynamics rather than being always detrimental. However, the study's limitations, including its focus on adult women from Kerala, the exclusion of parental mental health factors, and reliance on self-report measures, indicate the need for further research in diverse populations. Overall, this study contributes to understanding parentification's nuanced effects and emphasizes the importance of exploring contextual influences on its outcomes.

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Appendices

Appendix A: Consent Form

I am Krishna Gadha K S , a final - year BSc Psychology student from St. Teresa's College Ernakulam. As a part of my final year project, I am conducting a study on the topic "The Hidden Toll On Daughters; Parentification And It's Relationship With Depression ,Anxiety And Stress In Women".I kindly request you to fill out this form if you are an adult female aged 18-30 years with one or more siblings and a Keralite. This form will only take about 10 minutes to complete. Your participation is entirely voluntary and you may withdraw from the survey at any time, without any consequences. I assure you that your responses will remain completely anonymous, and your data will be kept confidential and used solely for research purposes. Kindly provide sincere answers, which will be a great help for my research. Thank you so much for your time and thoughtful input .Your cooperation means a lot to me and will greatly contribute to the success of this study.

If you have any queries, please feel free to contact me at

email id : krishnagadhaks9@gmail.com

By clicking "I Agree"

1. You have read the above description.
2. you belong to the age group 18-30 years adult female
3. You are a individual who have one or more siblings
4. You have consented to participate in this research and understand that your responses will be kept confidential.

5. You understand that you can withdraw from the study at any time without penalty.

☐ I agree

☐ I disagree

Appendix B: Socio- demographic details

1. Age
2. Family Structure
3. No .of sibling you have
4. Gender of sibling
5. Birth order
6. Are you a Keralite
7. Socio-economic status
8. Are you a working professional now?

Appendix C: Parentification Inventory

These are questions about your thoughts, behaviors, and feelings, concerning yourself and your family. Please read each statement carefully. Be sure to answer every question as accurately as possible. Remember these questions are about you and your family. Select a response based on how true the statement is on a scale of

1=Never true

2= Rarely true

3= Sometimes true

4= Often true

5= Always true

1. I am expected to comfort my sibling(s) when they are sad or having emotional difficulties.
2. My parent(s) often share secrets with me about other family members.
3. Most children living in my community contribute to their family's finances.
4. I have time to be happy or sad even though I have to care for family members.
5. I helped my parent(s) make important decisions.
6. I am responsible for making sure that my siblings go to bed every night.
7. I feel appreciated by my family.
8. Most children my age have the same roles and responsibilities that I have
9. I have time for play or school work even though I have family responsibilities.
10. I work and contribute to the family finances.

11. I am responsible for helping my siblings (brother/sister) complete their homework.
12. I am the first person family members turned to when there is a family disagreement.
13. I am the primary person who disciplines my siblings
14. I often help solve problems between my parent(s).
15. I really enjoy my role in my family.
16. I am expected to comfort my parent(s) when they are sad or having emotional difficulties.
17. I am in charge of doing the laundry for the family most of the days of the week.
18. I serve in the role of referee for my family.
19. I am the person with whom family members share their secrets.
20. I feel like our family is a team and work well together.
21. I am asked to complete the grocery shopping more than any other family members.
22. I serve in the role of translator for family members.

Subscales

Parent-Focused Parentification (PFP) Subscale: 2, 3, 5, 8, 10, 12, 14, 16, 18, 19, 21, 22

Sibling-Focused Parentification (SFP) Subscale 1, 4, 6, 9, 11, 13, 17

Perceived Benefits of Parentification (PBP) Subscale 7, 15, 20

Appendix D: DASS-21

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

2 (a) I was aware of dryness of my mouth

3 (d) I couldn't seem to experience any positive feeling at all

4 (a) I experienced breathing difficulty (e.g. excessively rapid breathing,
breathlessness in the absence of physical exertion)

5 (d) I found it difficult to work up the initiative to do things

6 (s) I tended to over-react to situations

7 (a) I experienced trembling (e.g. in the hands)

8 (s) I felt that I was using a lot of nervous energy

9 (a) I was worried about situations in which I might panic and make a fool
of myself

10 (d) I felt that I had nothing to look forward to

11 (s) I found myself getting agitated

12 (s) I found it difficult to relax

13 (d) I felt down-hearted and blue

14 (s) I was intolerant of anything that kept me from getting on with what I
was doing

15 (a) I felt I was close to panic

16 (d) I was unable to become enthusiastic about anything

17 (d) I felt I wasn't worth much as a person

18 (s) I felt that I was rather touchy

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)

20 (a) I felt scared without any good reason

21 (d) I felt that life was meaningless