THE INFLUENCE OF PARENTAL BONDING ON DEPRESSION, SHAME, AND ANGER AMONG THAI MIDDLE SCHOOL CHILDREN, BEING MEDIATED BY PEER VICTIMIZATION (VICTIM OF BULLYING): A PATH ANALYTICAL STUDY

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Abstract: Research has identified that victims of school bully often experiencing emotional distress and parental bonding as the factor for children to cope with these feeling better. As an attempt to understand better how does parental bonding impacts on victims' state of emotion, thecurrent study explore the direct and indirect influences of perceived parental bonding (caring and overprotection), being mediated by peer victimization (victim of bullying), on the emotive states of depression, shame, and anger among Thai middle school children. This quantitative study employed a correlational design via path modeling to test the stated research hypotheses. The results of this study were based on the responses of participants to a six-part survey questionnaire. This investigation involved a sample of 180 Thai school children aged between 11 and 15 years to provide baseline measurements of the targeted relationships to meet the objectives of this study. The findings indicate that the lower level of parental bonding shows a higher level of depression among children. Also, victims of bully report to develop higher level of depression and anger. Furthermore, there is no significant gender difference in peer victimization.

Keywords: Anger, Bullying, Depression, Parental bonding, Shame.

Introduction
Research have identified that parenting is the process of promoting and supporting physical, emotional, and social development from infancy to adulthood. The quality of the parent-child relationship is important to the outcome of children. A related study revealed that parental involvement in school settings is associated with child success (Rosenblatt & Peled, 2002). Lower level of satisfaction in perceived family functioning, and are less well emotionally than the comparison group (Gallup, Syracuse, & Oliveri, 2003). Parental bonding is crucial to child's social and emotional development.

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Peer victimization or bullying is a growing and significant problem in many schools and societies around the world. Studies on the consequences of being bullied have attracted many researchers' attention and have become the main focus on bullying-related topics (e.g., Olweus, 1993; Graham & Juvonen, 1998; Guerra, Williams, & Sadek, 2011). Research revealed that about 49% of grade 4-12 children self-reported being bullied by other students at school at least once during the past month. According to the research, bullying intensifies during the *middle school years* (Bradshaw, Sawyer, & O'Brennan, 2007), 'Victims of bullying' can be described as children who become involved in bully-victim problems. Most adults fail to recognize if their child is being bullied (Bradshaw et al., 2007). Victims of school bully can cause significant long-term mental health problems (Allison, Roeger, & Reinfeld-Kirkman, 2009).

There is evidence that parental bonding, peer victimization, and mental health are related; however, it is not clear how the variables are related. The researcher, therefore, was interested of exploring how these three constructs may influence one another.

Objective

The objectives of the current study are as follows:
1. To investigate the prevalence of peer victimization (bullying) among Thai middle school children.
2. To determine the levels of parental bonding, depression, shame, anger, and peer victimization (bullying) among Thai middle school children.
3. To examine the direct influence of parental bonding on the levels of depression, shame, and anger among Thai middle school children.
4. To examine the indirect influence of parental bonding on the level of depression, shame, and anger among Thai middle school children, being mediated by peer victimization (bullying).
5. To examine gender differences in peer victimization (bullying) among Thai middle School students.

Literature Review

Parental Bonding

Parental bonding refers to the emotional and physical attachment occurring between a parent/parent figure (especially a mother) and offspring that usually begins at birth and is the basis for further emotional affiliation. This bond has a potential impact that can be beneficial or detrimental to the development and quality of his or her life (Childers, 2010). Research on domestic relationships provides steady evidence that certain parental behaviors are associated with either positive or negative outcomes in children (Maccoby & Martin, 1983). Within the context of the current study, parental bonding refers to the parent-child relationship within the domains of care and protection. The construct deals specifically with parental warmth and how parents express their concern for their child (Childers, 2010). The conceptualization of parental bonding is based on two variables deemed important in developing a bond between parent and child: (1) *caring* (with the opposite extreme being

indifference or rejection), and (2) *overprotection* (with the opposite extreme being encouragement of autonomy and independence) (Parker et al., 1979).

Consequences of victimization

Bullying is a behavior whereby the aggressor intentionally and repeatedly harms those of a weaker physical and psychological state and who are not capable of defending him/herself (Correia & Dalbert, 2008). The bullied youth is likely to report a range of problems such as anxiety, depression, and decreased self-esteem. Furthermore, the victim of bullying can develop feelings of helplessness (Hunt et al., 2012; Glew, Fan, Katon, Rivara, & Kernic, 2005; Srabstein, McCarter, Shao, & Huang, 2006). Long-term negative consequences which have been documented include victims being at increased risk of depression and lower self-esteem in adulthood (Olweus, 1993; Kaltiala-Heino, Rimpela, Rantanen, & Rimpela, 2000; Rigby, 1999). Being a victim of bullying could be a significant stressor associated with suicidal behavior, compared with others who are not involved in bullying (Brunstein Klomek, Marrocco, Kleinman, Schonfeld, & Gould, 2007). However, according to Fanti and Georgiou (2013), in being considered as a victim of bullying, bullying must meet three criteria: (1) it must be intentional, (2) it must be repetitive, and (3) it must be characterized by an imbalance of power.

Parental bonding and victims of bullying

Olweus (1993) found that only few parents actually recognize the effects bullying on children's mental health and socio-emotional development outcomes. The child may then suffer from lower self-esteem and other negative psychological health effects such as depression, anxiety, and fearful. Less competent adults are likely to minimize the actual effect by using the attitude 'boys will be boys' and the belief that peer harassment is a natural and common part of growing up (Fielder, 2008). Parents have become the new focus in explaining how children might cope effectively towards bullying incidents and how might different parenting styles cause bullying in the first place (Fielder, 2008; Rigby & Slee, 1999; Cook et al., 2010). , Bilsky et al. (2013) proposed that supportive parenting is a significant contribution to children's cognitive development as it serves to mitigate the onset of depression, lessen its symptoms, and link positively to the development of self-perceived competence. In other words, supportive parenting could make peer victimization effects "seem less bad…at least to some degree" (Bilsky et al., 2013, p. 407).

Parental bonding, peer victimization and depression

Researchers have discovered a strong link that bullied children are more likely to show depressive symptoms as an adult than children not involved in bullying (Barchia & Bussey, 2010; Olweus, 1993). Stevens et al. revealed that victims of bullying perceived their families as less cohesive and characterized with lower connectedness (as cited in Stevens, De Bourdeaudhuij, & Van Oost, 2002). Children's development of an emotional life is important for many aspects of their health and well-being. Positive parenting (e.g., authoritative parenting) mitigates the negative effects of stressful life events. A study by Bilsky et al. (2013) showed that

supportive parenting and peer victimization have significant effects on levels of depressive symptoms and cognition. The increase in depressive symptoms were associated with the declining level of supportive parenting and the later increase in being bullied.

Parental bonding, peer victimization, and shame
Shame is a vulnerable emotional reaction to external threats to the person's sense of identity and can cause negative self-appraisal (Lewis, 1971). In other words, shame can be the focus of negative evaluation of self (e.g., "I am a loser") and is associated with negative mental health outcomes. Victims of peer abuse or bullying evaluate themselves according to their collective evidence of social interactions. Individuals experiencing shame can significantly benefit from all types of social support. In many shame-related cases, children develop anxiety, insecurity, basic distrust, fear of commitment, low self-esteem, or high need for control because proper parental support has gone amiss. Children cope better with daily stressors and are able to maintain their self-concept better when parental support is positively responsive to their challenges at school (Pickhardt, 2011). Supportive parenting is identified as a major source of social support for children.

Parental bonding, peer victimization and anger
The development of emotional self-regulation in children is important for many aspects of their health and well-being, including their ability to tolerate frustration. There is a strong body of research evidence that individuals who are continuously exposed to peer victimization have high chances of experiencing 'angry feelings' such as irritation or frustration (Glasø, Løkke Vie, Holmdal, & Einarsen, 2011). It is likely that victimized children project their anger to serve as a defensive function by the use of aggression towards other children. A similar evidence identified bully victimization, family conflict, and poor family management as risk factors for future violence among children aged 12-15 (Herrenkohl, Hemphill, Mason, Toumbourou, & Catalano, 2012). However, it had been demonstrated that children respond to stressful events and regulate their emotions better with positive and supportive parents compared to non-supportive parents. The ability to develop emotional regulation lies significantly with the role of parents (Bariola, Gullone, & Hughes, 2011; Hawker & Boulton, 2000). Supportive parents can moderate or buffer the adverse effects of peer victimization by lowering the level of anger in the victimized child (Brendgen et al., 2013).

Gender difference in peer victimization
Research has demonstrated that peer victimization/bullying takes many forms, and that these forms are fairly similar across cultures. However, Bradshaw, Waasdorp, and O'Brennan (2013) opined that "there has been considerably limited research investigating gender differences in the experience of different forms of peer victimization" (p. 840) and, by the same token, there is a scarcity in the number of research evidence about bullying in Asian countries, including Thailand. Nonetheless, a British study involving 23 schools found that the most common form

of bullying that victims suffer from the most is direct verbal aggression (Rivers & Smith, 1994).

Conceptual Framework
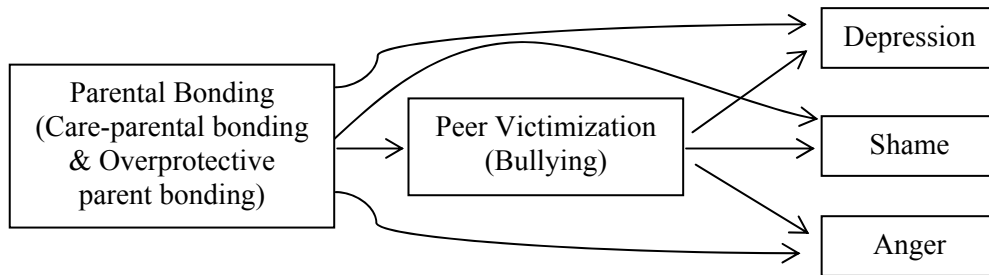
Figure 1: Conceptual Framework of The Study

Figure 1 presents the conceptual framework of the study, incorporating the hypothesized interrelationships among the core variables. The path model represents the sequential ordering of the exogenous variable (parental bonding), mediator variable (peer victimization/bullying), and criterion variables (depression, shame, and anger).

Research Hypotheses

The following hypotheses were generated for testing to meet the objectives of the study.

H1. There is a direct influence of care-parental bonding on depression, shame, and anger among Thai middle school children.

H2. There is an indirect influence of parental bonding (care parental bonding) on depression, shame, and anger among Thai middle school children, being mediated by peer victimization (victim of bullying).

H3. There are gender differences in peer victimization (victim of bullying) among Thai middle school children.

Methods

Participants

The sample consisted of 180 Thai middle school students within the age range of 11-15 years from an International School in Bangkok, Thailand. In terms of gender, the sample comprised 87 males (48.3%) and 93 females (51.7%). In terms of age, there were 67 students (37.2%) aged 11-12 years, majority of students, 95 (52.8%) were aged 13-14 years, and 18 (10%) were aged 15 years and above. In terms of educational level, 14 students (7.8%) were in Grade 6, 71 students (39.4%) were in Grade 7, and the majority of students, 95 (52.8%) were in Grade 8. Participants were obtained through convenience sampling. The inclusion criteria consisted of the following: (a) Thai middle school children; (b) aged between 11 and 15 years; (c) male or female, and (d) must be willing to participate in the study.

Measures

The research instrument consisted of the following measure: (1) Demographic questionnaire – to find out the participant's age, gender, educational level; (2) The *Adolescent Peer Relations Instrument,* developed (APIR) by Parada (2000). Parada evaluated in school experience of bullies and victim in the past one year. Inasmuch as the current study attempted to investigate the effects of peer victimization from the victim's perspective, only Section B of the original instrument is deemed relevant to this study; (3) Parental Bonding Inventory (PBI) which was designed by Parker, Tupling, and Brown (1979) to measure parent-child bond from the perspective of the child in their first 16 years of life; (4) The *Depression Self-Rating Scael (*DSRS*),* developed by Birleson (1981). The DSRS is an 18-item instrument designed specifically to measure depression in children between the ages of 7 and 13. The DSRS items are scored on a 3-point scale, the scale includes items dealing with mood, physiological and somatic complaints, and cognitive aspects of depression. For this research instrument, the higher the scores indicate lower depression; (5) The *Guilt and Shame Proneness Scale (*GASP*),* developed by Cohen, Wolf, Panter, and Insko (2011) to measure individual differences in the propensity to experience guilt and shame across a range of personal transgressions. For the best results for this research, the current researcher removed items relating to negative behavior-evaluations (NBEs) and repair action tendencies; (6) The *Clinical Anger Scale (CAS),* developed by Snell, Gum, Shuck, Mosley, and Kite (1995). The CAS is an objective and valid self-report scale. It consists of 21 groups of statements in which participants select the single statement that best describes how they feel (e.g., item 1: A = *I do not feel angry*, B = *I feel angry*, C = *I am angry most of the time now*, and D = *I am so angry all the time that I can't stand it*. When administering the questionnaires, the full name of the scales was removed to avoid socially desirable answers.

Results

Cronbach's Alphas

The computed Cronbach's alpha coefficients for all six scales were adequate and ranged from .68 to .81. Each of the factors of caring-parental bonding (Cronbach's Alpha = .69), overprotection-parental bonding (Cronbach's Alpha = .77), peer victimization (Cronbach's Alpha = .91), depression, shame (Cronbach's Alpha = .82), and anger (Cronbach's Alpha = .92) was, subsequently, computed by summing across the items that make up that factor, and their means and standard deviations calculated.

Means and Stand Deviations for the Six Computed Factors

Table 1 presents the means and standard deviations of the factors of parental bonding (caring and overprotection), peer victimization, depression, shame, and anger

Based on the mean, it is clear that the participants reported having below average levels of caring-parental bonding and slightly above average overprotection-parental bonding. Participants reported having below average levels of peer victimization, shame, and anger. They also reported slightly above average level of depression as their score was slightly above the mid-point.

Path Analysis to of parental bonding styles being mediate by peer victimization
In order to test the hypothesized direct and indirect relationships represented by the said path model, path analysis via regression analysis was conducted. The analysis involved: (1) regressing the criterion variable of depression by the exogenous variables of caring-parental bonding and overprotection-parental bonding; (2) regressing the criterion variable of shame by the exogenous variables of caring-parental bonding and overprotection-parental bonding; (3) regressing the criterion variable of anger by the exogenous variables of caring-parental bonding and overprotection-parental bonding; and (4) regressing the mediator variable of peer victimization (bullying) by the exogenous variables of caring-parental bonding and overprotection-parental bonding. The results of path analyses are depicted in Figure 2. In order to aid the interpretation of results, only path coefficients that are statistically significant ($p<.05$) were included in the figure.
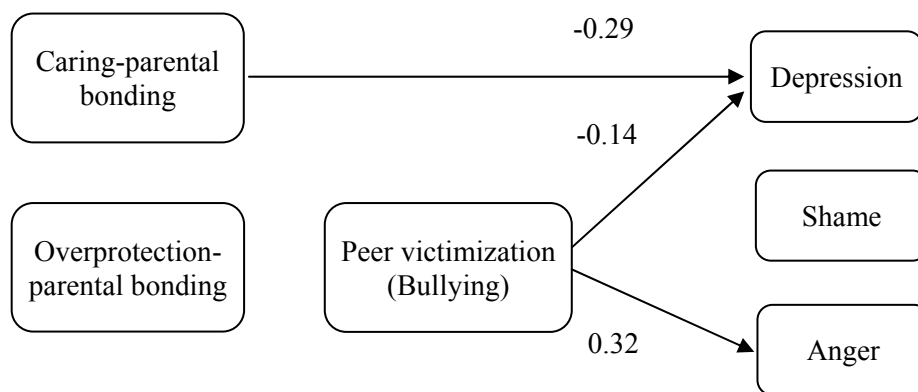
Figure 2: Path Model Showing Depression, Shame, and Anger as A Function of The Direct and Indirect Influences of Caring-Parental Bonding and Overprotection-Parental Bonding, Being Mediated by Peer Victimization (Bullying)

	Mean	S.D.	Mid-point
Caring-parental bonding	1.80	0.46	2.50
Overprotection-parental bonding	2.81	0.54	2.50
Peer victimization/bullying	1.84	0.74	3.50
Depression	2.27	0.32	2.00
Shame	3.60	1.49	4.00
Anger	1.82	0.61	2.50

The findings yielded significant direct negative influence of caring-parental bonding on depression (-0.29, p <.05), such that the higher scores they had on care-parenting, the higher is the school children's level of depression, the higher scores on depression indicates lower depression. This can be explained as the more negative parenting the parents involved in, the higher was their depression. There was no direct influence on caring-parental bonding on the school children's level of shame and anger. The overprotection-parental bonding did not have any direct or indirect influence on depression, shame, and anger, being mediated by peer victimization/bullying. However, peer victimization (victim of bullying) has an influence on depression (-0.14, p <.05) and anger (0.32, p <.05) such that the more bullying the school children experienced, the higher is their depression and anger. There was no direct influence of peer victimization (victim of bullying) on level of shame. There was no indirect influence mediated bullying on depression, shame, and anger.

Discussion

H1: There is a direct influence of care-parental bonding on depression, shame, and anger among Thai middle school children, such that the lower the level of parental bonding, the higher are their levels of depression, shame, and anger. In contrast, the higher the level of over-protection- parental bonding, higher the children's level of peer victimization, the higher are their levels of depression, shame and anger.
The findings showed that there is a significant direct negative influence of caring-parental bonding on depression. More specifically, the results of path analyses as depicted in Figure 2 revealed a negative coefficient of -0.29 between caring-parental bonding and depression. The effects of early family experiences are important to the emotional well-being of children (Maccoby & Martin, 1983). It can, thus, be inferred that the lesser the parents demonstrated a caring parental bond with their children; the higher is their children's level of depression. On the other hand, caring-parental bonding had no effect on the children's level of shame and anger. The result revealed in this study is not consistent with other study done in the file of parental bonding. For example; when parent-child bonding is high, child are less likely to experience angry feelings (Bean *et al.*, 2004 as sited in Han n.d.).

The other form of parental bonding (overprotection-parental bonding), similarly, did not have a significant relationship on the level of shame as well as on the other emotive states of depression and anger.

H2: There is an indirect influence of parental bonding (care parental bonding) on depression, shame, and anger among Thai middle school children, being mediated by peer victimization (victim of bullying) such that the lower the level of care-parental bonding and the higher the children's level of peer victimization, the higher are their levels of depression, shame, and anger, similarly higher the level of over-protection- parental bonding, higher the children's level of peer victimization, the higher are their levels of depression, shame and anger

The results of path analysis revealed the following:(1) neither caring-parental bonding nor overprotection-parental bonding had any impact on peer victimization (bullying); (2) neither caring-parental bonding nor overprotection-parental bonding had any impact on the emotive states of depression, shame, and anger, being mediated by peer victimization (bullying); and (3) peer victimization (victim of bullying) was found to have an influence on the emotive states of depression and anger but not significant with shame. More specifically, peer victimization (victim of bullying) was found to be negatively correlated with depression (-0.14), hence that higher the score on depression indicates for lower depression, and positively correlated with anger (0.32), and there is no significant relationship with shame. It can, thus, be said that, regardless of the type of parental bonding at home, the more the children experienced peer victimization at school, the higher is their level of depression and the higher is their level of anger. Victim of bully use anger to cope with uncomfortable experience of being bullied (Ayoko, 2003; Fein, 1993; Oweus, 1993)

H3: There are gender differences in peer victimization (victim of bullying) among Thai middle school children.
The results indicated that there was no significant difference between boys and girls in peer victimization. t= 1.721 p> 0.05. The score of t-test for equality of means for bullying was 1.721 at the significant point of .380. Therefore the result of this research did not support the stated research hypothesis because there was no strong indication of gender differences across the participants' gender in terms of the experience of peer victimization/bullying.

The results of past research that focused on gender differences among victims of bullying are not consistent with the current results, however. Research has demonstrated that peer victimization/bullying takes many forms (e.g., verbal, physical, social, etc.). A British study found that the most common form of bullying that victims suffer from the most is direct verbal aggression (Rivers & Smith, 1994) which has been shown to occur with similar frequency in both sexes. Beran (2012), however, found that male students tend to experience verbal forms of bullying (e.g., name-calling) more often than female students.

Inspite of existing related studies in the literature, Waasdorp and O'Brennan (2013) opined that "there has been considerably limited research investigating gender differences in the experience of different forms of peer victimization" (pp. 840). Inasmuch as this research was a pilot study in Thailand, there is inadequate evidence that can be used to support the current findings. This researcher recommends further investigation of gender differences in bullying/peer victimization in order to derive more conclusive results.

Limitation & Future Research
To start with, the current study was conducted on 180 Thai middle school students from one international school in Metropolitan Bangkok. Therefore, the findings may not be generalized to other middle school children in and outside Bangkok or to those in other geographical locations in the country. By the same token, this study was conducted in a specific time period. Thus, its findings may not be

generalized to other time spans, as it was not the purpose of this study to look at the influence of parental bonding on depression, shame, and anger, being mediated by peer victimization, over time.

It must also be pointed out that the participants were requested to respond to all questions in the research instrument. As the veracity of responses could not be validated in the survey, this meant that the researcher had to accept the responses at face value and assume that the respondents replied to the questions honestly. Another limitation is the lack of theoretical perspectives and related studies on the core variables of the study, all together or independently of each other. Discussion relied heavily on Western perspectives and related studies which may not necessarily reflect Thai culture and values.

Finally, the findings of the current study should be interpreted with some caution because of some intervening or limiting factors beyond the scope of this study. Nonetheless, despite some identified limitations, it is anticipated that this study would provide valuable knowledge and database for a number of individuals and groups who are involved in the interrelationships among parental bonding, peer victimization, and the emotive states of depression, shame, and anger. The contribution of this study towards expansion of the literature cannot be overemphasized.

Conclusion

Relative to the association between the two forms of parental bonding (caring and overprotection) and the emotive states of depression, shame, and anger, it can be concluded that the more the parents demonstrated a caring parental bond with their children; the lower is their children's level of depression. On the other hand, caring-parental bonding has no direct effect on the children's level of depression or shame. The other form of parental bonding (overprotection-parental bonding), similarly, does not have any direct impact on the level of shame as well as on the other emotive states of depression and anger. The implications of this outcome have far-reaching ramifications not only for parents and school counselors but also for teachers and school administrators in terms of the need to infuse the antecedents and negative consequences of victimization/bullying where it fits in the curriculum.

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