

**Parental bond as the predictors of Hostility, Hopelessness, Empathy
and
Self Efficacy in Children**

Project submitted for partial fulfillment of the degree of

MASTERS OF ARTS IN PSYCHOLOGY



THAPAR INSTITUTE
OF ENGINEERING & TECHNOLOGY
(Deemed to be University)

SUBMITTED BY:
Harseerat

UNDER THE SUPERVISION AND GUIDANCE OF:

Professor Surinder Kaur (Ph.D)

Thapar Institute of Engineering and Technology, Patiala

CERTIFICATE

This is to guarantee that the thesis entitled, "Parental bond as the Predictors of Hostility, Hopelessness, Empathy and Self Efficacy in Children" being submitted in halfway satisfaction of necessities for Master of Arts in Psychology, submitted in the School of Humanities and Social Sciences, Thapar Institute of Engineering and Technology, Patiala is a bonafide work completed under the oversight of Dr. Surinder Kaur, Professor, School of Humanities and Social Sciences, Thapar Institute of Engineering and Technology, Patiala and that no piece of this venture has been submitted for the honor of some other degree.

Harseerat
(HARSEERAT)

This is to certify that the above statement made by the student concerned is correct and true to the best of my knowledge.



(DR. SURINDER KAUR)
Professor, SHSS Thapar Institute of Engineering and Technology, Patiala

CANDIDATE'S DECLARATION

I thus announce that the work introduced in this proposition named, "Parental bond as the Predictors of Hostility, Hopelessness, Empathy and Self Efficacy in Children" in fractional satisfaction of the prerequisite for the honor of the level of Master of Arts in Psychology, submitted in the School of Humanities and Social Sciences, Thapar Institute of Engineering and , Technology, Patiala, is my very own genuine record work completed under the oversight and direction of Dr. Surinder kaur, Professor, School of Humanities and Social Sciences, Thapar Institute of Engineering and Technology, Patiala and alludes other specialist's work which are appropriately recorded in the reference segment.

The matter epitomized in this thesis has not framed the reason for the honor of some other level of this or some other college.

Date: June 2022

Place: Patiala

Harseerat
(HARSEERAT)

This is to certify that the above statement made by the student concerned is correct and true to the best of my knowledge..

Kaur

(DR. SURINDER KAUR)

Professor, SHSS

Thapar Institute of Engineering and Technology,

Patiala

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Abstract

The present study focuses to see Parental Bond as the predictors of Hostility, Hopelessness, Empathy and Self Efficacy in children. A sample of 200 young adolescents from different backgrounds including both genders was selected for the study. The study found that Parental bond is an emotional affiliation and physical attachment occurring between a parent figure and offspring that usually begins at birth of the child. Parent care is negatively correlated with hopelessness ($r = -.616, p < 0.01$), hostility ($r = -.249, p < 0.01$) and positively correlated with self efficacy ($r = .370, p < 0.01$). Parental care has not shown any significant correlation with empathetic feelings in children. Parental overprotection is positively correlated with hopelessness ($r = .484, p < 0.01$) and hostility ($r = .250^*, p < 0.01$) and negatively correlated with self efficacy ($r = -.396, p < 0.01$). Parental overprotection has not shown any significant correlation with empathetic feelings in children.

Keywords : Parental Bond, Parental Care, Parental Overprotection, Empathy, Self Efficacy

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CHAPTER 1

INTRODUCTION

Parental bond is an emotional affiliation and physical attachment occurring between a parent figure and offspring that usually begins at birth of the child. This bond has a potential impact of positive or negative on the development and quality of life of the children (Childers, 2010; Maccoby & Martin, 1983), emotional and cognitive development (McLeod et al., 2007; Ingen et al., 2015) and psychosocial adaptation (Barber and Harmon, 2002; Wolfradt et al., 2003; Jo and Chong, 2017).

According to Bowlby's theory of attachment, the role of early experience and parenting is of crucial importance to child's development and mental health. In addition, several research findings suggest that parental bonding and different types of attachment play a crucial role in the development of personality. However lack of parental care and overprotection is linked with symptoms of depression, low self-esteem, introversion, distress and emotional instability. Where as high care and low protection is linked with less distress and less depressive symptoms and increased self-confidence. Researchers associated parental bonding as predictor of psychological well-being in the children (Parker et al., 1979; Gladstone and Parker, 2005; Neher, 1998). Other researchers found that the individuals who rated their parents as high in affection, warmth, and caring, and low in over-control or overprotection, were able to cope with stress and had lower chances of psychological disorders (Gladstone and Parker, 2005; Neher, 1998). In contrast, individuals who perceive their parents as lower on caring and higher on over-protection show a greater propensity for anorexia, bulimia, depression, suicidality, and other common emotional disorders such as depression and anxiety (Evans, 2003; Ferguson, 2006; Parker, 1983; Parker and Gladstone, 1996; Zemor and Rinholm, 1989).

A review of the research exploring Japanese populations reveals similar results i.e. imbalanced perceived parental style is associated with psychiatric disorders. For example, Sato et al. (1997) found that individuals who view their parents as overprotective and less caring tended to have depressive disorders as adults. Further research (Sato et al., 1998) concluded that dysfunctional parental styles-low care and high over-protection (or “affectionless control”)-increase the risk for lifetime depression. Research in this area, however, has not addressed the mechanism through which a dysfunctional parenting style impacts psychological well-being. Previous research has demonstrated that a low care, overprotective parenting style has been found to be harmful to children’s self-esteem (Harvey and Byrd, 1998; Mori, 1999) and low self-esteem negatively impacts one’s psychological wellbeing and overall life satisfaction (Abe, 2004; Emmons and Diener, 1985).

The relationship with parents is generally assumed to play a key role in the development of psychopathology throughout the lifespan (Berg-Nielsen et al., 2002; Enns et al., 2002; Kashani et al., 1989; Kullberget al., 2020). More specifically, recollections of childhood lack of parental care as well as perceived parental overprotection have been found to be associated with affective disorders, such as anxiety and depression (Enns et al., 2002; Parker et al., 1979). Within the context of siblings, the difference between a person’s own experience of parental bond as compared to their sibling’s may have an additional detrimental effect on individual’s mental health (Boyle et al., 2004; Feinberg and Hetherington, 2001; Mcguire et al., 1995). Differential bonding, e.g. reporting less maternal warmth compared to the other siblings, is linked to youth internalizing problems (Tamrouti-Makkink et al., 2004), such as depression (Shanahan et al.,2008). In line, in adult twins, experiencing relatively poorer parental bond as compared to

their co-twin has been associated with the presence of major depression and generalized anxiety disorder (Long et al., 2015).

In addition to siblings' individual experiences with their parents, children are also influenced by the overall or shared parenting style as reported by multiple siblings within a family (Jenkins et al., 2009), also referred to as the "family-wide parent-child relationship" (Oliver and Pike, 2018). The family-wide parent-child relationship or "parenting climate" can be established by averaging the reports of multiple children from a family (Jenkins et al., 2009). Studies have demonstrated the concurrent effects of family-wide and individual-specific harsh parenting on child and adolescent mental well-being (Feinberg and Hetherington, 2001; Jenkins et al., 2016; Oliver and Pike, 2018).

Why some siblings may thrive and others struggle but other person may not experience any adverse consequences of suboptimal bonding with father or mother, whereas his or her sibling may be clearly affected by it. Individual characteristics may account for these within-family differences in depressive and anxiety symptoms. As such, siblings within the same family can grow up to be very different from each other (Dick et al., 2000; Plomin et al., 2001).

The two dimensions, Parental Care and Parental Control, were operationalized in Parental Bonding Instrument (PBI, Parker et al., 1979). Arguably, warm accepting relations with parent figures can provide a child with the necessary security and confidence to reach out and interact effectively with others, thus avoiding being victimized by others. On the other hand, 'cold' parenting has been associated with the possibility of being victimized at school (Rigby, 2007). There is also some indirect, experimental evidence supporting this view. The work of Harlow and Harlow (1972) with young rhesus monkeys reared without parents suggests that the formation of effective relations with peers is greatly hindered in the absence of warm relations

with parents. Additionally, some studies have indicated that children, who are over-controlled by their parents, are more likely to be victimized by peers (Bowers, Smith, & Binney, 1994). It is possible that restrictive parenting practices may result in children feeling insecure in encounters with peers at school, and lacking the social skills needed to cope with potential bullies

1.1 Hopelessness

Hopelessness may be a symptom of a variety of mental health conditions, or it may occur when an individual is discouraged by dissatisfying, distressing, or negative life events. Hopelessness a powerful emotion that causes a dark or low mood which may adversely affect the way one perceives the self, other individuals, personal situations and even the world, lose of interest in important objects, activities, events, or people. Someone who has become hopeless may no longer value things that were once important. The emotion is often associated with a lack of inspiration as well as feelings of powerlessness, helplessness, abandonment, captivity, oppression, and isolation. Researchers linked hopelessness to poor mental, emotional, and physical health. Feelings of hopelessness that occur with a condition such as depression may lead an individual to have thoughts of suicide. It may also rob a person of the motivation required to utilize available resources or seek help. People experiencing hopelessness may make statements such as "My situation will never get better. I have no future etc.

1.2 Empathy

Empathy is the ability to emotionally understand what other people feel, see things from their point of view, and imagine self in their place. It also means that one can sometimes get overwhelmed, burned out, or even over stimulated from always thinking about other people's emotions. Such persons seem to have great listening skills, they are easy to approach, understanding the feelings of others, overwhelmed by tragic events and honest. But empathy is

not necessarily a universal response to the suffering of others. Having a great deal of empathy makes one concerned for the well-being and happiness of others.

There are different types of empathy that a person may experience. (i) it could be an affective empathy that involves the ability to understand another person's emotions and respond appropriately. (ii) somatic empathy that involves having a sort of physical reaction in response to what someone else is experiencing. (iii) cognitive empathy that involves being able to understand another person's mental state and what they might be thinking in response to the situation. Empathy allows people to build social connections with others. By understanding what people are thinking and feeling, people are able to respond appropriately in social situations that is important for both physical and psychological well-being, emotional regulation and helping behaviors.

1.3 Self efficacy

Self-efficacy is central to Albert Bandura's social cognitive theory that determines how one feels about oneself, his/her attitudes, abilities, and cognitive skills. This system plays a significant role in how one perceives the situations and behaves toward them. Individual's self-efficacy plays a most important task in how goals, tasks, and challenges are approached though practically all persons can recognize goals they want to achieve. We begin to form our sense of self-efficacy in early childhood through dealing with a wide variety of experiences, tasks, and situations. Persons with a strong sense of self-efficacy take interest in the activities in which they participate with strong commitment recover rapidly from setbacks and dissatisfactions whereas weak sense of self-efficacy makes the person avoid challenging tasks and quickly lose confidence in personal abilities

People who are low in self-efficacy tend to see difficult tasks as threats they should avoid. Because of this, they also tend to avoid setting goals and have low levels of commitment to the ones they do make. When setbacks happen, they tend to give up quickly. Because they don't have much confidence in their ability to achieve, they are more likely to experience feelings of failure and depression. Stressful situations can also be very hard to deal with and those with low self-efficacy are less resilient and less likely to bounce back. Self-efficacy has important effects on the amount of effort individuals apply to a given task.

1.4 Hostility

Hostility is an emotionally charged aggressive behavior, more commonly used as synonym for anger and aggression. It is a cognitive trait characterized by a negative attitude toward others.

Anger and hostility have also been linked to stress reactivity, exaggerated autonomic function, reduced heart rate variability, inflammation, and platelet aggregation.

The present study tries to find out how parental bond parental care and parental overprotection is associated with hopelessness, hostility empathy and self-efficacy in children.

CHAPTER 2

REVIEW OF LITERATURE

There are many dimensions of the adolescent-parent relationship that might influence adolescent health and developmental outcomes, as well as the development of risky health behaviors. Such components include parental warmth versus coldness, acceptance versus rejection, structure versus chaos, autonomy versus control, involvement versus detachment or neglect, strictness versus permissiveness, consistent versus inconsistent discipline, and connection versus distance. Specific parenting behaviors that have been found to influence adolescent health and risky health behaviors include type of discipline (consistent versus inconsistent), level of parental involvement, level of parental monitoring, type of communication, and parenting style. In a study, parenting style was defined encompassing both contextual and individual aspects of a parent's child rearing, and distinguished this concept from more content- and goal-specific parenting practices and behaviors. Some researchers have categorized parents into three parenting style categories if they score in the upper tertiles on measures these two dimensions: authoritarian (high control and low acceptance), authoritative (high control and high acceptance), or permissive/indulgent (low control and high acceptance).

Parenting style, which refers to the typical ways that parents think, feel and behave in terms of child-rearing. (Levin, 2011), has been divided into different types, such as warmth, rejection and overprotection. These parenting styles predict the propensity for behavior problems in adolescents and young adults. For instance, parental warmth is associated with lower levels of delinquent and aggressive behavior in adolescents (Stright & Yeo, 2014). In contrast, parental rejection, which is characterized by hostility, punishment and derogation, is associated with

increased externalizing problems, such as smoking (Fuemmeler et al., 2012), suicide (Sobrinho, Campos, & Holden, 2016) and aggression (Barbot, Crossman, Hunter, Grigorenko, & Luthar, 2014).

Bowlby (1969) reported that poor parental bonding leads to poor psychological health and ineffective social functioning. Rigby (2007) associated poor parental bonding as a predictor of bullying behaviour in children.

Parker, Tupling, and Brown (1979) identified two magnitude of parental bonding i.e (i) Parental Care, which is reflected in emotional warmth, empathy and closeness, as opposed to coldness, indifference and neglect; (ii) Parental Control, hindering the child's development of independence and autonomy. Parker et al, (1979) further extended that warm accepting relations with parent figures can provide a child with the necessary security and confidence to reach out and interact effectively with others, thus avoiding being victimized and on the other hand, 'cold' parenting has been associated with the possibility of being victimized at school (Rigby, 2007).

Impact of parental bonding has been seen even in animals. Research conducted on young rhesus monkeys found ineffective peer relationship who were reared without parents (Harlow and Harlow (1972).

In contrast to love and affection additional studies have indicated that children, who are over-controlled by their parents, are more likely to be victimized by peers (Bowers, Smith, & Binney, 1994). It is possible that restrictive parenting practices may result in children feeling insecure in encounters with peers at school, and lacking the social skills needed to cope with potential bullies. Lack of parental care and overprotection is linked with depressive symptoms such as low self-esteem, distress and emotional instability where as high care and low protection

to increased self-confidence, less distress and less depressive symptom (Penelope-Alexia Avagianou et al. 2008).

A study conducted by L Canetti et al. (1997) found that high care and low control is the source of less distress, better general well-being, where as low care and high control is related to lowest general well-being. Vânia Meira Siqueira-Campos et al. (2021) found in their study maternal affectionless control associated with a greater risk of anxiety, depression, suicidal ideation, and low self-efficacy.

In a study on high school students, Dusek and Danko (1994) found that perceived authoritarian and controlling parenting styles are closely related to psychological disturbance in adolescence.

Parker et al, (1979) further extended that warm accepting relations with parent figures can provide a child with the necessary security and confidence. Stright & Yeo, (2014) accounted that the parental warmth is associated with lower levels of delinquent and aggressive behavior in adolescents where as parental rejection, is characterized by hostility, punishment, increased externalizing problems, such as smoking (Fuemmeler et al., 2012), suicide (Sobrinho, Campos, & Holden, 2016) and aggression (Barbot, Crossman, Hunter, Grigorenko, & Luthar, 2014).

Finkenauer and team conducted study on 1,359 adolescents and found children who responded aggressively to external factors have parents who restrict and exert high level of control where as parents who are strict but also show support, acceptance and get involved in children's activities lead to better psychosocial adjustment.

Michaean and Ben-Zur, (2007) associated good parenting, i.e. frequent communication, regular daily involvement, keep the children away from deviant behavior and enable them to deal with frustration effectively, control anger, and apply other self-management strategies. It was established from studies that individuals who rate their parents high in affection, warmth, and

caring, and low in over-control or overprotection, are better able to cope with stressful events and tend to have a lower occurrence of psychological disorders (Gladstone and Parker, 2005; Neher, 1998). In contrast, individuals who perceive their parents as lower on caring and higher on overprotection show a greater propensity for anorexia, bulimia, depression, suicidality, and other common emotional disorders such as depression and anxiety (Evans, 2003; Ferguson, 2006; Parker, 1983; Parker and Gladstone, 1996; Zemore and Rinholm, 1989).

Further research (Sato et al., 1998) concluded that dysfunctional parental styles—low care and high overprotection—increase the risk for lifetime depression. Studies have demonstrated that a low care, overprotective parenting style has been found to be harmful to children's self-esteem (Harvey and Byrd, 1998; Mori, 1999) and low self-esteem negatively impacts one's psychological wellbeing and overall life satisfaction (Abe, 2004; Emmons and Diener, 1985).

Similarly, Shin, et al., (2016) argued that parental attachment is negatively correlated to victimization, while poor parental attachment and poor care can be associated with bullying and victimization (Shin, et al., 2014). Baldry & Farrington (2000) also argued that poor care predicts bullying. Mitsopoulou & Giovazolias (2013) reported that children who perceived weak care are more likely to act as bullies. There are more studies pointing to the association of negligence and poor care with bullying (Bowers et al., 1994; Georgiou, 2008a; Georgiou, 2000; Perren & Hornung, 2005; Stevens et al., 2002).

Parental care also seems to effect development of empathetic feelings which is an essential part of social behavior, social competence (Decety and Moriguchi 2007), and socialize children (Baumrind, 1991) which is considered imperative to many forms of adaptive social interaction (Spinella 2005). Parenting style has been also found to predict well-being in the areas of social competence, academic performance, psychological development and problem behavior. Good

parenting, which includes frequent communication, regular daily involvement, monitoring and related skills, and instilling appropriate coping skills, may assist the adolescents in avoiding involvement in deviant behavior and enable him/ her to deal with frustration, control anger, and apply other self-management strategies. (Michael and Ben-Zur, 2007)

Finally, parental overprotection, which refers to excessively intrusive and highly regulative parenting, is associated with an increased lifetime likelihood of smoking (Huver, Engels, Vermulst, & De, 2007). Based on these studies, we predict that parental warmth is negatively correlated with risk-taking behavior, whereas parental rejection and overprotection are positively correlated with risk-taking behavior in young adults.

Parental overprotection (PO) refers to a parenting style characterized by exerting excessive control, limiting independent behavior, and treating children as younger than their actual age (Levy, 1941). PO has been found to affect children's adaptation negatively (Kim and Yang, 2018). It inhibits children's psychosocial development, and it may lead to psychopathology and neurosis (Adler, 1931), as well as the atrophy of autonomy by limiting children's experiences (Hudson and Rapee, 2001; Barber and Harmon, 2002; Ingen et al., 2015). These children often experience social anxiety (LeMoyne and Buchanan, 2011; Borelli et al., 2015) or present problems such as low school-life satisfaction, low academic achievement, substance abuse, and feelings of incompetence (Schiffirin et al., 2014; Nelson et al., 2015). Jeong and Kim (2016) report that soldiers who have experienced PO are more susceptible to adjustment issues in the military than are those who have not experienced this overprotection.

Parental overprotection may cause social anxiety (Kim et al., 2005; Suh et al., 2010). Rapee and Melville (1997) noticed in their study that patients with social anxiety disorder tended to report that their parents were overprotective, and later studies also found high correlations between

social anxiety and PO (Arim and Shapka, 2008; Festa and Ginsburg, 2011). Additionally, people with social anxiety have low expectations about their ability to cope with social situations (Kachin et al., 2001; Ingen et al., 2015), and low overall levels of self-efficacy are related to high levels of social anxiety (Lancu et al., 2015).

A strong and secure parental bond does not have to be an obstacle for adolescents who strive to become independent (Grotevant and Cooper, 1985, 1986). On the contrary, it actually stimulates this process. The influence of the mother may be more important than that of the father (Field *et al.*, 1995) or vice versa (Allen *et al.*, 1994), but the effects of the bond with the mother and the father on the well-being and performance of adolescents usually point in the same direction (Barnes and Farrell, 1992; Paterson *et al.*, 1994; Wenk *et al.*, 1994). Girls and boys may have different parental bonds. It is sometimes found that adolescent girls do not have such a good parental bond as boys do (Ryan and Lynch, 1989). However, it is very rare that a curvilinear development pattern has been proven in a single study, and if so then merely from a cross-sectional perspective (Wel, 1994). The level of conflict between parents and adolescents—which does not necessarily imply a negative relationship—also seems to suggest a curvilinear pattern (Montemayor, 1990). Not only the strength of the parental bond, but also its influence may change in the course of adolescence. Some authors suggest that the parents' influence on their children's well-being diminishes as the children grow older (Greenberger and Chen, 1996); others assert that it continues unabated (Paterson *et al.*, 1994).

Findings of the study has revealed Parental bond as the predictors of Hostility, Hopelessness , Empathy and Self Efficacy in Children .

CHAPTER 3:

MOTIVATION, RESEARCH GAP, OBJECTIVES AND HYPOTHESES

3.1 Motivation of the study

I was motivated after reading a study by (Levin, 2011). Parenting style, which refers to the typical ways that parents think, feel and behave in terms of child-rearing which has been divided into different types, such as warmth, rejection and overprotection. These parenting styles predict the propensity for behavior problems in adolescents and young adults. For instance, parental warmth understood as physical affection, praise and other forms of emotional support is associated with lower levels of delinquent and aggressive behavior in adolescents (Stright & Yeo, 2014).

3.2 Research gap

From the review of literature it was found that research has been done on hostility, hopelessness empathy and self efficacy. How much hold parental bond has on these variables as a cause factor have not been limited.

Thus the present study examines the association between parental bonding and hostility, hopelessness empathy and self efficacy. 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 and (2) overprotection (Parker et al., 1979).

3.3 Aim of study :

To study the relationship between parental bond and children's feelings of hopelessness, hostility, empathy and self efficacy.

3.4 Objectives:

1. To study the relationship between parental bond and children's feelings of hopelessness
2. To study the relationship between parental bond and children's feelings of hostility
3. To study the relationship between parental bond and children's empathetic feelings
4. To study the relationship between parental bond and children's self efficacy
5. To study relationship between parental bond and age of the children

3.5 Hypotheses

H₁ : Parental care will be negatively associated with feelings of hopelessness in children

H₂ : Parental care will be negatively associated with feelings of hostility in children

H₃ : Parental care will be positively associated with empathetic behaviour of children

H₄ : Parental care will be positively associated with children's self efficacy

H₅ : Parental overprotection will be positively related to feelings of hopelessness in children

H₆ : Parental overprotection will be positively associated with feelings of hostility in children

H₇ : Parental overprotection will be negatively associated with empathetic behaviour of children

H₈ : Parental overprotection will be negatively associated with children's self efficacy

H₉: Age will be positively associated with Parental bond

H₁₀: Gender will not contribute towards the difference in parental bond

H₁₁ : Mothers will be more caring when compared to fathers' towards their children

CHAPTER 4

METHOD

4.1 Sample

The sample consisted of 200 participants within the age range of 13-15 years, out of which 100 were females and 100 were males. The mean age of the participants was 14. The participants were selected using convenient sampling, which was a type of non probability sampling that involves the sample being drawn from that part of the population that is close to hand.

4.2 Design

Correlational design was used to compute the results. In the study parental bond's relationship with Hopelessness, Self Efficacy and Empathy. Parental bond being the independent Variable whereas Hopelessness, hostility, Self efficacy and Empathy as dependent Variables. Product moment correlation was used to find the relationship between them followed by Regression.

4.3 Tools used

1. **Parental Bonding** — The Parental Bonding Instrument (PBI; Parker et al., 1979) was developed to produce a two-factor model that assesses parenting styles in terms of parental caring (warmth, sensitivity) and overprotection (control, intrusion), separately for mother and father. The care and overprotection scales comprise 12 and 13 items, respectively. These are completed separately by the mother and the father. Examples of items are “My mother/father speaks to me in a warm and friendly voice” (care) and “My mother/ father tries to control everything I do” (overprotection). The PBI has been validated in numerous studies, which confirmed its two-factor structure and other aspects of validity in both English-speaking populations (Chambers, Power, Loucks, & Swanson, 2000; Murphy, Brewin, & Silka, 1997),

and in different populations (Favaretto, Torresani, & Zimmermann, 2001). The PBI has been adapted and validated in the Greek population and has shown good psychometric properties (Sideridis & Kafetsios, 2008; Tsaousis, Mascha, & Giovazolias, 2012) with internal consistencies .81 for “Caring from mother and .66 for “Overprotection.

2. **Hopelessness** : Children’s Hopelessness scale; 17 items Measures negative (hopeless) future expectations. Adapted from the Hopelessness Scale for adults (Beck et al., 1974). Psychiatric inpatient children aged 8 to 13. Internal consistency: .62. One-year stability: .48. Point values for most of the items in this scale are assigned as follows: Yes = 1; No = 0. Eight positively-worded items are reverse coded: 1, 3, 5, 6, 7, 11 and 16. Responses are added to derive an overall score. A maximum score of 17 indicates high hopelessness. A minimum score of 0 indicates low hopelessness.
3. **General Self efficacy scale (GSE)** developed by Schwarzer and Jerusalem (1979) to measure self efficacy among children. It consisted of 10 items like —I can always manage to solve difficult problems if try enough|| , —It is easy for me to stick around my aims and accomplish my goals|| etc. Responses are made on 4-point scale. The scale is uni dimensional, with cronbach alpha ranged from .76 to .90 with the majority in the high .80 .
4. **Empathy—Teen Conflict Survey**; developed by Bosworth & Espelage (1995). There are 5 items. Measures ability to listen, care, and trust others. Middle school students, grades 6-8. Internal consistency , .62.

5. Hostility Scale; developed by Derogatis, Rickels & Rock, (1976). The scale measures symptoms of underlying hostility, reflecting qualities such as aggression, irritability, rage and resentment. Internal consistency of the scale is.73 .

4.4 Procedure

Informed consent was taken from all the subjects. The present study was conducted to find whether there was a relationship between Parental bond in relation to Hopelessness, Hostility, Empathy, Hostility and Self Efficacy in children The subjects were given forms which consisted of 5 scales. Instructions on how to respond to the questions were given. The subjects were told before hand to mark the very first response that comes to their mind. The subject had to respond by putting a tick mark on the answer which they feel best describes them.

CHAPTER 5

RESULTS

Various hypotheses were formulated and tested. Results to the formulated hypotheses are discussed below.

Table No. 1 shows the descriptive statistics

	N	Mean	Sd
Mother Care	100	28.68	5.27
Mother OverProtection	100	15.11	4.79
Father Care	100	28.47	5.36
Father Over Protection	100	12.95	5.60
Hopelessness	100	4.32	2.81
Empathy	100	16.61	3.86
Self-Efficacy	100	29.60	4.71
Age	100	13.57	.987
Valid N (listwise)	100		

Table No. 2 Correlational Values between parental bond and hopelessness, hostility, self efficacy and empathy

	Parental care	Parental overprotection	Hopelessness	Hostility	Selfefficacy	Empathy
Parent care	1					
Parent overprotection	-.696**	1				
Hopelessness	-.616**	.484**	1			
Hostility	-.249**	.250**	.265**	1		
Self-efficacy	.370**	-.396**	-.516**	-.154*	1	
Empathy	.015	-.067	-.003	-.210**	.060	1

Parental care is negatively correlated with hopelessness ($r = -.616^{**}$, $p < 0.01$), hostility ($r = -.249^{*}$, $p < 0.01$) and positively correlated with self efficacy ($r = .370^{**}$, $p < 0.01$). Parental care has not

shown any significant correlation with empathetic feelings in children. Thus Three hypotheses “Parental care will be negatively associated with feelings of hopelessness in children, Parental care will be negatively associated with feelings of hostility in children and Parental care will be positively associated with children’s self efficacy is accepted” where as the “hypothesis Parental care will be positively associated with empathetic behaviour of children remains rejected.

Parental overprotection is positively correlated with hopelessness ($r=.484^*$, $p<0.01$) and hostility ($r=.250^*$, $p<0.01$) and negatively correlated with self efficacy ($r=-.396$, $p<0.01$). Parental overprotection has not shown any significant correlation with empathetic feelings in children. Thus hypotheses, Parental overprotection will be positively associated with feelings of hopelessness in children, Parental overprotection will be positively associated with feelings of hostility in children and Parental overprotection will be negatively associated with children’s self efficacy have been accepted Parental overprotection will be negatively associated with empathetic behaviour of children remains rejected.

Table no.3
Regression Analysis
Coefficients^a

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Adjusted R ²
	B	Std. Error	Beta			
1 (Constant)	13.231	.709		18.666	.000	37.6%
Parental care	-.153	.014	-.616	-10.994	.000	

a. Dependent Variable: Hopelessness
Step wise regression analysis was conducted only one variable Parental care emerged as a predictor variable for hopelessness. Adjusted R² reveals that parental care explains 37.6% of variance in hopelessness which means one unit increase in parental care reduces hopelessness by -.153.

Table no.4

Regression Analysis

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Adjusted R ²
		B	Std. Error	Beta			
1	(Constant)	1.527	1.148		1.329	.185	5.8%
	Parent over protection	.125	.034	.250	3.640	.000	

a. Dependent Variable: hostility

Parental overprotection emerged as predictor variable for hostility. Adjusted R² explains 5.8% of variance in hostility which means one unit increase in parental overprotection will increase hostility by .125. Regression analysis was carried out for Parental bond for self efficacy.

Table no.5 Coefficients

Regression Analysis

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Adjusted R ²
		B	Std. Error	Beta			
1	(Constant)	34.254	1.045		32.778	.000	15.3%
	Parent Over protection	-.190	.031	-.396	-6.069	.000	
2	(Constant)	28.856	2.868		10.063	.000	16.6%
	Parent over protection	-.129	.043	-.269	-2.986	.003	
	Parent care	.070	.035	.182	2.019	.045	

a. Dependent Variable: self Efficacy

Step wise regression analysis was conducted and both the variable Parental care and Parental overprotection emerged as predictor variable for self efficacy. Adjusted R² belonging to parental over protection explains 15.3% of variance for self Efficacy which means one unit increase in

parental overprotection will decrease self Efficacy by -.129, whereas Adjusted R² in parental care along with parental overprotection explains 16.6.% of variance selfefficacy which means one unit increase in parental care increases self Efficacy by .07.

Table no.6

Correlational Values between Mother Care, Mother over Protection, Father Care, Father over protection and hopelessness, hostility, self efficacy and empathy

	Mother Care	Mother over protection	Father Care	Father over protection	Hopelessnes	Hostility	Selfefficacy	Empathy
Mother Care	1							
Mother overprotection	-.610**	1						
Father Care	.738**	-.509**	1					
Father over protection	-.512**	.509**	-.624**	1				
Hopelessness	-.574**	.362**	-.574**	.471**	1			
Hostility	-.227**	.248**	-.237**	.192**	.265**	1		
Self-efficacy	.381**	-.260**	.308**	-.415**	-.516**	-.154*	1	
Empathy	.028	-.107	.001	-.017	-.003	-.210**	.060	1

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

Significant positive correlation between motherly overprotection and fatherly overprotection was seen with feelings of hopelessness and hostility. The values being both motherly overprotection $r = .362^{**}$ and fatherly overprotection $r = .471^{**}$, $p < 0.01$. For hostility $r = .248^{**}$ and $r = .192^{**}$ significant at $p < .001$. No significant. Correlation was found between empathy and

motherly over protection and fatherly protection the values being $r = -.107$ for motherly protection, $r = -.017$ for fatherly protection. Significantly negative correlational values were found between self efficacy and motherly protection $r = -.260^{**}$, $p < 0.01$ and fatherly protection $r = -.415^{**}$, $p < 0.01$.

To explore further mother's care and father's care was compared as to know their predictability towards hostility, hopelessness and self-efficacy.

Table No.7
Regression analysis

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.	Adjusted R Square
		B	Std. Error	Beta			
1	(Constant)	12.173	.683		17.825	.326	.32.6%
	Father Care	-.266	.027	-.574	-9.864	.373	
2	(Constant)	13.231	.711		18.612	.385	.38.5%
	Father Care	-.153	.039	-.330	-3.970	.000	
	Mother Care	-.154	.039	-.330	-3.964	.000	
3	(Constant)	10.846	1.289		8.415	.000	
	Father Care	-.113	.042	-.245	-2.692	.008	
	Mother Care	-.145	.039	-.312	-3.769	.000	
	Father over protection	.078	.035	.158	2.209	.028	

a. Dependent Variable: Hopelessness

Step wise regression analysis was conducted and the variable father's care, mother's care and father's overprotection emerged as predictor variable for hopelessness. All the three variables explains 38.5% of variance in hopelessness as revealed by Adjusted R² values. Father's care being the best predictor explaining about 32.6% of variance, mother's care along with father's care about 37.3% and father's overprotection along with father and mother's care 38.5% , reducing hopelessness by .113, and .145 respectively. Father's protection increases hopelessness by .078.

Table No.8
Regression analysis

Coefficients^a

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Adjusted R Square
	B	Std. Error	Beta			
1	(Constant)	1.659	1.123		1.478	
	Mother over protection	.236	.065	.248	3.609	.326

Dependent Variable: hostility

On hostility mother's overprotection emerged as a predictor variable explaining about 5.7% of variance in hostility as revealed by Adjusted R² values. One unit increase in Mother's overprotection increases hostility by .236.

Table No.9
Regression analysis

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Adjusted R Square
		B	Std. Error	Beta			
1	(Constant)	33.162	.832		39.865	.000	16.8%
	Father over-protection	-.320	.050	-.415	-6.427	.000	
2	(Constant)	27.684	1.948		14.209	.000	20.3%
	Mother Over-protection	-.230	.057	-.299	-4.056	.000	
	Mother Care	.165	.053	.228	3.094	.002	

a. Dependent Variable: self-efficacy

On self- efficacy father’s overprotection and mother’s care emerged as a predictor variable explaining about 20.3% of variance in self-efficacy as revealed by Adjusted R² values. One unit increase in father’s overprotection reduces selfefficiacy by .230 and one unit increase in mother’s care increases selfefficiacy by .165.

Table No. 10
Correlation values between age and parental bond.

Correlations			
	Age	Parental care	Parental overprotection
Age	1		
Parental care	.204**	1	
Parental overprotection	-.209**	-.696**	1

** . Correlation is significant at the 0.01 level (2-tailed).

The hypothesis “Age will be negatively associated Parental bond has been accepted partially as the age is positive related to parental care ($r=.204^{**}$, $p< 0.01$) where as negatively related to parental overprotection ($r=-.209^{**}$, $p< 0.01$).

Table no.11

Regression analysis

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	
		B	Std. Error	Beta			
1	(Constant)	10.860	13.119		.828	.409	3.7%
	Age	2.852	.972	.204	2.934	.004	

a. Dependent Variable: parent care

Table No.12

Regression Analysis

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.	
		B	Std. Error	Beta			
1	(Constant)	63.457	10.537		6.022	.000	3.9%
	Age	-2.353	.781	-.209	-3.013	.003	

a. Dependent Variable: parent overprotection

Regression analysis reveals age contributes 3.7% towards the explanation of variance in parental care. One unit of increase in adolescences age increases 2.852 of parental care. For overprotection it explains about 3.9 % of variance. One unit of increase in adolescences age decreases 2.353 of parental overprotection. Refer table No.11

Table No.13

Group Statistics

	Gp	N	Mean	Std. Deviation	t	Df	Sig.
Parent care	Females	104	50.28	12.939	1.186	198	.237
	Males	96	48.17	12.190			
Parent over-protection	Females	104	30.95	10.204	-1.205	198	.230
	Males	96	32.68	10.025			

There is no difference between Parental care and Parental overprotection depending on gender basis

CHAPTER 6

DISCUSSION

The study was conducted with the objectives to assess the role of parental bond in predicting the hopelessness, hostility, empathy and self efficacy in children in the age range of -----. 11 Hypotheses were formulated, the first one being “Parental care will be negatively associated with feelings of hopelessness in children and the second hypothesis that Parental care will be negatively associated with feelings of hostility in children Both of these hypothesis were confirmed supporting the previous findings that warm accepting relations provide a child with the necessary security and confidence (Parker et al,1979), associated with lower levels of delinquent and aggressive behavior (Stright & Yeo, 2014; Barbot, Crossman, Hunter, Grigorenko, & Luthar, 2014). This finding was also confirmed by another research findings when another hypothesis ‘Parental care will be positively associated with children’s self efficacy was found to be significantly correlated with parental care. Higher the care better the selfefficacy of the children.

Though studies do find that parental care improves social interactions but the presnt study did not confirm the hypothesis that “Parental care will be positively associated with empathetic behaviour in children”. No significant relationship was found between these two variables.

Parental care that includes warm relation ship diifers from overprotection which seems to be too much demanding.

In relation to overprotection four hypotheses were formulated; Parental overprotection will be positively associated with feelings of hopelessness and feelings of hostility in children, Parental overprotection will be negatively associated with children’s self efficacy and Parental overprotection will be negatively associated with empathetic behaviour of children. Empathy

again merged as an independent variable having poor relationship with parental overprotection or parental care but where as the other hypotheses related to hostility and hopelessness having positive relation to parental overprotection and significant negative relation to self efficacy was accepted.

Age will be positively associated with parental bond was partially accepted. As the age increases parental care is still active but the overprotection becomes passive indicated by positive and negative care respectively. (Refer table number). Most studies of the parental bond cover a limited age range. Even though the bond may remain reasonably strong and stable, according to some studies there is usually a relative deterioration in the early and middle phases of adolescence (Furman and Buhrmester, 1992; Paulson and Spota, 1996; Steinberg, 1987, 1988, 1990), whereas other studies report an improvement in late adolescence and early adulthood (Feldman and Gehringer, 1990; Thornton *et al.*, 1995). The present study found as the age increases parental care also increases but over protection decreases.

There will be no differences in Parental bond when compared to males and females. This hypothesis was accepted as no difference in parental bond was seen.

There will be no significant difference between father and mother parental bond towards their children is also accepted as no significant changes has been noticed. Other studies, though, reveal that the reverse also holds true (Kenny, 1994). Generally, however, there is little or no difference between the parental bonds of both sexes (Nada Raja *et al.*, 1992; Windle and Miller-Tutzauer, 1992). The effects of the parental bond toward the child may also be gender-specific. It is usually found that relational variables have a stronger impact on the psychological functioning of girls and women (Lopez *et al.*, 1992; Scheier and Botvin, 1997).

Limitation

First, participants were recruited via google forms for the study and had to depend on self-report. Convenience sampling and small sample size of the study could prevent it from generalization of results. The high levels of stress and disruption in normal life routine during the Covid19 pandemic could also be a probable cause for stress full environment effecting the responses of the adoloscents. Note, withstanding the above limitations, the findings of the present study are stimulating.

Conclusion

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. Parent care is negatively correlated with hopelessness ($r = -.616, p < 0.01$), hostility ($r = -.249, p < 0.01$) and positively correlated with self efficacy ($r = .370, p < 0.01$). Parental care has not shown any significant correlation with empathetic feelings in children. Parental overprotection is positively correlated with hopelessness ($r = .484, p < 0.01$) and hostility ($r = .250^*, p < 0.01$) and negatively correlated with self efficacy ($r = -.396, p < 0.01$). Parental overprotection has not shown any significant correlation with empathetic feelings in children.

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Appendix A

Parental Bonding Questionnaire – 2 – MOTHER

This questionnaire lists various attitudes and behaviours of parents. As you remember your **MOTHER and FATHER**. Answer the questionnaire twice once for father and another for mother. Place a tick in the most appropriate box next to each question

Questions	Very Likey	Moderately likely	Moderately Unlikely	Very UnLikey
1. Spoke to me in a warm and friendly voice				
2. Did not help me as much as I needed				
3. Let me do those things I liked doing				
4. Seemed emotionally cold to me				
5. Appeared to understand my problems and worries				
6. Was affectionate to me				
7. Liked me to make my own decisions				
8. Did not want me to grow up				
9. Tried to control everything I did				
10. Invaded my privacy				
11. Enjoyed talking things over with me				
12. Frequently smiled at me				
13. Tended to baby me				
14. Did not seem to understand what I needed or wanted				
15. Let me decide things for myself				
16. Made me feel I wasn't wanted				
17. Could make me feel better when I was upset				
18. Did not talk with me very much				
19. Tried to make me feel dependent on her/him				
20. Felt I could not look after myself unless she/he was around				
21. Gave me as much freedom as I wanted				
22. Let me go out as often as I wanted				
23. Was overprotective of me				
24. Did not praise me				
25. Let me dress in any way I pleased				

Appendix B

Children's Hopelessness

1. I want to grow up because I think things will be better.	yes	No
2. I might as well give up because I can't make things better for myself	yes	No
3. When things are going badly, I know that they won't be bad all of the time	yes	No
4. I can imagine what my life will be like when I'm grown up	yes	No
5. I have enough time to finish the things I really want to do	yes	No
6. Someday, I will be good at doing the things that I really care about	yes	No
7. I will get more of the good things in life than most other kids	yes	No
8. I don't have good luck and there's no reason to think I will when I grow up	yes	No
9. All I can see ahead of me are bad things, not good things	Yes	No
10. I don't think I will get what I really want	yes	No
11. When I grow up, I think I will be happier than I am now	yes	No
12. Things just won't work out the way I want them to	yes	No
13. I never get what I want, so it's dumb to want anything	yes	No
14. I don't think I will have any real fun when I grow up	yes	No
15. Tomorrow seems unclear and confusing to me	yes	No
16. I will have more good times than bad times	yes	No
17. There's no use in really trying to get something I want because I probably won't get it	yes	No

Appendix C

Empathy—Teen Conflict Survey

How often would you make the following statements?

1. I can listen to others kids	Never	Seldom	Sometimes	Often	Always
2. kids I don't like can have good ideas.	Never	Seldom	Sometimes	Often	Always
3. I get upset when my friends are sad	Never	Seldom	Sometimes	Often	Always
4. I trust people who are not my friends	Never	Seldom	Sometimes	Often	Always
5. I am sensitive to other people's feelings, even if they are not my friends	Never	Seldom	Sometimes	Often	Always

Appendix D

Hostility

I. Imagine that you are sitting at the lunch table at school, eating lunch. You look up and see another child coming over to your table with a carton of milk. You turn around to eat your lunch, and the next thing that happens is that the child spills milk all over your back. The milk gets your shirt all wet.

A. Why did the child get milk all over your back?

1. The child slipped on something.
2. The child just does stupid things like that to you.
3. The child wanted to make fun of you.
4. The child wasn't looking and didn't see you.

II. Imagine that you are standing on the playground, playing catch with a lot of other kids. You throw the ball to another child and the child catches it. You turn around, and the next thing you know the child has thrown the ball and hit you in the middle of your back. The ball hits you hard, and it hurts a lot.

A. Why did the child hit you in the back?

1. The ball slipped and hit you.
2. The child was being mean.
3. The child was mad at you for something.
4. You shouldn't have turned around.

III. Imagine that you are walking to school and you're wearing your brand new sneakers. You really like your new sneakers and this is the first day you have worn them. All of a sudden, you are bumped from behind by another child. You stumble and fall into a mud puddle and your new sneakers get muddy.

A. Why did the child bump you from behind?

1. The child was being mean.
2. The child was fooling around and pushed too hard by accident.
3. The child was running down the street and didn't see you.
4. The child was trying to push you down.

IV. Imagine that you have finished an art project for school. You've worked on it for a long time and you're really proud of it. Another child comes over to look at your project. The child is holding a jar of paint. You turn away for a minute and when you look back the child has spilled paint all over your art project. You worked on the project for a long time and now it's messed up.

A. Why did the child spill paint on your project?

1. The child is mean.
2. The child dropped the paint by accident.
3. The child is kind of clumsy.
4. The child wanted to mess up your project.

V. Imagine that you are on the playground. You and some other kids are having a race. Another child is standing on the side, bouncing a basketball. The next thing you know the child has bounced the ball and it rolled under your feet, making you fall. You skin your knee and someone else wins the race.

A. Why did the child bounce the ball under your feet?

1. The child wanted to get back at you for something.
2. The child didn't see you coming.
3. It accidentally got away from the child.
4. The child wanted you to lose the race.

VI. Imagine that you brought your new toy to school today. You saved up your money to buy the toy and you want to show it to the other kids at school. You let another child play with it for a few minutes while you go get a drink of water. When you get back you see that the child has broken your brand new toy.

A. Why did the child break your toy?

1. The toy wasn't made well.
2. It was an accident.
3. The child was mad at you.
4. The child was jealous of you.