17. THE RELATIONSHIP BETWEEN PERCEIVED PARENTAL REJECTION AND BULLYING WITH DEPRESSION AMONG SCHOOL CHILDREN

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Introduction

Depressive disorders hitherto unknown among children, studies now show is credited for killing children at a very young age (World Health Organisation, 2007). Unfortunately, however, depressive symptoms in children are largely undetected in primary care and therefore remain unaddressed and untreated (Cheung & Dewa, 2007). According to the World Health Organisation (2007) depression leads about 15% of its victims to committing suicide. Depressive disorders in the case of children, is a common, recurrent, familial, and serious condition that often persist into adulthood (Mullins, Fuemmeler, Hoff, Chaney, Pelt, & Ewing, 2004; Young, Berenson, Cohen, & Garcia, 2005), with an increased risk for suicide, substance abuse, high risk behaviour, and other psychopathology (Hammack, Robinson, Crawford, & Susan, 2004). In deed depressive symptoms diagnosed in adult populations actually started in childhood without any chance of being detected mainly because they remain concealed as unpredictable childhood behaviour. The United Nations on the Rights of the Child defines a child as "every human being below the age of 18 years". In view of the above, children who do not receive timely and suitable treatment may suffer serious consequences.

Therefore, targeted intervention aimed at children with elevated depressive symptom maybe effective at the prevention of major depressive disorder (MDD); which studies has found to be the second leading cause of death among children and adolescents aged 15 to 18 years, second only to motor vehicle accidents (Cheung & Dewa, 2007). Even the bid to intervene in children depression has been hampered by many barriers that exist within the society (e.g., cost, availability of providers, and stigma of mental illness) which prevent children from receiving appropriate mental health care. Moreover, owing to the fact that among the World Health Organisation (W.H.O.) regions, the situation of depression in South East Asia a region that includes Malaysia is much worse (W.H.O., 2007). There lies the crux of the matter and thus the reason for this research in the relationship between perceived parental rejection and bullying with depression among school children in Malaysia; more so, now that studies has shown that depression is the most common mental health problem among children (Maag & Irvin, 2005).

The main significance of this study lies in the fact that it was designed to explore the relationship between perceived parental rejection and bullying with depression among school children in Malaysia. Thus, based on concise and methodical analysis; this study will substantially narrows the gap in the extant literature on the influence of perceived parental rejection and bullying in the prediction of depression among school children.

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Using a sample size of 200 children as respondents, we can make a unique contribution by showing the extent of children depression in Malaysia and the degree to which children differed in problem behaviours, while taking into cognizance the three predominant races in Malaysia. Also, we will examine the contributions of the above mentioned variables in the prediction of depression among children in Malaysia. To date, no report of this type has been done to our knowledge in Malaysia. More so, sufficient information will be provided so that interested scholar can alter the series to fit analyses and judgments that are different from those made and applied by the present author.

Literature Review

The existing literature on children depressive symptoms has revealed that that depressive symptom among children can be predicted by wide and divergent predictors. Available research on children depression shows constructs such as self esteem, loneliness, hopelessness, bullying, parental rejection and adverse life event to mention a few serves as predictors of children depression (Baldry 2004; Akse, Hale, Engels, Raaijmakers, Meeus, 2004; Hurd, 2004; Crowe et al., 2006). However, given the mammoth literatures on childhood depression, this study will basically concentrate on only two predictors of childhood depression; these are perceived parental rejection and bullying. The studies reviewed will thus show the distinctive contribution of perceived parental rejection and bullying in the prediction of depression among children. The review of literatures has basically been divided into two broad concepts; these concepts are risk and protective factors of children depression.

Baldry (2004) determined the extent to which direct and indirect bullying and victimization at school affects the mental and physical health of 661 Italian boys and girls aged 11 to 15years old. Findings from the study showed that the mental and physical health of middle school Italian students is associated with involvement in bullying and victimization in school. The study discovered a high proportion of students (almost half of the sample) reported bullying others, sometimes or more often in the previous year, either directly or indirectly. Boys were found to bully others two to three times more than girls by using overt means. Boys were also reported as spreading rumours four times more than girls. With regards to victimization, more than half of all the students reported being victimized in the previous year; gender differences occurred only for direct victimization, with boys reporting higher prevalence rates than girls.

Bullying and victimization accounts for a significant proportion of internalizing problems among children; as with other forms of abuse, Baldry discovered that girls tend to react internally and therefore more depressed and sad whereas boys tend to overtly react to problems encountered at school. Baldry also noted that indirect victimization predicted all forms of internalizing problems such as somatic complaints, aches, pain feeling of tiredness, while bullying others was not noted as associated with physical health. This findings indicate that the development of a poor physical health might be a psychosomatic reaction for those youngsters primarily females. Youngsters who are withdrawn are more likely to report indirect victimization. In addition the study show that

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these children might be bullies themselves, doing to peers what was done to them. The study concludes by stating that the type of relationship children have with their parents significantly and independently contributes to decreasing the development of internalizing problems. A positive relationship with parents helps to lessen the risk of somatic complaint correlated with bullying and victimization. The findings of Baldry (2004) tend to suggest that bullying a common phenomenon among children appear to be a major contributory factor to children depression.

Bauer, Herrenkohl, Lozano, Rivara, Hill, and Hawkins (2006) described the prevalence of bullying involvement among children from a multigenerational community-based cohort of 112 children (aged 6 to 13 years) who were asked to report their physical, verbal, and relational types of bullying and victimization experienced in the past year. The study discovered that about 73.2% children reported being victimized by peers, and 33.9% children reported bullying behaviours in the past year. More so, the study discovered that girls reported victimization and bullying more than their male counterparts (55% for victimization and 61% for bullying). Also, in line with Baldry (2004) almost all 97% child bullies were also victims themselves. Children between 6 to 13 years of age were reported as having substantial amount of bullying and victimization; large majorities were bully-victims and females. The study concludes by stating that children who are exposed to intimate partner violence have a higher likelihood of internalizing behaviours and physical aggression.

Akse et al. (2004) examined whether personality moderates the association between perceived parental rejection, depression and aggression. The study revealed that perceived parental rejection was associated with both internalizing and externalizing problem behaviours such as depression and aggression, when children feel rejected by their parents. Akse et al. (2004) further noted that personality type (resilient, over-controllers and under-controllers) moderated the associations between perceived parental rejection, depression and aggression. The study also revealed that adolescent over-controllers appeared to be more vulnerable to higher levels of internalizing problems and introversion than resilient and under-controllers. On other hand, the study discovered that in some personality types, ineffective parenting did not result in adolescent problem behaviours, whereas in other types it did. In summary, parental rejection can lead children to negatively evaluate themselves and their future, these evaluations in turn; can make them vulnerable to depression depending on their personality type.

MacPhee and Andrews (2006) examined salient risk factors for depression in early adolescence such as perceived quality of peer relationships, perceived parental nurturance, perceived parental rejection, self-esteem, body image, pubertal status, SES, conduct problems, and hyperactivity/inattention. The study was also divided by gender to examine potential sex differences in risk factors for depression. The study however discovered self-esteem emerged as the strongest predictor of depression in both genders, while parental rejection equally also emerged as an important risk factor.

The importance of the study is that self esteem and parental rejection are risk factor for depression among children which should be taken into cognizance in the prevention and treatment of depression among children. Ehnvall, Parker, and Malhi (2008) examined

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lifetime suicide attempts in a sample of depressed individuals who remember their parents as rejecting or neglecting in childhood. They found that female patients who perceived themselves as rejected/neglected by either parent in childhood had a greater chance of making at least one lifetime suicide attempt. However, such association was not found among males. The study therefore tends to conclude that the perception of rejecting/ neglectful parents was associated with lifetime suicide attempts in females only.

Protective Factors in Children Depression (Moderators)

Protective factors are conceptualized as domains that lower the levels of depression. A comprehensive understanding of these factors is therefore critical; in our understanding of the mediators of children depression; these would therefore inform us of possible preventive efforts. We would therefore review studies done in protective factors in children depression. Schrepferman, Eby, Snyder, and Stropes (2006) examined the association of early peer social relationships to concurrent and future depressive behaviours. The study found that positive social relationships and interactions may serve as protective factors in regards to the development of internalizing disorders.

Social connections in kindergarten were also discovered to serve as protective factors in regards to future depressive behaviours. Schrepferman et al. (2006) further noted that children who can establish and maintain dependable sources of peer support and interaction are provided with a sense of security and a safe venue in which to practice social skills. Social affiliation provided dependable access to and availability of peers for interaction, skills development, support, and feedback that are essential to continued growth in socially skilled behaviour with peers. Disengagement from peers on the school playground during kindergarten and first grade incrementally increased the risk for future depressive problems in girls (Schrepferman et al., 2006).

On the other hand, Boone and Leadbeater (2006) examined the effects of involvement in positive team sports on the relations between social acceptance, body dissatisfaction and depressive symptoms among 455 adolescent boys and girls. The study noted that key risk factors for depression (social acceptance and body dissatisfaction) could be particularly reduced by team sports involvement. Consistent with the hypothesis set Boone, et al. (2006) found that positive team sports involvement partially served as protective factors against depressive symptoms for both boys and girls.

More so, Margolin (2006) examined two protective factors, social support and activity involvement, to find out whether their presence among sixth-grade African American children living in a disadvantaged community was in any way related to children's self-reports of depression, anxiety, loneliness, or self-esteem. The study discovered that children who lacked family social support and do not participate in family activities seem likely to experience one or more internalized difficulty.

The study also noted that for African American children and living in impoverished communities, protective factors may help to counter both the risks of internalizing and externalizing disorders. Access to and involvement in positive activities is one such protective factor, while a strong social support network was noted to be another. Margolin

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(2006) however stated that caring and support in the family, school, and community were some of the variables described by some researchers as the most important protective factor for healthy outcomes. The study concludes by stating that majority of participant's derived greater support from family members than from other sources. In essence, the study implies that insufficient family support and activity involvement were strongly related to depression, social anxiety, low self-esteem, and loneliness, whereas school and community support and activity involvement were not.

Furthermore, Baetz, Bowen, Jones and Sengul (2006) examined the relationship between worship frequency; the importance of spiritual values, psychiatric and substance use disorders. Using a Canadian sample population aged 15years and above, the study discovered that higher worship frequency was associated with lower odds of psychiatric disorders. The study therefore affirms that there is an association between higher worship frequency and lower odds of depression. Placing high importance on spiritual values was therefore noted by Baetz et al. (2006) as a protective factor against depression, mania, and social phobia

While Donald, Dower, Velez, and Jones (2006) found early school leaving, parental divorce (males only), distress due to problems with parents (females only), distress due to problems with friends, distress due to the break-up of a romantic relationship, tobacco use, high alcohol use, current depressive symptomatology and a previous diagnosis of depression as risk factors which predicted suicide in adolescent. On the other hand, social connectedness, problem-solving confidence and locus of control were identified by Donald et al. (2006) as protective factors in cases of adolescent suicide. The study also discovered that there was a tendency for social connectedness to be more protective among those with high rather than low levels of depressive symptomatology, and among smokers rather than non-smokers.

However, Locke, Newcomb, Duclos, and Goodyear (2007) examined the influence of general self-efficacy, social conformity, and family connection as protective factors in children depression. Locke et al. (2007) discovered that the strongest unique protective factor was family connection; others were social conformity (religiosity) and general self-efficacy. These findings were consistent with previous research, highlighting the importance and the potential protective influence of family connections for Latina children.

On the other hand, the only unique risk factor that was discovered to be statistically significant was physical neglect; which was found to both predict and correlate with higher levels of depression. Locke et al. (2007) however noted that these findings was potentially at variance with existing research done on predominantly Caucasian samples that found relationships connecting parent drug use, sexual abuse, physical abuse, emotional abuse, and emotional neglect with dysphoria. Making deductions from the literatures reviewed on protective factors of children depression, the studies reveal that peer support, involvement in positive team sports, family social support, and high importance on spiritual values. However, taking a closer look at the studies, we found that peer support and family support served as unique protective factors in children depression symptomatology as mentioned by the scholars.

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Theoretical Framework

In the explanation of the concept of children depression, different theoretical postulations can be used to explain the phenomenon of depression among children. More so, these theories can basically be classified into three major theoretical postulations, these are: Cognitive-Behavioural theories, Analytic developmental theories, and Biological theories.

However, since the central focus of this study is not on biological predictors of children depression, we would not elucidate on that.

Cognitive-Behavioural Theories

The concept of social learning was injected into the lexicon of popular knowledge by Miller and Dollard (1941) in their submission they admit that if imitative behaviour is reinforced, people can learn by observing others. Following the foot-steps of Miller and Dollard (1941), Bandura and Walter (1963) expanded on the theory of social learning. They came up with the notion that that without any direct reinforcement, people can learn by observing others or by what they called vicarious experiences. Bandura explained his idea by experimenting with a bobo dull; he was able to show the effect of imitation on the life circle of a child or children as the case maybe.

The theory by Bandura tends to show that parents are role models to their children and the import of which is that if a parent rejects a child through his behaviours by omission or commission the child will in turn learn this type of behaviour and eventually reproduce it in future. Broader conceptualization of social learning can also be made in terms of children who bully others; it could be argued that children who bully other do so as a bye product of learning from other children who may have gained respect and acknowledgement from their mates through such acts (Passe, 2006).

The social cognitive theory of Bandura essentially explains how people acquire and maintain certain behavioural patterns, while also providing the basis for intervention strategies (Bandura, 1997). Using a triad, Banduras theory emphasised that environment, people and behaviour are constantly influencing each other. Behaviour he therefore argues is not simply the result of the environment and the person, just as the environment is not simply the result of the person and behaviour. In the submission of Bandura he concludes that the environment provides models for behaviour through observational learning.

Beck's Cognitive Theory of Depression (Beck)

The main thrust of Beck's submission on the cognitive theory of depression was that depression was instituted by one's view of oneself or more properly put dysfunctional belief of oneself, instead of one having a negative view of oneself due to depression. This has large social implications of how we as a group perceive each other and relate our dissatisfactions with one another. And yet another way to look at these cognitive thoughts is through Beck's Negative Cognitive Triad, which explains that negative thoughts are about the self, the world, and the future, in applying these to the current study leads to children depression.

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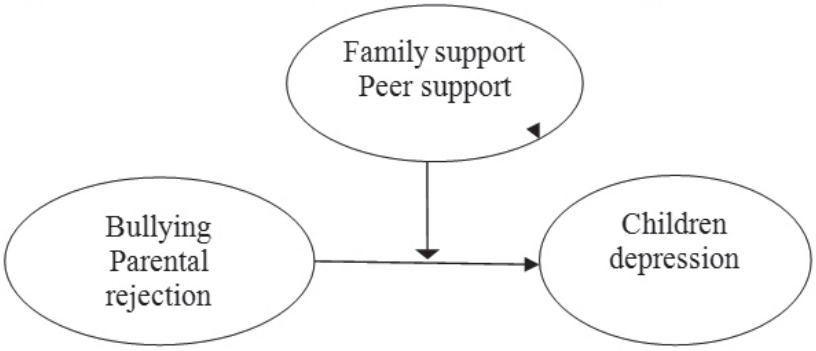
Analytic Development Theories

In the conceptualization of depression, Sigmund Freud in 1917 alludes that the loss of an ambivalently held love object when injected into the unconscious, results in the unleashing of hostile impulses against the self and therefore a tremendous decrement in self respect results into depression. The issue of the "anger turned inwards" model was based on the simplistic concept of energy transfer and entropy acting within a hypothetical structure of the self. The difficulties with this unproven model are many; nonetheless, it has profoundly influenced the "understanding" of adolescent depression, in that adolescent depression is now viewed as resulting from significant loss of a love object or person. Attachment theory (Bowlby 1969, 1980), in which early loss of close relationship operates as a vulnerability factor leading to adolescent depression, although heuristically appealing, awaits careful scrutiny.

Conceptual Framework of the Study

The essence of the conceptual frame work in this study is to outline the possible courses of action, or to present a preferred approach to the analysis of the variables to be used for the study.

Figure 1: Explanations of the conceptual framework of the study



The concept of children depression numerous studies suggest can be predicted by bullying, parental rejection (Baldry, 2004; Akse et al., 2004; **Bauer, Herrenkohl, Lozano, Rivara, Hill, and Hawkins,** 2006; MacPhee and Andrews, 2006). However, for the purpose of explaining the conceptual framework of this study, we have chosen two variables, representing predictor variables as can be seen in Figure 1.

On the other hand, studies on protective factors reviewed under the current research shows that social relationships, positive team sports involvement, family support, peer support, high spiritual values, social connectedness, social conformity all serve as moderators or protective factors for children depression (Schrepferman et al., 2006; Boone & Leadbeatler, 2006; Margolin, 2006; Baetz et al., 2006; Donald et al., 2006; Locke, et al. 2007). For the purpose of this research we have chosen two of the variables as can be seen in Figure 1. The conceptual framework tends to suggest that bullying and parental rejections as shown by literatures are predictors of children depression that can

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be diminished by family and peer supports. The framework also shows that without the moderating effect of family and peer support bullying and parental rejection could easily lead to children depression.

Objective of Study

An objective can simply be defined in a lay mans language as an aim or a goal which a work or study hopes to achieve. Therefore, the goal or the aim of this study is to find answers to the following mind bogging questions. These questions include the following: What are the contributions of parental rejection to children depression in Malaysia? What is the relationship between bullying and children depression in Malaysia? What are the protective factors of children depression in Malaysia? On the other hand, the objective of this study is to determine the relationship between perceived parental rejection and bullying with depression among school children in Malaysia, and to identify the most important potential protective factors for children depression.

Hypothesis of Study

A hypothesis is a tentative statement of a relationship between two or more variables; this study intends to prove that there is a relationship between the following basic assumptions. These assumptions are hereby stated below:

Ho: There is no significant relationship between bullying and children depression

Ho: There is no significant relationship between parental rejection and children depression

Ho: There is a significant difference between male and female children level of depression

Methodology

The main objective of the current discussion is to explain the methodology to be used for the research. For the purposes of this study, the sample population will include 200 children aged between 13 to 17 years from selected high schools in Selangor, Malaysia. Ethical approval for the study will be obtained from the Malaysian Ministry of Education. After the approval, we will progress with the actual data collection exercise. The current study on the relationship between perceived parental rejection and bullying with depression among children will essentially be a correlational research. The study will therefore intend to find the pattern of relationships between the various variables to be used for the study under the subtopics below.

Population sampling
Data collection
Measures
Data analysis
Limitation

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Population and Sampling Method

The sample population for this study will include children from selected secondary schools in Selangor Malaysia (urban and rural) between the ages of 13 to 17years. A total sample population of 200 daily secondary school children will be randomly recruited from the various secondary schools in Selangor Malaysia. Equal proportions of male and female children will be randomly selected to make the study equitable and gender sensitive. Using the clustering sample technique, the state of Selangor will be clustered into districts comprising mainly of urban and rural schools.

Method of Data Collection

The study would be conducted in two phases, since the main medium of communication of our sample population happens to be Bahasa Melayu; efforts would be made to translate the questionnaire into the prevailing language of the sample population; for easy understanding. After the translation of the questionnaire into Bahasa Malayu, the first phase of the study would be the pilot stage. The pilot stage would be performed to determine the following: The clarity of the instructions and the questions in the questionnaire, this is to ensure that the questions are understandable to the respondents; that the information requested are acceptable and appropriate for the respondent; to ensure the reliability of the items in the questionnaire; to determine the required length of time needed to fill the questionnaire.

The questionnaire would be tested for validity and reliability using a sample of about 30 students from any selected secondary school within Serdang neighbourhood. After the validity and the reliability of the instruments has been assured, the area or state known as Selangor would be divided into 4 major districts. 50 questionnaires will be allocated to each of the 4 districts amounting to 200 questionnaires. Then within the districts schools will be randomly selected from a sampling frame created for that purpose. In each of the schools randomly selected, a representative cluster sample of children (male and female) within the age bracket of 13-17 will be selected for the administration of the questionnaire; this is also to make the collection of the questionnaire easy.

Measures

Standard and appropriate pilot tested instruments will be used in the study to measure two sets of independent variables (Bullying and Parental rejection), two moderating variables (Family support and Peer support) and the dependent variable (Children depression) in the study.

Data Analysis

All the data analysis for this research would be done using SPSS for windows version 13. Various statistical techniques will also be used in the data analysis. Descriptive statistics will be used to reveal the general pattern of all the variables to be understudied. Bi-variate and multivariate statistical analysis will also be used to examine the stated research questions and objectives.

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Limitation of Study

The main and in fact most disturbing limitation of this study is that children to be surveyed in this study may not reveal their truthful feelings. Subjects may answer the questions bearing in mind the way their teachers or the school authorities may have loved them to answer the questions. This limitation could be reduced in future studies by the use of multiple methods to obtain the same data or data triangulation. Instruments to be used in this study may raise a few limitations. Firstly, although all the instruments are valid and reliable instruments, practically all of them were developed for societies other than that which currently it is to be used for. The issue was noted as a limitation because scales developed in another country may not completely apply to other communities or countries with a different culture. Again, the study may also be limited in that it will rely solely on self-report, and some measures to be used for the study had original low reliability. Future research that builds on this study should attempt to include other sources of information and other measures and follow children over time.

In conclusion, studies made by scholars on children depression are quite diversified and varied; with scholars holding different opinions which are largely divided into socio-environmental and biological causes of children depression. Although, family support and peer support may help in diminishing the effect of perceived parental rejection and bullying which are essentially socio-environmental factors, they may not necessarily lessen biological causes of children depression, hence the need for a multi-causal approach in later studies on children depression with the prospect of following children over time.

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