Children's Perception of Parental Conflicts, Parent-Child Bonding and Social Anxiety in Adolescents

Iffat Fatima
M.Sc. Psychology Department of Psychology, Government College University Lahore, iffat4169@gmail.com

Fatima Khaliq
M.Sc. Psychology Department of Psychology, Government College University Lahore, fkkhan8815@gmail.com

Samreen Arshad
Research Associate, Department of Psychology, Government College University Lahore, (Corresponding Author),
samreen.arshad@gcu.edu.pk, https://orcid.org/0009-0008-7712-8092

Abstract

This study explored the relationship between adolescents' perceptions of inter-parental conflict, the quality of parent-child bonding, and the prevalence of social anxiety. A total of 200 adolescents (100 males and 100 females) were selected from various private schools in Lahore and Peshawar, Pakistan, using a purposive sampling technique. Data were collected using three standardized instruments: the Parental Bonding Instrument (PBI) developed by Parker, Tupling, and Brown (1979), the Children's Perception of Inter-Parental Conflict Scale (CPIC) by Grych, Seid, and Fincham (1992), and the Kutcher Generalized Social Anxiety Disorder Scale for Adolescents (KGSADS-A) developed by Stanley Kutcher (1999). The findings indicated significant correlations between adolescents' perceptions of inter-parental conflict, the nature of parent-child bonding, and social anxiety. Furthermore, gender and socioeconomic status were found to be significant variables influencing social anxiety levels. Regression analyses revealed that both parental conflict and parent-child bonding were significant predictors of social anxiety in adolescents. The results highlight the importance of addressing family dynamics in interventions aimed at supporting adolescent mental health, suggesting that educating parents on constructive conflict resolution may have a positive impact on their children's emotional well-being.

Keywords: Parental Conflict, Parent-Child Bonding, Social Anxiety, Adolescents

Introduction

Parenting

The act of raising children and providing them with protection and care so that they can grow up to be healthy adults. All parenting techniques aim for the same three main goals: promoting cultural values, preparing children for life as productive adults, and ensuring the health and safety of children are all important components. A healthy relationship between parents and children is essential to a child's development. How parents communicate with their children has a direct effect on the child's socio-emotional, physical, and psychological well-being. Parenting techniques are described as certain actions used by parents to socialize their children. For instance, parents may engage in particular behaviors to help their children succeed in school, such as helping them with their schoolwork, giving them time to read, and visiting their children's extracurricular activities. In contrast, a parenting style is described by Darling and Steinberg (1993) as the emotional environment in which parents nurture their children. Parental attentiveness and demandingness have been used to describe parenting approaches (Molly, 2017). Aunola et al., (2000) established four forms of parenting style based on the control and warmth dimensions of parental behavior. Parental control is the degree to which parents regulate their adolescents' behaviors, ranging from being overbearing to imposing minimal restrictions and expectations. Parental warmth is the degree to which parents respond positively to their children's behaviors rather than negatively or disrespectfully.

Parental conflict

Cummings, et al., (2002) it is typical for two parents to have various priorities, values, and worldviews. Being able to communicate effectively is a necessary component of having a good connection with another person since it allows for constructive conflict resolution. Ineffective communication between parents might lead to ongoing, unresolved tension between them. The same aggressive confrontational behaviors occur repeatedly without very often leading to any improvements. Conflicts like these can start with shouting, blaming, putting downs, mocking, sarcasm, and ignoring each other, but if they aren't handled properly, they can turn into domestic abuse like threatening harm, throwing or destroying things, or even physical violence like snatching, pushing, and hitting.

Parent-child bonding

Fehlberg, et al., (2011) the physical, emotional, and social development of a child is aided by the relationship between parents and children. This unique bond can be nurtured and developed by every parent and child. This bond forms the foundation for the child's personality, decisions in life, and general behavior. Their physical, mental, emotional, and social health may also be affected. Among the most complicated and significant connections in life are those between parents and their children. They serve as a child's basis for identity development and parenting.

Social anxiety

Sloman, et al., (2002) The anxiety illness known as social anxiety disorder (SAD), commonly referred to as social phobia, is defined by worry in social situations and feelings of fear. This impedes one's ability to function in at least some aspects of daily life and causes a great deal of suffering. These worries could be sparked by actual or fictitious checks from others. Individuals with social anxiety disorders worry about receiving unfavorable judgment from others. Extreme blushing, excessive perspiration, shivering, anxiety, and nausea are common physical symptoms. Along with quick speaking, stammering could be present. Intense dread and discomfort can also trigger panic episodes. To overcome their worries and inhibitions at social gatherings, some afflicted people may use alcohol or other substances. People who have social anxiety frequently use this kind of self-medication, especially when they are not treated, diagnosed, or both. Eating disorders, alcoholism, and other drug use disorders are all possible outcomes of this (Sloman, et al., 2002).

Literature review

Numerous research on parental conflict, parent-child bonding, and social anxiety have been carried out in various contexts with adolescent study subjects.

Parental conflict

Parental conflict is defined as" Any dispute, disagreement, or quarrel involving a family problem, which includes all forms of physical and psychological confrontations." It is usually recognized as a significant predictor of family cohesiveness and the primary factor affecting the quality of family life (Erel & Burman, 2015; Cummings & Davies, 2022). A recent study found strong support for the emotional security hypothesis across several critical developmental phases by showing that inter-parental conflict through emotional uncertainty about the inter-parental connection in the early school years, and early childhood predicted behavioral disorders in adolescence (Cummings, 2022).

A child first learns to think, perceive, explore, and respond to the outside world in the family. A child spends the majority of his or her time with family, especially parents. Parents actively contribute to a child's personality development. The psychological and physical health of a child is greatly influenced by the parent-child bond. By meeting their children's psychological and basic needs, as well as by listening to and resolving their concerns, parents can support their children's development of a positive outlook (Repetti, Taylor, & Seeman, 2022).

Parental bonding

On a security metric, the degree of parental bonding differs. Traditional thinking has held that early experiences of parental loss that result in a general breakdown of attachment relationships are a risk factor for the development of later depression (Bowlby, 1988). Recent research has revealed that depression is somewhat linked to a history of insecure attachment (RadkeYarrow et al., 1985), abuse, absence, and neglect (Rutter 1995), as well as to changes in parent-child bonds. Children who experience intense, prolonged, and unresolved parental conflict may behave violently, aggressively, and hostilely. Others may experience despair, social anxiety, low self-esteem, and, in severe cases, suicidal thoughts. Additionally, it hinders the growth of their social and emotional abilities as well as their capacity to build healthy relationships with others, all of which have an impact on the children's long-term life chances.

Social anxiety

College students' academic, social, and emotional functioning is negatively impacted by social anxiety, which is characterized by Worrying excessively about being inspected or evaluated by others in public results in undesirable emotional sensations such as tension, uneasiness, and anxiety in social settings (Morrison & Heimberg, 2013; Boehme et al., 2014). (Book & Randall, 2002; Auerbach et al., 2018; Jia et al., 2019; Zhang et al., 2019). Prior research revealed that the prevalence of social anxiety significantly increased from adolescence to early adulthood, particularly during the college years when several challenges (such as interpersonal communication issues) must be overcome and may more likely result in greater than in other age groups, the prevalence of social anxiety symptoms (Herman, 1998). Due to its comorbidity with other tension problems including summed-up uneasiness, social nervousness is one of the most well-known high school psychological wellness concerns however is regularly neglected. The developmental pathway from parental conflict to adolescent social anxiety. Childhood social apprehension is linked to parental conflict and adolescent social anxiety, according to research (Atkeson, Forehand, & Rickard, 2010).

Rationale

A child-parent relationship is very essential for the physical, emotional social, and psychological well-being of a healthy child. So first it is important to understand parental conflicts and how their outcomes disturb the life of a child, who can never grow up mentally or physically like a normal healthy child which creates emotional detachment between parents and child. Adolescents also face trust issues, emotional insecurity, and social anxiety which lead them to suicidal thoughts because of the humiliation they face, fear of embarrassment, feelings of shame and doubt, being guilt about themselves. So there is a dire need to address this issue. This study can help to promote awareness about parent-child bonding. Parents can focus on their relationship to resolve their conflicts which can not only save the future of many adolescents but also make them psychologically healthy human beings so they can grow and prosperous in all walks of life.

Objectives

- To examine the effect of parental conflicts on parent-child bonding.
- To examine the effect of parental conflicts on adolescent's social anxiety.
- To determine the relationship between parental conflicts, parent-child bonding, and social anxiety.
- To explore the gender differences in parent-child bonding and social anxiety among adolescents

Hypothesis

H1. There is likely to be a relationship between perceptions of parental conflict, patient child

Bonding and social anxiety in adolescents.

H2. There are likely to be gender differences in perception of parental conflict, patient child

Bonding and social anxiety in adolescents.

H3. It is likely to affect socioeconomic differences between the perception of parental   conflict,   patent   child bonding, and social anxiety in adolescent

H4. Whether adolescents' perception of parental conflict and the quality of parent-child bonding predict social anxiety
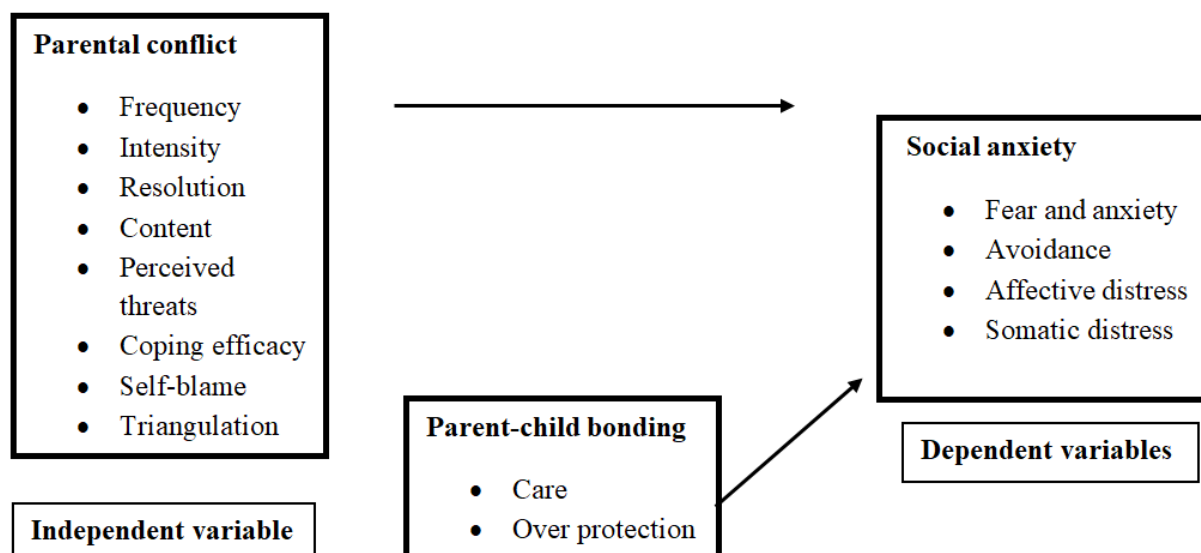
Theoretical framework

Figure. Dependent and Independent variables

Methodology

In this section detailed research design, sampling strategy, study instruments, and procedures were explained in how the study was carried out.

Research study design

A quantitative Correlation (Cross-sectional) research design was used to explore the outcomes of parental conflicts on parent-child bond and social anxiety in adolescents.

Sample

A sample of 200 adolescents (100 males and 100 females) was selected from schools in Lahore and Peshawar using simple random sampling. The age range of adolescents was between 13 to17.

Inclusion and Exclusion criteria

•	The child should be living with the parents.

•	Children of divorced parents were not being included in the research.

•	Parent children were also being excluded.

•	The child with the death of one parent was also excluded.

Assessment measures

Children's Perception Inter-Parental Conflict (Grych, Sied, Fincham, 1992).

The (CPIC) Children's Perception of Inter-Parental Conflict was developed by John Grych, Micheal Sied, and Frank Fincham in 1992. It is a 48-item scale. The scale is subdivided into eight subscales Frequency it is 6 items, Intensity it is a 7 items, Resolution it is a 6 item, Content it is 4 items, perceived threat is 6 items, coping effect it is a 6 items, Self-blame it is 5 items, Triangulation is 8 items. The scale has a good reliability value.

Parental Bonding Instrument (Parker, Tupling & Brown, 1979).

The parental bonding of a child can be measured through (the PBI) Parental Bonding Instrument developed by (Parker, Tupling, and Brown 1979) (Permission is available on their official website). In this scale, there are two subscales termed "care" and "overprotection". The measure is to be completed for both mother and father separately. There are a total of 25 items, including 12 care and 13 over-protection items. The scale has shown overall good reliability. There is a reverse scoring procedure for some items.

Kutcher Generalized Social Anxiety Disorder Scale for Adolescents (Brooks, & Kutcher, 1999).

Social anxiety can be measured by (K-GSADS-A) the Kutcher Generalized Social Anxiety Disorder Scale for Adolescents developed by Sarah J. Brooks and Stan Kutcher in 1999. The total number of items on this scale is 29 items. This scale is sub divided into four subscales. This scale is subdivide into four subscales. SS1= Fear and anxiety =18 items (anxiety column), SS2= Avoidance score = 18 items (anxiety column), SS3= Affective distress score = (Item C 1-5), SS= Somatic distress score = (Item C 6-11). The scale has no reverse scoring procedure.

Ethical consideration

While conducting research ethical considerations were kept in mind.

- Permission was taken by the concerned authorities.

- Assured participants about the confidentiality of personal information as well as their responses.

- The consent form was taken from the participants.

- Participants have the right to withdraw from the research at any time.

Results

The variables under study are children's perception of parental conflicts, parent-child bonding, and social anxiety in adolescents. Analysis and frequencies among the demographic variables are (age, gender, socioeconomic status, educational level, and area of residence). The reliabilities for all scales and their subscales were computed and Cronbach alpha was analyzed. After that correlation between the study variables was done has showed a significant relation between subscales. Gender differences were analyzed by doing a t-test and regression analysis was performed to determine the predictors of social anxiety.

Demographic analysis

Table 1

Mean, Standard Deviation, Frequency, and Percentage for Demographic Variable of the Study (N=200).

Variables	M (SD)	f	%
Age	17.8 (1.5)		
Gender			
Male		100	50%
Female		100	50%
Education level			
Matriculation		64	32%
Intermediate		134	68%
Social economic status			
Upper class		15	7.5%
Middle class		173	86.5%
Lower middle		12	6.0%
Family setup			
Joint family		87	43.5%
Nuclear family		113	56.5
Birth order			
Firstborn		62	31.0%
Middle born		93	46.5%
Last born		45	22.5%
Area of residence			
Urban		166	83.0%
Rural		34	17.0%

Note: f= frequency, M= mean and SD= standard deviation

The demographic analysis shows that (50%) of the participants were females and (50%) were males. The mean of all these participants age is (17.8) and with the (1.5) standard deviation. Educational status was matric to

intermediate and (32%) were matric, (68%) were intermediate. In terms of social economic status (7.5%) belonged to the upper class, (86.5%) from the middle economic status and (6.0%) from the lower middle economic status. In terms of family setup (43.5%) were belonged to a joint family and (56.5%) from a nuclear family. In terms of birth order (31.0%) are first born, (46.5%) are middle born and (22.5%) are last born. In terms of residential status (83.0%) were belonged to urban areas and (17.0%) from rural areas.

Reliability Analysis

Table 2

The Reliability of the subscale of variables children's perception of parental conflicts, parent-child bonding, and social anxiety in adolescents (N=200).

Measures	K	M	SD	Range	α
Child perception	48	55.3	10.9	0-48	.79
Conflict properties	19	21.9	4.2	0-38	.44
Threat	12	13.4	4.3	0-24	.71
Self-blame	9	11.3	2.9	0-18	.45
Parental bonding	50	63.3	12.9	0-150	.72
Mother care	12	14.8	3.9	0-36	.48
Mother over protection	13	16.6	5.9	0-39	.56
Father care	12	15.4	4.0	0-36	.45
Father over protections	13	16.5	5.4	0-39	.59
Social anxiety	47	31.8	9.8	0-141	.74
Fear anxiety	18	21.2	8.8	0-54	.81
Avoidance	18	21.2	8.8	0-54	.81
Affective distress	5	5.04	3.2	0-15	.53
Somatic distress	6	5.5	2.6	0-18	.60

Note: k= No of items, M= Mean, SD= Standard deviation, α = Cronbach alpha

Reliability analysis was conducted to check the reliability of all the variables with their subscale. The variable child perception and its subscale are conflict properties, threat, and self-blame. Parental bonding and its subscale are mother care, mother over protection, father care, and father over protection. Social anxiety and its subscales are fear anxiety, avoidance, affective distress, and somatic distress. Child perception had a reliability of (α = .79) and reliabilities of this subscale are conflict properties have (α = .44) reliability, threat have (α = .71), self-blame have (α = .45) reliability followed by other variables parent-child bonding and social anxiety. Parental bonding has (α = .72) reliability and the reliabilities of subscales mother care have (α = .48), mother over protection has (α = .56), father care has (α = .45), and father over protection have (α = .59) reliability. Social anxiety has reliability (α = .74) and the reliabilities of its subscales are fear anxiety (α = .81), Avoidance (α = .81) affective distress (α = .53), and somatic distress (α = .60).

Correlation analysis

Table 3

Mean, Standard Deviation and Correlations of children's perception of parental conflicts, parent-child bonding, and social anxiety in adolescents (N=200).

Variables	M	SD	1	2	3	4	5	6	7	8
1. Mother care	14.79	3.95	-	.21**	.48**	.05	.10	.11	.22**	.03
2. Mother overprotection	15.5	5.04		-	.22**	.53**	.09	.09	.05	.06
3. Father care	13.3	3.75			-	.31**	.10	.09	.17*	.24**
4. Father overprotection	16.5	5.40				-	.06	.04	.08	-.06
5. Conflict properties	21.99	4.21					-	.52**	.53**	.09
6. Threats	13.44	4.33						-	.32**	.09
7. Self-blame	11.31	2.86							-	-.11
8. Social anxiety	53.09	18.21								-

*Note: M= Mean and SD= Standard Deviation, **p<.01, *p<.05*

In Correlation analysis, Mother Care has a significant relation with mother overprotection (.21**), father care (.48**), and self-blame (.22**). Mother overprotection has a significant relation with father care (.22**) and father overprotection (.53**). Father care has a significant relation with father overprotection (.31**), self-blame (.17*), and social anxiety (.24**). Conflict properties have a significant relation with threats (.52**) and self-blame (.53**). Threats have a significant relation with self-blame (.32**).

Mother care has a non-significant relation with father overprotection (.05), conflict properties (.10), threats (.11), and social anxiety (.03). Mother Overprotection has non-significant with conflict properties (.09), threats (.09), self-blame (.05) and social anxiety (.06). Father Care has non-significant relation with conflict properties (.10) and threats (.09). Father Overprotection has non-significant relation with conflict properties (.06), threats (.04), self-blame (.08), and social anxiety (-.06). Conflict Properties have non-significant relation with social anxiety (.09). Threats have non-significant relation with social anxiety (.09). Self-Blame has non-significant relation with social anxiety (-.11).

Regression analysis

Table 4

Hierarchical Multiple Regression Analysis for Children's perception of interparental Conflict, parent-child bonding and social anxiety in adolescents (N=200).

Predictors	ΔR^2	β
Step 1	.05**	
Conflict properties		.17*
Threats		.06
Self-blame		.24**
Step 2	.10***	
Mother care		-.16*
Mother overprotection		.16
Father care		.36***
Father overprotection		-.25**
Total R^2	.149	

Note: Control variable: include Mother care, Mother over protection, Father care, and Father over protection *p<.05, **p<.01, ***p<.001

The hierarchical multiple regression analysis was performed to find out significant predictors of children's perception of parental conflict, parent-child bonding, and social anxiety in adolescents. In step 1, the sub-scale of child perception of parental conflict (conflict properties, threats, and self-blame) scale was entered. The results indicated that the conflict properties (β = .17 p<.05), and self-lame (β = .24, p<.01), are significant positive predictors of child perception of parental conflict. Moreover, conflict properties, threats, and self-blame have significant R-squared change. In step 2, when the subscale of parent-child bonding (mother care, mother over protection, father care, father over protection) Mother care (β = -.16, p<.05), father care (β = .36, p<.001) and father over protection (β = -.25, p<.01) are significant negative predictors of parent-child bonding. The total 14.9% of variances has been explained by mother care, mother over protection, father care, father over protection, and child perception impact of social anxiety on adolescents.

Independent sample t-test analysis

Table 5

Mean, Standard Deviation, and Independent t-test of Child Perception of parental conflict, parent-child bonding, and Social Anxiety in Adolescents (N=200).

Variables	Males Adolescents N(100)		Females Adolescents N(100)		t	p	95% cl		Cohen's d
	M	SD	M	SD			LL	UL	
Conflict properties	23.2	3.37	20.75	4.65	4.34	.000***	1.35	3.61	0.60
Threats	14.6	3.77	12.2	4.51	4.19	.000***	1.30	3.63	0.57
Self-blame	11.74	2.47	10.8	3.17	2.13	.034*	.06	1.65	0.33
Mother care	15.6	2.77	13.9	4.7	3.24	.001**	.69	2.84	0.44
Mother overprotection	16.0	5.11	15.0	4.96	1.41	.158	-.39	2.41	0.19
Father care	14.2	3.37	12.3	3.90	3.60	.000***	.84	2.87	0.52
Father overprotection	16.8	5.74	16.2	5.06	.758	.450	-.93	2.09	0.11
Social anxiety	57.4	19.2	48.7	16.0	3.47	.001**	3.77	13.66	0.49

*Note: *p<.05, **p<.01, ***p<.001, LL=lower limit, UL=upper limit and d = effect size*

Through independent sample t-test gender differences revealed that male and female adolescents had significant differences in conflict properties (t=4.34, ***p<.001) mean indicated that female adolescents (M=20.75, SD=4.65) than male (M=23.2, SD=3.30), the result also indicate the significant difference in threats (t=4.19, ***p<.000), mean indicate that male adolescents have more (M=14.6, SD=3.77) than female (M=12.2, SD=4.51). The result shows a significant difference in self-blame (t=2.13, *p<.034), the mean indicates that male adolescents reported more on self-blame (M=11.74, SD=2.47) than female adolescents (M=10.8, SD=3.17). The results have also indicated that male and female adolescents had significant differences in mother care (t=3.24, **p<.001). The mean further indicated that male adolescents reported more on the mother care scale (M=15.7, SD=2.77) as compared to female adolescents (M=13.9, SD=4.7). The results also indicated that male and female adolescents had differences in father care (t=3.60, ***p<.001). The mean indicated that females reported slightly lower in father care (M=12.3, SD=3.90) than males (M=14.2, SD=3.37). The result shows that the significant difference in social anxiety (t=3.47, **p<.001) results indicates more social anxiety in male adolescents (M=57.4, SD=19.2) than in females (M=48.7, SD=16.0). The Cohen's d values of all variables (Mother care 0.44, showed a medium effect size, Father care 0.52 showed a medium effect size, Conflict properties 0.60, showed a large effect size, and Threats 0.57, showed a large effect size). Effect sizes indicate how meaningful the relationships between variables or differences between groups are.

ANOVA Analysis

Table 6

Analysis of variance among Socioeconomic Status on the children's perception of parental conflicts, parent-child bonding, and social anxiety in adolescents (N = 200).

| Variable		SS	Df	MS	F	P	η²
Child perception	Between Groups	366.42	2	183.21	1.56	.21	
	Within Groups	23031.49	197	116.91			.016
Parent-child bonding	Between Groups	761.06	2	380.53	2.28	.10	
	Within Groups	32864.08	197	166.82			.050
Social anxiety	Between Groups	3305.31	2	1652.65	5.19	.01**	
	Within Groups	62687.06	197	318.20			.023

*Note: SS= sum of squares, df=degree of freedom, MS=mean square, *p<.05, **p<.01*

The mean difference among socioeconomic status (low, medium, and high) children's perspective of parental conflict, parent-child bonding, and social anxiety in adolescents. Results indicated that there is a significant mean difference among male adolescents and female adolescents belonging to the middle class (F =5.19, **p<.01). Further, LSD indicated that participants with medium socioeconomic status were more affected as compared to those with high

socioeconomic status. The eta-squared value of social anxiety is ($\eta 2=.023$) and eta squared indicated the meaningful relationship between and within group variance for the people belonging to middle-class socioeconomic status.

Q1. Have you ever faced any traumatic event of parental conflict in your life?

     The percentage of people responding to the question is represented here as a pie chart that indicates the greater percentage of people saying "No" frequency (f=141) percentage is (70.5%) and "Yes" frequency (f=59) percentage (29.5%).

Have you ever faced any traumatic event of parental conflict in your life?
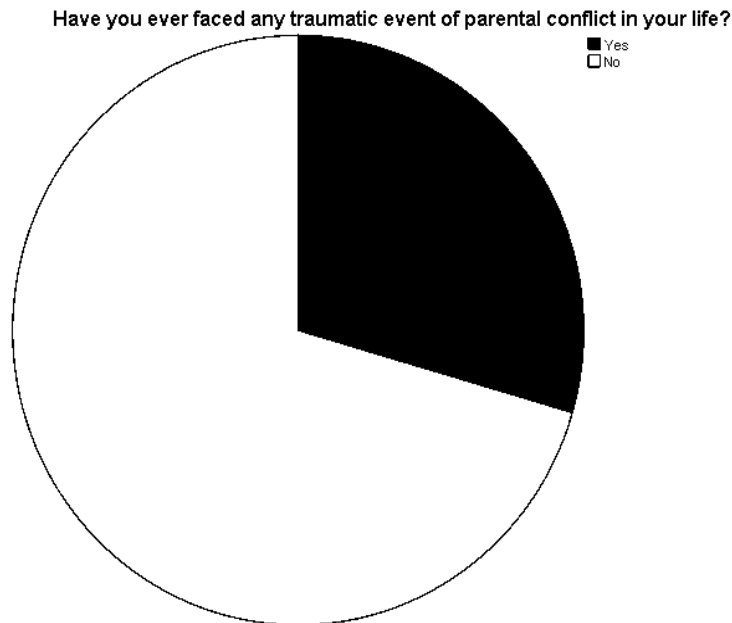
Q2. Have you ever suffered from any mental health problem due to parental conflict?

     The pie chart indicates the answer to the question, the greater percentage of people saying "No" frequency (f=160) percentage (80%) and "Yes" frequency (f=40) percentage (20%)

Have you ever suffered from any mental health problem due to parental conflict?
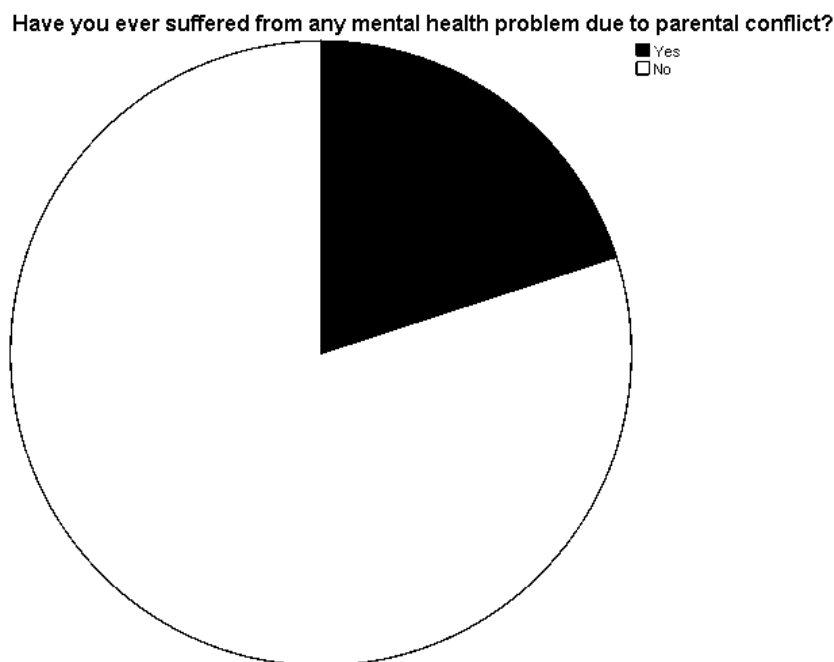
Q3. Do you feel confident while speaking in the classroom?

     The pie chart indicates the answer to the question, the greater percentage of people saying "Yes" frequency (f=133) percentage (66.5%) and "No" frequency (f=67) percentage (33.5%).

Do you feel confident while speaking in classroom?

■ Yes
□ No
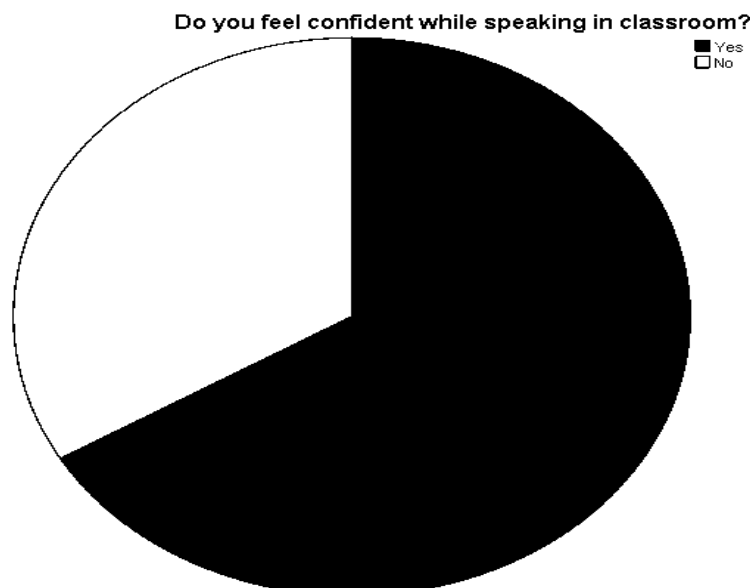
Discussion

The study aimed to investigate the relationship between the children and their parents. Our results significantly prove that due to parental conflict, the perception of children changed or disturbed. They can never move in social circles confidently they feel anxious and fearful in their social circle. Our results show that more social anxiety is present in male adolescents as compared to female adolescents. According to the first hypothesis, there is likely to be a relationship between the perception of parental conflict, patient-child bonding, and social anxiety in adolescents. The result of the research showed correlation analysis. Mother care has a significant relation with mother overprotection (.21**), father care (.48**), and self-blame (.22**). Mother overprotection has a significant relation with father care (.22**) and father overprotection (.53**). Father care has a significant relation with father overprotection (.31**), self-blame (.17*), and social anxiety (.24**). Conflict properties have a significant relation with threats (.52**) and self-blame (.53**). Threats have a significant relation with self-blame (.32**).

A child's primary structure is their family, where they learn to think, perceive, explore, and respond to the world. As a child breathes easily with their relatives, particularly guardians. Children's personalities are heavily influenced by their parents. Parent youngster bond has an extraordinary impact on a child's mental and actual wellness. According to Repetti, Taylor, & Seeman (2022), parents can help their children grow and develop by meeting their children's basic and psychological needs and by addressing and discussing their concerns.

Recent research has revealed that anxiety is somewhat correlated with a history of insecure attachment (RadkeYarrow et al., 1985), abuse, absenteeism, and neglect (Rutter 1995), as well as disruptions in parent-child bonds. Children who experience intense, prolonged, and unresolved parental conflict may behave violently, aggressively, and hostilely. Others may experience despair, social anxiety, low self-esteem, and, in severe cases, suicidal thoughts. Additionally, it hinders their ability to build meaningful relationships and lowers their academic achievement (Volkmar 1995).

According to prior research on social anxiety symptoms, parental attachment, and these symptoms are intimately linked, and adolescents may be more susceptible to social anxiety symptoms as a result of unstable and dysfunctional parent-child relationships. As a result, a poor parent-child relationship also plays a significant role in the emergence and maintenance of social anxiety symptoms (Mothander & Wang, 2014; Zhao et al., 2014; Liu et al., 2017). According to Morrison and Cherlin (1995), it's conceivable for girls to show signs of stress in less obvious ways, such as anxiety or sadness. Girls may internalize these reactions whereas boys deal with the stress of family instability in a visible way.

In the second hypothesis, there is likely to be gender differences in perception of parental conflict, patent child Bonding, and social anxiety. Through independent sample t-test, gender differences revealed that male and female adolescents had significant differences in mother care (t=3.24, **p<.001). The mean further indicated that male adolescents reported more on the mother care scale (M=15.7, SD=2.77) as compared to female adolescents (M=13.9, SD=4.7). The results also indicated that male and female adolescents had differences in father care (t=3.60, ***p<.001). The mean indicated that females reported slightly lower in father care (M=12.3, SD=3.90) than males (M=14.2, SD=3.37). The results have also indicated that male and female adolescents had significant differences in

conflict properties (t=4.34, ***p<.001) mean indicated that female adolescents (M=20.75, SD=4.65) than male (M=23.2, SD=3.30), the result also indicate the significant difference in threats (t=4.19, ***p<.000), mean indicate that male adolescents have more (M=14.6, SD=3.77) than female (M=12.2, SD=4.51). The result shows a significant difference in self-blame (t=2.13, *p<.034), the mean indicates that male adolescents reported more on self-blame (M=11.74, SD=2.47) than female adolescents (M=10.8, SD=3.17). The result shows that the significant difference in social anxiety (t=3.47, **p<.001) results indicates more social anxiety in male adolescents (M=57.4, SD=19.2) than in females (M=48.7, SD=16.0).

Conflicts over communication between parents and children are often a cause for concern throughout the world since they can cause adolescents to develop interactional problems. The study demonstrated the link between poor interaction and poor parent-child communication in depressed adolescents. The study examined how gender differences affected interactions and disputes between parents and children. 140 children (70 boys and 70 girls) who had been diagnosed with depression symptoms made up the sample. Children's problems with interactivity were found to be highly connected with disputes between parents and youngsters. Children's social interaction problems, such as aggression, depressive symptoms, and socioemotional challenges, are strongly predicted by conflicts between parents and children over communication (Bolino et al 2018).

Adolescence is the time between childhood and adulthood, a time when a number of fundamental changes take place. Teen social experience is crucial, and parenting has a significant impact on how adolescents develop socially. Parents have a significant impact on their children's lives and are crucial to the development of teenagers. Every parent has a different outlook on life, different behavioral tendencies, and a different family history. In addition, each parent's love is distinct. The various educational modalities' distinct attitudes and behavioral habits will be reflected in the different parenting styles. These implications will have an impact on adolescents, behavioral patterns, emotional growth, and their social lives as adults (Hanlin Ma & Zhang, 2022).

In the third hypothesis, there is likely to be an effect of socioeconomic differences between the perception of parental conflict, patent child bonding, and social anxiety in adolescents. Results indicated that there is a significant mean difference among male adolescents and female adolescents belonging to the middle class (F =5.19, **p<.01). Further, LSD indicated that participants with medium socioeconomic status were more affected as compared to those with high socioeconomic status. The eta-squared value of social anxiety is (η2=.023) and eta squared indicated the meaningful relationship between and within group variance for the people belonging to middle-class socioeconomic status.

Findings show that male adolescent parental-child emotional ties are the key to young adult mental health benefits based on teenage socioeconomic status. For young adult men, this means that the reduced frequency of social symptoms associated with higher parental education only shows when the perceived parent-child connections are at least somewhat close. This remains true even after accounting for earlier adolescent mental health, indicating a reliable mechanism for the passage from childhood to adulthood. Overall, our findings support the claim that familial social and economic resources predict early adult mental health while also indicating that possible gender-specific differences in the relevant mechanisms may exist (Wilkinson & Andersson 2019).

In the fourth hypothesis, whether the perception of parental conflict, patent child bonding predicts social anxiety in adolescents the hierarchical multiple regression analysis was performed to find out the significant predictor of children's perception of parental conflict, parent-child bonding, and social anxiety in adolescents. In step 1, the sub-scale of child perception of parental conflict (conflict properties threats, and self-blame) scale was entered. The results indicated that the conflict properties (β = .17 p<.05), and self-lame (β = .24, p<.01), are significant positive predictors of child perception of parental conflict. Moreover, conflict properties, threats, and self-blame have significant R-squared change. In step 2, when the subscale of parent-child bonding (mother care, mother over protection, father care, father over protection) Mother care (β = -.16, p<.05), father care (β = .36, p<.001) and father over protection (β = -.25, p<.01) are significant positive predictors of parent-child bonding. The total 14.9% of variances has been explained by mother care, mother over protection, father care, father over protection, and child perception impact of social anxiety on adolescents.

Recollections of parental conflict, parental divorce, and social outcomes in young adulthood were explored in light of research showing the detrimental long-term effects of parental conflict and divorce on offspring. 566 young adults from divorced and intact homes answered surveys on parental conflict, the strength of parent-adult-child connections, social anxiety, and opinions of other people's social support. Conflict and divorce both significantly

affected outcomes in young adulthood, as was predicted. Conflict had consistently negative effects on the quality of parent-child interactions, how others felt about you, and how anxious you felt in your relationships. Parental divorce was linked to poorer father-child ties, but it was also linked to significantly better mother-child relationships, social support, independent living supported by both parents, and decreased relationship anxiety. These effects were significant since they persisted despite participant sex, parental remarriage, and parental socioeconomic level (Riggio 2004).

Conclusion

On the whole, results have proved hypothesis and co-respond to the research done on these variables. Hence, the present study has shown that the children's perception of parental conflicts, parent-child bonding, and social anxiety in adolescents were significantly correlated whereas gender and socioeconomic status differences were also found significant among the adolescents. Parental conflicts and parent-child bonding predict social anxiety among adolescents.

Limitations

·   The data of this research was collected from the private schools of Lahore and Peshawar.

·   The result of the research couldn't be generalized because of the small sample size.

Suggestions

·   In future research, the data should be collected from different cities (school, colleges and universities) to check the differences between children.

·   In Pakistan, the ratio of parental conflict is too high, which can increase social anxiety in children and it needs to be addressed.

·   A qualitative study should be planned on a few cases to investigate the reason behind parental conflict because it has a bad impact on adolescents.

Implications

·   Adolescents exposed to frequent parental conflict may experience long-term emotional and psychological difficulties, which can hinder healthy development.

·   Parental issues should be addressed immediately to savegurd adolescents from mental or emotional abuse which leads them to develop social anxiety, trust issues, emotional insecurity, runaway children and sometimes it can cause depression and suicidal thoughts.

·   Parents need to be trained on how to manage their inter-parental conflicts with peace and calm mind which can have a positive impact on adolescent's well-being.

References

Auerbach, R. P., Mortier, P., Bruffaerts, R., Alonso, J., Benjet, C., Cuijpers, P., ... & WHO WMH-ICS Collaborators. (2018). WHO World Mental Health Surveys International College Student Project: Prevalence and distribution of mental disorders. Journal of Abnormal Psychology, 127(7), 623-   638.

Aunola, K., Stattin, H., & Nurmi, J. E. (2000). Parenting styles and adolescents' achievement strategies.   Journal   of Adolescence, 23(2), 205-222.

Boehme, S., Ritter, V., Tefikow, S., Stangier, U., Strauss, B., Miltner, W. H., & Straube, T. (2014). Brain   activation during anticipatory anxiety in social anxiety disorder. Social Cognitive and Affective Neuroscience, 9(9), 1413-1418.

Bolino, M. C., Long, D. M., & Turnley, W. H. (2018). Implications of impression management for social   interaction and social structure. In The Oxford Handbook of Impression Management (pp. 433-452). Oxford University Press.

Book, S. W., & Randall, C. L. (2002). Social anxiety disorder and alcohol use. Alcohol Research & Health, 26(2), 130-135.

Bowlby, J. (1988). A secure base: Parent-child attachment and healthy human development. Basic   Books.

Cummings, E. M., & Davies, P. T. (2002). Effects of marital conflict on children: Recent advances and emerging themes in process-oriented research. Journal of Child Psychology and Psychiatry,   43(1), 31-63.

Darling, N., & Steinberg, L. (1993). Parenting style as context: An integrative model. Psychological Bulletin, 113(3), 487-496.

Erel, O., & Burman, B. (2015). Interrelatedness of marital relations and parent-child relations: A meta-analytic review. Psychological Bulletin, 118(1), 108-132.

Fehlberg, B., Smyth, B., Maclean, M., & Roberts, C. (2011). Legislating for shared time parenting after separation: A research review. International Journal of Law, Policy and the Family, 25(3), 318-   337.

Grych, J. H., Seid, M., & Fincham, F. D. (1992). Assessing marital conflict from the child's perspective: The Children's Perception of Interparental Conflict Scale. Child Development, 63(3), 558-572. https://doi.org/10.2307/1131346

Hanlin Ma, & Zhang, Y. (2022). The impact of parenting styles on adolescent social development: A review. Journal of Adolescent Research, 37(2), 231-256.

Herman, K. C. (1998). The influence of social self-efficacy and personality differences on loneliness and depression. Dissertation Abstracts International: Section B: The Sciences and Engineering, 58(8-B), 4451.

Jia, R., Lang, J., & Shanock, L. R. (2019). How can leader humility promote employee voice? The role of followers' self-esteem and voice self-efficacy. Journal of Organizational Behavior, 40(6), 693-705.

Kutcher, S. (1999). Kutcher Generalized Social Anxiety Disorder Scale for Adolescents (KGSADS-A). Medical Outcomes Systems.

Liu, Y., Zhang, N., Bao, G., Huang, Y., Ji, B., Wu, Y., ... & Li, G. (2017). Predictors of depressive symptoms in college students: A systematic review and meta-analysis of cohort studies. Journal of Affective Disorders, 220, 175-185.

Morrison, A. S., & Heimberg, R. G. (2013). Social anxiety and social anxiety disorder. Annual Review of Clinical Psychology, 9, 249-274.

Morrison, D. R., & Cherlin, A. J. (1995). The divorce process and young children's well-being: A prospective analysis. Journal of Marriage and the Family, 57(3), 800-812.

Mothander, P. R., & Wang, M. (2014). Parental rearing, attachment, and social anxiety in Chinese adolescents. Youth & Society, 46(2), 155-175.

Parker, G., Tupling, H., & Brown, L. B. (1979). A parental bonding instrument. British Journal of Medical Psychology, 52(1), 1-10.

RadkeYarrow, M., Cummings, E. M., Kuczynski, L., & Chapman, M. (1985). Patterns of attachment in two-and three-year-olds in normal families and families with parental depression. Child Development, 56(4), 884-893.

Repetti, R. L., Taylor, S. E., & Seeman, T. E. (2022). Risky families: Family social environments and the mental and physical health of offspring. Psychological Bulletin, 128(2), 330-366.

Riggio, H. R. (2004). Parental marital conflict and divorce, parent-child relationships, social support, and relationship anxiety in young adulthood. Personal Relationships, 11(1), 99-114.

Rutter, M. (1995). Clinical implications of attachment concepts: Retrospect and prospect. Journal of Child Psychology and Psychiatry, 36(4), 549-571.

Sloman, L., Atkinson, L., Milligan, K., & Liotti, G. (2002). Attachment, social rank, and affect regulation: Speculations on an ethological approach to family interaction. Family Process, 41(3), 313-327.

Volkmar, F. R. (1995). Autism and pervasive developmental disorders. In M. Rutter, E. Taylor, & L. Hersov (Eds.), Child and adolescent psychiatry: Modern approaches (3rd ed., pp. 416-430). Blackwell Scientific Publications.

Wilkinson, L. R., & Andersson, M. A. (2019). Adolescent socioeconomic status and parent-child emotional bonds: Reexamining gender differences in mental health among young adults. Society and Mental Health, 9(1), 95-110.

Zhang, Y., Hu, Y., & Wang, Z. (2019). Parental marital conflict and social anxiety in Chinese adolescents: Testing a moderated mediation model. Journal of Family Psychology, 33(8), 972-981.

Zhang, Y., Hu, Y., & Wang, Z. (2021). Relationship between parental marital conflict and social anxiety symptoms of Chinese college students: Mediation effect of attachment. Frontiers in Psychology, 12.

Zhao, X., Zhang, Y., Chen, L., & Zhou, R. (2014). Effect of cognitive reappraisal on the anxiety and self-esteem of adolescents with social anxiety disorder. Chinese Journal of Clinical Psychology, 22(4), 668-671.