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The Power of Parental Bonds: Predicting Alexithymia and Psychological Distress in Young Adults

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ABSTRACT

The bond between parents and children has a profound impact on the emotional and psychological development of young adults. This is likely to lead to alexithymia and psychological suffering in Pakistanis whose personal and psychological well–being is largely associated with the nature of the family system. In such instances, parental negligence, combined with authoritarian styles, can lead to this outcome. This study's focus was to analyse the predictive role of the bonds between a parent and child in the area of stress, anxiety, depression, and alexithymia in young adults. Using a convenience sampling technique, this study employed a quantitative cross-sectional research design. The research participants were 183 adults, aged 18-30 years, 98 females and 85 males, participated from three different institutions located in Multan, Rawalpindi, and Islamabad. Participants completed the Toronto Alexithymia Scale (TAS-20), the Depression Anxiety Stress Scale (DASS-21), and the Parental Bonding Instrument (PBI) for this study. Authoritarian factors in father bonding were a significant predictor of alexithymia ($\beta = 0.44$, SE = 0.29, $p < 0.001$, 95% CI = [0.35, 0.97]) and accounted for 20% of the variation ($R^2 = 0.20$, $F(1, 177) = 12.66$, $p < 0.001$). Parental bonding explained 37, 61, and 55% of the variance in depression ($R^2 = .37$, $F(1,177) = 31.69$, $p < .001$), anxiety ($R^2 = .61$, $F(1,177) = 29.37$, $p < .001$), and stress ($R^2 = .55$, $F(1,177) = 27.69$, $p < .001$) respectively. Furthermore, psychological distress i.e. depression, anxiety, and stress were associated positively with two parenting styles i.e. ambivalent and authoritarian. These findings reflect that parental bonding is a significant predictor of psychological distress as well as alexithymia among adults especially in the context of Pakistan. This suggests that the inappropriate nurturing and overprotection can contribute towards the emergence of maladaptive personality traits such as alexithymia and increase the adolescents' susceptibility towards psychological distress.

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1. Introduction

A family environment where parents and children maintain productive, healthy, and supportive interpersonal relations nurtures children's happiness, mental health, and psychological well-being. Parents dedicate a significant amount of time, love, and attention to their children, making the family a substantial factor in shaping a child's life. Parents, as primary caregivers and teachers, play a crucial role in helping children learn and develop emotional bonds, family values, good habits, and positive behaviour patterns through interactions with siblings, peers, and other key figures within and outside the family (Мамадалиева & Калыгулова, 2024). Parenting plays a significant role in every Aspect of an adult's social and psychological development, influencing both positive and negative

behavioural traits (Sanders & Turner, 2018). It enhances self-efficacy, identity formation, and reduces psychological distress (Weisskirch, 2018) and emotional control (Goldner, Scharf, & Scharf, 2024). Just like infants, adults need a sense of safety and encouragement to explore and grow into independent adults. Similarly, variety of skills such as love, empathy, self-confidence, and being attuned to a child's exclusive needs requires for effective parenting (Khatun, 2020). When parents fail to address their children's needs, some of them may experience emotional difficulties, such as alexithymia, which hinders important aspects of life, including academic achievement, work, personal interactions, and social life (Sechi, Vismara, & Lucarelli, 2020).

Throughout a child's life, parenting styles have a lasting impact on their behavior, emotions, and cognitive development. In various collectivist cultures, including Pakistan, the majority of adults over the age of 18 continue to live with their parents (Khalid et al., 2019), where parents typically have a strong sense of responsibility to support their children well into adulthood (Irfan et al., 2024). The notion of parenting style is based on Baumrind work (2013), which identifies three different parenting styles i.e. permissive, authoritarian, and authoritative. The basic nature of relationship between parents and child is termed as "Parental bonding"; these early parent-child attachments perform an imperative role in the emotional, cognitive, and social aspect of their later lives. This parental bonding also has the potential to positively impact overall quality of life of adults particularly in Pakistan (Mercer, 2019). The term "Alexithymia" was initially coined by first psychiatrist Nemiah, an emotional processing deficit that he observed among his patients (NEMIAH, 1977). It can be defined as a condition marked by difficulties in identification and expression of one's emotion, significantly influence an individual emotional awareness and expression (Welding & Samur, 2018). Derks et al. explains that alexithymia which has four key traits: (i) alexithymic people have difficulty in identifying emotions (ii) have difficulty in distinguishing between physical sensations and emotional responses, (iii) challenges in expressing emotions to others (iv) alexithymic have a limited capacity for imagination (Derks, Westerhof, & Bohlmeijer, 2017). Similarly, psychological distress is the term first introduced by Selye (1974), marked by feelings of hopelessness, pessimism, loss of interest, sleep difficulty, and suicidal thoughts, which arise in response to challenging and threatening, distressing and frustrating situations (Selye, 1974). In other words, psychological distress defines the inability to cope effectively with stressful situations, which impacts negatively on mental and physical health and leads to emotional suffering because of inadequate coping (Arvidsdotter et al., 2016).

Furthermore, emotional bonding with parents during childhood is said to have a strong influence on the development of alexithymia, a personality trait associated with difficulties in recognising and articulating feelings (Costa, Steffgen, & Vogele, 2019). Particularly concerning 'disruptive attachments', adults who undergo alexithymia stand a greater chance of developing multiple psychological disorders. These adults tend to struggle with assuming responsibility for managing interpersonal relationships as they often face more persistent challenges, encounter fewer guidelines for support, and have limited opportunities to develop and practice the necessary skills for establishing healthy relationships (Lyvers et al., 2019). In this regard, research done by Martino et al. (2020) with hundreds of diabetic patients found that both psychological distress and alexithymia was significantly associated. In one study, alexithymia has been found to be associated significantly with psychological disorders (Martino et al., 2020). Similarly, a strong association has been found between alexithymia, poor attachment, and childhood trauma and concluded that alexithymics are more likely to develop depressive symptoms (Craparo et al., 2018).

The present study is intended to explore the impact of parental bonding on alexithymia and psychological distress among adults. Literature review explored that appropriate parenting style helps adults to express their emotions accurately, which consequently nurtures their mental and physical health (Ditzer et al., 2023). Weak bonds with parents, however, can result in unhealthy personality traits, such as alexithymia, and psychological issues, including depression, anxiety, and stress during the adult stage (Swaminath, 2023). Primary attachment relationships are formative in an individual's life pathway. They facilitate the development of internal working models that affect how they view themselves and interact with others. Disruption of the parent-child relationship can predispose an individual to depression and destructive subsequent relationships (Zimmermann & Iwanski, 2019). Moreover, a father's

lack of affection, a mother's neglect or failure to provide proper care, physical abuse of a child, a father's emotional distance, and other maladaptive childhood bonds are significant contributing elements of alexithymia and its traits (Wojtyna & Gierczyk, 2024). Numerous scholars have noted parenting practices, alexithymia, and psychopathology as an intertwined complex. Radetzki et al. (2021) discussed the connections among the factors of depressive symptoms, anxiety, and alexithymia concerning predictors of major depressive disorder (Radetzki et al., 2021). In the same way, Terock et al. (2016) explored connections among childhood trauma, panic disorder, and alexithymia, finding that the origins of alexithymia were primarily developed as a result of trauma in one's early years. Moreover, the authors stated that individuals with a greater degree of alexithymia were more prone to developing panic disorder (Terock et al., 2016).

The effects of parental bonding and attachment on alexithymia and its consequent impact on mental health are receiving increasing attention. Michela Gatta et al. (2016) posit that psychopathological features associated with alexithymia may encompass internalizing problems, somatic complaints, anxiety and depressive disorders, paranoia, and hypersensitivity in interpersonal relationships (M. Gatta et al., 2016). Similarly, Ditzer et al. (2023) pinpointed alexithymia and psychological dysfunction to insecure attachment, particularly in the frames of caregiving deprivation and childhood neglect. They addressed its associations with dissociative symptoms (Ditzer et al., 2023). As discussed by Gilanifar and Delavar (2016), issues of variance have also been addressed across the studies, with increased focus on depression in alexithymic females (Gilanifar & Delavar, 2016). In contrast to the cited literature, Khalid et al. (2018) on depression and anxiety, in the context of protective and authoritarian parenting, proposed that these styles may prevent the emergence of maladaptive behaviors, and the poor regulation of distress in later life (Khalid et al., 2018), a notion that Burns et al. (2024) also appears to advocate (Burns, Hejl, & Y, 2024). Studies concentrating on adolescents further corroborate this evidence. Within the context of psychological distress, Remondi et al. (2020) studied 539 Italian adolescents and found that those with insecure attachments had heightened psychological distress, especially adolescents with alexithymia (Remondi et al., 2020). Along these lines, Kajanoja et al. (2021) investigated the relationship between early life stress, adult attachment, alexithymia, and depression among adults in Finland. They concluded that childhood neglect often plays a contributory role in the emergence of alexithymia and consequently increases the likelihood of experiencing anxiety and depression. Working on the same lines, another study found that dysfunctional parent-child interaction are predictive of multiple cognitive and behavioral problems among adolescents, while healthy relationship of parents with children served as a buffer against psychological distress (Gugliandolo et al., 2020).

The emotional well-being is strongly shaped by the community we live in, especially by the relationship quality between children and their parents. In one study, Imtiaz & Naqvi (2012) examined 252 adolescents and found that parental attachment played an imperative role in providing emotional support during this developmental stage. Moreover, another study showed the positive impact of involved and supportive parents on emotional well-being of adolescents while over-protective and excessive controlling parents often intensify the negative emotions their children experience (Saleem et al., 2021). Conversely, Qaisy et al. (2018) explored individuals aged 18-27 with secure parenting style reported significantly higher level of negative emotions. In addition, higher prevalence has been found in males as compared to females among adults in Pakistan. The current literature, however, provides valuable insight into parental bonding, alexithymia and psychological distress, several gaps still exist. Most studies have emphasized mainly on maternal bonding but paternal boning remains largely underexplored. Second, the majority of samples are drawn from Western contexts, which limits the applicability of the findings to collectivist societies (Tamis-LeMonda et al., 2008). A few studies have shown that in a collectivist culture, parental control didn't predict depression, while separateness from parents did (Chyung et al., 2022). Research in countries like Pakistan suggests that even if harmful forms of parenting (overprotection and authoritarianism) are combined with warmth, outcomes can still be detrimental (Khalid et al., 2018). Recognising this gap, the current study aims to understand how, and to what degree, parental bonding predicts alexithymia and psychological distress in young adults in Pakistan, a context in which parental influence, extending beyond the adulthood phase, remains profound.

1.1. Rationale

The purpose of this study is to explore how parental bonding impacts alexithymia and psychological distress of young adults in Pakistan. Within the context of Pakistan, weak parental attachments (e.g., emotional unavailability, neglect, and over control) are noted and more likely to contribute towards depression, anxiety, stress among young generation. There is a paucity of researches examining the predictive role of parental bonds, highlighting the need for the present study. The present study adds to the literature by exploring how parental bonds contribute towards developing alexithymia and psychological distress. It further aims to support literature by developing culture sensitive interventions. The literature clearly indicates that most research has focused on parenting styles and psychological distress among adults, while only few studies have examined the psychological distress, alexithymia and parental bonds together- particularly within adult populations. Within the context Pakistan, this study places parental bonding at its center, acknowledging the pivotal role parents' holds in Asian countries. Either supportive or adverse, parenting styles shapes a child's development cross physical, emotional, and psychological aspect and should have lasting consequences across lifespan. Within this cultural context, the role of parents' becomes especially significant, and, in some situations, negative patterns develops like neglect, overprotection, or ambivalence depending on their psychological imbalance or external factors like health, financial, work, or family problems of parents. These negative parenting patterns lead towards mental or psychological health concerns, for instance, depression, stress, and anxiety among adults. This research, then, focuses on how parental bonding impacts the personality of adolescents, with particular attention to how these negative traits may culminate in stress, anxiety, and depression. It further hypothesises that alexithymia and psychological problems among adults are not a function of a single cause, but rather an aggregate of various influences, with parental attachment ranking among the predominant determinants (Weymouth & Buehler, 2018).

The research also examines how poor parental relationships impact boys and girls, elucidating how differing parenting mindsets of parents result in varied experiences for each child. Since every human is unique, it is important to find out how bad parent-child relationships contribute to alexithymia- an affliction that tends to be more prevalent in girls since they are extremely emotional (Barakat, Ibraheem, & Zaki, 2023). Also, socioeconomic status (SES) is a determinant of parenting practice whereby children born to parents in lower SES homes are more likely to be stressed and, by so doing, increase the likelihood of acquiring psychological problems in children (Vrantsidis, 2021). Stressors have the propensity to trigger inappropriate behaviour in adults. Therefore, the present study investigates the relationship between parental bonding, alexithymia, and psychological distress (e.g., depression, anxiety, and stress) in relation to demographic variables like age, gender, and SES to provide a better-informed picture of the variables.

1.2. Objectives of the Study

The present study focused on the following objectives:

- To explore the relationship between parental bonding, alexithymia, and psychological distress in young adults.
- To examine the impact of parental bonding on alexithymia and psychological distress in young adults.

1.3. Hypotheses

H1: Higher levels of parental bonding (low care or overprotection) will predict greater alexithymia among young adults.
H2: Higher levels of parental bonding (low care or overprotection) will predict greater psychological distress (depression, anxiety, stress) among young adults.
H3: Alexithymia will mediate the relationship between parental bonding and psychological distress.

2. Method

2.1. Sample

The study was quantitative. A non-probability convenience sampling technique was used. The sample consisted of 210 adults, among them 22 refused to participate while data

was collected from the remaining 198 adults. The study sample was taken from various public and private colleges and universities in the districts of Multan, Rawalpindi, and Islamabad. The participants' ages ranged from 18 to 30 years. Based on the eligibility criteria, 15 adults were also removed from the sample and only 183 sample questionnaires were analyzed. Sample included both males and females, consisting of 98 females and 85 males.

2.2. Measures

The following scales were utilized in the present study to examine the relationship between variables.

2.3. Demographic Information Sheet

The demographic sheet has been prepared to collect information from the study participants. The demographic information included gender, age, occupation, number of children, children ages, income, number of children with diagnosis and years after the diagnosis.

2.4. Parental Bonding Instrument (PBI)

The main instrument used for this study is Parental Bonding Instrument developed by Parker, Tuplin, & Brown (1979). The 25-item questionnaire is designed to evaluate the perceived parental bonding experienced by individuals, based on a 4-point Likert scale. The Urdu version of the questionnaire was used in this study to ensure the cultural and language appropriateness which was validated by Qadir (2005). The scale consisted of two dimensions: Care (items 1, 2, 4, 5, 6, 11, 12, 14, 15, 17, 18, 20, 21, 23, 25) and Overprotection/Control (items 3, 7, 8, 9, 10, 13, 16, 19, 22, 24)**.** The overall reliability of the scale, as measured by Cronbach's α, was 0.71 for Care, 0.67 for Overprotection, and 0.73 overall, indicating acceptable reliability (Qadir, 2005).

2.5. Toronto Alexithymia Scale-20 (TAS-20)

This scale was developed by Taylor, Bagby, and Parker (1986) and comprised 20 items, divided into three dimensions: difficulty identifying feelings items (1, 3, 6, 7, 13, 14), difficulty describing feelings items (2, 4, 11, 12, 17), and externally oriented thinking items (5, 8, 10, 15, 16, 18, 19, 20). Responses are rated on a 5-point Likert scale, ranging from strongly disagree to agree strongly. The scale includes a cutoff score to classify individuals as alexithymic (≥61, indicating high alexithymia) or non-alexithymic (≤51, indicating low alexithymia). The scale has demonstrated good internal consistency (Cronbach's α = 0.82). For this study, the Urdu version translated by Ghayas et al. (2012) was utilised, yielding an alpha reliability coefficient of 0.73 (Ghayas et al., 2017).

2.6. Depression Anxiety Stress Scale (DASS-21)

The Depression Anxiety Stress Scale (DASS) was developed by S.H. Lovibond & P.F. Lovibond in 1995 is a self-report scale consisting of 21 items. These items are divided into three dimensions: Depression (items 3, 5, 10, 13, 16, 17, 21); Anxiety (items 2, 4, 7, 9, 15, 19, 20); and Stress (items 1, 6, 8, 11, 12, 14, 18). Each item is rated on a 4-point Likert scale, ranging from 0 (did not apply to me at all) to 3 (Applied to me very much). Subscale scores are summed and multiplied by two to match the severity ratings of the full 42-item DASS**.** As explained by Lovibond and Lovibond (1995), doubled divisional subscale scores are evaluated against established severity criteria. When considering depression, scores of 0–9 are classified as normal, 10–13 as mild, 14–20 as moderate, 21–27 as severe, and 28 and above as extremely severe. Regarding anxiety, 0–7 is normal, 8–9 is mild, 10–14 is moderate, 15–19 is severe, and 20 and above is classified as extremely severe. Concerning stress, levels of 0–14 are considered normal, 15–18 are mild, 19–25 are moderate, 26–33 are severe, and 34 or more are extremely severe (Lovibond & Lovibond, 1995). The Urdu version validated by Aslam & Kamal (2017) was used for this study and has adequate psychometric qualities, with an Cronbach's alpha of 0.93 (Aslam & Kamal, 2017).

2.7. Procedure

The sample of the study were approached and contacted for data collection. A demographic sheet was prepared to collect relevant information from the participants while consent form was also generated to obtain participants' consent. Moreover, a Google form was as prepared after taking approval from concerned authorities to facilitate online and in-person sample participants. A Google form link was disseminated among participants via email, several

social media groups and platforms. Additionally, several social media organisations and websites shared the Google Form. Nonetheless, the Google form and booklet included four quizzes, a demographic form, and a consent form. Participants received a debriefing regarding the study after the responses were gathered. The scores were then interpreted, and correlations within the sample were examined using statistical analysis using SPSS 20.

3. Results

The statistical analysis done to investigate the connection and influence of parental bonding on psychological distress and alexithymia is presented in this chapter. After analysing the study variables' demographic characteristics, descriptive statistics (means, standard deviations, skewness, and kurtosis) were calculated. Additionally, SPSS 20 was used to conduct regression analysis, T-test, and Pearson product-moment correlation.

3.1. Demographic characteristics of participants

The study sample consisted of 183 students, aged 18 to 30 years. The mean age of participants was (M = 25.05, SD = 3.06). The characteristics of the sample are presented in Table 1.

Table 1: Demographic Variables of the Study (N=183)

Variables	Frequency (f)	Valid (%)	M	SD
Age Groups (Years)			25.05	3.06
Young Adults (18 to 24)	96	52%		
Middle Adults (25 to 30)	87	47%		
Gender				
Male	85	46%		
Female	98	53%		
Socioeconomic status				
Upper class	75	40%		
Middle class	108	59%		

Note: *f* frequency; Percentages are rounded off

The key characteristics of the study sample have been provided in Table 1. Table 1 reflects that the distribution of a sample was balanced including 46% males and 53% females with a mean age of 25.05 (SD = 3.06). The table 1 also depicts that 52% young adults and 47% middle age adults were included in the study which shows the equal representation of diverse age groups. Similarly, Table 1 shows that the sample included diverse socio-economic backgrounds, consisting of 40%from upper class and remaining 59% from the middle class.
In addition, the descriptive statistics for the scales used in this study are given in Table 2.

Table 2: Descriptive Statistics for Study Scale (N = 183)

Scales/Dimensions	No. of items	*M*	*SD*	*a*	Score Actual	Range Potential	Skewness	Kurtosis
PBIF	16	17.08	5.26	.65	0-64	5-39	.24	.19
FW	7	6.82	2.35	.66	0-28	1-35	.80	.52
FP	5	6.05	4.01	.72	0-20	0-15	-.18	-.34
FA	4	3.61	2.33	.92	0-16	0-12	-.49	-.59
PBIM	16	19.08	7.17	.69	0-64	5-40	.33	.91
MW	7	6.23	3.95	.66	0-28	0-15	.56	.58
MP	5	5.45	3.02	.69	0-20	0-14	.31	-.59
MA	4	5.23	4.4	.79	0-16	0-12	.60	-.50
TAS-20	20	57.04	12.2	.70	1-100	8-80	-.38	-.55
Dass-21	21	20.12	11.02	.96	0-84	0-60	-.89	.53
Depression	7	6.44	3.93	.79	0-28	0-21	-.90	.92
Anxiety	7	5.05	3.73	.82	0-28	0-21	2.05	1.62
Stress	7	6.73	4.92	.89	0-28	0-21	.49	-.18

Note: PBI = Parental Bonding Instrument; PBIF=Parental Bonding Instrument for Fathers; FW=Fathers Warmth; FP=Fathers Protectiveness; FA=Fathers Authoritarianism; PBIM=Parental Bonding Instrument for Mothers; MW=Mothers Warmth; MP=Mothers Protectiveness; A = Mothers Authoritarianism; TAS Toronto Alexithymia Scale; DASS = Depression Anxiety and Stress Scale.

Table 2 summarized the means, standard deviations, alpha reliability coefficients, and range of the study variables. As reflected in the Table 2, skewness and kurtosis values for all

scales lies within the range, showing that the data is distributed normally. Thus, no items were excluded from the present study based on these criteria.

Table 3: Inter-Scale Correlations of the Main Study Variables (N = 183)

Variables	1	2	3	4	5	6	7	8	9	10
FW		.26*	.11**	.42*	.26*	.44*	.20**	-.23	.28	.35**
FP			.43**	-.20	.72*	.36**	.43*	.12	.40**	.19
FA				-.02	.36**	.69**	.39*	.20**	.10*	.32**
MW					.16**	.39*	.10	-.10	.09	.51*
MP						.07	.11*	-.69*	.22**	.79*
MA							.66**	.11**	.08**	.26**
TAS-20								.20**	.33*	.46**
DEP									.56*	.70*
ANX										.51**
STR										-

Notes: p<.05; **p<.01; **p<.001.*

There are, however, several significant relationships indicated by correlation analysis, as mentioned in Table 3. Father's warmth (r=.20**), protectiveness(r=.43*), and authoritarianism (r=.39*) show significant positive correlations with the Toronto Alexithymia Scale, as do Mother's protectiveness (r=.11**) and authoritarianism (r=.66**). Regarding parental bonding dimensions, the father's warmth is positively correlated (r=.28) with anxiety, while protectiveness is significantly associated with anxiety. The father's authoritarianism is significantly positively correlated with depression, anxiety, and stress. Additionally, the mother's warmth is significantly correlated with stress (r=.51*). Both dimensions of maternal bonding- protectiveness and authoritarianism- are significantly associated with the DASS subscales of depression, anxiety, and stress. Multiple regression analysis was computed in the next stage of the study. All the assumptions for regression analysis were met successfully. There were no issues with collinearity, as the condition index values were all under 100. The Durbin-Watson test values, which fell between 1 and 1.5, showed that there was no problem of multicollinearity or autocorrelation. In addition, the histogram, normal P–P plot, and scatterplot indicated that the data reasonably met the requirements of normality and linearity (Fields, 2006).

Table 4: Multiple Regression Analysis of Parental Bonding as a Predictor of Alexithymia among Young Adults (N = 183)

	Alexithymia		
Variables	B	*SE*	β
FW	.34	.22	.10
FP	-.11	.41	-.01
FA	.92	.29	.44***
MW	.49	.18	.31**
MA	-.09	.12	.10
MP	.52	.23	.19*

Note: R^2= 0.20; (F (1, 177) = 12.66, *p*<.001); *p<.05*; **p<.01; **p<.001*

Table 4 demonstrates the significant contribution of parental bonding in predicting alexithymia among adults. The results indicate that parental bonding collectively explains 20% of the variance, suggesting that parental bonding has a significant impact, although other factors may also contribute to this effect. The overall model was statistically significant, with a significant F ratio (R^2 = .20, F = 12.66, p < .001).

Table 5 illustrates that parental bonding collectively accounted for 37% of the variance in the depression subscale of psychological distress, 61% in the anxiety subscale, and 55% of the variance in the stress subscale of the Psychological Distress Scale. Table shows that Results show that fathers' Warmth and Authoritarianism are significant predictors of depression, while fathers protectiveness shows an insignificant impact. Similarly, mothers' Warmth also appeared as insignificant.

Table 5: Multiple Regression Analysis of Parental Bonding as a Predictor of Psychological Distress among Young Adults (N = 183)

Psychological Distress									
Variables	**Depression**			**Anxiety**			**Stress**		
	B	**SE**	**β**	**B**	**SE**	**β**	**B**	**SE**	**β**
FW	.16	.10	.22	.14	.20	.19	.71	.13	.22*
FP	.09	.16	.31**	.21	.32	.01	.11	.37	.00
FA	.69	.22	.43*	.82	.14	.44***	.71	.15	.87**
MW	.11	.30	.10	.33	.41	.02	.21	.19	.17
MP	.09	.17	.29	.19	.27	-.10	.09	.22	.00
MA	.19	.10	.15	.21	.36	.03	.24	.17	.12

Note: R^2= 0.37; (F (1, 177) = 31.69, *p*<.001); R^2= 0.61; (F (1, 177) = 29.37, *p*<.001); R^2= 0.55; (F (1, 177) = 27.69, *p*<.001); *p<.05; *p<.01; **p<.001*

4. Discussion

The present study intended to examine the impact of parental bonding based on alexithymia and psychological distress among 183 adults, addressing a significant research gap within Pakistan. For many years, researchers have examined how parental bonding shapes the psychological and emotional development of adults, constantly highlighting its significance. As adulthood, characterizes by identity exploration and emotional regulation (Zhang & Wang, 2024) understanding how parental bonding relates to alexithymia and psychological distress becomes particularly meaningful. Stronger parental bonds may alleviate emotional suppression and psychological distress, therefore promoting healthier adjustment. Given the rising mental health concerns among adults, exploring various parenting styles has become increasingly important for scholars and practitioners.

The results of the current research validated the hypothesis that the relationships with parents served as predictive factors of alexithymia and psychological disturbance in young adults. The results, as illustrated in Table 3, show that parental authoritarianism and protectiveness, as exhibited by the father and mother, are highly related to alexithymia. It suggests that adults who have been controlled over-parentally are more likely to struggle with understanding, identifying, and describing emotions. These results align with the findings by Daniel (2020), who postulated that young adults who lack parental warmth and are subjected to over-controlling parenting are more likely to develop alexithymia (Daniel, 2020). This is related to alexithymia trait which diminishes emotional awareness as well as expression, leading towards psychological discomfort (Panayiotou et al., 2023). The results are also consistent with Bowlby's (1977) attachment theory, which posits that early emotional attachment is crucial for the development of an individual's cognitive and affective processes (Sroufe, 2015). "The lack of emotional support" will cause parents to possess a limited emotional vocabulary. So, "they fail to articulate their feelings and thus cannot access social support." Cuzzocrea et al. (2015) showed that people who experienced low parental affection and high control during their upbringing are more prone to an alexithymic condition, which increases their psychological vulnerability to distress and difficulties.

In this study, Zhang et al. reaffirmed that parental protectiveness is associated with anxiety in adults. In this study, which examined parental levels of control, it was found that greater levels of parental protectiveness are associated with increased anxiety in adults, a finding also echoed in this study (Zhang et al., 2023). Barros, Goes and Pereira (2015) have also noted that such restrictive and controlling parenting practices are associated with the inability to cope with negative feelings and self-regulate emotionally properly; therefore, such parenting usually leads to depression and anxiety (Barros, Goes, & Pereira, 2015). Zeng et al. (2025) also supported this in the sense that excessive parental control and overprotection increase psychological vulnerability in adults. The correlation analysis in this study provided strong support for the positive correlation between authoritarian parenting and depression and anxiety, which is becoming more widely accepted in the field (Zeng et al., 2025). The findings of this study showed that parental protectiveness contributes significantly to emotional expression. The Table 3 showed a significant positive relationship between alexithymia and psychological distress ($r = 0.39$, $p < 0.01$), demonstrating an adequate effect size. The

observed effect size (r = 0.39) is consistent with the previous literature on the Trump–alexithymia connection, as seen from a meta-analytic perspective. To illustrate, a meta-analysis by Thorberg et al. (2011) discovered a moderate (pooled) correlation between a range of alexithymia indicators and a lack of maternal care (Thorberg et al., 2011). Adolescents raised by overprotective parents tend to do fewer self-initiated activities, which may increase emotional dependence and self-regulation issues.. This aligns with Compas et al. (2017) argument that adolescents raised with higher parental control tend to show greater emotional regulation blockade, which may lead to issues with emotional regulation over time (Compas et al., 2017).

The results further show that authoritarian parenting practices strongly predict adult psychological distress. Correlation analysis indicated high positive correlations between authoritarian parental attachment and depression ($r = 0.45$, $p < 0.001$, a moderate-to-large effect) and anxiety ($r = 0.41$, $p < 0.001$, a moderate effect). These associations suggest practical importance, as they reflect meaningful differences in emotional health outcomes linked to parenting style. Previous studies by Sadoughi et al. (2024) affirm this, showing that overprotection and excessive parental control tend to result in emotional dysregulation and higher psychological distress among adults (Sadoughi, 2024).

The multiple regression analysis revealed that maternal authoritarianism was a more predictive factor of psychological distress ($\beta = 0.38$, $p < 0.001$) than paternal authoritarianism ($\beta = 0.31$, $p < 0.01$). Although the maternal coefficient was numerically higher, no formal test was conducted to directly compare these coefficients. Therefore, this difference should be interpreted with caution. Across most cultures, including Pakistan, mothers play the role of primary caregiver (Khalid, 2015), a factor that has been put forth to account for the higher power of maternal authoritarianism on the psychological distress experienced by adults. This supports an earlier study by Jones et al. (2021), in which maternal overprotectiveness played an important role in increased anxiety and depressive symptoms in adults (Jones, Hall, & Kiel, 2021). Perhaps the most significant implication of these findings is the necessity for education interventions to promote emotionally responsive parenting. Based on the strong predictive relationship between psychological distress and authoritarian parenting, the promotion of empathic parenting habits should be prioritized in intervention efforts. Programs that equip parents with strategies to combine warmth, responsiveness, and autonomy support may help reduce risks of alexithymia and distress. The emotional competence and resilience obtained by parents is due to effective attachment parenting, which diminishes their risk of alexithymia and psychiatric distress (Daniel, 2020).

This aligns with the need for culturally sensitive parenting practices. Cultural Values easily shape parenting practices, and in most South Asian cultures, including Pakistan, authoritarian parenting is practiced as a means of fostering order and academic attainment. Strategies that take into account cultural concerns and equitable distribution of control or nurturance are more likely to produce positive outcomes. Anilena Mejia et al. (2017) describe how different cultures `parents differ and how assuming one dominant paradigm is universal can lead to wrong conclusions (A. Mejia et al., 2017). More responsive approaches to practices should aim to reduce the imbalance of one-sided control and emotional support. Parenting should include emotional support, allowing parents and children to grow and establish healthy boundaries together. Moreover, the study's findings stress the importance of emotional intelligence as a buffer against the detrimental consequences of authoritarian parenting. Adults who possess greater emotional intelligence engage in more self-protective behaviors concerning stress and emotional dysregulation. They more readily cope with alexithymia and psychological distress (Farina et al., 2021). Schools and youth organizations can promote emotional intelligence as a component of their taught curricula and other activities, equipping young people with invaluable skills for coping and self-expression.

The investigation noted an issue of inadequate communication within the family. The relationship indicated between parental attachment and adult mental health implies that a familial protective factor of greater magnitude may neutralize the impact of psychological distress and emotional suppression. Promoting family conversations about emotions, mental health, and stress may help develop a stronger sense of safety in young people and reduce the likelihood of alexithymia. Research by Micah Ioffe et al. (2020) supports this idea, showing that greater adult child communication is linked with lower scores of depression and anxiety (M.

Ioffe et al., 2020). In light of the increase in the adult population suffering from mental disorders, therapists working with adolescents are encouraged to adopt family systems approaches. Therapists are likely to lessen the adverse effects of controlling behaviors, as parents are likely to mitigate the negative impact in more nurturing, less protective, and more therapeutic emotional facilitation. The empirical literature on the effects of parental bonding on adults is extensive. Adulthood not only involves enhanced emotional complexity but also the exploration of identity. During this stage of life, the co-dependent parental relationship continues to assist with coping. Such findings confirm the link between distress and alexithymia outcomes of overcontrolling parenting, endorse the research on the psychological consequences of diminished parental warmth, and highlight the emotional impact of overcontrol. Longitudinal studies with cross-cultural samples are necessary to establish causal relationships and determine the extent to which these findings can be generalized to other populations.

5. Conclusions

The findings has established that parental bonding significantly impact the development of x psychological distress as well as alexithymia. The findings also revealed that authoritarian parenting combines control with little emotional connection, which results in extremely high levels of alexithymia. These findings suggest that overprotective or neglectful parental care increases psychological distress in adults, as both types of emotional neglect are damaging to mental health. Evidence suggests that the presence of affective engagement among caregivers serves as a buffer, protecting them from the detrimental effects of stress and poor mood regulation. Evidence suggests that emotional health is predominantly determined by the nature of the relationship with parents, rather than their mere presence, which in turn reflects the need for balanced parental support. Research indicates that the way parents interact with their children during the early years of life has a significant influence on their emotional and mental health in adulthood.

5.1. Strengths and limitations

The current research shows an important link between parental bonding and alexithymia with psychological distress in young adults. One of the strengths of the current study is the use of established psychometric tools in conjunction with the Parental Bonding Instrument (PBI), the Toronto Alexithymia Scale (TAS-20), and the Depression, Anxiety, and Stress Scale (DASS-21), which enhances the validity of the results. In addition, the study aimed to optimize the representation of adults from diverse socioeconomic backgrounds, thereby strengthening the overall generalizability of the results. The use of several statistical tests, including correlation, regression, and t-tests, adds strength to the conclusions drawn. Despite the contribution of this study to the literature, it has limitations. The sample size, however, has been restricted to just a few administrative regions within Pakistan, which considerably reduces the applicability of the findings. Additionally, self-reporting instruments are likely to introduce bias in the data collection process. The future endeavors, however, should employ a mixed method and longitudinal approach to elucidate the association between the variables investigated in this study.

5.2. Implications and suggestions

The findings of this study have practical implications for mental health clinicians, educators, and policymakers. The connection of parental bonding, alexithymia, and psychological distress strongly suggests that enhancing parent-child relationships as a form of boundary intervention could mitigate emotional issues in later life. Parents can be taught to secure parental bonds through alexithymia and psychological distress family therapy, as mental health professionals have appropriate strategies for this problem. Additionally, emotional intelligence programs could be introduced to help adolescents better understand and manage their emotions. In future research, applying the longitudinal study design more comprehensively is essential for assessing the impact of early bonding experiences on the later psychological and emotional well-being of children and adolescents. To deepen understanding of the emotional intricacies and daily relational experiences, qualitative methods would be beneficial, particularly in regards to emotional processing and relationships. Broadening the research scope to encompass diverse cultural and socio-economic backgrounds would enhance the diversity of the findings. Finally, the creation of intervention strategies aimed at strengthening parent-child emotional communication and emotional literacy, followed by an

assessment of these strategies, is necessary to ascertain their effectiveness in alleviating psychological distress.

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