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ALEXITHYMIA, EMOTIONAL REGULATION, PARENTING STYLE, AND PSYCHOLOGICAL DISTRESS AMONG CHILDREN

Khadija naveed
MS Scholar, Department of Clinical Psychology
The Superior University, Lahore. su92-mscpw-f23-004@superior.edu.pk
Sidra Tanvir
Lecturer, Department of Clinical Psychology
The Superior University, Lahore. sidra.tanvir@superior.edu.pk

Abstract

This study explores how alexithymia and emotional regulation influence psychological distress in children. The research aims to investigate the relationship between alexithymia and emotional regulation and how these factors contribute to psychological distress. Children who grow up in emotionally neglectful environments often develop difficulties in recognizing and expressing emotions, a condition known as alexithymia which leads to emotional dysregulation and heightened stress levels. A purposive sampling was used to collect the sample of 200 participants aged 10–15. Toronto Alexithymia Scale (TAS-20), Emotional Regulation Questionnaire (ERQ), Depression, Anxiety, and Stress Scale – Short Form (DASS-21) and the Parenting Style Inventory were used. The findings of the study revealed that there is a significant relationship between alexithymia, parenting style, and psychological distress. Emotional regulation mediated several relationships. Findings emphasize the need for early emotional education and positive parenting interventions to support children's mental well-being.

Keywords: Alexithymia, Emotional Regulation, Parenting Style, Psychological Distress,

Introduction

Childhood is a critical period for the development of emotional and psychological competencies (Sharma *et al,* 2024). During this time, children acquire foundational skills in emotional expression, understanding, and regulation—skills that are essential for their overall well-being, academic success, and social functioning. However, not all children develop these competencies uniformly. Emotional and psychological difficulties, including alexithymia and emotion dysregulation, have become increasingly recognized as early predictors of internalizing and externalizing disorders. Among the many factors that influence these outcomes, the role of parenting style remains one of the most significant (Zahra & Ahmad, 2025). Alexithymia, first introduced by Sifneos (1973), refers to a multidimensional construct characterized by difficulty identifying and describing one's own emotions, as well as a tendency toward externally oriented thinking. While originally studied in adults, recent research has documented the presence of alexithymia traits in children and adolescents. These children often experience emotional confusion, poor self-awareness, and social withdrawal, all of which can increase their vulnerability to psychological distress (Sharma *et al,* 2024).

Another important construct emotional regulation refers to the strategies individuals use to influence their emotional experiences and expressions. According to Gross's Process Model (2002), emotion regulation includes processes such as cognitive reappraisal, suppression, attentional deployment, and response modulation. The ability to regulate emotions adaptively is essential for navigating social environments and coping with stress. Children who struggle with emotion regulation are more likely to exhibit symptoms of anxiety, depression, aggression, and behavioural problems (Eisenberg et al., 2001). Parenting style significantly shapes the emotional development of children. According to Baumrind (1966), parenting styles fall into four main categories: authoritative, authoritarian, permissive, and neglectful. Each style carries distinct implications for children's emotional regulation and psychological

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outcomes. For instance, authoritative parenting, which balances warmth and discipline, is associated with better emotional outcomes, whereas authoritarian and neglectful parenting styles are linked to increased risk for emotional and behavioural difficulties.

In Pakistan emotional expression is often restrained and parenting may lean toward authoritarian practices, the risk for alexithymia and emotional dysregulation may be further intensified (Zahra & Ahmad, 2025). Thus, it is imperative to explore how these factors interact within this unique socio-cultural framework. The current study aims to examine the complex relationships among alexithymia, emotional regulation, parenting style, and psychological distress in children aged 10 to 15 years. By understanding these interconnections, the study seeks to provide evidence for early interventions and culturally sensitive parenting practices that promote children's emotional health and resilience. Alexithymia is increasingly viewed as a developmental risk factor for emotional and behavioural problems in children. It impairs emotional self-awareness and inhibits the development of effective coping strategies. Children with alexithymia may display flat affect, somatic complaints, or maladaptive behaviours due to their inability to articulate feelings (Kimonis et al., 2019). Taylor and Bagby (2004) proposed a cognitive-affective model of alexithymia, arguing that the condition undermines emotional processing, making emotional regulation strategies such as cognitive reappraisal less accessible.

Emotional regulation is a multi-component process that includes the monitoring, evaluation, and modification of emotional reactions (Gross & John, 2003). Dysregulated emotion in children often manifests as mood swings, impulsivity, and inappropriate social behaviour. Studies indicate that alexithymia is closely related to emotion dysregulation, especially in emotionally charged situations where labeling emotions is crucial (Tiefenbacher et al., 2017). Children who are unable to recognize or understand their emotions may resort to maladaptive coping mechanisms, such as suppression or avoidance. Parental influence plays a fundamental role in the development of a child's emotional capacity. Baumrind's (1966) parenting typology—authoritative, authoritarian, permissive, and neglectful—has been widely applied in developmental research. Authoritative parenting, characterized by warmth, responsiveness, and firm boundaries, is consistently associated with better emotion regulation, lower psychological distress, and greater resilience (Lamborn et al., 1991; Morris et al., 2007). These parents model healthy emotional expression and provide secure environments for emotional learning.

Conversely, authoritarian parenting—marked by high control and low warmth—often suppresses emotional expressiveness and fosters fear-based compliance. Research by Pace et al. (2020) found that such environments are linked with higher levels of alexithymia and emotional dysregulation in children. Neglectful parenting is perhaps the most detrimental, depriving children of both emotional guidance and support. These children frequently exhibit symptoms of psychological distress, including anxiety, depression, and conduct issues (Bowlby, 1982). Permissive parenting, while emotionally supportive, often lacks structure and discipline. Children raised in such environments may struggle with impulse control and emotion regulation due to the absence of consistent boundaries (Kochanska et al., 2000). Each parenting style differentially impacts emotional competencies and may either buffer or exacerbate the effects of alexithymia. In collectivist societies like Pakistan, emotional expression is often restrained to preserve social harmony. Children are expected to conform and respect authority, which can discourage open emotional dialogue. Such cultural dynamics may unintentionally promote alexithymic tendencies by limiting emotional vocabulary and

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reducing emotional validation within the home. Studies from South Asian contexts have highlighted a higher prevalence of emotional suppression and parental authoritarianism (Pace et al., 2020), underscoring the need for culturally tailored emotional development programs.

Recent empirical work emphasizes the interaction between these constructs. Gianini et al. (2018) found that alexithymia and emotion dysregulation serve as mediators between negative parenting and psychological distress. Similarly, Eisenberg et al. (2005) identified parenting practices as both direct and indirect influencers of children's emotion regulation skills and subsequent mental health. These findings validate a multi-level framework where individual traits (e.g., alexithymia), familial influences (e.g., parenting), and social context jointly contribute to child outcomes.

Methodology

Sample

The study included 200 school-going children aged 10–15 years which are selected from public and private schools in Lahore, Pakistan, purposive sampling was used. Inclusion criteria included participants with understanding of English language and they don't have any kind of developmental and neurological disorder.

Instruments

Toronto Alexithymia Scale (TAS-20) was used to measure alexithymia. Emotional regulation was assessed using the Emotional Regulation Questionnaire (ERQ). Psychological distress was measured with the DASS-21, and parenting styles were evaluated using the Parenting Style Inventory (Darling & Steinberg, 1993).

Toronto alexithymia scale. Toronto Alexithymia Scale (TAS-20) is a standard self-report-based scale developed to examine the level of alexithymia. Alexithymia is a characteristic of a person who has difficulty recognizing and expressing their emotions, and he focuses more on external conditions rather than internal emotions. The scale was developed by Begby, Parker, and Taylor (1994). There are a total of 20 statements in the TAS-20, which are ranked on the five-point Likert scale, where 1 means "do not agree at all" and 5 means "fully agreed". This scale consists of three sub -scales: Difficulty in recognizing emotions (DIF) - This sub -scale assesses the person's ability to identify his own emotions. DDF (DDF) - It measures the person's ability to describe his emotions in words. The thinking of external things (EOT) - This shows the habit of focusing on external details rather than considering the individual's inner emotions. The total score of this scale is between 20 and 100. If the score is 61 or higher, the individual is considered "Alexithymia", the score of 52 to 60 indicates "potential Alexithymia", while people with 51 or fewer scores are considered "non-alexithymia". This scale has shown good internal compatibility in various cultural and clinical populations, re-measuring reliability, and constructive authenticity (Taylor, Bagby, & Parker, 2003). TAS-20 is widely used in both research and clinical contexts thanks to its strong psychological features and easy use, especially in individuals who suffer from temperamental problems, psychological problems with physical symptoms, or autism spectrum disorders.

Emotional regulation questionnaire. Emotional Regulation Questionaire – (ERQ) is a standard self-report questionnaire that was developed by Gros and John (2003). The purpose is to examine what methods of people use to manage emotions. This questionnaire is based on two basic strategies: First, County Reappraisal, which reflects an attempt to overcome its

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emotions by thinking of a negative situation from different angles, and second, Expressive Suppression, which reflects the appearance of emotions. This questionnaire contains a total of 10 items, which are ranked on the seven -point lecturer scale (1 = do not agree at all, 7 = fully agreed). Six of these items are related to re -appearance while four are related to the spirits. The higher the score for each strategy shows its more use. ERQ has been used in various cultural and psychological contexts with good reliability and accuracy. This questionnaire is especially used in mental health, emotional development, interfaith relationships, and personality research.

***Parenting style inventory*.** Parenting style inventory, developed by Darling and Steinberg (1993), is a self -reporting questionnaire that aims to assess a general -style training with parents. This questionnaire is based on the parenting styling model of the famous psychologist Baumerand and tests three basic style training: optional (Authoritative), dictator (Authoritarian), and gentleness/slow (permission). This inventory studies the emotional environment in which parents raise their children and how this environment affects the psychological and emotional development of children. Parents guide children by combining love, attention and discipline in optional style training. In the dictatorship, parents are hard, emphasizing discipline, but less sympathetic. Parents give children freedom in slow or gentle-based training, but do not set clear rules and limits. This questionnaire is used in research and clinical contexts to understand the relationship between parents' attitudes and the emotional or educational development of children. It has been successfully used in various cultural groups around the world and is an effective tool for training.

Depression, anxiety, stress scale (DASS). Depression, anxiety and Stress Scale (DASS) is a famous self -report questionnaire that was developed by Livi Bond and Livi Bond (1995). Its purpose is to examine the severity of negative emotional causes such as depression (depression), anxiety (anxiety), and stress (mental stress). There are two types of DASS: full DASS-42, which contains 42 items (14 items for each sub-scale), and short DASS-21, which contains 21 items (7 items for each sub-scale). Each item is ranked on a four-point lecture scale, where 0 means "not applied at all" and 3 means "most time or fully applied". Depression sub -scale contains symptoms such as depression, frustration, and lack of energy. Anxiety sub -scale contains symptoms such as physical anxiety, panic, and fear, while the stress all scale measures such factors such as mental stress, irritability, and not resting. This scale is not used to diagnose a disease but to assess the severity of the symptoms, especially in research and clinical contexts. It has shown good psychological properties in different cultures and age groups and has also been found to be effective in testing the treatment results.

Procedure

The data collection process was carefully structured to maintain ethical standards, ensure data quality, and provide a comfortable environment for participants. Prior to initiating the study, formal approval was obtained from the ethics review board of Superior University, as well as written permission from the administrative authorities of selected schools located in both public and private sectors in Lahore, Pakistan. Following institutional permissions, informed consent forms were distributed to the parents or legal guardians of potential participants. These forms included a clear explanation of the study's purpose, procedures, potential risks, and assurances regarding confidentiality and the voluntary nature of participation. Only those students whose parents provided signed consent were included in the study.

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Once consent was secured, data collection was conducted during school hours in designated classrooms provided by school administrators. The children were gathered in small groups (10–15 students at a time) to allow for manageable supervision and support during questionnaire administration. A brief verbal orientation session was conducted to explain the purpose of the study in child-appropriate language, emphasizing that there were no right or wrong answers and that their responses would remain confidential. Participants were also informed of their right to withdraw from the study at any point without facing any consequences. The children then completed a structured set of self-report questionnaires that assessed alexithymia, emotional regulation, parenting style, and psychological distress. The instruments were: Toronto Alexithymia Scale (TAS-20) – Child version, emotional Regulation Questionnaire (ERQ), parenting Style Inventory (adapted from Darling & Steinberg, 1993), Depression, Anxiety, and Stress Scale (DASS-21). Each child was provided with a printed questionnaire set and a pencil. Trained research assistants and the class teacher were present to ensure that participants understood each question and to assist in case of confusion, without influencing their answers. The entire process took approximately 20 to 25 minutes per child. To reduce response fatigue and maintain attention, breaks were allowed when necessary. After completing the questionnaires, students were thanked for their participation, and light refreshments were provided as a gesture of appreciation. All responses were collected immediately and stored securely to maintain confidentiality.

The completed questionnaires were coded and entered into SPSS (Statistical Package for the Social Sciences) version 25 for statistical analysis. Variables were labeled, and data cleaning was performed to check for incomplete or invalid responses. Pearson correlation, and multiple regression were conducted to test the study hypotheses. Throughout the process, ethical guidelines were strictly followed, particularly regarding voluntary participation, protection of vulnerable populations (children), informed consent, and data confidentiality.

Hypothesis

H1: Higher level of authoritarian parenting style is positively associated with increased risk of alexithymia in children.

2. H2: Children with higher alexithymia scores will report lower emotional regulation abilities

3. H3: Emotional regulation mediates the relationship between parenting style and psychological distress in children.

Results

Table no 1

Table showing the result of correlation analysis

Variables	alexithymia	Emotional regulation	Psychological distress	Parenting style
Alexithymia	-			
Emotional regulation	.30**	-		
Psychological distress	.25**	.45**	-	
Parenting style	.35**	.28**	.40**	-

p <.05. ** p > .01.

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The following table shows the Pearson Correlation among the key variables. A positive and prominent relationship with the psychological pressure (psychological distress) of alexithymia (Alexithymia) was found (r = .45, p <.01), while also a medium positive relationship with parenting styling (r = .28, p <.01). Emotional Regulation was negatively associated with alexithymia (r = .30-, p <.01) and psychological distress (r = --.35, p <.01).

Table 2

Table showing the results of regression analysis

Predictor	B	SEB	β	T	P
Constant	12.35	3,20	-	3.86	.000
TAS	0.28	0.07	.35	4.00	.000
ERQ	-0.19	0.06	-.29	-3.17	.002
PSI	0.21	0.09	.20	2.33	0.21
DASS	0.14	0.08	.17	1.75	0.82

DV = psychological distress (DASS), B = unstandardized coefficient, SE B = standard error of B, β = standardized beta.

A multiple linear regression was made to examine whether alexithymia, emotional regulation, parenting style, and psychological distress predict psychological distress scores in children (age 10 to 15 years). This model proves to be statistically meaningful, $F(4, 193) = 15.62$, p <.001, and about 24.6% of the variable ($R^2 = .246$). Alexithymia (β = .35, P <.001) and emotional regulation (β = -.29, p = .002) proved to be the main predictors of psychological stress, while parenting style and psychological pressure proved to be weak or non-significant.

Discussion

This study confirmed that alexithymia, emotional regulation, and parenting style are interconnected factors significantly associated with psychological distress in children. Higher alexithymia levels were related to increased distress, supporting past literature. Children with poor emotion regulation were more likely to experience stress, anxiety, and depression. These findings support models of emotional development and parental influence. Alexithymia found a positive relationship with psychological distress (psychological distress) and negative parenting styles, which shows that children who feel difficult to identify and describe their emotions suffer from more mental stress, especially in a home environment where there is a lack of emotional support. On the contrary, the emotional regulation was found to be negatively connected with both alexithymia and psychological pressure, which indicates that emotional discipline plays a protective role in dealing with negative emotions (Gross, 2015). Regression Analysis made it clear that the factors that are effective in predicting of alexithymia and emotional discipline psychological stress. Where alexithymia poses a positive predicted psychological pressure, emotional discipline is negatively predicted (Rehman *et al,* 2025). Parenting style is a weak predictor, but its effect is still meaningful on psychological consequences. These results support the theories of emotional socialization, which consider individual emotional skills and the mutual impact of the family environment important to children's mental health (Zahra & Ahmad, 2025).

Conclusion

In conclusion, the research demonstrates a clear relationship between alexithymia, emotional regulation, parenting style, and psychological distress in children. The findings emphasize the importance of emotional education at home and in schools, along with supportive parenting, to promote children's psychological well-being.

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