IMPACT OF PARENTAL BONDING ON ALEXITHYMIA AND PSYCHOLOGICAL DISTRESS AMONG ADOLESCENT

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The undersigned certify that they have read the following thesis, examined the defense, are satisfied with the overall exam performance, and recommend the thesis to the Faculty of Social Sciences for acceptance.

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Candidate of **Master of Philosophy** at the National University of Modern Languages do hereby declare that the thesis **"Impact of Parental Bonding on Alexithymia and Psychological Distress among Adolescents"** submitted by me in partial fulfillment of M.Phil degree, is my original work, and has not been submitted or published earlier. I also solemnly declare that it shall not, in future, be submitted by me for obtaining any other degree from this or any other university or institution.

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ABSTRACT

Title: Impact of Parental Bonding on Alexithymia and Psychological Distress among Adolescents

The present study was designed to investigate the impact of parental bonding on alexithymia and psychological distress among adolescents. Data was collected from various schools and colleges of District Attock, Rawalpindi, and Islamabad following the convenient sampling technique. Total sample of (N=400) students including both boys (n=200) and girls (n=200) with age range of 16 to 21 participated in the study. In this study, Parental Bonding Instrument (PBI; Parker et al., 1979), Toronto Alexithymia Scale (TAS; Taylor et al., 1986), and Depression Anxiety Stress Scale (DASS; Lovibond, 1995) were used. The results indicated that Father's warmth, authoritarianism, and protectiveness, and Mother's protectiveness and authoritarianism have significant positive correlations with Toronto alexithymia scale. On parental bonding dimensions, father's warmth is positively correlated with anxiety; protectiveness is significantly correlated with depression and anxiety; authoritarianism is significantly positively correlated with depression, stress, and anxiety. Mother's warmth is significantly interrelated with anxiety. On both dimensions of parental bonding mother's (protectiveness and authoritarianism) are considerably interrelated with DASS (depression, stress, and anxiety). Moreover, significant differences ($p < .05$) existed on father's and mother's protectiveness and authoritarianism. Overprotective adolescents scored higher on alexithymia scale. The score of alexithymic adolescents were high on psychological distress as compared to non-alexithymic adolescents. However, no significant gender and age-related differences emerged on any of the study variables. The outcomes of this study would help parents (to improve their parenting practices) and mental health professionals too for the development of such programs through which they can guide parents for the improvement of parenting practices which reduces negative personality traits and psychological distress in the adolescents.

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LIST OF ABBRIVIATIONS

PBIF	Parental Bonding Instrument Fathers
PBIM	Parental Bonding Instrument Mothers
TAS	Toronto Alexithymia Scale
DASS	Depression Anxiety Stress Scale
FW	Father Warmth
FP	Father Protectiveness
FA	Father Authoritarianism
MW	Mother Warmth
MA	Mother Authoritarianism
MP	Mother Protectiveness
DEP	Depression
ANX	Anxiety
STR	Stress

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CHAPTER 1

INTRODUCTION

The relationship between a parent and a child is one of the most essential partnerships created throughout a person's life (Steinberg, 2001). Family plays a key role in the formation and development of the personality of a child whether they are having a normal or special child. Parenting influences all areas of an adolescent's social and psychological functioning, as well as the good and bad characteristics of their conduct (Jeammet, 2004). Parenting requires a variety of skills (e.g., teaching the values of love, self-confidence, empathy, and emotional expression) and sensitivity to meet the needs and demands of the child (Bornstein, 2002). In such situations when parents fail to fulfill the demands of the children; some of the children develop specific traits such as alexithymia in which they are unable to identify and express their emotions (Dawoud, 2016).

Parents' overall personality (positive or negative) reflects the children's outlook (in the form of their behavior). Expressions of emotions are the key factor for successful life and children can learn these patterns from their surroundings. During childhood they observe a lot of things from their family environment whether they are living in nuclear family or joint family system. Some of the children develop such problems (alexithymia) that may affect their all areas of functioning (personal, school, working, and marital relationships) (Gunsch, 2010). Those individuals having such personalities may have various physical and mental health-related problems(e.g., autism spectrum disorder, somatoform disorders, panic disorders, substance abuse, coronary spasm, depression, anxiety, obsessive-compulsive behaviors, eating disorders, and sleep disorders) (Ahadi et al., 2014; Paull, 2013). With the passage of time, as child grows up their initial personality traits affects various outcomes (positive and negative) in their future life.

The parenting techniques chosen by parents are a crucial element in shaping the social and personal development of children. The attitude of the parents has a direct impact on the personal features and characteristics of the children's personalities. The family's attitude and actions have a positive or negative complimentary effect on the development of the children's personalities and psychological disorders. Parenting is one of the most important things that influence a child's personality. The attitude of the parents has a direct impact on the child's psychological development and personality development. It has been proven that parental attitude has a direct impact on all developmental stages of children. The diverse attitudes (strict, flexible, and protective) have a variety of effects on the personality and psychological development of children.

The current study focuses on how parental bonding influences teenagers' personalities, as well as the consequences of negative personality traits and how these qualities contribute to adolescent stress, anxiety, and depression. There is also a belief that there is no single root cause of alexithymia and psychological distress in adolescents; rather, a number of factors have a role in the development of alexithymia and psychological distress in adolescents, particularly in relation to parental attachment. Poor parental connection, attachment, and alexithymia have all been recognized as unique interpersonal risk factors for the development of psychological distress in adolescents (depression, anxiety, and stress) (Epkins & Heckler, 2011).

As demographic factors are social in nature and changes occurs according to the person’s characteristics. Furthermore, this study has also highlighted the gender and age-related differences in study variables. The detail of all the study constructs is as follows:

1.1 Parental Bonding

Parental bonding is the term used to describe the relationship between a parent and their child. Emotional ties arise between infants and their primary caregivers, and these

early affection experiences impact their future development (emotional, social, and cognitive aspects) (Bowlby, 1969; 1977). According to Childers (2010) parental bonding defined as physical and emotional attachment that occur between the parent (usually a mother) and a child from the time of birth and is the reason for the additional enthusiastic association. A potential effect occurs by this parental bonding and may lead to a better life quality. Bonding is defined as an emotional attachment which is formed between a parent and a kid and is manifested by parental feelings of love, fondness, protection, patriotism, responsibility, and concern. At that point when a parent gives care to the children, such children have a feeling of happiness in interaction, association, accepting obligations, and commitments (Babita, 2011).

In family relations, parent-child relationship is significant and based on essential key components. The effect of primary parent-child relationship on emotional wellness could be perceived best in the domain of the attachment theory, which is among the utmost influential theories in the field of development psychology. Attachment theorists recommend that an infant develop a sense of security because of affect, ability, and responsiveness given by the guardian (parents as a rule) (Bowlby, 1988). With regard to the attachment theory the differentiation between attachment behavior and parental bond is necessary. In spite of the fact that bonding and attachment considerably overlap, however, they are not similar (Allen & Manning, 2007). The connectedness behavior is related to the neonate's behavior which endorses closeness to the individual with whom the neonate attached, however, a parental bond is related to the individual's analysis of a relationship with their parents (Cassidy, 2008). Bowlby, talked about "parenting behaviors" in relationship to a mother's tie with her infant observed parenting behaviors as a biological inclination to protect and care for infants. Surely, when baby's attachment system is

disrupted, the mindful framework of a mother is activated giving a protected base to newborn child to investigated (Cassidy & Shaver, 2008).

A strong link between a parent and a child according to the literature is the cornerstone for future development of stable bonding (Fogel, 2009). Acceptance, responsiveness, nurturance, and support are all the examples of parental care. However, control by the parents may be defined as the degree of autonomy that parents grant to their children. Various terminologies have been used interchangeably in the literature to refer to parental attachment perceptions.

1.1.1 Theoretical Background

Various approaches in the literature highlighted the role of parental bonding in the life of children and adolescents. Some of the most relevant approaches are as follows: -

Attachment Theory. This theory states that: early experience often plays a crucial role in the development dynamic that yields pathology, but this role is dependent on a surrounding context of sustaining environmental supports (Sroufe et al., 199).

Attachment theory was presented by Bowlby in 1969 as a developmental setting for any kind of mental illness. According to theories regarding attachment it is observed that attachment with your caregivers effect the sense of security and insecurity in the children (Bowlby, 1969).According to attachment theory, adolescence is a phase in which a person's perception of self and others grows(Bowlby, 1973). It depends on the response and attention of the caregiver to a child, insecurity is developed due to the irresponsive behavior of the caregiver (Ainsworth et al., 1978). According to Bartholomew and Horowitz (1991) bonding theory with the combination of internal working modules produce different bonding styles.

Bartholomew and Horowitz (1991) anticipated in the light of Bowlby's (1969) thought of secure and insecure bonding that four sorts of attachments are based on self-

esteem feelings of one's thought regarding others that may be positive or negative; those four styles are; (i) Secure association style with securely added individuals who have high self-esteem and regard for others. They can shift as a result of proximity and opportunity. These people have a foundation set apart by warm and responsive association figures previously; (ii) Restless-distracted style of connection and holding used to be over-dependent on individuals by whom they get a consistent reaction. They for the most part have no or more negative stance for themselves; (iii) Rude-avoidant kind of holding in which individuals keep away from the connections, they likewise have more negative stance for other people. They search for less closeness and deny close connections, and (iv) People with fearful-avoidant association style has a more adverse viewpoint on self just as on others. They adopt the care they got as children from their primary caregivers (generally their parents), which serves as a foundation for their mental depictions of themselves and others(Bartholomew & Horowitz, 1991).From newborns to adults, the attachment and bonding hypothesis and its functions in clinical contexts have evolved in scope and importance. Meanwhile, its inception, it has been designed, tested, and employed to understand human working over the course of lifetime (Parkeset al., 1993).

A good social relationship can be built on the foundation of a sound attachment system that has a positive image of self and others. It also allows for functional emotion management (Belsky & Cassidy, 1994). Connection hypothesis isn't simply established on clinical discernments yet likewise settled inside strong analyses that confirm an essential spot in contemporary formative brain science (Cassidy, 2008). There is stability in the inner association of the bonding behavior system as the basic purpose is to gain bonding. This attachment is being terminated in case of separation between child and primary caregiver (Cassidy, 2008). Attachment theory has made substantial contributions to clinical

psychology over the last 30 years by identifying many mental diseases and their etiologies (Priceputu, 2012).

Baumrind's Parenting Styles Theory. Three prototypes of parenting relationships are presented by Baumrind's (1966) are the mixture of love, warmth, care, and control which areas under: -

- ***Permissive parenting style.*** The permissive or tolerant parent endeavors to carry on in a non-punitive, acceptant, and confirmed way toward the child's motivations, activities, and wants which advances activities and dynamic aptitudes in the child. Permissive guardians show warmth and less command over the child (Baumrind, 1966).
- ***Authoritarian parenting style.*** The authoritarian parent tries to mold, manage, and evaluate the child's behavior and mentalities according to a set of rules; usually a standard rule inspired and described by a higher authority. Baumrind (1966) recommends corrective, strong actions to check self-will at points when the child's activities or convictions conflict with what they believe is correct. Authoritarian guardians show less warmth to their children yet apply brutal confident control. This authoritarian style is portrayed by strict obedience and respect for the rules.
- ***Authoritative parenting style.*** The authoritative guardian endeavors to coordinate the child's exercises in a normal, issue-oriented way. Parents coordinate verbally of give and take, share thinking behind strategy with their children, and request child's refusal when he shows no adjustment. Both self-sufficient self-will and restrained similarity are esteemed by the authoritative guardian. The authoritative style forces clear standards and, simultaneously, regard for the child's desires. Authoritative guardians are lenient towards their children yet also apply decisive control (Baumrind, 1966).

Furthermore, Maccoby and Martin (1983) have expanded these typologies of parental attachments and added one more style that is careless nurturing in which the parent has less command over the child and shows less warmth.

Rohner's Theory of Parental Acceptance-Rejection. Rohner's (1986) parental acceptance-rejection theory is widely regarded as a socialization theory. This focuses on four important aspects of child development: cognitive, behavioral, emotional, and personality. A caregiver, who can be a mother or a father, gives their children love and respect. This affection is received by every individual in a quantity of less or more. The key elements of this acceptance and rejection are the parents (Hussain &Munaf, 2012).

Social Learning Theory. This theory suggests that there are kinds of learning where indirect fortification is not the common succession, rather there is a social component included that encourages learning. Therefore, individuals can learn new data and practices through observational learning. There is a strong amount of research that has built up a solid relationship between parent-child communications and adjustment to adolescents (Bandura, 1977).

The social learning theory of Bandura (1977) is agreeable to classical and operant conditioning techniques of behavioral theory. Though, social learning theory enhances two other essential ideas; that is a) a process of mediating that arises among stimuli and response, and b) that the responsive actions are adopted through observational understanding (Domenech et al., 2009).

According to Ainsworth (1978) in adolescents the perception of good model of self and others promotes compatible care and sensitivity of caretakers. Insecure attachment has been related to perceived parental overprotection in both empirical and theoretical studies. Furthermore, secure attachment has been linked to parental care (Ainsworth et al., 1978). Adolescents are motivated to create a positive model of self and other by the parental

figure's impression of trustworthy consideration and affectability. It is a general debate on multidimensionality of parenting perceptions. Nonetheless, it is widely accepted that there are two fundamental aspects of parenting that are important for teenage problem behavior, namely control and care (Maccoby & Martin, 1983).

According to research, parental consideration is basic in 'Scaffolding' kids to a higher degree of working during puberty (Fogel, 2009). In this sense, parental bonding has an impact on whether an adolescent develops emotional problems. According to research, parents remain most essential factor in teenagers' good psychosocial functioning, and this disparity is explained by the nature of the parent-child bond (Doyle & Moretti, 2000; Doyle et al., 2002; Moretti & Holland, 2003). However, as adolescents aspire for autonomy and parents believe it is hard to find new ways to help their children at this age, the parent-child relationship becomes insecure (Moretti &Peled, 2004). The impact of parental attachment on adolescent development has been extensively studied.

In this regard, literature suggested that children develop such personality traits like alexithymia due to poor or inadequate parental bonding. For instance, a study was conducted by Gill et al. (2008) on attachment styles, parental bonding, and alexithymia among adults. Results of the study declared that alexithymia has linked with insecure attachment style and parental bonding. Recently, another study was conducted by Romeo et al. (2020) on attachment, fibromyalgia, and alexithymia. Results of the study represented those main characteristics of alexithymic trait were found in patients with fibromyalgia and those patients have also reported insecure attachment styles and dysfunctional parental bonding.

1.2 Alexithymia

The term Alexithymia was first introduced by psychiatrists Sifneos and Nemiah in 1970s, in description to deficits in emotional process during observation of their patients.

Taylor (1984) noted that individuals with alexithymia have a difficult time detecting and articulating their feelings, as well as distinguishing between emotional and physiological states. According to Taylor et al. (1997), alexithymic people have four distinct characteristics (i) they face difficulty in identifying feelings and also face problem in showing discrimination between bodily and feelings atmospheres of emotional stimulation; (ii) they face difficulty while describing their feelings to other people (iii) they have limited process of imagination and (iv) style of extremely cognitive and stimulus-bound.

Furthermore, Taylor (1997) defined the term alexithymia in this way that alexithymic individuals are basically organismic automatons functioning in a one-to-two-dimensional universe, one robbed of the depth of feelings. Alexithymia is a characteristic in which individuals face issues in perceiving and communicating his/her feelings. Individuals with alexithymia likewise face trouble in recognizing feelings from sensations. Those individuals show the absence of innovative ideas and they regularly participate in thoughts that are orientated by outside rationale (Taylor et al., 1999).

Alexithymia is further defined as those people are unaware of their feelings and are unable to connect them to memories, imaginations, or specific situations (Taylor &Bagby, 2000).Gross(2004) characterised alexithymia as an individual's inability to adequately manage their emotions. According to De Rick and Vanheule (2006) difficulty with recognizing, regulating, and processing emotions is called alexithymia. A recent definition presented by Taylor and Bagby in 2013 in this manner: -

(i) Difficulty in identifying the feelings;

(ii) Difficulty to discriminate among emotional situations and bodily sensations;

(iii) Difficulty to find words to define feelings;

(iv) The lack of imagination; and

(v) Lack of awareness for emotional arousal.

Similarly, Pellerone et al. (2017) defined alexithymia as those people cannot describe their own and others feelings and emotions, lack of creative, imaginative activities, and the thinking style that pays great attention to external details of events and is unable to process their emotional information.

1.2.1 Types of Alexithymia

Two types of alexithymia are introduced by Freyberger (1977) which are primary alexithymia and secondary alexithymia. The brief description of both types is as under: -

1.2.2 Primary alexithymia

Primary alexithymia may get from a psychic trauma happening during adolescence or from negative primary caregiver interactions. Primary alexithymia is a stable character attribute that gets shaped during childhood and early grown-up years. Primary alexithymia is developmental (Freyberger, 1977).

1.2.3 Secondary alexithymia

Secondary alexithymia is set to emerge not during early development but rather in the view of events happening later in life. Those individuals having bad experiences in their lives can develop this type of alexithymia. Consequently, while primary alexithymia may assume a part as a vulnerability factor for mental illness and secondary alexithymia is believed to be a result of the illness (Freyberger, 1977).

1.2.4 Theoretical Background

Theoretical background consists of some psychosocial and biological theories regarding the etiology of alexithymia (Taylor &Bagby, 2004). In this context, childhood experiences, neurobiological differences, and hereditary aspects are elaborated below: -

Gene vs. Environment. Alexithymia is thought to be hereditary, linked to early infancy events, or a combination of the two, according to Sifneos (1973). Studies revealing those degrees of alexithymia link across generations in a same family back up this theory

(Fukunishi& Paris, 2001; Lumley et al., 1996). In addition, a study of twins found that non-shared environmental factors account for 50-56% of variance in alexithymia and its sub-components, genetic effects account for 30-33%, and shared environmental factors account for 12-20% (Jorgensen et al., 2007).

Psychoanalytic Theory. Elaborates about the importance of developmental stages in the formation of alexithymia. It is suggested by McDougal (1982) that instincts are not mentally processed by patients with alexithymia, but it affects the body directly. The cause behind this is disruption among the mother and child interaction at the very first stage of their attachment and caused by the failure of the child to establish their inner representation regarding instinctive impulses.

Owing to this lack of ability, instincts are expressed by being openly released instead of being sorted and linked to fantasies and semantic symbols. McDougal (1982) suggests that inability to name, differentiate, and work out emotional states is a resistance structure that protects patients with alexithymia from psychotic anxiety.

Developmental Prospective. The value of several developmental phases is highlighted from a developmental perspective. In this process, the primary caregiver of the growing child plays a vital and critical role. In accordance with this perspective, a child's parents could have been failed to adequately construct a language of emotional trauma or feelings at any stage of development, which could account for the development of alexithymia. The amount of information, intensity, and forms of emotion communicated in the family were all linked to children's affective responses. Learning what to feel and how to articulate what they have felt in their families is the process of emotional expression. When their families affect expression was constrained, children tended to show constricted affect. Children from families with a high level of expressiveness, on the other hand, can freely express themselves. Attachment during childhood, perceived lack of maternal care,

parental attitude, perceived lack of warmth in father-daughter relationships, paternal indifference and maternal abuse, paternal indifference and maternal abuse, and paternal indifference and maternal abuse were all linked to alexithymia and tends to play an important role in the development of alexithymia characteristics during resting period (Zdankiewicz-Ścigała, 2017).

Cognitive Neuropsychological Theories. The research experts of cognitive neuropsychology expect to clarify the etiology of alexithymia corresponding to the mind and brain structures. Previous neuroscientific discoveries demonstrated that the idea of enthusiastic issues is secured in the limbic framework and its association with the neocortex (Nebycilin, 1971).

The limbic framework participates in feelings, emotions, and experience, while the neocortex is answerable for insight, observation, and motor abilities. According to this aspect, the etiology of alexithymia is perceived as concealment of instincts forces in the limbic framework prompting the neocortex, which brings out issues in feeling and dream life. Nebycilin (1971) recommended that feelings result from action before the limbic framework, where the limbic framework goes about as a generator of enthusiastic driving forces, while the average basal and orbital cortex is their modulator.

Anterior commissure and alexithymia. The anterior commissure serves to connect olfactory parts of the brain (paleocortex). Gazzaniga's (1989) the theory proposes that people with a disrupted function of the anterior commissure are unable to experience emotion, whereas they may have access to an accompanying cognition in the course of time.

Anterior cingulum and alexithymia. As early as in 1937 Papez stated that the anterior cingulate cortex takes part in the regulation of emotions.The cingulate cortex also helps to process attention, pain, maternal behavior, skeletal motor functions, etc. It can be

divided into dorsal and rostral parts, the former being cognitive and the latter being affective. The rostral affective part of the cingulum is emotional, whereas the dorsal cognitive part is not primarily intended for emotional processing, even though it is influenced by the rostral part. From this point of view, alexithymia might be understood as a deficit in intentional emotional experience connected with a concomitant autonomous activation, which can be mediated by a functional disruption of afferent interceptive emotional information in the anterior cingulated cortex (Papez, 1937).

Frontal cortex and alexithymia. A theory of emotions developed by Damasio (1994) divides emotions into primary and secondary ones. In this conceptualization, the primary emotions cover manifestations of the basic emotions, such as fear, happiness, disgust, anger, etc. The primary emotions are ensured by the limbic system and gyrus cinguli. The secondary emotions develop as mental representations of the primary ones, i.e. pre-frontal systems play an important role during their development. For this point of view alexithymia might be understood as a deficit in pre frontal system.

In this regard, some literature suggested that inadequate parental bonding is the main cause of alexithymia in adolescents and those adolescents also suffer from psychological distress. For instance, a study was conducted by Riethof et al. (2020) on alexithymia, traumatic stress symptoms, and burnout among females. Results have shown that depressive and traumatic stress symptoms are associated with alexithymia and with the symptoms of burnout. According to their findings, burnout is linked to alexithymia and chronic stress symptoms both are happened due to traumatic events such as abuse or neglect. In more recent time, another study was conducted by Quinto et al. in 2021 on alexithymia, psychological distress, and social impairment. The findings of the study showed that alexithymia was associated with various psychological disorders such as depression, anxiety, and psychological distress.

1.3 Psychological Distress

The term distress was first discovered by Seley in 1974 as some negative feelings developed due to situations of challenge and threat and our coping skills are collapsed by this state. Kovacs and Beck (1978) states that 3900 years old scripts of Egyptian text describe a picture of a distressed person as pessimistic, hopeless, having vulnerability to suicide, and hard to managed daily task. According to Pearlin (1989), there are three levels in which the stress processes; social stratification (i.e., gender, age, ethnicity, and class), social institution that provides status and role to individuals, and interpersonal relationships. These three levels are considered the key factors that determine the exposure to specific stressors, the expression of distress, and the strategies that are used to mitigate within stress.

Chalfant in 1990 describes psychological distress as the unremitting experience of grief, tenseness, peevishness, and poor interactive relationships. According to Thoits (1991), the conspicuous aspects of specified social roles are crucial to the connection between stress and discomfort, and events or situations with stress that threaten role-identities are the primary causes of a person's mental illness. Stress becomes distressed when it is undesirable, unpredictable, and constant; due to serious life-changing situations. Psychological distress is characterized as feelings of pessimism, hopelessness, loss of interest, problem in falling asleep, and suicidal thoughts (Decker et al., 1997). It’s an emotional battle of an individual when one feels difficult to cope with offensive and frustrating situations (Lerrutla, 2000).

According to Wheaton (2002), psychological distress scales include items for depression and anxiety since psychological discomfort is defined by anxiety and depression symptoms. Psychological distress according to Mirowsky and Ross (2002) is an emotional state characterised by symptoms of anxiety (e.g., restlessness& tenseness) and depression

(e.g., melancholy, lack of interest, and hopelessness). Psychological distress is defined as the failure to cope effectively with a stressful situation that affects one's mental or physical health, as well as the emotional anguish that arises from this inadequate coping (Ridner, 2004).This ineffective coping the combination of depression and distress along with little anxiety declares the issue of psychological distress as it lies in the path of depression (Horwitz, 2007). Psychological distress and mental disorders (depression & anxiety) are two different phenomena but they are not fully independent from each other (Payton, 2009). There is a long-standing acceptance is perceived about psychological distress is formed in the anxiety, irritation, sadness, emotional vulnerability, and self-consciousness that are interrelated with physical functioning, decreased quality of life, and increase in health services (Lahey,2009).

1.3.1 Theoretical Background

Medical Model. Around the world, the medical model is prevailed or seems dominant in the sight of pathology (Novello, 1999; Kaplan, & Sadock, 1998). Similarly, every other ailment that causes psychological suffering is classified as a sickness in the same category. Although the same model is used by medical practitioners to define psychological distress. It can be said, psychological distress is related to neurological fault and is responsible for disordered thoughts and behavior, so medical treatment and care are required in this case (Carson et al., 1996).

Interpersonal Theory.Elaborate psychological complications to dysfunctional forms of interaction (Carson, 1996). Theory highlights that man is a social animal and production of relationships is founded among all individuals with others, so the psychological distress also found and their maladaptive behaviors are also observed; that is caused by unsatisfied relationships among individuals in past and present. Different patterns of people’s interpersonal relationships cause psychological distress.

Psychodynamic Theory. Psychoanalytic theories guide for pathology it means to discuss psychological distress from an intrapsychic point of view. This theory elaborates the unconscious process and defense mechanism in normal and abnormal behaviors. Experiences of early childhood, later affect personality development. As psychologists examine the present behaviors by relating to past conflicts and happenings. So, the psychological distress may be described and linked with his/her past unsatisfactory relations, weak defense mechanism, the maladaptive style used, and inappropriate experience of the social atmosphere (Box, 1998; Clair, 1996).

Cognitive Theory. The cognitive model describes psychological distress as the process of negatively biased cognition (Barlow & Durand, 1999). This process is caused by the experience of an individual with society; people have a negative point of view regarding them and of their environment and future (Weinrach, 1988). They think of themselves as they are worthless, not lovable, inadequate, and deficient. According to the theorists, people having dysfunctional behavior and excessive effect is due to interpretation of experiences in the social atmosphere in inappropriate and excessive ways. This model elaborates those emotional difficulties are the product of events that have been exchanged beyond life, this type of influence individual's feeling and behavior at different life stages.

Pearlin's Theory of Psychological Distress. Pearlin's (2010) theory of psychological distress is different from other theories as he disagrees with the stages of development given by many scientists (i.e., Erikson, 1902). According to Pearlin (2010) "transition is a lifetime process and it is not only restricted to the adulthood. Individual experiences a series of occasions which collectively contribute to bringing change". Further, he identified four elements to explain the pathways an individual must go through and those elements are stated as under: -

(i) Nature and timing of response (ii) Availability of social support (iii) Skills for stress coping and (iv) Individual characteristics.

Pearlin's (2010) model provides an environmental approach. In his theory, he explains the impact of social status as well as race and cultural factors. This model provides a theoretical model for the contributions of stressors to the development of distress symptoms in an individual. The application of this model has been expanded to study mental health outcomes and mental health incongruities in a diverse population.

According to previous literature psychological distress such as anxiety and depression are the most common psychiatric disorders and they frequently arise at the same time or in the same order (Mustillo et al., 2003; Knopf et al., 2008).Depression is characterized by a depressed mood and is frequent among teenagers (Costello et al., 2003; Knopf et al., 2008). It anticipates suicidal conduct (Fergusson & Woodward, 2002; Glied& Pine, 2002), academic underachievement (Fergusson & Woodward, 2002; Andrews & Wilding, 2004), and later-life depression (Fergusson & Woodward, 2002; Andrews & Wilding, 2004). The occurrence rate of main depression in community samples in United States (US) is 4% with a range from 0.2% to 17% (Costello et al., 2003). The occurrence of sub-threshold depressive diseases and syndromes is often greater than that of severe depression across all age groups (Lewinsohn et al., 2004). Studies mostly conducted on American and European samples have reported these prevalence rates.

There is virtually little research on the frequency of depression in Pakistani teenagers. According to research studies conducted in adjacent nations, China has a prevalence rate of 23.2% (Yang et al., 2018) and 18.4% in India (Bansal et al., 2009). In school samples, these rates show a significant prevalence. The rates are substantially higher than in Western countries, which could be attributable to measurement or cultural transformations and warrant more investigation. Anxiety is defined by excessive concern

and fear. It is widely acknowledged that it is not only a frequent but also a devastating psychological condition in the younger generation. Adolescents who suffer from anxiety disorders are more likely to develop social maladjustment and substance abuse in the future. Anxiety affects 10 to 20% of children and adolescents (Copeland et al., 2013).

1.4 Rationale

This study examines the impact of parental bonding on alexithymia and psychological distress among adolescents. Previous research findings showed that effective parenting determines the better patterns for emotional expressions in children that triggers overall better mental and physical health. In such cases when parental attachments are not proper then it develops unhealthy personality (alexithymia) and mental health-related issues (depression, anxiety, and stress) among adults (Kenny & Sirisn, 2006). Thus, the earliest meaningful relationships or attachment bonds are significant in an individual's lives because they lead to the formation of cognitive structures "internal working models" which affect self and relationships. If there is a gap or problem in parent-child bond such bonds can form a depressive vulnerability and reference for later relationships (Bowlby, 1988; Zaman & Fivush, 2013).

This is obvious that in all stages of life, parental practices affect the children's all domains of development (emotional, physical, cognitive, and moral) that is directly associated with child's behaviors, emotions, and thoughts. In case of some parenting styles which are inappropriate caused various mental health and emotions related issues. Proper way of emotional expression is a key factor that indicates the healthy personality of an individual but in some situation because of poor parenting practices child developed such personality traits in which they are unable to express their feelings. Such patterns are become the part of a child's personality and persists for the longer period that affects the personal life, social life, interpersonal life, and work life.

It is observed that limited research work is present in our local context so this study focuses on overcoming the gaps in knowledge regarding the study variables. My research focuses on exploring the multifaceted relationship between parental bonding, alexithymia and adolescents psychological distress (depression, anxiety and stress). It will add to the literature by simultaneously testing multiple predictors of adolescent's psychological distress and design to promote the awareness regarding parenting practices and intervention techniques for adolescent's psychopathology. However, to my knowledge, only one study focused on alexithymia, parenting styles, and aggression in adult group (Khan & Shabir, 2019). Most of the literature in Pakistan is regarding the parenting styles and depression, anxiety, other psychological disorders among adolescents and adult groups (Qadir et al., 2005; Khalid et al., 2018; Bibi et al., 2021). Reasons for the conduction of this study; is to focus on the main construct of the study that is parental bonding because in Asian cultures (collectivist) the role of parents is of greater concern. The patterns used by the parents in the process of rearing of children are significant because the initial bonding (positive and negative) may affect them in later stages. Family structure is usually combined where parents are dominant figure so children observe them and try to follow them. Parents poor practices lead to develop various inappropriate behaviors in younger group and poor parental bonding lead to negative or expressionless personality (alexithymic) among adolescents. Child developmental process takes a lot time and they learned a lot from one stage to another so that such negative outcomes of poor parenting lead to develop consistent patterns in them that are linked with unhealthy personality (John & Gross, 2004). The role of parents in a child's life is significant in some situations parents used such styles (neglect, overprotection, and ambivalent) because of their imbalance psychological state or due to certain pressures (health issues, financial issues, work related issues, and family related issues) that results in depressive, stress, and anxiety related symptoms in children too. So,

this study explores that how parental bonding lead to alexithymia and psychological distress in younger group.

This study mainly focuses on the group of adolescents in our local context because adolescence is a significant developmental stage in which various changes occur (e.g., biological, emotional, cognitive, and social).Similarly, developmental psychopathology focuses on the particular and interactive roles of both individual and family characteristics that may play a vital role in the beginning of psychological problems throughout this critical developmental period (Babore, 2014).This study also focuses that how poor parental bonding affects boys and girls since fathers and mothers have distinct approaches to children, which leads to a lot of differences in the younger group because each person has an own personality, so it is crucial to understand that how alexithymia impact boys and girls as a result of inappropriate parental bonding. Generally, it is observed that girls are often sensitive and emotional, and past research suggests that they have a higher probability of developing an alexithymic disposition. (Sechi et al., 2020). Socioeconomic status can also be the key factor that is directly linked with parents' rearing process if parents belong to lower socioeconomic status level there are greater chance of developing psychological problems in them. Such parental reactions directly or indirectly promote unhealthy behaviors in younger groups. Overall, this study explores the relationship between a set of variables including parental bonding, alexithymia, and the resultant psychological distress of adolescents (depression, anxiety, and stress). Furthermore, the current study focuses on various demographics (Age, Gender, and SES) for better and detailed understanding of study variables.

1.5 Statement of Problem

Parents need to be aware that parental practices used by parents in rearing their children play a vital role in the development of the personality and affect the mental health

of their children. Inappropriate parenting styles cause various emotional and mental health related issues in adolescents. There are some studies associated with parental bonding and psychological distress. However, there is no significant work on alexithymia and psychological distress associated with parental bonding.

1.6 Research objectives

- To investigate the relationship between Parental bonding, Alexithymia, and Psychological distress among adolescents.
- To explore the demographics related differences (Age, Gender, and Socio-economic status) on study variables.
- To explore the impact of parental bonding on alexithymia and psychological distress among adolescents.

1.7 Research Questions

Q1: How does the parental bonding affect the psychological distress of adolescents?

Q2: Does parental bonding predicts the alexithymia and psychological distress among adolescents?

Q3: How does the parental bonding affect the alexithymia of adolescents?

1.8 Null Hypothesis

- There is a positive relationship between parental bonding (protectiveness, authoritarianism), alexithymia and psychological distress among adolescents.
- Alexithymic adolescents will score high on parental bonding (protectiveness, authoritarianism) and psychological distress as compared to non-alexithymic adolescents.

- Boys with low score on parental warmth and high score on parental protectiveness, authoritarianism will have high score on alexithymia and psychological distress as compare to girls.
- Middle age adolescents will score high on alexithymia and psychological distress as compare to late adolescents.

1.9 Significance of the Study

This study will be significantly endeavoring in highlighting the importance of parental bonding of adolescents. Inappropriate parental bonding leads to alexithymia and psychological distress in adolescents. So, it is important to educate parents about the positive and negative effect of their bond on adolescent's mental health and personality.

Consequently, the main goal of this study is to examine the relationship between parental bonding, alexithymia, and psychological distress among adolescents. Concerning current study, it is important to consider the fact that inappropriate parental bonding leads to negative personality traits and psychological distress in adolescents. Findings of the current study will help parents to use more proper ways of rearing their kids and will also help clinicians to find out the different aspects of psychological distress of adolescents.

1.10 Methodology

Several principles have been applied in incorporating relevant study. First the principle academic databases for keywords were searched. Focus was on theoretical perspective and future direction. For example, only published paper were examined. Every research topic on the concordance of value tends to have specific theoretical perspectives. We looked at the studies according to different themes, which not only

clarified the background and results but the congruence of values. This also helped the discussion of the underlying theoretical evolution. Examining each theme, we first presented the theories and then examined the empirical results of see how these theories were confirmed or challenged. After these discussions, gaps in research and future directions were identified.

1.11 Delimitations

Despite adding a huge contribution to the existing literature, the study holds some limitations too. One of the limits of this research is that only those adolescents approached who had both parents (fathers and mothers). Another limitation of the current study was that this study only emphasized on the psychological distress (depression, anxiety, and stress) of adolescents

1.12 Operational definition

1.12.1 Parental Bonding

Parental Bonding occurs when there is a warm, intimate, and continuous relationship with the primary care giver (parents) in which both parenting figure and child find satisfaction and enjoyment (Kaplan et al., 1994). For the present study of parental bonding it was operationally defined in terms of the scores on Parental Bonding Instrument (PBI) that was measured separately for mother and father.

1.12.2 Alexithymia

Alexithymia is a characteristic in which individuals face issues in perceiving and communicating his/her feelings (Taylor et al., 1999). In present study, alexithymia has measured on Toronto Alexithymia Scale (TAS-20).High scores identify the people who are high on the trait of alexithymia such people are unable to identify and express their emotions; whereas low scores identify people who are low on the trait of alexithymia and having normal expressional patterns in their lives.

1.12.3 Psychological Distress

Psychological distress as the unremitting experience of grief, tenseness, peevishness, and poor interactive relationships (Chalfant,1990). In present study, psychological distress has measured on Depression Anxiety Stress Scale (DASS-21).Higher scores indicate greater levels of distress whereas lower scores indicate lower levels of distress.

CHAPTER 2

REVIEW OF LITERATURE

2.1 Relationship between Parental Bonding and Alexithymia

In general, a strong parental attachment is associated with a higher quality of life in maturity (Rikhye, 2002). According to research, a child's connection to his or her caregiver is mostly determined by the caregiver's presence and availability (Ainsworth et al., 1978). In this regard, some research suggests that people's attachment styles have an impact on how they see themselves and others. It is observed that in child-parent relationship, parent's behavior towards children and parenting style affects the child's learning for a specific situation (Collins &Laursen, 1973).For instance, since the work of Ainsworth (1985), various studies have investigated attachment characteristics across societies. Ainsworth (1985) explained in his work titled, pattern of infant-mother attachment about the insecure attachment among child. His strange situation strategy was utilized with 26 to 46 German mother-baby pairs. According to the findings, children who have an avoidant attachment style are unable to express unpleasant feelings in high-stress settings.

According to previous literature some studies showed the strong link between parental bonding and alexithymia. For example, Panfilis et al. (2005) conducted a study on parental attachment and personality disorder using alexithymia as a mediating factor. According to the findings, there was a link between impaired parental connection, particularly when the mother was overprotective and upsetting, and the key alexithymia symptom of difficulty explaining feelings. Another study was conducted by Picardi et al. (2005) on alexithymia stability and its correlations with "Big Five" aspects of character, temperament, and attachment style. This study included 222 undergraduate and graduate students as participants. According to the findings, poor parenting impairs the development of emotion control and hence has a substantial influence in the development of alexithymia. Furthermore, Wearden et al. (2005) looked at attachment styles and alexithymia. Results

of the research demonstrated that poor and fearful connectedness was linked with alexithymia in adolescents.

De Rick and Vanheule (2006) investigated the association between adult attachment style, perceived parenting, and alexithymia. According to the study's findings, alexithymia is linked to a lack of warmth and an avoidance attachment style. Furthermore, Lau studied Japanese mothers and their babies in 2006 and tracked down no huge contrasts in extents of safely connected and unsafely appended babies. Moreover, Luecken et al. (2006) found that low parental care, overprotective, and uncaring behavior of parents towards children in childhood may increase the risk factor for emotional sufferering later in adulthood.

Jorgensen et al. (2007) looked at a large population sample of 8,785 twin pairs and found that genetic variables play a substantial role in all aspects of alexithymia. Joukamaa et al. (2007) conducted a study which included 15 to 16 years old adolescents as sample for research. Findings of the research revealed that adolescents who faced poor parenting and belong to broken childhood home were score higher on alexithymia as compared to other adolescents.

Moreover, Ijzendoorn, and Schwartz (2008) conducted a cross cultural study on attachment. Results of the study showed that insecurely attached children faced difficulty in regulating their positive emotions as compared to those who were securely attached. Evren et al. (2009) found that lack of care and neglect in childhood was associated with alexithymia later in adulthood.

Previous literature has shown some more evidences regarding to parenting practices and alexithymia. For instance, a study by Karukivi was conducted in 2011 which included 17-21 years old adolescents as a sample for research. According to the findings of the study alexithymia was related to more parental overprotection in adolescents. Additionally, Kapeleris and Paivio (2011) conducted a study which included 187 adolescents as sample

for research. The findings of the study indicated that early maltreatments such as neglect and psychological abuse were shown to be associated with alexithymia later in adulthood. Moreover, Roque and Veríssimo conducted a study in 2011 on maternal behavior and emotion regulation. The study's findings demonstrated that childhood experiences with caregivers who do not display and express their emotions, or who do not understand and deal appropriately with their children's growing emotions, can have a substantial impact on emotion regulation in late life stages. Thorberg et al. (2011) performed another study among students on parental bonding and alexithymia. Results indicated that there is a negative association between maternal care and alexithymia and a positive association between maternal over protection and alexithymia. Moreover, results showed that adolescents who were subjected to intrusive parenting and overprotection were more likely to develop alexithymia.

Lowe (2012) discovered that children with greater emotional regulation during the still face paradigm have mothers who are more responsive (i.e., use more contingent response behaviors, which is one of the key attachment components). Infants whose moms engage in attention-seeking activities (i.e., behaviors that are perceived to indicate a lack of parental attentiveness) display fewer emotions. Moreover, Asano et al. (2013) stated that the ultimate characteristic of overprotection is its insensitivity accompanied by an absence of understanding of the child or adolescent’s sovereign needs. In addition, the attitude of a father with lack of warmth and love, lack of mother’s care and attention, child abuse, paternal indifference, and childhood attachment play role in the development of alexithymia and developing alexithymic characteristics. Aust et al. (2013) conducted a study regarding emotional capabilities that influence early-life anxiety on hippocampal functioning, and it is clear reading in the literature caregiver play a vital role in developing

functional and dysfunctional patterns of child and it led to the alexithymia from the childhood to early adolescence.

A study was conducted by Irving (2013) on Parent-child connectedness. According to the study's findings at the point when parent-kid connectedness is high, enthusiastic climate in a family is high in love, trust, and warmth. The bond between the parent and the child may strengthen during this time since they are more inclined to talk openly and enjoy doing things together. They are more inclined to deliver emotional care and respect to each another. They are also less likely to face hostility and rage. As a result of improved parent-child connection, a healthier family relationship may emerge. A family's emotional climate is challenged when parent-child connectivity (PCC) is low. In this situation, the relationships between parents and children are prone to hatred and rage. They're more prone to have a lack of communication and mutual respect. As a result, they may not success to value or understand one other's perspectives, resulting in a low degree of happiness in the parent-child relationship. A longitudinal study was undertaken by Pascuzzo et al. (2013). The study's findings revealed that more secure parent-child attachment is frequently related with higher emotional regulation skills than less securely attached parent-child interactions.

In the year 2015, Gaher et al. published a study on alexithymia and childhood maltreatments. The study's findings revealed that family environment, parenting styles, expressiveness, and conflicts are major determinants in alexithymia and play a substantial influence in its development. Moreover, Oshri et al. (2015) conducted a study on attachment styles and emotion regulation in adolescence which included 361 undergraduate adolescents as sample for research. The study's findings revealed that teenagers who were meant to be insecurely attached were more likely than those who were securely attached to acquire general signs of emotional dysregulation.

In the study of a Big Five personality traits, Both and Best (2017) discovered that comfortable people were less neurotic and more outgoing than anxious and avoidant people. People who felt safe were also more agreeable than those who avoided confrontation. Another study was conducted by Khan and Shabir (2019) on parenting styles and alexithymia which included 18 to 29 years old adults as sample for research. Results of the study revealed that alexithymia was positively associated with permissive and authoritarian rearing practices. Moreover, alexithymia was negatively associated with authoritarian rearing style.

Furthermore, some recent studies also demonstrated the link between rearing styles and alexithymia. In this regard, literature suggested that persons who are solidly attached have higher self-esteem than those who are insecurely attached. In fact, multiple studies have shown that uncertain bonds speculate early behavior and intellectual issues of adolescents (Gugliandolo et al., 2020).In more recent time, Estévez et al. (2021) found that those individuals who were poorly attached with parents faced higher degree of alexithymic traits. Additionally, results demonstrated that parental attachment contributed a greater part in the formation of alexithymia in individuals.

Finally, literature reveals a link between early caregiver experiences and emotion regulation in both childhood and adulthood. Individuals, who grow up in the foster care system, where they might have suffered early trauma and broken relationships, low care, and excessive control are more likely to have problems with effective emotion control.

Some gender related studies showed the prevalence rate of alexithymia both in boys and girls. For instance, Taanila et al. (2007) found boys showed higher levels of alexithymia than girls. According to Levant et al. (2009), men have a substantially harder time distinguishing feelings than women. The findings of study showed that a prevalence rate of alexithymia was same in both genders. Similarly, another study was conducted by

Karukivi in 2011. Results declared that there was no difference between girls and boys. Similarly, Perusse et al. (2012) found no difference for boys and girls. On the other hand, Easterbrook (2013) explained that the rate of alexithymia is 10 to 29 percent in girls and 7 to 18 percent in boys. Another study was conducted by Monica et al. (2017) on attachment styles and alexithymia which included 140 adolescents as a sample for research. The findings of the study showed that alexithymia was positively correlated with paternal control. Moreover, results of the study showed that level of alexithymia was same in both boys and girls.

A recent study by Sechi et al. (2020) was conducted which included 14 – 17-year-old adolescents as a sample for research. The findings showed that there is a connection between parental bonding and alexithymia and a direct effect on children's mental health. Moreover, the results declared that female adolescents had more alexithymic trait as compared to male adolescents. Muzi (2020) found that adolescents with adverse childhood experiences (neglect, low care) were higher at risk for alexithymia. Furthermore, result highlighted that girls were more alexithymic than boys.

Some studies addressed the age-related difference of alexithymia. For instance, Bydlowski et al. (2005) found that 16 years old adolescents faced more deficits in emotions while 25 years old adolescents had better understanding of their emotions. Moreover, results suggested that higher alexithymia scores were related to higher symptoms of depression. Dobson (2005) found that early and middle adolescents were more likely to suffer from alexithymic traits as compared to late adolescents. Furthermore, another study was conducted by Loas et al. (2012) which included 140 adolescents as sample for research. The results of the study indicated that alexithymia was significantly associated with early adolescence. Furthermore, findings of the study demonstrated that alexithymic traits reduced with the passage of time.

In the previous literature, the relationship between alexithymia and socioeconomic status has not been extensively studied. Franz et al. (2007) conducted a study which included 20 to 69 years old people as sample for research. The study discovered that alexithymia was linked to a poor socioeconomic status. Those parents having good SES level and higher education they mostly are working parents (fathers and mothers) and busy in their professional lives. Sometimes they fully ignored their children because of commitment, other family members take care of their children or sometimes they rely on day cares. In some of the families, with low SES even parents put their efforts in keeping balance their home life and job life. They mostly spend time and keep an eye on their children and try their best to create a healthy family environment.

2.2 Relationship between Parental bonding and psychological distress

According to the previous literature psychological distress involves symptoms of stress, anxiety, and depression (Mirowsky & Ross, 2002). A parenting style characterized by low warmth rare displays affection and infrequent contact with the child contributes to development of childhood depression in several ways, such as damaging self-esteem, fostering helplessness, and supporting the development of negative schemas about the self, the world, and the future each of these factors is a major risk factor for psychological issues like depression (McLeod et al., 2007).

Studies proposed that apparent parental holding is related with better psychological wellness in young people. According to this, previous literature provided a strong link between parental bonding and the psychological distress. In year 2005 several studies showed strong evidences regarding parental holding and mental health issues. For instance, Gar et al. (2005) conducted a study on family factors and anxiety. Findings of the study showed that those individuals who perceived their parents overprotective and over control faced psychological issues such as anxiety disorder. Another study was conducted by Jay

(2005) on an attachment prospective. According to the findings of the study, adults with insecure relationships showed higher melancholy and physical issues than those with strong affiliations. Furthermore, Boris and Zeanah (2005) conducted a study on attachment of infancy and childhood. Findings of the study showed that insecurely attached children were more prone to develop externalizing behavior problems such as negative, immature behavior, and aggression. Furthermore, a study was conducted by Liss and Timmel in 2005. Results indicated that lack of parental care and bonding was associated with the higher level of anxiety and depression among children. Luecken et al. (2005) conducted a study on family relationship and stress responses. Findings of the study showed that over the life span, stress related psychological and physical illness associated with the poor or inadequate early childhood experiences.

In 2006, Ronnlund and Karlsson conducted a study on the association between attachment characteristics and internalizing difficulties, with 15 to 16 year-old adolescents as the research population. The study's findings revealed that attachment characteristics are a strong predictor of sadness and anxiety in teenagers.

Bifulco et al. (2006) conducted a study on attachment styles, depression, and anxiety. Results of the research revealed that unsafe connectedness was significantly associated with depression, anxiety, generalized anxiety disorder, and phobia. Moreover, results highlighted that unsafe connectedness play an important role in the development of psychological problems. Ward et al. (2006) conducted a study on attachment and psychopathology. Findings of the study showed that poor attachment was associated with higher level of psychopathology. Whereas secure attachment was associated with less psychopathology symptoms.

Milevsky et al. (2007) study also revealed that authoritative mothering was related to higher self-esteem and life-satisfaction and to lower depression. Additionally, paternal

authoritative parenting styles were also related to psychological adjustment. Similarly, Silva et al. (2007) study suggested that fathers' authoritative parenting was related to decreases, whereas authoritarian mothers' parenting was related to increases, in college students' anxiety. Furthermore, another study was conducted by Malekpour in 2007 on effects of attachment on early and later development. Findings of the study revealed that sound parent-child connection leads to positive effects. These positive effects have long term consequences for kid's formative results. On the other hand, repeated rejection, irregularity in feeling and carelessness with respect to essential parental figure towards the child are factors that lead to maladjustment in attachment development.

Bosacki et al. (2007) conducted a study which included 7290 adolescents as sample for research. Results of the study demonstrated that poor attachment play a vital role in the development of social anxiety, and depression in adolescents. Furthermore, study elaborated that attachment (trust) was a mediator in depression. Moreover, Avagianou and Zafiropoulou (2007) highlighted the effects of parenting and personality making of child. Results indicated that children who faced high protection and low care have instable personalities and they have also reported emotional instability along with low self-confidence. Those children also faced more emotional distress, insecurity, and tension. Poor parental care and autonomy are most closely associated to psychological anguish, according to Avagianou and Zafiropoulou (2007) with a combination of low and high parental control (commonly referred to as "overprotection") being particularly deleterious to psychological discomfort.

According to the previous literature, relationship between parental bonding such as over protection, lack of parental care or both and depression during adulthood was examined in another study 10 construct to parental attachment is similar to parental bonding; furthermore four areas of bonding are used to measure parental bonding optimal

bonding (high care, low control), weak absent bonding (low care, low control), affectionate constraint (high care, high control).Purpose of the study was to examine distinct dimensions of personality as possible mediator as connection between parental bonding perceptions and depression. Results shown that in adulthood, depressive symptoms were linked to lack of parental care and overprotection along with personality characteristics such as low self-esteem, introversion, distress, and emotional instability (Avagianou & Zafiropoulou, 2008). Increased self-confidence and less stress and fewer depressive symptoms were associated with parental high care and low protection. Significance of correlation between paternal bonding and depression was lower after removal of care by father effect and care by the mother was controlled. In adulthood, results shown that the development of depression is not influenced by parental bonding. Effects of maternal bonding on development of personality and development of later psychopathology may be predisposed by parental bonding (Avagianou & Zafiropoulou, 2008). Furthermore, depressive symptoms were significantly linked to maternal care and overprotection. Overprotective behavior as well as lack of care is the main factor that make children unable to take decision was related to the mothering characteristics that are strongly related to their child's psychopathology. Personality traits that are correlated with parental overprotection such as insecurity, high-stress levels, introversion, and the inability of adapting to new situations are the factors that were associated with later psychological issues. Mediating role is played by personality factor between parental bonding and depression (Avagianou & Zafiropoulou, 2008).

Bruggen et al. (2008) conducted a Meta-analysis. Results of the study showed that parental control was significantly associated with children's anxiety. Furthermore, findings of the study strongly suggested that higher level of parental control was associated with higher level of child anxiety. Furthermore, study elaborated that maternal over protection was directly linked with depression. The same study was conducted by Bogels and Phares

(2008), who also observed a similarly high level of risk in overprotection and that lead the internal disorders preferably depression. Fletcher et al. (2008) conducted another study on parenting styles. Findings of the study showed that those children who perceived their parents authoritative and less responsive demonstrated the most problematic development and caused internalizing, externalizing, and social problems.

Another study incorporates effects of parental bonding; the study was conducted by McShane and Hastings (2009). Results have shown that there were symptoms of anxiety in pre-school-going children. The study further elaborated that this problem of internalizing could be the result of suboptimal parenting bonding. This study elaborated that it is obvious to perceive that a parental bonding having attributes of rejection or low care leads to psychological distress. Also, individuals facing this cold or low care attachment may face low self esteem through their perception of being unworthy and disrespectful, and incapable that in turn leads to psychological distress. This study further elaborated that people who have been exposed to the parenting style as low care with high degree protection and disturbing behavior have higher risk to indulging and development of psychological complaints about the agoraphobia, depression, anxiety, low self-esteem, somatic complaints, aggression, and drowsiness (Brand et al., 2009).Another study was conducted by Nishikawa and Hagglof in 2009 on contribution of attachment and self-concept of internalizing and externalizing problems. The findings of the study showed that adolescents who faced insecure attachment reported more mental health issues. While adolescents who faced secure attachment reported fewer mental health issues. Domenech et al. (2009) conducted a study to investigate the interaction of observed supporting styles of mother and father. The results elaborated that a high level of distress, depression, and anxiety, were the result of low care and attachment of both parents.

The research of Maselko et al. (2010) highlighted the importance of mother's affection from a child's birth to 8 months because that leads to emotional distress in adulthood. The research was conducted after 30 years and was related to normal people and participants with intervention, so it was observed that early attachment styles lead to emotional distress in adulthood. Brumariu and Kerns (2010) conducted a study on attachment and internalizing symptoms, anxiety, and depression in 26 studies of nonclinical preadolescents and adolescents and found that insecure attachment was related with symptoms of anxiety and depression more compatibly than with general internalizing symptoms; the effect sizes of the correlations between insecure attachment and depressive symptoms ranged from large to extremely large. Agostini et al. (2010) found that chronic physical illness was linked with the poor or inadequate parenting which is characterized by low care and high protection. Riggs and Kaminski (2010) conducted a study on attachment styles, childhood emotional abuse and depression. Findings of the study indicated that cognitive and emotional components of aggression, including anger and hostility were linked with poor or inadequate attachment. Additionally, results elaborated that psychological aggression and depression was linked with inadequate attachment. The study of Buschgens et al. (2010) showed that those adolescents who faced lack of emotional support, rejection and high level of control were linked to more aggressive behavior. Furthermore, results showed that those adolescents also displayed delinquent behavior.

Another study was conducted by Vander et al. (2010) which included 16-22 adolescents as a research sample. The study stated that suboptimal bonding of parenting behaviors has a great effect on anxiety among adolescents. Another study was conducted by Lima et al. (2010) on the role of early parental bonding in the development of psychiatric symptoms. The results of the study revealed that subjects who faced over protection and

emotional neglect in childhood were more prone to develop psychiatric symptoms later in adulthood.

Tremblay and Sullivan (2010) examined the relationship attachment styles, pain and depression in adolescents which included 382 high school students. Results of the study showed that insecure attachment was linked with the higher level of pain and depression in adolescents. On the other hand, secure attachment was linked with lower level of severity of pain and depression in adolescents. A study was conducted by Ronnlund and Karlsson in 2010 examining the relationship between dimensions of attachment and internalizing problems which included 15 to 16 years old adolescents as sample for research. The findings of the study showed that insecure attachment is strongly associated with the internalizing symptoms of adolescents. Saori et al. (2010) carried of a study which included 193 students as sample for research. Results of the study demonstrated that inadequate rearing practices i.e. parental rejection, over nurturance, and anxiousness were strongly related to internalizing and externalizing symptoms of both boys and girls.

Furthermore, another study was carried out by McKinney et al. (2011) which included 18 to 22 years old adolescents as sample for research. Results of the research declared that substantial main influence of parenting style on depressed symptoms, with authoritative parenting being related with minimum levels of depression and anxiety, followed by authoritarian, neglectful and indulgent parenting. Another study was conducted by Roelofs et al. (2011) which included 455 adolescents.Thus results of the study declared that quality of bonding was remarkably linked with depression symptoms. Poor attachment was significantly associated with the depression symptoms in adolescents. However, it is important to Puissant et al. (2011) conducted a study 13 to 18 year adolescents. Results of the study showed that overall quality of attachment to both father and mother is important in the prediction of depressive symptoms during adolescence.

Additionally, ambivalent and secure attachment style is mediated by submissive behavior. Shaker and Homeyli (2011) found that poor or inadequate rearing practices were remarkably linked with different kind of psychological disorders i.e. obsessive compulsive disorder, depression, and GAD. Similarly, another study was conducted by Pace and Zappulla in 2011 which included 16 to 18 years old adolescents as sample for research. The results of the study reported that insecure attachment was associated with the externalizing and internalizing behavior problems of adolescents. Inappropriate and negative rearing styles were significantly linked with anxiety. Additionally, anxiety was found in those adolescents who reported their father and mother less caring and more controlling (Fentz et al., 2011). Naebi et al. (2011) carried out a study. Findings of the study indicated that inappropriate parenting was remarkably related to depression anxiety and stress. Koohsar and Bonab conducted a study in 2011 which included 460 students as sample for research. Results of the research indicated that who adolescents who faced inadequate parenting were notably related to greater symptoms of depression and anxiety.

Guarino and Vismara (2012) incorporated another study. Findings of the study showed that adolescents with uncertain connection experience lower levels of positive feelings show more problems such as failure to manage depression, anxiety, stress, critical hostile behavior and other negative emotions. In a related study, Coccia et al. (2012) found that adolescents' life satisfaction and lower levels of stress were related to parenting characterized by over nurturance. Miranda et al. (2012) incorporated another study. The findings of the study showed that women who faced unhealthy attachment with their mother showed more depressive symptoms as compared to those who face healthy attachment.

Bahreini et al. (2012) conducted a study which included 482 adolescents as sample for research. Results of the research declared that over protection and low care was

associated with depression and low self-esteem. Furthermore, results of the study showed that over protection increases the risk of depression in adolescents.

Molle et al. (2012) conducted a study on parenting behavior and anxiety. Results of the research revealed that maternal low care and over nurturance were related to adolescent's psychological distress such as anxiety and social phobia. Another study incorporated that negative parental behavior was remarkably linked with both anxiety and depression symptoms in adolescents. While positive parental behavior predicted lower level of depression in adolescents (Schwartz et al., 2012). Spada et al. (2012) conducted a study on community sample. Results of the study revealed that inappropriate family functioning which is characterized as over nurturance was strongly anticipated the worry and anxiety. Moreover, Mikulincer, and Shaver (2012) found that those Individuals who were reported secure attachment were less likely to report psychological distress. Whereas those individuals who faced insecure attachments were more likely to report higher level internalizing difficulties and psychopathology.

Cai et al. (2013) conducted a study which included 15 to 18 years old adolescents as sample for research. The results of the study highlighted that maternal and paternal high care or over protection and authoritative parenting were significantly associated with low self esteem, and negative thinking. Another study incorporated that a parent who is inconsistent, inattentive, and/or anxious will raise their child in an inconsistent, inattentive, and/or anxious manner, and this parenting style affects the range of experiences a child will have. Furthermore, results revealed that rearing practices of parents anticipated psychosocial adjustment later in adulthood (Betts et al., 2013). In a study published in 2013, Goschin et al. looked at the influence of affectionless control, a notion stated by poor parental care (i.e. warmth) and overprotection (i.e. control), as a risk factor for suicidal behavior. Authoritarian parenting is similar to the concept of affectionless control.

Raudino et al. (2013) conducted a study which included 15 to 16 years old adolescents as sample for research. Results of the research revealed that parental holding remarkably linked with major depression, anxiety, suicidal behavior. Additionally, results highlighted that quality of parent kid relationship in adolescence was associated with psychosocial functioning later in adulthood. Boudreault et al. (2013) found that emotional support by both father and mother was linked with self-esteem. Moreover, results highlighted that psychological distress increased with parental control and decreased with parental emotional support. Overall, findings of the research suggested that good rearing styles were associated with adolescent's good mental health.

Mothander and Wang (2014) conducted a study on parental bonding, attachment, and social anxiety in adolescents which included 12 to 20 years old adolescents as sample for research. Findings of the study showed that social anxiety was strongly related to the lack of parental rejection and emotional warmth. Moreover, the findings of the study showed that level of anxiety was not related to age and gender in adolescents. Furthermore, a study was conducted by Zafiropoulou et al. (2014) on parental bonding and early maladaptive behaviors. They observed that an insecure attachment type is established by the lack of a practical attachment with the primary caregiver throughout childhood. They further said consistent and prolonged lack of care and warmth towards the child leads to emotional problems in the future. An extensive survey of writing on teenagers' connection uncovers those various examinations play focused with respect to connection in outset and adulthood. Regardless of the way that puberty is a time of progress and unrest there isn't sufficient exploration inspecting the job of connection during this life stage.

A study was conducted by Anno et al. (2015) which included 760 adults as sample for research. The findings of the study showed that poor parental bonding during childhood was associated with chronic pain later in adulthood in general population. Batool and Bond

(2015) conducted a study which included 17 to 18 years old adolescents as sample for research. Findings of the study indicated poor or inadequate attachment were linked with aggression in adolescents. Lopes et al. (2015) conducted a study which included 22 to 23 years old adolescents as sample for research. Findings of the study showed that psychological complaints were associated with caretaker. Furthermore, results of the study indicated that lack of paternal emotional warmth and maternal harsh discipline contributed a significant part in the formation of psychological complaints. Lacasa et al. (2015) conducted a study which included 14 to 18 years old adolescents as sample for research. Findings of the study showed that preoccupied attachment style was associated with adolescents internalizing and externalizing symptoms. Furthermore, findings of the study showed that association between psychopathology and attachment were similar for both clinical and non-clinical sample.

Mousavi et al. (2016) in their study explored the relationship between the rearing style of parents and symptoms of anxiety in adolescents and this study was conducted in Malaysia. The results of this study described that cold or negative parental bonding is associated with adolescent's anxiety and depression. Another study was conducted by Brown et al. (2016) conducted a study which included 339 adults with the age range of 18 to 25 years as a sample for research. The findings of the study showed that inadequate parenting or maltreatment in childhood was linked to the symptoms of loneliness, depression, and anxiety.

Fan et al. (2017) conducted a study regarding family functions about behavioral and psychological disorders. It was elaborated in the study that, parental association and attachment is linked to an individual from childhood to adolescence and adulthood, and at all stages the psychological problems are related to this parental bonding. The study further explained that the family completes our basic needs and satisfies our desires, for example,

love and relationships, esteem needs, and many more. Similarly, when an individual is unable to meet those needs, his desires would be suppressed, which leads to the ironic rebound effects that finally result in psychological and behavioral disorders. Primary caregiver was significantly associated with children's internalizing symptoms such that children who reported greater attachment quality with caregivers tended to exhibit fewer internalizing symptoms (Chesmore et al., 2017).

Furthermore, previous literature has shown the strong evidence of the strong relationship between parenting and psychological distress. For instance, Gallo et al. (2018) conducted a study on childhood maltreatment, depression and anxiety. Findings of the study showed that poor or inadequate parenting such as neglect was associated with anxiety later in adulthood. In another study of Khalid et al. (2018) which included 11-18 years old school adolescents of Pakistan as a sample for research. The study stated that there is positive link between parental bonding and adolescent's anxiety. Furthermore, study elaborated that adolescent with higher scores on parental protectiveness and authoritarianism faced higher levels of depression and anxiety.

Burns et al. (2018) observed in a study on parental bonding that individual who receives care in the childhood and has strong parental bonding have less risk of mental disorders like anxiety and depression, but people who received a high level of parental overprotection, regulations, and disturbance were engaged in maladaptive behaviors that regulate distressing internal experience being an adult. A study by Curcio et al. (2018) was conducted which included 13-17 years old adolescents as a sample for research. The study stated that adolescents who perceived more maternal and paternal control faced psychological distress. Eun et al. (2018) conducted a study which included 13 to 18 years old adolescents as sample for research. Results showed that paternal and maternal over nurturance was notably linked with depression, anxiety, agoraphobia and eating disorder.

Additionally, results of the research declared that perceived parental care and control were linked with adolescent's psychopathology.

Furthermore, Ingram et al. (2019) conducted a study which included 270 students as sample for research. Findings of the study showed that poor parental bonding was associated with dysfunctional thinking. Furthermore, findings of the study showed that low levels of maternal care such as warmth and less affection were associated with more negative symptoms in adulthood.

In more recent times, Hayward et al. (2020) conducted a study on how early troubles might predict adult psychological distress. Applying the Identity Disruption Model to understanding depression and anxiety disorders.They found that the identity disruption model help to understand the link between early troubles and symptoms of depression and anxiety. Early troubles were linked with increased symptoms of depression, generalized anxiety, obsessive compulsive disorder, and social anxiety, and these relationships were mediated by a disrupted sense of personal identity. Another study was conducted by Schorr et al. (2020) on different types of parental bonding and anti-social traits. The findings of the study showed that antisocial traits were associated low maternal care and high over protection in adolescents. Additionally, findings of the study showed that the only variable consistently associated with anti-social traits was father's low care.

Research by Thai et al. (2020) was conducted on the effect of adverse childhood experiences by depression, psychological distress, and suicidal thoughts among adolescents. The results of the study indicated that adults who faced child abuse in childhood are facing more anxiety and depression from the rest of people. Additionally, they suffer from suicidal thoughts as well. Peh et al. (2020) conducted a study which included 164 clinical patients and 510 healthy individuals as research sample. Findings of the study showed that clinical patients reported significant maternal and paternal low care

and high over protection. Furthermore, study elaborated that higher parental over protection was notably linked with worse symptoms and functioning. Spruit et al. (2020) conducted a study on attachment styles and depression. Results of the study suggested that parental secure attachment was negatively linked with depression and insecure attachment was positively linked with depression. Moreover, results of the research demonstrated that insecure connectedness was remarkably linked with children and adolescents' depression. Furthermore, another study revealed that lower level of both father and mother care and high level of protection was reported by the individuals suffering from psychosis. Moreover, high level of father's and mother's protection and low level of care was notably related to sever psychological symptoms and functioning (Peh et al., 2020).

In more recent times, literature also confirmed that parental bonding or parenting styles are related to psychological distress. For example, another recent study was conducted by Yen et al. (2021) on parental bonding and depressive experience which included 212 college students as a sample for research. The findings of the study showed that maternal care, maternal overprotection, and paternal care were directly associated with the symptoms of depression. So, the different investigations showed that connection aversion is a steady indicator of internalizing problems among at risk samples.

2.3 .1 Parental bonding and Depression

According to previous literature a strong link was found between parental rearing styles and depression. For instances, Hankin et al. (2005) conducted a study which included 17 to 24 years old adolescents as sample for research. Findings of the study showed that dimensions of insecure attachment were associated with depressive symptoms in adolescents. Another study was conducted by Kimberly et al. (2005). Results suggested that appropriate parenting practices remarkably contributed to the development coping styles when coping skills are limited or ineffective then psychological disturbance such as depression. Moreover, Gladstone and Parker (2005) conducted a study on role of parenting

in the development of psychopathology. Findings showed that adverse childhood caregiver experiences were linked with vulnerability of depression in adulthood.

Furthermore, De Minzi (2006) found in her study that in some cases, extreme scores indicating superb bonding could be associated with presence of depression in adolescents. Handa et al. (2006) conducted a study on clinical sample which include 115 patients as sample for research. The findings of the study declared that those patients who faced lower level of parental care showed the more symptoms of prolong depression.

Rikhye et al. (2008) conducted a study. Results of the research showed that affection less control was significantly associated with depressive symptoms. Another study was conducted by Smith et al. (2009) which included 16 to 18 years old adolescents as research sample. Results of the research indicated that those adolescents who faced inadequate parenting were suffered from depressive symptoms. A study was conducted by Grotmol et al. (2010) which included 631 adolescents as sample for research. The findings of the study showed that over protection from both parents lead to depressive symptoms in adolescents. Grant et al. (2012) conducted a study. Findings of the study showed that those children who rose by parents with low parental warmth were associated with high level of depression in adults. Acharya conducted a study in 2013 which included 150 late adolescents as sample for research. Results of the research demonstrated that father less affection negatively linked with adolescent's depression. While father's high control was positively linked with adolescent's depression. Jun et al. (2013) found that perceived parental warmth was associated with depression in adolescents.

Valiente et al. (2014) conducted a study which included 18 to 65 years old individuals as sample for research. Findings of the study showed that parenting styles such as low warmth, over protection, neglect and over involvement were associated with depression of adolescents. Huisstede (2014) conducted a study which included 18 to 65

years old people as sample for research. Findings of the study indicated that emotion regulation strategy, positive reappraisal, was found to moderate the relation between maternal authoritative parenting and depression. Furthermore, findings indicated that remarkable imminent of depression was permissive parenting. Rawatlal et al. (2015) found avoidant connectedness style of parenting was remarkably linked with the depressive symptoms. Del Barrio (2016) conducted a longitudinal study. Results of the study indicated that inadequate parental attachment was remarkably linked to the child's risk to develop depression, one and two years later. Another study was conducted by Marshal et al. (2017) conducted a study on association between childhood trauma, parental bonding, and depressive symptoms. The findings of the study showed that poor parental bond and childhood trauma were notably associated with the higher rates of depressive symptoms. Silberschatz and Doorn (2017) conducted a study which included 732 adults as sample for research. Findings of the study showed that intrusive and controlling maternal and paternal bonding was linked with depression.

2.3.2 Parental bonding and Anxiety

In another finding, overprotective and uncaring behavior of parents towards children in their childhood was major cause of anxiety among individuals (Berry et al., 2006). A Meta analysis of forty-seven studies examined the relationship between parental control and child anxiety. Findings of the study showed that there is a stronger association between parental control and child anxiety (McLeod et al., 2007).

Evidences have also shown that parental over nurturance was strongly related to trait anxiety (Gallagher & Cartwright-Hatton, 2008).Another study was conducted by Vander et al. (2010) which included 16-22 adolescents as a research sample. The study stated that suboptimal bonding of parenting behaviors has a great effect on anxiety among adolescents. Nanda et al. (2012) conducted a study on parental psychological control and childhood anxiety. Results indicated that a remarkable association between parental control

and child's anxiety. Moreover, results of the research showed that those adolescents who perceive their parents more controlling faced higher levels of anxiety. Child's perception of control and parental control both play a significant role in the development of anxiety.

Clarke et al. (2013) conducted a study which included 7 to 12 years old early adolescents as sample for research. Results of the study showed that children symptoms of anxiety were not associated with the over nurturance of parents. Achtergarde et al. (2015) conducted a study. Results demonstrated that insecure connectedness was significantly associated with anxiety disorder. A study was conducted by Ambruster and Witherington (2016) conducted a study on adult attachment and parental bonding. The findings of the study showed that every type of anxiety was positively correlated with insecure attachment. Whereas secure attachment style negatively associated with every type of anxiety. Another study was conducted by Shimura et al. (2017). The findings of the study highlighted that parental bonding was related to trait anxiety. Moreover, the findings showed that parental over protection increase trait anxiety while parental care decreases trait anxiety.

2.3.3 Parental bonding and Stress

According to previous literature some evidences have shown strong link between parental connectedness and stress. For instance, Seiffge-Krenke (2011) found that higher levels of maternal and paternal bonding have been found to be associated with lower levels of perceived stress. Coccia et al. (2012) conducted a study which included 15 to 16 years old adolescents as sample for research. Results of the study showed that adolescents who faced over protection were associated with lower level of stress and life satisfaction. Similarly, Stenbaek et al. (2014) conducted a study which included 518 adults as sample for research. The results of the study revealed that severity of mental distress and stress was significantly associated with parental bonding (over-protection).

Furthermore, Shin et al. (2016) conducted a study which included 800 adolescents as sample for research. Results of the research revealed that both father and mother bonding were negatively linked with stress in adolescents. Additionally, results elaborated that stress was positively associated with helplessness.

2.3.4 Parental bonding and other psychological disorders

Altamura et al. (2007) conducted a study. The results of the study highlighted that participant with insecure attachment styles were associated with panic disorder, major depressive disorder and obsessive compulsive disorder. While participants without these conditions reported higher levels of secure attachment. Overbeek et al. (2007) found that high protection and low level of care by father and mother were associated with mood disorder, anxiety, social phobia, agrophobia, substance use disorder and dysthymia. Additionally, results indicated that parental low care and over nurturance were increases the risk for the development of psychological disorders. Furthermore, Heider et al. (2007) conducted a comparative study in clinical settings. Results elaborated that unsafe type of connectedness specifically avoidant style was remarkably linked with the symptoms of schizophrenia and course of illness in patients.

Furthermore, Crawford et al. (2009) conducted a study on early maternal separation and borderline personality disorder which included 9 to 39 old people as sample for research. Findings of the study showed that increase psychological issues in later adolescence and childhood were associated with extended separations (of a month or more) from caregivers especially, when the child was younger than five years of age. Moreover, Boileau (2011) stated that those adolescents who faced inadequate or poor attachment styles were associated with obsessive compulsive disorder. Consequently, findings of study suggested that poor attachment was associated with psychopathology. Another study demonstrated that low care by parents and over nurturance was remarkably anticipated with

anxiety and Schizotypy. Moreover, affectionless control (high protection and low care) had higher anxiety and Schizotypy as compared to appropriate parenting (high care and low overprotection) (Giakoumaki et al., 2013).

Zhu et al. (2014) carried out a study which included 594 students as sample for research. Results of the study showed that high level of parental control and negative emotions were strongly linked to high level of emotional eating in adolescents. In addition to the direct relationship between negative emotions and emotional eating, there was a mediating effect observed through low self-control and high parental control. Gander et al. (2015) found that insecurely attached adolescents were significantly associated with eating disorder than those who were securely attached. Molendijk et al. (2017) conducted a Meta analysis. Results indicated that those individuals who faced problematic parenting were associated with psychological issues such as eating disorder and suicidal behavior. Furthermore, Plexousakis et al. (2019) conducted a study which included 8 to 16 year old participants as research sample. Results of the research indicated that less care by mother and high protection was strongly linked with the formation of traumatic symptoms. Additionally, results showed that those kids who were exposed to mother's low care and high control become perpetrators.

A study by Herrero et al. (2020) was conducted which included 15 years old adolescents as sample for research. Results of the research declared that there was a remarkable relation with body dissatisfaction, depression, eating disorder and insecure attachment in adolescents. On the other hand, adolescents who were securely attached showed body appreciation and less symptoms of eating disorder.Monteleon et al. (2020) carried out a study. Results of the research revealed that inappropriate parenting (greater level of control and lower level of care) were notably linked the eating disorder.

Furthermore, results showed that maternal control remarkably anticipated the eating disorder symptoms.

In more recent time, Abbaspour et al. (2021) conducted a comparative study which included 130 patients as sample for research. Findings of the study showed that optimal parental bonding low care and high control was significantly associated with schizophrenia, bipolar disorder and major depression. In conclusion, attachment has been related to a wide range of psychological and social problems, with some writers proposing that the type of insecure attachment (e.g., anxious or avoidant) may influence the sort of problem that is encountered (Thai et al., 2020).

According to several studies, there is a gender difference in the perception of teenagers bonding with their parents. Gamble and Roberts, for example, conducted research in 2005 that involved 134 high-school pupils. The study's findings revealed that girls have a more negative perception of their parents than boys. Furthermore, the study found that negative parenting is linked to somatoform disorder. Similarly, Nishikawa et al. (2010) did another investigation. The study's findings revealed that parental strength in predicting psychological discomfort is stronger for females than for boys. Murphy et al. (2010) conducted a study. Results of the study indicated that overprotection was associated with depression in adolescents. Moreover, results showed that male perceived their parents more protective than female while no significant age differences was found.

Grotmol et al. (2010) conducted a study on parental bonding and self-esteem as predictors of severe depressive symptoms. The findings of the study showed that maternal care was significantly associated with depressive symptoms. Moreover, the results of the study suggested that both male and female perceived their mother more overprotective as compared to fathers. Additionally, results elaborated that those girls who perceived their mothers controlling were associated with depression. For boys, who perceived their father

cold were associated with depression. Furthermore, Kullberg et al. (2020) conducted a study which included 26 to 75 years old people as sample for research. Results of the research indicated that inadequate parental boding, especially lack of care and lack of autonomy was linked with lifetime depression and anxiety. Moreover, results of the study highlighted that woman reported less parental over protection as compared to men.

Deater-Deckard et al. (2006) reported that positive associations between experiences of use of harsh discipline at age 5 and externalizing behavior during the elementary years were less when parents were high in warmth and positive affect. Another study was conducted by Heaven and Ciarrochi (2008) which included 14 to 30 years old individuals as research sample. Findings of the study showed that parental authoritarianism was associated with anxiety and low-self-esteem. Furthermore, findings of the study showed that perception of parental control was strong at age 14 to 19than age 22 to 30. Furthermore, Boutelle et al. (2009) showed that parent child attachment was found poor in early adolescence. Furthermore, results showed that decreased parent child attachment predicted the depressive symptoms. Similarly, Klein and pierce (2009) found that low level of parental care and high level of protection was remarkably related to depression, interpersonal problems and anxiety among adolescents. Moreover, results indicated that early and middle adolescents perceive their parents more protective.

On the other hand, Murphy et al. (2010) found no significant age differences and results demonstrated that perception of parental protectiveness was same for all ages. Cock and Shevlin (2014) found that the perception of parental authoritarianism was stronger before age 16. Furthermore, Oldfield et al. (2016) conducted a study which included 11 to 16 years old adolescents as research sample. Results of the study showed that insecure attachment was found on its peak in this age period.

Socioeconomic status of the family plays a vital role in parenting styles. Several studies have conducted in this regard. For example, Luthar and Latendresse (2005) conducted a study on parental perceptions and SES which included 614 individuals of both low and high income families. Results of the research showed that perceptions regarding parenting practices or rearing styles were same in both groups. Consequently, no SES related differences were found in this study. While in some researches harsh and more punitive parenting was associated with low socioeconomic status (Evans et al., 2005; Lehman et al., 2009).Kraus et al. (2012) found that children of high socioeconomic status received more warmth and affection by their parents. On the other hand, Yunus and Dahlan (2013) conducted a study on child rearing practices and SES which included 500 participants as sample for research. Findings of the study demonstrated that good parenting practices and the quality of childcare was particularly from low socio-economic status.

2.3 Relationship of Parental Bonding, Alexithymia, and Psychological Distress

Generally, it is reported that there is a strong impact of parental bonding on the development of alexithymia. As a result of this personality feature (alexithymia), adolescents acquire a variety of psychiatric issues. There are several studies and publications that detail the relationship between alexithymia and various psychological illnesses in adulthood (Mattila, 2009). Adolescents who have had tumultuous attachment relationships find it particularly difficult to assume responsibility for relationship management. They will face more chronic issues, fewer rules to help them, and fewer opportunities to practice skills for forming effective interpersonal relationships (Allen & Land, 1999). Adolescents are more sensitive to emotional issues when their connection resource repertoires are deficient. For example, Spitzer et al. (2005) conducted a study. Findings of the study showed that anxious attachment style was associated with alexithymia. Furthermore, findings of the study showed that alexithymia and anxious

attachment style were associated with interpersonal difficulties. Another study was conducted by Gamble and Roberts in 2005 which included 134 students as sample for research. The results of the study showed that insecure attachment styles are tending to report by those adolescents who perceived their parents more critics. Moreover, the results of the study showed that those adolescents also showed the symptoms of low self-esteem and dysfunctional attitudes.

Similarly, some other studies showed the link between alexithymia, psychological distress and parenting. For example, Reitz et al. (2006) conducted a study which included 650 adolescents as sample for research. The study's findings revealed that parental warmth is linked to lower levels of depressive and anxious symptoms in teenagers, whereas parental control is linked to higher levels. Furthermore, Saarijavi et al. (2006) conducted a 5 year follow up study which included 116 outpatients. The findings of the study showed that alexithymic features were found in those patients who were suffering from depression. Moreover, the study elaborated that over the time of 5 years alexithymia and depression significantly decreased. Waldinger et al. (2006) found in another study that insecure attachment style and childhood traumas were strongly associated with somatoform disorder. Another study in Sweden that looked at the association between attachment characteristics and internalizing difficulties found that attachment ac/counted for almost half of the variance in scores on depression and anxiety subscales (Ronnlund & Karlsson, 2006).

Several studies have explored the impact of alexithymia in adolescents and showed the increasing reports of psychological distress in adolescents. For instance, a study incorporated that alexithymia was associated with depression (Zackheim, 2007). Lumley et al. (2007) conducted a study in medical setting. The findings of the study showed that alexithymia is associated with physical arousal and unhealthy compulsive symptoms.

Moreover, alexithymic individual respond poorly on psychological treatments. Rigby et al. (2007) conducted a study which included 12 to 16 years old adolescents as sample for research. Results of the research revealed that inadequate rearing practices i.e. lack of parental care and high level of control were remarkably related to poor mental health of adolescents.

A study was conducted by Frewen et al. (2008) on Meta-analysis of alexithymia in post-traumatic stress disorder. The findings of the study highlighted that alexithymic individual were associated with post-traumatic stress disorder. Liss et al. (2008) incorporated another study on relationships between sensory processing sensitivity, alexithymia, autism, depression, and anxiety. The findings of the study showed that sensory processing sensitivity was related to the symptoms of autism, depression, anxiety and alexithymia. Furthermore, the results of the study indicated that alexithymia play a vital role in predicting anxiety. Berardis et al. (2008) on the impact of alexithymia on anxiety disorder. The findings of the study showed that alexithymic individuals were facing more psychological issues such as anxiety. Batıgün and Büyükşahin (2008) conducted a study on attachment, alexithymia and psychological issues which included 18 to 40 years old individual as research sample. Results of the research indicated that higher psychological symptoms and inadequate connectedness were notably anticipated the alexithymia in people. All through the writing cross-sectional plans are for the most part utilized to build up the essential connection between impression of parenting and adolescence anxiety and depression. These investigations exhibit that a relationship between impression parenting and immaturity nervousness and burdensome problems exists, yet the course of this relationship can't be clarified with this plan. Not many longitudinal assessments have been led that may reveal insight into the heading of impacts connecting parental clinging to melancholy and uneasiness among adolescence. For example, a longitudinal report was

done by Hale Raaijmakers et al. (2008) to research the formative pathways of summed up uneasiness problem, social fear, division tension issue, alarm issue, and school nervousness. They noticed a slight reduction in these problems, except for social fear, which remained genuinely stable after some time. These indications expanded 19 in young ladies, while they diminished in young men after some time.

Longitudinal studies have been extremely useful in understanding the progression of psychopathology in connection to attachment patterns, as well as demonstrating the predictive validity of attachment. In a four-wave prospective study done in the United States, Lee and Hankin (2009) discovered that insecure attachment predicts future changes in depressed and anxious symptoms. Other longitudinal investigations have backed this up (Chango et al., 2009). These findings confirm the causal relationship between attachment and psychopathology, refuting the notion that psychological issues might exacerbate attachment insecurity. One of the researches, which included a representative sample of Irish teenagers, discovered substantial variations in attachment groups in terms of depression.

Thorberg et al. (2009) conducted a study on alexithymia and alcohol use disorder. The findings of the study highlighted that those adolescents who were suffering from alexithymia are more prone to develop alcoholic habits. Another study was conducted by Tasca et al. (2007) conducted a study on adult attachment, depression and eating disorder which included 310 women as sample for research. The findings of the study showed that poor attachment was associated with depressive symptoms of adults. Furthermore, the findings of the study showed the direct link between avoidance attachment and symptoms of eating disorder. Betts et al. (2009) conducted a study. The findings of the study showed that adolescents who faced parental over protection and sepressive emotions reported high

depressive symptoms. Besharat (2009) found a remarkable linked between alexithymia and interpersonal problems regarding assertiveness, sociability, intimacy, and responsibility.

Some studies have conducted on the role of early experiences in the year 2010. For example, a study was conducted by Sroufe et al. (2010) on the role of early experiences. The findings of the study showed that disturbances in emotional functioning are associated with insecure attachment and psychiatric disorders in adolescents. Another study was conducted by Parling et al. (2010) on alexithymia and anorexia neuroses. Results of the research revealed that patients with anorexia neuroses reported higher level of alexithymic traits. Another study was conducted by Karukivi et al. (2010) which included 729 adolescents as sample for research. Findings of the study showed that alexithymia was remarkably linked with eating disorder in adolescents. Garisch and Wilson conducted a study in 2010 which included 425 adolescents as sample for research. The findings of the study reported that alexithymic adolescents were more engaged in self-harm. Moreover, the results elaborated that when an adolescent has poor emotion regulation and communication skills, they were more likely to facilitate deliberate self-harm Karukivi et al. (2010) conducted another study. Results of the research indicated that those adolescents who have alexithymic trait were more likely to suffer from anxiety disorder as compared to non alexithymic adolescents.

Carpenter and Chung conducted a study in 2011 on the role of alexithymia and attachment styles in anxiety disorder. The findings of the study showed that inadequate attachment and childhood trauma was significantly associated with alexithymia. Furthermore, the results of the study indicated that symptoms of anxiety disorder were also found in those individuals who were suffering from alexithymia. Nyklicek et al. (2011) conducted a study. The findings of the study showed that psychological distress is strongly related to emotion regulation.

Another study was conducted by Leweke et al. (2012) which included 1461 patients as sample for research. Findings of the study showed that alexithymia was significantly associated with depression and anxiety disorder. Furthermore, findings of the study showed that the prevalence of alexithymia was high in patients with psychological illness.

Raudino et al. (2013) conducted a longitudinal study with 924 teenagers to examine the relationship between parental connection, attachment, depression, and anxiety. The study's findings revealed that the quality of a parent-child relationship, as measured by parental care and overprotection, as well as attachment, predicts later life adjustment in a modest way. Agerup et al. (2014) conducted a study. They investigated the associations between parental attachment and depression. Result declared that depression was the main outcome of a negative attachment of parental bonding.

According to previous literature, alexithymia was associated with several psychological issues. For instance, Li et al. (2015) conducted a meta-analysis of studies using both clinical and general population samples. Findings of the study showed that those patients who have alexithymic traits have higher level of depression. Abbasi et al. (2015) found people with alexithymia had emotional distress and could not cope with different social situations due to their maladaptive coping styles and inability to identify emotions, leading to anxiety and mental distress. Ertekin et al. (2015) found that alexithymia was remarkably linked with social anxiety disorder and depression. Moreover, results of the research suggested that non-alexithymic individuals have lower level of social anxiety disorder and depression as compared to alexithymic individuals. Results of the study showed a positive relationship between alexithymia and personal distress.

In year 2016, several studies demonstrated the relationship of alexithymia, psychological suffering and parenting. For example, Günther et al. (2016) conducted a study on clinical sample. Findings of the study showed that depressive symptoms along

with anxiety were related to alexithymia in individuals. Zou et al. (2016) conducted a study on childhood truma, alexithymia and panic disorder. Results of the research showed that childhood truma was notably associated with alexithymia and those individuals who scored high on alexithymia were also linked with panic disorder. Gatta et al. (2016) researched family factors related to alexithymic traits among psychiatric adolescents. Results have shown that there was a close link between alexithymia and psychopathological symptoms. Alexithymia is correlated with symptoms of internalizing, somatic problems, obsession, anxiety, depression, paranoid psychoticism, hostility, and interpersonal hypersensitivity. Another study was conducted by Terock et al. (2016) conducted a study. The findings of the study showed that alexithymia was associated with the insecure attachment. Furthermore, the results highlighted that childhood low care and neglect were also associated with dissociation. For instance, Gilanifar and Delavar (2016) found that women who were experiencing alexithymia had a 2.6 times greater risk of experiencing depression.

Furthermore, Scigala and Strzeskowska (2018) conducted a study on relationship between parental bonding, alexithymia, and dissociation. The findings of the study showed that both paternal and maternal parental behavior was a predictor of alexithymia Moreover, the results of the study highlighted that those adults who were suffering from alexithymia and dissociation were insecurely attached. Panayiotou et al. conducted a study in 2018. Results of the research showed positive relationship between alexithymia and social anxiety. Furthermore, Panayiotou (2018) conducted a study on alexithymia and psychological disorders. Results of the research revealed significant link between alexithymia and general psychopathology.

Lesani et al. (2019) conducted a study which included 261 women as sample for research. Results of the research observed a remarkable association between alexithymia and social anxiety. Similarly, Hafezi (2019) in another study found positive relationship

between alexithymia and social anxiety in women. McErlean and Lim conducted a study in 2019 on relationship between alexithymia, attachment styles and aggression. The findings of the study showed that authoritarian parenting style cause aggression symptoms. Moreover, findings of the study showed that paternal authoritarian style contributed to develop aggression in adulthood. Hemming et al. (2019) conducted a study on alexithymia and depression. Findings of the study suggested that those people who have alexithymic traits suffer from aggression, suicidal thoughts, and depression.

In recent time, few studies also provided enough evidences regarding parenting, psychological problems and alexithymia. For example, a study was conducted by Remondi et al. (2020) conducted a study on insecure attachment, alexithymia and psychological distress which included 539 adolescents and adults as research sample. The findings of the study revealed that psychological risk factors were significantly associated with insecure attachment. Another study was conducted by Kajanoja et al. (2020) on early life adversities and adult attachment in depression and alexithymia. The findings of the study showed that alexithymia was associated with childhood neglect whereas childhood adversities were also significantly associated with depression. Furthermore, Berardi et al. (2020) conducted a study. Findings of the study showed that depressed patients with high alexithymia experience a higher burden of disease and manifest higher anti-depressant consumption compared with low-alexithymic patients. Pengpid and Peltzer conducted a study in 2020 which included 15 years old adolescents as sample for research. The findings of the study showed that poor parental bonding like parental disrespect of privacy, parental emotional neglect was associated with psychological distress.

Similarly, Runcan (2020) conducted a study on alexithymia in adolescents. Results of the research showed that alexithymia was linked to different psychological disorders like anxiety, depression, dissociation, eating disorders and generalized anxiety disorder,

Furthermore, the results also highlighted that attachment style and emotional difficulty with caregiver during childhood cause alexithymia in adolescents. Another study highlighted that alexithymia was not associated with psychological disorders (Vuilier et al., 2020). Furthermore, Zakhour et al. (2020) conducted research in clinical settings. The study reported that patients with major depression disorder were associated with alexithymia and both maternal and paternal parenting styles. Moreover, it is reviewed by literature that parenting style, lack of maternity care, lack of love and warmth, control and extra care by the caregiver are responsible for alexithymia and play a significant part in the formation of alexithymia.

Parental over-protection plays a significant role in the development of emotional vulnerability and psychopathology. In this regard, some studies have conducted in more recent time, for instance, a study was conducted by Teggi et al. (2021) which included 179 patients. The findings of the study showed that alexithymic individuals showed higher level of anxiety and depression. Moreover, alexithymic an individual seems to perceive more stress. Another recent study was conducted by Farina et al. (2021) on perceived parental over-protection in non-clinical adults which included 296 students as sample for research. The findings of the study showed that all kind of poor or dysfunctional parenting was associated with the emotional problems. Moreover, study elaborated that paternal and maternal over-protection was specifically associated with adolescent's emotional problems. Another study was conducted by Edward et al. (2021) on alexithymia, inability, impulsivity, and childhood adversity. The results of the study highlighted that inadequate parenting and childhood adversities play a key role in the development of borderline personality disorder. Moreover, findings of the study showed that alexithymia mediate the link between borderline personality disorder and early adversities.

Rokita et al. (2021) conducted a study. Results of the research showed that those individuals who had schizophrenia scored high on low care of parental bonding and neglect as compared to healthy individuals. Moreover, Quinto et al. (2021) conducted a study on alexithymia, psychological distress, and social impairment. The findings of the study showed that alexithymia was associated with various psychological disorders such as depression, anxiety, and psychological distress.

A review of the literature reveals that academics are generally in agreement about the gender differences in depression rates. However, there is little agreement on the causes of this gender disparity. Biological and psychosocial causes have both been proposed in the literature. Various socialization patterns, gender roles, emotion control, and pubertal changes are all psychosocial explanations. In comparison to the amount of work exploring gender variations in depression rates, less effort has been made to investigate gender differences in anxiety disorders, particularly among adolescents. Nevertheless, it is well recognized that females are substantially at more risk than male to develop anxiety disorders during their lives (Bruce et al., 2005). Pakistan has identified lifetime prevalence rates for any anxiety disorder. Nevertheless, relatively little research has been done in Pakistani teenage populations on gender disparities in mental health. This link could be especially important in a culture where women are treated as second-class citizens. And male members of the society take decisions and women are compelled to carry out the requests of their families and parents rather than their own desires (Qadir et al., 2005).

Toft et al. (2005) conducted a study which included 18 to 65-year-old individuals as sample for research. Results of the research indicated that negative impact of early caretaker was highly linked with different kind of mental disorder (i.e., mood disorder, anxiety disorder, alcohol use and somatoform disorder). Additionally, results indicated that women have higher rate of mental disorders than men. Another study was conducted by

Roelofs et al. (2006) on non-clinical sample. Results of the research highlighted that unsafe connectedness and toward the early caretaker were remarkably linked with the symptoms of anxiety, depression and aggression among adolescents. Moreover, findings of the study showed that boys showed greater symptoms of anxiety and depression as compared to girls. A study was conducted by Grotmol et.al. (2010) found that there were no gender differences in depressive symptoms scores.

The results of studies addressing the differences in depression rates throughout developmental stages have been mixed. For instance, Costello et al. (2005) conducted a study which included 1420 children and adolescents as sample for research. They discovered that the mean 16 year old girls were greater for both depression and anxiety, but was lower in 13-year-old boys. Furthermore, Hale Raaijmakers et al. (2008) conducted a longitudinal study to look into the developmental routes of generalized anxiety disorder, social phobia, separation anxiety disorder, panic disorder, and school anxiety. Except for social phobia, which remained rather steady throughout time, they noticed a modest decline in these disorders. In girls, these symptoms became 19 over time, but in boys, they grew less.

Differences between cultures have also been found. For example, Beesdo et al. (2009) conducted a study in Western culture and the study reported the association between age and anxiety. Another study was conducted by Eryilmaz in 2010 which included 11 to 17 years Turkish adolescents as sample for research. The findings of the study showed that 17 years old adolescents had poor well subjective well-being while 15 years old adolescents had better subjective well-being.

While investigating various rates of anxiety and depression among adolescents aged 13 to 16, Hoek et al. (2012) found that the mean on both anxiety and depression was higher among girls aged 16 years, whereas the mean on anxiety and depression was higher among

boys aged 13 years. Another study was conducted by Peleg (2012). The findings of the study showed similar results those 13 years old girls faced more depression and anxiety whereas 13 years old boys faced both disorders. Another study was conducted by Ferrari et al. (2013). The study's findings revealed that the burden of depression and anxiety disorders rises dramatically between the ages of 1 and 10, peaking in adolescence and early to middle adulthood (ages 10–29 years).Orgilés et al. (2012) conducted a cross-sectional study using 2522 children and adolescents aged 8 to 17 years as the research sample. The study's findings revealed that generalized anxiety grew with age whereas separation anxiety reduced. Furthermore, the study found variations in all diseases across all ages, apart from physical anxieties.

In social science research, the relationship between socioeconomic status and psychological suffering has been extensively investigated (Hudson, 2005). For instance, kessler et al. (2003) conducted a study which included adult population as sample for research. Results of the research showed that lower SES related to depression. While another study was conducted by Lemstra et al. (2008) which included 10 to 15 years adolescents as sample for research. The findings of the studies showed that low SES is significantly linked with greater rates of anxiety and depression in adolescents. Rapee (2011) conducted a study on family factors and anxiety disorder. Findings of the study showed that development of anxiety disorder found to be related to few demographical factors. Of the factors that have been assessed, findings indicated that low socio-economic status found to be the predictor of anxiety later in adolescents. Moreover, the study elaborated that overall family relationship have not revealed significant relationship with anxiety. Because Pakistan is a developing country, the link between psychological distress and socioeconomic status is especially important among Pakistani teenagers, where 22.3 percent of the population lives in poverty (Central Intelligence Agency, 2013).

2.4 Summary

To sum up, literature has shown evident link between the insecurity of attachment and depression and anxiety of adolescents. Furthermore, understanding of clinical implication of attachment security specifically with adolescent's reference has been increased in recent years. Nevertheless, comprehension of results is quite tricky and difficult due to numerous challenges through this work. For example, previous studies have analyzed direct connection of attachment, depression, and anxiety among sample of late adolescent while early and some adolescent sample was always quite low in number. Higher mental health in adolescents has been linked to perceived parental attachment in previous studies (Reitz, & Dekovic, 2013; Burns et al., 2018; Herrero et al., 2020).

Some studies from local context also show the evidence between parental bonding, alexithymia and psychological distress. For instance, In Pakistan one research study conducted on parental bonding among female adults. The parental bonding instrument care dimension was found to have a strong negative correlation with sadness and anxiety, while the over-protection dimension had a positive correlation (Qadir et al., 2005). A study was conducted by Imtiaz and Naqvi (2012) on parental attachment and identity styles among adolescents' sample of 252. Adolescents were taken from four colleges and universities of Islamabad and Rawalpindi. Research included 252 adolescents 118 were boys and 134 were girls with the age range of 16 to 20 years. Therefore, secure parental attachments have been conceptualized as providing a source of security and support for independent strivings during a period characterized by multiple life changes.

In a study conducted by Besharat and Salimian (2014) which included 18-27 years old students as a sample for research. The study stated that the participants having no or lower levels of negative emotions were associated with insecure attachment. Farooq and Yousaf (2016) conducted a study on childhood adversities and alexithymia which included

17 to 40 years old individuals as sample for research. Results of the study demonstrated that those females who faced early maltreatments such as physical or emotional neglect were remarkably more prone to develop alexithymia. Additionally, results indicated that difficulty in communicating emotions was notably associated with early physical abuse. Another study was carried out by Khan (2017) on the prevalence rate of alexithymia among Pakistani adults and findings showed that men are more prone to develop alexithymia than women. In another study of Khalid et al. (2018) which included 11-18 years old school adolescents of Pakistan as a sample for research. The study stated that there is positive link between parental bonding and adolescent's anxiety. Furthermore, study elaborated that adolescent with higher scores on parental protectiveness and authoritarianism faced higher levels of depression and anxiety. Bibi et al. (2021) conducted a study which included 12 to 18 years old adolescents as sample for research. Findings of the study showed that parenting styles were positively associated with psychological flexibility in adolescents. Though there is clear dearth of studies examining relationship between correlates of adolescents' psychological issues.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Introduction

The present study was design to explore the relationship between parental bonding alexithymia and psychological distress among adolescents. Another aim of the study was to explore the impact of parental bonding on alexithymia and psychological distress.

3.2 Research Design

The research was a comparative study in which a cross-sectional research design was used to explore the relationship between parental bonding, alexithymia, and psychological distress among adolescents. The current study was conducted in two phases first part of the study was pilot testing and the second part was based on the main study.

3.3 Research instruments

Following instrument were used in the current study in order to explore the relationship between variables.

3.3.1 Parental Bonding Instrument (PBI): This scale was developed to measure the proportion of apparent parental bonding towards oneself (Parker et al, 1979), a self-

report measure with total items of 25. The current investigation utilized a decreased 16 items variant approved by Kendler in 1996.This form has been accounted three measurements Warmth and its items (1,4,5,11,12,17,18); Protectiveness items (8,9,13,19,23); and Authoritarianism items (7,15,21,25) rather than two measurements for example care and over-security revealed in the first form of the scale. All items are answered by using 4-point Likert scale (very like=4, very unlike =0). This scale demonstrated good reliability (Cronbach's α=0.61 for warmth; α= 0.80 for protectiveness; and α = 0.76 for authoritarianism).For the present study, Urdu version translated by Qadir, Stewart, Khan, and Prince (2005) was used. For the present study alpha reliability was (Cronbach's α=.74 for Parental bonding instrument; α =0.69 for parental bonding instrument of father; α=0.61 for father warmth; α= .80 father protectiveness; α =0.76 for father authoritarianism; α= .74 for parental bonding instrument of mother; α=0.64 for mother warmth; α=0.73 for mother protectiveness; α=0.92 for mother authoritarianism).

3.3.2 Toronto Alexithymia Scale (TAS-20)*:*This scale was developed by Taylor, Bagby, and Parker(1986)consisted of 20 items which are divided into three dimensions that are 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).All items are answered by using a 5-point Likert scale (1= strongly disagree,5= strongly agree). And cut off the score for alexithymic and non-alexithymic is ≥ 61 = high alexithymia (alexithymia) and ≤ 51 = low alexithymia (non-alexithymic). The scale demonstrated good internal consistency and (Cronbach's α =.82). For the present study, Urdu version translated by Ghayas (2012) was used. For the present study, the value of alpha reliability coefficient was (α=.73).

3.3.3 Depression Anxiety Stress Scale (DASS-21): This scale was developed by Lovibond and Lovibond (1995) consisted of 21 items which are divided into three

dimensions Depression (3,5,10,13,16,17,21); Anxiety (2,4,7,9,15,19,20); and Stress(1,6,8,11,12,14,18).All items are answered by using 4-point Likert scale(did not apply to me at all=0, Applied to me very much=4).The scale demonstrated good reliability (Cronbach's α =0.82 for Depression;α =0.81 for Anxiety;α =0.76 for Stress).For the present study, Urdu version translated by Aslam (2007) was used. For the present study Cronbach's alpha reliability coefficient was (for total DASS α=.94; for its subscales depression; α =0.85; anxiety α =.84; and stress α =.85).

3.4 Verification of tools

Phase I: Pilot Study

Objectives

- To check the psychometric properties of the scales and understanding of the sample regarding scales.
- To determine the relationship among variables in desire direction.

Sample. A sample of (N=50) students (both boys, *n*=25; girls, *n*=25) of two age groups (middle adolescence & late adolescence) with the age range of (16 to 21) was selected from various private and public schools and colleges of Attock, Rawalpindi, and Islamabad.

Procedure. Special permission has been taken from principles and class teachers at different schools and colleges (private & public). Participants were informed about the nature and objectives of research and written informed consent was obtained prior to the administration of all three scales (Urdu versions).

Results. This part of the study describes the findings of the pilot study. Results of the pilot study are shown in the following tables.

Table 1

Details of Sample Characteristics of Pilot Study (N=50)

Sample characteristics	Categories	Sample (*N* = 50) *f* %
Gender	Boys	25(50)
	Girls	25(50)
Age group	Middle adolescence	29(58)
	Late adolescence	21(42)

Table 1 represents the demographic details of the study variables (age & gender) of total sample (N=50) comprise upon 25 (50%) boys and 25 (50%) girls. Data shows that 58% adolescents belong to middle adolescence and 42% adolescents belong to late adolescence.

Table 2

Descriptive and reliability coefficients for Pilot Study (N=50)

Scales/dimensions	No.of items	*M*	*SD*	*α*	Score Range		Skewness	Kurtosis
					Actual	Potential		
PBIF	16	24.22	06.39	.69	04-39	0-48	-1.09	-.93
FW	07	10.36	03.98	.61	02-17	0-21	-.37	-.89
FP	05	04.70	04.66	.80	00-15	0-15	.49	-.98
FA	04	09.16	03.99	.76	00-12	0-12	-.20	.24
PBIM	16	21.16	06.30	.74	03-35	0-48	.07	-.36
MW	07	09.04	03.46	.64	02-18	0-21	.22	.18
MP	05	03.78	03.95	.73	00-12	0-15	.70	-.73
MA	04	08.34	04.50	.92	00-12	0-12	-.71	-1.1
TASS	20	57.06	14.32	.88	36-78	1-100	-.69	-.84
DASS	21	40.02	15.92	.95	00-63	0-63	-.76	-.74
DEP	07	12.74	05.93	.91	00-21	0-21	-.86	-.56

ANX	07	12.56	05.94	.89	00-21	0-21	-.32	-.1.1
STR	07	14.72	05.13	.85	00-21	0-21	-.69	-.97

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

Table 2 shows the mean, SD, Alpha coefficients, Range of the study variables on a smaller sample. The values of skewness of all the scales lie within the acceptable range. Therefore, no item was discarded on this basis. This shows data was normally distributed and all the scales and sub-dimensions are moderately reliable.

Table 3

Inter-scale correlations of the Pilot Study variables (N=50)

	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
FW		.01	.05	.09	.05**	.05	-.31*	.50	.44*	-.18
FP			-.35*	.49	.84**	.30*	.71**	.43**	.41*	.69*
FA				-.06	.50**	.84**	.49**	.49*	.41**	.52*
MW					.42**	.16*	-.42	-.40*	.29*	.26
MP						.41*	.61*	.52**	.46*	-.59*
MA							.41**	.44**	.39*	.45*
TAS								.77*	.77**	-.88
DEP									.88**	.79*
ANX										.76
STR										

Note. FW= Father Warmth; FP= Father Protectiveness; FA= Father Authoritarianism; MW= Mother Warmth; MP= Mother Protectiveness; MA= Mother Authoritarianism; TAS = Toronto Alexithymia Scale; DEP=Depression; ANX= Anxiety; STR = Stress.

Table 3 shows correlations among all the study variables. Result indicate that father's warmth (r = -.31*) has significant negative correlation, father's protectiveness has significant positive correlation (r =.71**) and father's authoritarianism has also significant positive correlation (r =.49**) with Toronto alexithymia scale. Both father's and mother's protectiveness and authoritarianism have significant positive correlation with depression, anxiety, and stress. While father's warmth has positive and mother's warmth has significant negative correlation with depression. Toronto alexithymia scale has significant positive correlation with mother's protectiveness (r =.61*) and mother's authoritarianism (r =.41**).

3.3.4 Discussion. The purpose of the pilot study was to determine the psychometric properties of the scales (parental bonding instrument, alexithymia, and psychological distress). The sample consists of (N=50) with the age range of 16 to 21.

Table 1 represents the demographic variables of the sample gender specifically is indicated by having 25 male participants and 25 female participants. The 29 individuals lie in the age range of 16 to 18 whereas rest of the individuals lies in the age range of 19 to 21. Results of the table 2 indicated that data was normally distributed and alpha reliability coefficients showed that all the scales of study variables are good and lie in the acceptable range. The alpha values of all the scales were Parental bonding instrument (PBI) (α= .74), Parental bonding instrument for father (α =0.69) three subscales i.e. father warmth contains (α=0.61), protectiveness contains (α= .80), and authoritarianism (α =0.76). Parental bonding instrument for mother (α= .74) and three subscales Mother warmth (α=0.64), protectiveness contains (α=0.73), and authoritarianism (α=0.92).

Alpha values of Toronto alexithymia scale (TAS-20) (α=.88); for total Depression anxiety stress scale (α=.95) and for three subscales i.e. depression (α =.91), anxiety (α =.89), and stress (α =.85) were observed (see Table 2). Different suggested criteria as Moss

et al. (1993) described which was above 0.6 that means if values were lying in this range all are in acceptable range. Similarly, above .7 for alpha reliability criteria as suggested by Nunnally and Bernstein (1994).

In this study, Pearson product-moment correlations were computed to examine the relationship between all the study variables (parental bonding, alexithymia, psychological distress) among adolescents. The finding indicated that there was a positive relationship between protectiveness and authoritarianism of both parents with alexithymia and psychological distress (see Table 3). The results of the present study were in the line with previous researches in which a positive relationship was found between alexithymia, parental bonding and psychological distress (Scigala & Strzeskowska, 2018; Remondi et al., 2020). Moreover, Thorberg (2011) highlighted that those adolescents who faced intrusive parenting and overprotection were more prone to developed alexithymia.

Similarly, Mousavi et al. (2016) stated that authoritative parenting style with respect to children assume a huge part in the development of anxiety and depression**.** Furthermore, Kajanoja et al. (2020) suggested that alexithymia was associated with childhood neglect whereas childhood adversities were also significantly associated with depression. According to previous literature evidences have shown that inadequate parenting practices are the main factors that play a vital role in personality development as well as the mental health of adolescents.

Phase-II: Main Study

Objectives

This study will have the following objectives.

- To investigate the relationship between Parental bonding, Alexithymia, and Psychological distress among adolescents.
- To explore the demographics related differences (Age, Gender, and Socio-

economic status) on study variables.

- To explore the impact of parental bonding on alexithymia and psychological distress among adolescents.

Study Design. The research was a comparative study in which a cross-sectional research design was used to explore the relationship between parental bonding, alexithymia, and psychological distress among adolescents.

3.4 Population. The population targeted for this study was students from different public and private schools and colleges of district Attock, Rawalpindi, and Islamabad. In this phase of the study, the sample is consisted of N= 350 (boys, n = 175; girls, n = 175) participants with two age groups (middle adolescents & late adolescents).The age of participants was between 16-21 years.

3.5 Sampling technique

The sample was selected from both public and private schools and colleges through convenient based sampling technique.

3.5 Data collection

The data was collected from different public and private schools and colleges of district Attock, Rawalpindi, and Islamabad. Inclusion criteria for the present study were that researcher has selected only those adolescents who are enrolled in schools and colleges. Only two age group of adolescents has been approached for the purpose of data collection. Approached only adolescents from urban areas of district Attock, Rawalpindi and Islamabad. In addition, this study focused on teenagers who have both a father and a mother. In the current study researcher has not approached those adolescents who have any psychological disorder. Data has not been collected from the children of broken families.

3.6 Data analysis

Pearson Product Moment Correlation, linear regression and t-test analyses were carried out on the variables to test the hypotheses of the study.

3.7 Research Ethics

Confidentially of participants was ensured. Inform consent of all participants was taken. They were briefed about purpose of study and they were that they can quit from research at any time.

3.8 Delimitations

Despite adding a huge contribution to the existing literature, the study holds some limitations too. One of the limits of this research is that only those adolescents approached who had both parents (fathers and mothers). Another limitation of the current study was that this study only emphasized on the psychological distress (depression, anxiety, and stress) of adolescents.

CHAPTER 4

ANALYSIS AND INTERPRETATION OF THE DATA

For the main study (N=350) demographic details of study variables were computed; after that descriptive statistics (means, standard deviations, skewness, and kurtosis), Pearson product moment correlation, Regression, and T-test were computed on SPSS-21. The details of the main study results are as follows: -

Table 4

Details of Sample Characteristics of the Main Study (N=350)

Sample characteristics	Categories	Sample (N=350) *f*%
Gender	Boys	175(50.0)
	Girls	175(50.0)
Age group	Middle adolescent (16 to 18)	187(53.4)
	Late adolescent (19 to 21)	163(46.6)

Socioeconomic status	Upper class	103(29.4)
	Middle class	247(70.6)

Note. *f*= frequency

Above table indicates the major characteristics of the sample of study. Table 4 indicates the overall characteristics of all the demographic variables of total sample (N=350) of the study. Total sample of adolescents are N = 350; comprise upon 175 (50%) boys and 175 (50%) girls with age range 16 to 21 years. Data shows that 70% adolescents belong to middle class and 29% adolescents belong to upper class.

Table 5

Descriptive for the Main Study Variables on Total Sample (N=350)

Scales/dimensions	No.of items	*M*	*SD*	*α*	Score Actual	Range Potential	skewness	Kurtosis
PBIF	16	18.48	6.26	.64	0-64	5-39	.25	.19
FW	7	7.92	3.35	.67	0-28	1-35	.89	.52
FP	5	5.92	3.20	.73	0-20	0-15	-.28	-.34
FA	4	4.61	3.33	.95	0-16	0-12	-.50	-.59
PBIM	16	18.28	6.22	.68	0-64	5-40	.35	.91
MW	7	7.99	2.95	.73	0-28	0-15	.56	.58
MP	5	5.54	3.00	.70	0-20	0-14	.21	-.59
MA	4	4.34	3.4	.76	0-16	0-12	.59	-.50
Tass-20	20	56.49	11.2	.69	1-100	8-80	-.26	-.55
Dass-21	21	19.65	10.02	.94	0-84	0-60	-.90	.53
Depression	7	6.33	3.93	.85	0-28	0-21	-.84	.92
Anxiety	7	5.57	3.73	.84	0-28	0-21	1.08	1.62

Stress	7	7.73	3.82	.88	0-28	0-21	.51	-.18

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

Table 5 shows the means, SD, alpha reliability and Range of study variables. The values of skewness and kurtosis of all the scales lie within the acceptable range. Therefore, no item was discarded on this basis. This shows data is normally distributed.

Table 6

Inter-Scale Correlations of the Main Study Variables (N = 350)

	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
FW		.36**	.11*	.02	.36**	.33**	.10*	-.13	.08	.25**
FP			.23*	-.10	.61*	.16*	.23*	.12*	.004**	.09
FA				-.05	.20**	.70**	.24*	.15**	.14*	.15**
MW					.26*	.26*	.15	-.15	,15	.21*
MP						.08	.01**	-.002	.02*	.09*
MA							.17**	.11*	.08*	.06**
TAS								.30**	.25**	.34*
DEP									.68**	.63**
ANX										.61**
STR										

Note. FW=Fathers Warmth; FP=Fathers Protectiveness; FA=Fathers Authoritarianism; MW=Mothers Warmth; MP=Mothers Protectiveness; MA=Mothers Authoritarianism; TAS= Toronto Alexithymia Scale; DEP=Depression; ANX=Anxiety; STR=Stress.

Table 6 shows correlations among all the study variables; Father's warmth (r=.10*), protectiveness(r=.23*), and authoritarianism(r=.24*); and Mother's protectiveness and

authoritarianism have significant positive correlation (r=.01**, r= .17**) with Toronto alexithymia scale. On parental bonding dimensions, father's warmth is positively correlated (r= .08) with anxiety; protectiveness is significantly correlated with depression and anxiety; authoritarianism is significantly positively correlated with depression, anxiety, and stress. Mother's warmth is significantly correlated (r= .21*) with anxiety. On both dimensions of parental bonding mother's (protectiveness and authoritarianism) are significantly correlated with DASS (depression, anxiety, and stress).

Table 7

Inter-Scale Correlations of the non-alexithymic with other variables

	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
FW		.42**	.-26*	.48*	.36	.11	.11	.08	-.04	.14
FP			.-38*	.34*	.78	.12	.07	.01	-.07	.02
FA				.-21*	.38	.21	.01	.14	.18	.08
MW					.38	.14	.18*	.06	.04	.06
MP						-.04	.06	.02	.08	.12
MA							.11	.16	.11	.06
TAS								.35*	.25	.32
DEP									.74*	.74
ANX										.73
STR										

Note. FW=Fathers Warmth; FP=Fathers Protectiveness; FA=Fathers Authoritarianism; MW=Mothers Warmth; MP=Mothers Protectiveness; MA=Mothers Authoritarianism; TAS= Toronto Alexithymia Scale; DEP=Depression; ANX=Anxiety; STR=Stress.

Table 7 shows correlations among all study variables; Mother's warmth (r= .18*) have significant correlation with alexithymia.

Table 8

Inter-Scale Correlations of the alexithymic with other variables

	1	2	3	4	5	6	7	8	9	10
FW		.22**	-.00	.29*	.30*	.03	.04	-.04	.-01	.04
FP			.-19*	.17*	.51*	.17*	.20*	.20*	-.13*	.-.14
FA				05	-.13*	.16*	.41*	.66**	.63*	.63*
MW					.18*	.28*	.08	.04	.05	.07*
MP						-.01	.18*	.01*	-.11*	.11*
MA							20.*	.13*	.11*	.09*
TAS								.39*	.44**	.45**
DEP								.	.88**	.88**
ANX										.86**
STR										

Note. FW=Fathers Warmth; FP=Fathers Protectiveness; FA=Fathers Authoritarianism; MW=Mothers Warmth; MP=Mothers Protectiveness; MA=Mothers Authoritarianism; TAS= Toronto Alexithymia Scale; DEP=Depression; ANX=Anxiety; STR=Stress.

Table 8 shows correlations among all the study variables; protectiveness (r=.20*), and authoritarianism(r=.41*); and Mother's protectiveness and authoritarianism have

significant positive correlation (r=.18*, r= .20*) with alexithymia. On parental bonding dimensions, father's protectiveness is significantly correlated with depression and anxiety; authoritarianism is significantly positively correlated with depression, and anxiety. Mother's warmth is significantly correlated (r= .07*) with stress. On both dimensions of parental bonding mother's (protectiveness and authoritarianism) are significantly correlated with DASS (depression, anxiety, and stress).

Table 9

Differences between Alexithymic and Non-alexithymic Adolescents with Regards to Parental Bonding (N = 350)

	Alexithymic (n=222)		Non-alexithymic (n=128)					CI 95%		
Variables	*M*	*SD*	*M*	*SD*	*t*	*(df)*	*p*	LL	UL	Cohen's *d*
PBIF	23.08	6.24	19.78	6.00	4.82	348	.00	1.95	4.63	.53
FW	18.89	6.17	17.28	6.20	1.17	348	.24	-.293	1.16	.26
FP	8.09	3.44	7.65	3.20	1.97	348	.04	-1.39	-.004	.13
FA	5.67	2.92	6.37	3.62	7.25	348	.00	2.60	4.55	.21
PBIM	9.36	4.27	5.78	4.76	2.33	348	.02	.254	2.95	.79
MW	5.71	2.95	6.31	3.47	2.39	348	.01	.140	1.42	.18
MP	8.29	2.97	7.52	2.86	1.70	348	.09	.1.28	.093	.26
MA	4.86	3.48	3.47	3.10	3.76	348	.00	.663	2.11	.42

Note: PBIF = Parental Bonding Instrument Father; FW = Father Warmth, FP = Father Protectiveness, FA = Father Authoritarianism, PBIM = Parental Bonding Instrument Mothers; MW = Mother Warmth, MP = Mother Protectiveness, MA = Mother Authoritarianism.

Table 9 indicates that significant differences exist ($p< .05$) on parental bonding of father and its sub dimensions father protectiveness, and authoritarianism and

parental bonding of mother and its sub dimension mother warmth and authoritarianism. Overall, values illustrate that over protective adolescent's scores high on alexithymia.

Table 10

Differences between Alexithymic and Non-alexithymic Adolescents with Regards to Psychological Distress (N = 350)

	Alexithymia (n=222)		Non-alexithymia (n=128)					CI 95%		
Variables	*M*	*SD*	*M*	*SD*	*t*	*(df)*	*p*	LL	UL	Cohen's *d*
DEP	13.11	5.65	6.41	4.75	11.35	348	.00	5.53	7.85	.28
ANX	12.38	5.72	5.75	4.49	11.31	348	.00	5.47	7.78	.28
STR	14.56	5.19	8.11	4.55	11.75	348	.00	5.37	7.53	.32

Note; DASS = Depression Anxiety Stress Scale;DEP = Depression, ANX = Anxiety, STR = Stress

This table shows that significant differences exist between alexithymic and non-alexithymic adolescents. Values illustrate that scores of alexithymic adolescents are high on psychological distress as compare to non-alexithymic adolescents.

Table 11

Gender-related Differences of Parental Bonding Instrument, Alexithymia, and Psychological Distress (N=350)

	Boys (n=175)		Girls (n=175)					CI95%		
Variables	*M*	*SD*	*M*	*SD*	*t*	*(df)*	*p*	LL	UL	Cohen's *d*
FW	4.41	3.35	4.82	3.31	1.16	348	.24	-1.04	.31	.12
FP	5.73	3.25	6.10	3.16	1.06	348	.28	-1.04	.31	.06
FA	8.26	3.81	7,58	2.81	1.90	348	.02	-.021	.39	.20
MW	7.84	3.24	8.15	2.62	.964	348	.33	-.93	.32	.10
MP	5.78	3.08	6.08	3.25	.862	348	.38	-.96	.37	.18
MA	4.03	3.32	4.65	3.46	1.69	348	.09	-1.3	.09	.18
TAS	56.93	11.01	56.04	11.50	.741	348	.45	-1.47	3.25	.07
DEP	6.70	4.02	6.04	3.96	1.53	348	.12	-.18	1.49	.16
ANX	6.13	4.03	5.10	3.54	2.52	348	.01	.22	1.82	.27

STR	8.10	4.06	7.43	3.62	1.61	348	.10	-1.45	1.48	.17

Note: FW = Father Warmth, FP = Father Protectiveness, FA = Father Authoritarianism, MW = Mother Warmth, MP = Mother Protectiveness, MA = Mother Authoritarianism, TAS = Toronto Alexithymia Scale, DEP = Depression, ANX = Anxiety, STR = Stress

Table 11 shows that only one dimension of psychological distress scale show that girls face more anxiety than boys. While there is no significant gender differences emerged on any of other study variables.

Table 12

Age Wise Differences of Parental Bonding Instrument, Alexithymia, and Psychological Distress (N=350)

	Middle adolescents (n=187)		Late adolescents (n=163)					CI95%		
Variables	*M*	*SD*	*M*	*SD*	*t*	*(df)*	*p*	LL	UL	Cohen's *d*
FW	7.54	3.71	8.35	2.85	2.26	348	.02	-1.52	.108	.24
FP	5.66	3.33	6.21	3.04	1.60	348	.10	-1.22	.123	.17
FA	4.70	3.27	4.51	3.41	.542	348	.58	-.510	.899	.05
MW	7.43	2.84	8.63	2.94	3.84	348	.00	-1.81	.585	.41
MP	5.57	3.09	6.34	3.20	2.27	348	.02	-1.43	.103	.24
MA	4.27	3.23	4.41	3.60	.380	348	.70	-.858	.579	.04
TAS	55.92	11.26	57.14	11.23	1.00	348	.31	-3.58	1.15	.10
DEP	6.21	4.03	6.55	3.97	.775	348	.43	-1.17	.511	.08
ANX	5.37	3.52	5.90	4.12	1.24	348	.21	-1.33	.275	.13
STR	7.55	3.67	8.10	4.11	.129	348	.19	-1.38	.285	.14

Note: FW = Father Warmth, FP = Father Protectiveness, FA = Father Authoritarianism, MW = Mother Warmth, MP = Mother Protectiveness, MA = Mother Authoritarianism, TAS = Toronto Alexithymia Scale, DEP = Depression, ANX = Anxiety, STR = Stress

Table 12 shows that there are only three dimensions of parental bonding instrument father and mother warmth and mother protectiveness show age-related difference. Overall, no significant age-related differences emerged on any of the other study variables

Table 13

Multiple Regression Parental Bonding as Predictor of Alexithymia of Adolescents (N= 350)

	Alexithymia				
				CI 95%	
Variables	*B*	*SE*	*β*	*LL*	*UL*
FW	.26	.19	.07	-.11	.64
FP	-.02	.23	-.00	-.48	.43
FA	.86	.12	.35***	.61	1.11
MW	.51	.22	.13*	.08	.95
MA	-.12	.23	.03	-.58	.33
MP	.40	.18	.11*	.04	.76

$R=.441, R^2 = .19 \Delta R^2 = .18, (F=13.67)$

Note; FW= Father Warmth, FP= Father Protectiveness, FA= Father Authoritarianism, MW= Mothers Warmth, MP= Mother Protectiveness, MA= Mother Authoritarianism

Table 13 shows the impact of all parental bonding dimensions i.e. father warmth, father protectiveness, father authoritarianism and mother warmth, mother protectiveness, and mother authoritarianism on alexithymia in adolescents. Findings indicate that parental bonding jointly accounted for 19% of variance in alexithymia with a

significant F ratio ($R^{2=}$ .19, F=13.67, p <001). Findings shows that father's authoritarianism (B=.86, β = .35, p<.001), mother's warmth (B=.51, β = .13, p<.001) as predictors of alexithymia and mother's authoritarianism (B=-.12, β = .03, p<.001) as negative predictor of alexithymia. On the other hand, father warmth, protectiveness and mother protectiveness show insignificant impact on alexithymia

Table 14

Multiple Regression Parental Bonding as Predictor of Psychological Distress of Adolescents (N= 350)

	Depression					**Anxiety**					**Stress**				
	CI95%								CI95%					CI95%	
V-A	B	SE	β	LL	UL	B	SE	β	L	UL	B	SE	β	LL	UL
FW	.18	.09	.10	.006	.36	.05	.09	.02	-13	.22	.18	.08	.10*	.00	.35
FP	.04	.11	.02*	-.26	.17	.04	.11	.02	.17	.11	.00	.10	.00	-.21	.21
FA	.72	.06	.55***	.60	.84	.73	.06	.56***	.61	.56	.67	.05	.54**	.55	.78
MW	.07	.10	.03	-.13	.28	.17	.10	.08	.02	.10	.15	.10	.07	-.04	.35
MP	.04	.11	.02	-.18	.26	.01	.11	-.00	.23	.09	.00	.10	.00	-.20	.22
MA	.12	.08	.06	-.05	.29	.05	.08	.03	.11	.18	.03	.08	.02	-.12	.20
R=.583,R^2 =.34Δ R^2 = .32,(F=29.10)						R=.580,R^2=.33ΔR= .32,(F=28.59)					R=.561,R^2=.31ΔR^2=.30,(=25.84)				

Note; FW= Father Warmth, FP= Father Protectiveness, FA= Father Authoritarianism, MW= Mothers Warmth, MP= Mother Protectiveness, MA= Mother Authoritarianism

Above table indicates the impact of parental bonding i.e. father's warmth, father's protectiveness, father's authoritarianism and mother's warmth, mother's protectiveness, mother's authoritarianism on all the factors of psychological distress i.e. depression,anxiety, and stress. Findings indicate that parental bonding jointly accounted for 34% of variance in depression dimension of psychological distress with a significant F

ratio ($R2^{=}$ .34, F=29.10, p <001). Findings shows that father's authoritarianism (B=.72, β = .55, p<.001), father's warmth (B=.18, β = .10, p<.001) are predictors of depression. On the other hand, father protectiveness and mother warmth, protectiveness and authoritarianism show insignificant impact on psychological distress.

To predict anxiety among parental bonding overall 33% of variance in anxiety dimension of psychological distress with the significant F ratio ($R2^{=}$ .33, F=28.59, p<001). Findings highlights that father's authoritarianism (B=.73, β = .56, p<.001) as significant predictor of anxiety. On contrary, all the other variables show insignificant impact on psychological distress. For stress dimension of depression anxiety stress scale parental bonding jointly express 31% variance ($R^{2\ =}$ .31, F=25.84, p<001). Findings reveal that father's warmth (B=.18, β = .10, p<.001) and father's authoritarianism (B=.67, β = .54, p<.001) as significant predictors of stress in adolescents. While father's protectiveness, mother's warmth, mother's protectiveness and mother's authoritarianism show insignificant impact on psychological distress.

CHAPTER 5

SUMMARY, DISCUSSIONS, CONCLUSION AND RECOMMENDATIONS

5.1 Summary

The aim of the present study was to find out the impact of parental bonding on alexithymia and psychological distress among adolescents. This research was also intended to scrutinize the influence of parental bonding on adolescence psychological distress. This study was carried out in two phases. First phase contained pilot study. Pilot study (N=50) phase was directed to determine the psychometric properties of all scales. The second phase was the main study with sample of 350 students. This thesis examined the features of a sample of adolescents drawn from various schools, colleges, and universities in Attock, Rawalpindi, and Islamabad Pakistan. The results will be discussed in the light of existing research and theory in this section. This section will also provide recommendations and implications based on the current study's findings. Pearson Product Moment Correlation, linear regression and t-test analyses were carried out on the variables to test the hypotheses of the study.

5.2 Discussion

In the Hypothesis 1 of the study it was assumed that “there is a positive association between parental bonding (protectiveness, authoritarianism), alexithymia, and psychological suffering among adolescents.” The findings of this study backed up the hypothesis, revealing that both fathers' and mothers' authoritarianism and protectiveness

had a positive connection with alexithymia in adolescents (see Table 6).Adolescents had negative personality traits or emotional and behavioral difficulties as a result of bad parenting practices, according to the findings. According to psychoanalytic theory, developmental phases have an essential part in the development of alexithymia, and the reason for this is a disruption in the contact between the mother and the child at the very beginning of their attachment (McDougal, 1982).The findings of this study are corroborated by prior studies that indicated a positive relationship between alexithymia and parental bonding (low level of warmth/care and high level of protectiveness). Children and adolescents who were subjected to poor parenting practices became reliant on their parents and developed undesirable emotional qualities (Monica et al., 2017; Gugliandolo et al., 2020; Muzi, 2020). Furthermore, according to Asano et al. (2013), both parents' over nurturance has a substantial impact in the development of alexithymia in teenagers.

This study also assumed that "alexithymia and psychological distress have a favorable association." The study's findings backed up the hypothesis, revealing that both father and mother's authoritarianism and protectiveness cause psychological suffering in adolescents, such as depression, anxiety, and stress (see Table 6). This occurs because alexithymic persons lack the ability to express their emotions in front of others, and as a result of this inability, others have a negative impression of them that cause psychological discomfort in teenagers. Previous studies have revealed a link between alexithymic people and psychological suffering, which supports these findings (Depression, anxiety, and stress).Adolescents with alexithymia are more likely to develop internalizing, preoccupation, anxiety, and depressive symptoms (Günther et al., 2016). Furthermore, according to Hemming et al (2019), alexithymia is important in the development of depressive disorder in teenagers. Riethof et al. (2020) found that alexithymia plays a role in the development of depressed and traumatic stress symptoms in teenagers.

Another assumption of the study was that parental bonding and psychological distress was positively correlated. The study's findings supported the hypothesis, revealing that this occurs because authoritarian and overprotective parents make their own decisions, leaving their children reliant on them even in quick decision-making situations; as a result, children experience psychological distress when exposed to real-life situations (see Table 6). These findings are consistent with earlier studies that have identified a link between parental connection and psychological suffering. Poor parenting behavior's with children and adolescents (low care and high control) make them feel less secure and emotionally unstable, which can lead to depression in teens (Eun et al., 2018; Khalid et al., 2018).

Furthermore, according to Burns, Loh, Byles, and Kendig (2018), a high level of overprotection in teenagers leads to internal illnesses, particularly depression. According to Curcio et al. (2018), parental protectiveness and excessive control is a key factor in the development of psychological discomfort in teenagers.

In Hypothesis 2 of the study, regarding the group differences it was assumed that "alexithymic adolescents will score high on parental bonding (protectiveness, authoritarianism) and psychological distress as compared to non-alexithymic adolescents". The findings of this study supported the idea that alexithymic people are subjected to more protectiveness and control than non-alexithymic people (see Table 9). Previous studies have found that alexithymic people have a low level of warmth and a high amount of control from their caretakers, which supports these findings. Overprotective parenting techniques make children feel inept, and the detrimental influence of overprotection on children's development results in emotional troubles (Tolmunen et al., 2011).

Another hypothesis of the study was that alexithymic adolescents would have higher levels of psychological distress than non-alexithymic adolescents. Only alexithymic people experience higher degrees of psychological suffering, according to the findings (see

Table 10). According to the cognitive theory of psychological distress, emotional issues have an impact on an individual's feelings and behavior at various stages of life, resulting in psychological distress (depression, anxiety, and stress) (Weinrach, 1988). These findings are consistent with prior research that established a link between alexithymia and teenage mental health (Sechi et al., 2020; Runcan, 2020). Furthermore, Li et al. (2015) discovered that alexithymic people are more depressed.

In Hypothesis 3 of the study, it was assumed that "Boys with low score on parental warmth and high score on parental protectiveness, authoritarianism will have high score on alexithymia and psychological distress as compare to girls." Findings of the study showed that only one dimension of psychological distress scale show that girls face more anxiety than boys. However, no gender related differences in study variables were discovered in this investigation. The level of alexithymia and psychological distress was found to be the same in both boys and girls (see Table 11). These findings were consistent with Karukivi (2011) prior research, which found that the level of alexithymia is the same in boys and girls. This evidence backs up past studies that found no differences between boys and girls (Monica et al., 2017; Curcio et al., 2018).In addition, no age-related variations in study variables were discovered in this study. The study found that the amount of alexithymia and psychological distress in middle and late adolescence was similar (see Table 12). These findings are in line with the earlier research of Murphy et al., (2010). The study's findings revealed no significant age-related differences.

Perceived parental warmth, protectiveness and authoritarianism predicted adolescent's alexithymia where low care and high protectiveness and authoritarianism were associated with alexithymia among adolescents (see table 13). These findings are consistent with prior research that established a link between parental bonding and alexithymia (Asano et al., 2013; Gaher et al., 2015). Similarly, perceived parental warmth,

protectiveness and authoritarianism predicted adolescent's psychological distress where low care and high protectiveness and authoritarianism were associated with psychological distress among Pakistani adolescents (see table 14).These finding are in the line with previous study of (Burns et al., 2018; Curcio et al., 2018).

Overprotective parents are perceived by their children as invasive, directive, controlling, and authoritarian, according to the findings. Because they believe their lives are controlled by forces outside of themselves, these overprotective parents manipulate their children's feelings, thoughts, and ideas through the parent-child relationship, putting their adolescents at risk for developing psychological distress such as depression, anxiety, and stress. Furthermore, the rigorous and social ethos may influence Pakistani young people's perceptions of tyranny and defence.

5.3 Conclusion

Keeping in view the present study's results positive relationship between parental bonding and alexithymia adds to our developing comprehension of the associations between parent-child connections, bonding, personality traits, and psychological distress in the adolescents of Pakistan. Current study examination found a positive relationship between alexithymia and psychological distress in adolescents. Poor personality traits like alexithymia leads to psychological distress in adolescents. Positive relationship between parental bonding and psychological distress was found in the present study. This information is steady with the possibility that unfavorable nurturing and over security puts young people in danger for the improvement of psychological distress. This study also concluded that alexithymic individuals face more overprotection then non-alexithymic and alexithymic individual also face more psychological distress.

However, authoritarianism and protectiveness of parents increased alexithymia in adolescents. On the other hand, protectiveness of parents significantly increased the psychological distress of adolescents in the sample under study.

5.4 Implications of the study

On hypothetical grounds, this investigation contributes to the existing literature by overcoming the gaps in knowledge regarding this area while on practical grounds it features a need to teach parents about the impact of their parental bonding on the mental health of their children to counter the issue at an exceptionally fundamental level. For this purpose, instructive establishments can lead classes for the consciousness of parents. Moreover, it may help parents to use more proper ways of raising their children. The role of parental attitudes and teenage mental health is the most important finding of this study. Given the direct and indirect effects of parenting perception on adolescents' mental health and well-being in the current sample, it is necessary to investigate family therapy, interpersonal therapy, and attachment-based therapies that include parent-child dimensions and may be applicable for Pakistani adolescents. Religious rituals are used as part of therapy by Pakistani psychologists (Murray, 2002).

Perhaps it would be beneficial to psycho-educate parents through their religious requirement of excellent parenting, which is referred to as "Sadqa-e-jariya," which means "a good deed that multiplies". Strengthening of attachment security due to good parenting practices as add intervention strategies have been successfully employed in other areas of the world and also adopted in Pakistan (Bakermans-Kranenburg, Van Ijzendoorn, & Juffer, 2003).

The main finding of this work is the job of nurturing insights and adolescent’s psychological distress. This necessitates further research into family treatment, relational treatment, and connection-based treatments; all of which include parent-kid measurements

and may be relevant for Pakistani teenagers, given the direct and indirect effects of nurturing perceptions on adolescent psychological distress in the current sample. Besides, it may help clinicians in understanding the components of mental health issues of adolescents and children.

5.5 Limitations & Suggestions

Despite adding a huge contribution to the existing literature, the study holds some limitations also, which are as follows: -

- For the current study, only those adolescents approached who had both parents (fathers and mothers). Consequently, future researchers are recommended to incorporate adolescents of broken families to determine the relationship for more appropriate outcomes.
- Another limitation of the current study was that this study only emphasized on the psychological distress (depression, anxiety, and stress) of adolescents. Further researchers are recommended to consider other psychological disorders as well to get in depth information.
- A significant restriction of the study is that a cross-sectional design was utilized to explore the impact of parental bonding on alexithymia and psychological distress among adolescents while a longitudinal design would outline a better image of the relationship. Hence future researchers are recommended to utilize a longitudinal plan to examine this relationship to get a more proper picture.
- Another limitation of the study was that generalizability of these results to a clinical sample of adolescents also remains untested and should be investigated in adolescents who are clinically depressed to see the dependable effect of parental bonding on adolescents on various occasions throughout everyday life.

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APPENDIX – A

میری موجودہ تحقیق قومی ادارہ نفسیات نمل نیشنل یونیورسٹی آف موڈرن لینگویج اسلام آباد کے تحقیقی پروگرام کا حصہ ہے۔ میں اس ادارے میں ایم فل کی

طالبہ ہوں۔ جس کے لیے مجھے آپ کا تعاون درکار ہے۔ آپ کو تین سوالنامے دیئے جائیں گے اور آپ کی رائے پوچھی جائے گی۔ ہر سوالنامے کو پر کرنے کے لیے الگ سے ہدایات دی گئی ہیں۔ آپ سے درخواست ہے کہ ہر سوالنامے کو ہدایات کے مطابق پر کریں۔ یاد رہے کوئی جواب صحیح یا غلط نہیں ہے یہ صرف آپ کی رائے کا اظہار ہے۔ آپ کو یہ یقین دلایا جاتا ہے کہ آپ کی رائے کو صرف تحقیقی مقاصد کے لیے استعمال کیا جائے گا۔

آپ سے درخواست ہے کہ تمام سوالات کے جواب دیں اگر آپ کسی قسم کی مشکل محسوس کریں تو مجھ سے وضاحت طلب کر سکتے ہیں۔ اور اگر جواب نہ دینا چاہیں اور چھوڑ کر جانا چاہیں تو مکمل آزادی ہے۔ شکریہ!

Participant's Signatures

_____

ذاتی کوائف

نام:----------

عمر:----------

جنس (مرد یا عورت):---------- حیثیت:----------

APPENDIX – B
PARENTAL BONDING INSTRUMENT (PBI) FATHERS

اس سوالنامے میں والدین کے کچھ رویے اور برتاو درج ہیں۔ اپنی زندگی میں جس طرح آپ کو اپنے والد یاد ہیں اس کے مطابق ہر سوال کے جواب پر نشان لگائیں۔

نمبر شمار	بیانات	بالکل اسی طرح	کچھ اس طرح	کچھ اس سے مختلف	بالکل مختلف
1	مجھ سے محبت اور دوستانہ آواز میں بات کرتے ہیں۔				
2	مجھے جزباتی طور پر سرد مزاج لگتے ہیں جزبات کا زیادہ اظہار نہیں کرتے۔				
3	لگتا ہے میری مشکلوں اور پریشانیوں کو سمجھتے ہیں۔				
4	مجھ سے مختلف چیزوں پر باتیں کرنا پسند کرتے ہیں۔				
5	اکثر مجھے مسکرا کے ملتے ہیں۔				
6	جب میں افسردہ ہوتی/ہوتا ہوں تو مجھے خوش کر دیتے ہیں۔				
7	میرے ساتھ زیادہ بات چیت نہیں کرتے۔				
8	نہیں چاہتے کہ میں بڑی/بڑا ہو جاوں یا سمجھدار ہو جاوں۔				
9	میرے ہر کام میں اپنی مرضی چاہتے ہیں۔				
10	مجھے بچہ سمجھتے ہیں یا مجھ سے بچوں جیسا برتاو کرتے ہیں۔				
11	کوشش کرتے ہیں کہ میں ان پر انحصار کروں۔				
12	میرے متعلق زیادہ فکر مند ہیں۔				
13	چاہتے ہیں کہ میں اپنے فیصلے خود کروں۔				
14	مجھے اپنے لیے خود فیصلہ کرنے دیتے ہیں۔				

15	مجھے اتنی آزادی دیتے ہیں جتنی میں چاہتا چاہتی ہوں۔				
16	میں جیسا چاہوں لباس پہن سکتا/سکتی ہوں۔				

APPENDIX – C
PARENTAL BONDING INSTRUMENT (PBI) MOTHERS

اس سوالنامے میں والدین کے کچھ رویے اور برتاو درج ہیں۔اپنی زندگی میں جس طرح آپ کو اپنے والدہ یاد ہیں اس کے مطابق ہر سوال کے جواب پر نشان لگائیں۔

نمبر شمار	بیانات	بالکل مختلف	کچھ اس سے مختلف	کچھ اس طرح	بالکل اسی طرح
1	مجھ سے محبت اور دوستانہ آواز میں بات کرتی ہیں۔				
2	مجھے جزباتی طور پر سرد مزاج لگتے ہیں جزبات کا زیادہ اظہار نہیں کرتی۔				
3	لگتا ہے میری مشکلوں اور پریشانیوں کو سمجھتی ہیں۔				
4	مجھ سے مختلف چیزوں پر باتیں کرنا پسند کرتی۔				
5	اکثر مجھے مسکرا کے ملتی ہیں۔				
6	جب میں افسردہ ہوتی/ہوتا ہوں تو مجھے خوش کر دیتی ہیں۔				
7	میرے ساتھ زیادہ بات چیت نہیں کرتی۔				
8	نہیں چاہتی کہ میں بڑی/بڑا ہو جاوں یا سمجھدار ہو جاوں۔				
9	میرے ہر کام میں اپنی مرضی چاہتی ہیں۔				
10	مجھے بچہ سمجھتی ہیں یا مجھ سے بچوں جیسا برتاو کرتی ہیں۔				
11	کوشش کرتی ہیں کہ میں ان پر انحصار کروں۔				
12	میرے متعلق زیادہ فکر مند ہیں۔				

13	چاہتی ہیں کہ میں اپنے فیصلے خود کروں۔				
14	مجھے اپنے لیے خود فیصلہ کرنے دیتی ہیں۔				
15	مجھے اتنی آزادی دیتی ہیں جتنی میں چاہتا/چاہتی ہوں۔				
16	میں جیسا چاہوں لباس پہن سکتا/سکتی ہوں۔				

APPENDIX - D
TORONTO ALEXITHYMIA SCALE (TAS-20)

نمبر شمار	بیانات	مکمل غیر متفق	غیر متفق	غیر جانبدار	متفق	مکمل متفق
1	میں اکثر اپنے جزبات کے متعلق شش وپنج کا شکار ہوتا ہوں۔					
2	اپنے احساسات کے صیح اظہار کے لیے مناسب الفاظ تلاش کرنا میرے لیے مشکل ہوتا ہے۔					
3	میرے کچھ جسمانی حسیات ایسے ہیں جن کو ڈاکٹر بھی سمجھ نہیں پاتے۔					
4	میں اپنے احساسات کو آسانی سے بیان کر سکتی/سکتا ہوں۔					
5	میں مسائل کو محض بیان کرنے کے بجائے ان کا تجزیہ کرنے کو ترجیح دیتی/دیتا ہوں۔					

6	میں جب پریشان ہوتا/ہوتی ہوں تو مجھے سمجھ نہیں آتی کہ میں اداس ہوں غصے میں ہوں یا خوف زدہ ہوں۔					
7	میں اکثر اپنی جسمانی محسوسات کی وجہ سے الجھن میں پڑ جاتی/جاتا ہوں۔					
8	میں واقعات کو رونما ہونے دیتی/دیتا ہوں بجائے اس کے کہ میں سمجھنے کی کوشش کروں کہ ایسا کیوں رونما ہوا ہے۔					
9	مجھے ایسے احساسات ہوتے ہیں جن کو میں پہچان نہیں پاتا/پاتی۔					
10	جزبات سے آگاہ رہنا بہت ضروری ہے۔					
11	میرے لیے یہ بیان کرنا بہت مشکل ہے کہ میں لوگوں کے بارے میں کیا محسوس کرتا/کرتی ہوں۔					
12	لوگ ہمیشہ مجھے کہتے ہیں کہ میں انہیں اپنے احساسات کے بارے میں مزید بتاوں۔					
13	میں نہیں جانتا کہ میرے اندر کیا چل رہا ہے۔					
14	میں اکثر اپنے ناراض ہونے کی وجہ نہیں جانتا۔					
15	میں لوگوں سے ان کے احساسات کے متعلق بات کرنے کی نسبت ان کے معمولات کے بارے میں بات کرنا زیادہ پسند کرتا/کرتی ہوں۔					
16	نفسیاتی ڈراموں کو دیکھنے کی بجائے میں ہلکی پھلکی تفریح والے شوز زیادہ پسند کرتا ہوں۔					
17	میرے لیے اپنے انتہائی اندرونی احساسات کا اظہار مشکل ہے چاہے مخاطب میرے قریبی دوست ہی کیوں نہ ہوں۔					

18	میں خاموشی کے لمحات میں بھی میں کسی کو اپنے قریب محسوس کر سکتی/سکتا ہوں۔					
19	اپنے جزبات کا تجزیہ میرے لیے اپنے مسائل کے حل میں مددگار ثابت ہوتا ہے۔					
20	فلموں یا ڈراموں میں چھپے ہوئے معنی ڈھونڈنا میرے لیے اس سے لطف اندوز ہونے میں رکاوٹ پیدا کرتا ہے۔					

APPENDIX – E
DEPRESSION ANXIETY STRESS SCALE (DASS-21)

مندرجہ بیانات میں سے جو گزشتہ ایک ہفتے کے دوران آپ پر صحیح ثابت ہوئے ہوں ان کے سامنے میں سے کسی ایک ہندسہ پر نشان لگائیں۔ واضح رہے کہ

آپ کے جوابات کو صحیح یا غلط تصور نہیں کیا جائے گا۔ کسی بھی بیان پر زیادہ وقت ضائع نہ کریں۔

نمبر شمار	بیانات	کبھی نہیں	کبھی کبھار	زیادہ تر وقت	ہر وقت
1	میرے لیے پر سکون ہونا مشکل ہو جاتا رہا ہے۔				
2	مجھے یہ احساس ہوتا رہا ہے جیسے میرا منہ خشک ہو رہا ہو۔				
3	مجھے کسی قسم کے مثبت جزبات محسوس نہیں ہوئے۔				
4	مجھے سانس لینے میں دشواری محسوس ہوتی رہی ہے۔				
5	مجھے کسی کام کے کرنے کیلئے آغاز کرنا مشکل ہوتا رہا ہے۔				
6	میں نے بعض حالات میں غیر ضروری رد عمل کا اظہار کیا۔				
7	مجھے کپکپاہٹ محسوس ہوتی رہی ہے مثلاً ہاتھوں میں۔				
8	میں نے محسوس کیا کہ میں بہت زیادہ ذہنی توانائی استعمال کر رہی/رہا ہوں۔				
9	میں ایسے حالات سے گھبراتی گھبراتا رہا جن میں میرے احمق بننے اور میری بے چینی بڑھنے کا خدشہ ہوتا ہے۔				
10	میں اپنا مستقبل تاریک محسوس کرتی/کرتا رہا۔				
11	مجھے اپنے آپ میں چڑچڑاپن محسوس ہوتا رہا۔				
12	میں ذہنی طور بے سکونی محسوس کرتی/کرتا رہا۔				
13	میں اداسی محسوس کرتی/کرتا رہا۔				
14	میرے لیے اس چیز یا شخص کو برداشت کرنا مشکل رہا ہے جو میرے کام میں رکاوٹ پیدا کرے۔				

15	مجھے محسوس ہوتا رہا ہے کہ جیسے مجھے دورہ پڑنے لگا ہے۔				
16	مجھے کسی بھی کام میں دلچسپی نہیں رہی۔				
17	مجھے محسوس ہوتا رہا کہ میں کسی قابل نہیں ہوں۔				
18	مجھے محسوس ہوتا رہا کہ میں بہت جزباتی ہو جاتا/جاتی ہوں۔				
19	مجھے بلاوجہ بغیر کسی جسمانی مشقت کے دل کی دھڑکن تیز محسوس ہوتی رہی۔				
20	میں بغیر کسی وجہ کے خوفزدہ ہو جاتی/جاتا رہا۔				
21	مجھے یہ احساس ہوتا رہا کہ زندگی بے معنی ہے۔				