Parental Bonding and Alexithymia in Late Adolescents

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ABSTRACT

This study aims to determine the relationship between parental bonding and alexithymia in late adolescents. It uses a quantitative correlational research design with 158 subjects who meet the criteria of being in the late adolescent developmental stage and aged 18-22 years. Sampling was conducted using a purposive sampling technique. Data collection for this study employed the Toronto Alexithymia Scale (TAS-20) and the Parental Bonding Instrument (PBI). The data analysis technique used by the researchers is Pearson's product-moment correlation. Based on the results of the analysis, the correlation coefficient obtained was $r = -0.319$, with $p < 0.001$. These results indicate a negative relationship between parental bonding and alexithymia in late adolescents, thereby accepting the hypothesis of this study. The parental bonding aspect, namely care, obtained an AIC value of 1108 and a BIC value of 1117, while the control aspect obtained an AIC value of 1109 and a BIC value of 1121. This suggests that the care aspect has a better model performance and affects alexithymia more than the control aspect. The coefficient of determination (R^2) is 0.102, which means parental bonding effectively influences alexithymia by 10.2%, with the remaining 89.8% influenced by other factors.

Keywords : alexithymia, parental bonding, late adolescents

Introduction

Adolescence is divided into two stages: early adolescence and late adolescence. Late adolescence occurs between the ages of 18-22 years (Santrock, 2003). According to Salsabila et al. (2024), late adolescents have characteristics such as stabilized physical aspects, increased realistic thinking, a good point of view, maturity in problem-solving, improved emotional regulation, and better control over their feelings. During late adolescence, individuals begin to face a broader life scope, including love, the working world, and involvement in the adult environment (Giyati & Wardani, 2016). Late adolescents may experience difficulties in controlling the stressors they encounter, which can lead to mental health issues (Suryanto, A., & Nada, 2021). The unstable mental condition of late adolescents can cause mood or emotional states to fluctuate easily (Hadjimina, E., & Furnham, 2017). According to (Kartono, 2017), problems faced by late adolescents include experiencing anxiety, a tendencyto be alone, and emotional instability.

Late adolescents need to care for and balance their emotions amidst changes. If emotions are neglected, it can lead to unrecognized and ineffectively managed emotional changes. Novita, Suprihatin, and Fitriani (2021) state that the ability to express, process, adjust, and verbalize emotions appropriately is not something all individuals can do. According to Nemiah, J. C., Freyberger, H., and Sifneos (1976) individuals who find it difficult to identify their feelings and distinguish between emotional states and physical sensations may be experiencing alexithymia.

Alexithymia is related to the difficulty in distinguishing various conditions from their emotions (Taylor, Bagby, & Parker, 1997). Alexithymia means that individuals lack the ability to express the sensation of emotion and are less able to express the emotions they are feeling at that time (Sifneos, Savitz, & Frankel, 1977). Aspects of alexithymia, according to Taylor, Bagby, and Parker (1997) are: 1) Difficulty identifying feelings, indicated by difficulty in identifying feelings within oneself; 2) Difficulty describing feelings, indicated by the inability to explain emotions; 3) Externally oriented thinking, indicated by individuals who have an external orientation thinking style.

Lestari, Dewi, & Chairani (2020) showed that 41% of 207 respondents, namely 85 people, experienced alexithymia, and 65 people experienced both alexithymia and social media addiction. Therefore, the total number of people who experienced alexithymia in the study was 150 respondents. Furthermore, a study conducted by Morin and Rahardjo (2021) showed that the tendency for alexithymia was 40% of 164 people, meaning that 66 people exhibited alexithymia tendencies. This is inversely proportional to the developmental tasks of late adolescents. According to Salsabila et al. (2024), late adolescents should already exhibit emotional calmness and better control over their feelings. Furthermore, according to Santrock (2003), during late adolescence, individuals no longer display selfish tendencies. At this stage, they begin to mature emotionally and develop consideration for others.

According to Khosravi et al. (2015), individuals with high alexithymia directly impact their mental function. These individuals struggle with identifying and using emotions, lack the ability to effectively utilize their emotions, and consequently fail to experience positive emotions such as happiness. Mannarini and Kleinbub (2022) state that adolescents with high levels of alexithymia are prone to failures in emotion regulation. Studies by Lane et al. indicate that individuals with high alexithymia levels have difficulty identifying emotions expressed in others' facial expressions (Parker et al., 2001). Additionally, individuals with alexithymia often have limitations in empathizing with others.

Some factors that can affect alexithymia are emotional intelligence (Parker et al., 2001), attachment (Montebarocci, Codispoti, Baldaro, & Rossi, 2004), Post-Traumatic Stress Disorder (Thompson, 2009), and parental bonding (Gil et al., 2008). Among these factors, the researcher chose parental bonding as the variable to be studied. According to Gil et al.(2008) there is limited research investigating the relationship between parental bonding and alexithymia. However, evidence suggests that the degree of alexithymia is negatively associated with the extent to which parental bonding is expressed through positive feelings

within the family and in positive family interactions. A lack of parental bonding can lead to emotional disturbances such as alexithymia.

Parker, Tupling, and Brown (1979) stated that parental bonding is a complex two-directional process with children becoming emotionally attached to their parents. Optimal parental bonding is indicated to protect against the development of alexithymia, whereas inadequate parental bonding, such as paternal abuse and paternal indifference, significantly leads to alexithymia (Thorberg et al., 2011). According to Gil et al. (2008), the relationship between parental bonding and alexithymia shows negative indicators. Furthermore, a study by (Thorberg et al., 2011) on parental bonding and alexithymia showed a significant negative relationship. This is evidenced by the negative relationship between aspects of maternal care and alexithymia. Based on the description above, the purpose of this study is to examine the relationship between parental bonding and alexithymia in late adolescents.

Methods

The method used in this study is quantitative with a correlational research design. The sampling technique employed was purposive sampling, involving 158 late adolescent subjects. Purposive sampling is a technique that selects samples based on specific considerations relevant to the characteristics of the study (Sugiyono, 2022). The characteristics in this study include individuals in the late adolescent stage of development, aged 18-22 years, who have parents. The data analysis method in this study was conducted using the product moment correlation method (pearson correlation) to test the hypothesis regarding the relationship between two variables, namely the independent variable (X) of parental bonding and the dependent variable (Y) of alexithymia tendency. If a significant correlation is found, it indicates that there is a relationship between the independent variable and the dependent variable. Conversely, if the correlation is not significant, it indicates that there is no relationship between the independent variable and the dependent variable (Azwar, 2021).

The measuring instrument used in this study is the Toronto Alexithymia Scale (TAS-20) proposed by (Taylor, Bagby & Parker, 1997) which has been adapted by Azahra (2023). This instrument has been tested by previous researchers. Based on the analysis of the 20 items of the TAS-20 scale, the Cronbach's Alpha value for reliability is 0.860. The coefficient for the test of the differential power of the items ranges from 0.266 to 0.595. However, if the number is insufficient, the criteria can be lowered to 0.25 to fulfill the desired items (Azwar, 2021). Therefore, the measuring instrument can still be used. Meanwhile, the parental bonding measuring instrument used is the Parental Bonding Instrument (PBI) proposed by Parker, Tupling, and Brown (1979) and adapted by Cahyani (2017). The researchers tested 75 subjects with the criteria of late adolescence, aged 18-22 years. The results of the analysis showed that out of the 25 statement items, 14 items were eligible, and 11 items were canceled because they did not meet the item coefficient of >0.3. The results of the trial analysis showed the differential power of the items ranged from 0.328 to 0.675, and the reliability was 0.878. This indicates that the Parental Bonding Scale is both reliable and valid.

Results

The respondents who participated in this study consisted of 158 subjects meeting the criteria for late adolescence. The distribution of the respondents is described as follows.

Table 1. Respondent Demographic Data

Characteristics		Frequency (f)	Percentage (%)
Age	18 years	15	9,5
	19 years	10	6,3
	20 years	24	15,2
	21 years	38	24,1
	22 years	71	44,9
Gender	Male	29	18,4
	Female	129	81,6
Live with parents	Yes	143	90,50
	No	15	9,50

The categorization of alexithymia and parental bonding in late adolescents is based on hypothetical data, using the mean value and standard deviation to group them into three categories: high, medium, and low, as follows.

Table 2. Alexithymia Scale Categorization

No	Categories	Formulation	Scale score	Frequency	Percentage (%)
1	High	$X \geq (\mu + 1.\sigma)$	X > 60	21	13,29
2	Medium	$(\mu - 1.\sigma) \leq X < (\mu + 1.\sigma)$	40 < X < 60	122	77,21
3	Low	$X < (\mu - 1.\sigma)$	X< 40	15	9,5
	Totally			158	100

Based on the categorization table above, it is known that 21 subjects (13.29%) have a high level of alexithymia, 122 subjects (77.21%) have a medium category level, and 15 subjects (9.5%) have a low alexithymia category level.

Table 3. Parental Bonding Scale Categorization

No	Categories	Formulation	Scale score	Frequency	Percentage (%)
1	High	$X \geq (\mu + 1.\sigma)$	X > 42	44	27,84
2	Medium	$(\mu - 1.\sigma) \leq X < (\mu + 1.\sigma)$	28 < X < 42	112	70,88
3	Low	$X < (\mu - 1.\sigma)$	X< 28	2	1,26
	Total			158	100

Based on the categorization table above, it can be seen that 44 subjects (27.84%) have a high level of parental bonding, 112 subjects (70.88%) have a medium level, and 2 subjects (1.26%) have a low level of parental bonding.

The normality test in this study used the Kolmogorov-Smirnov (KS-Z) analysis method with Jamovi version 2.4.8. The results showed that for the parental bonding and alexithymia variables,

the value of p = 0.944 (p > 0.05) and KS-Z = 0.042, indicating that the data used in this study are normally distributed. Meanwhile, the linearity test was analyzed using scatter plots to determine the linearity of the parental bonding and alexithymia variables. The results showed a straight, decreasing line, indicating that the relationship between the two research variables is linear and negative.

Table 4. Normality test results

Normality Tests	Statistic	p
Shapiro-Wilk	0.992	0.539
Kolmogorov-Smirnov	0.0420	0.944
Anderson-Darling	0.337	0.503

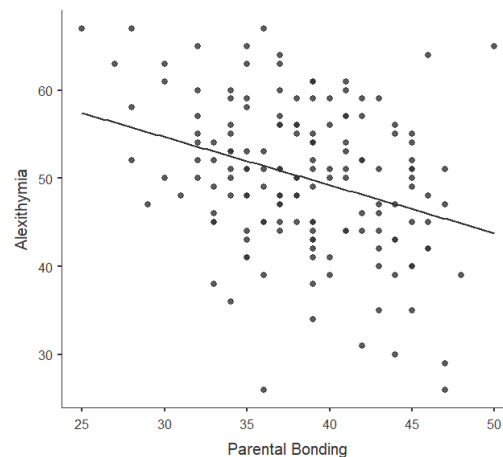Note. Additional results provided by *moretests*

Figure 1. Linearity Test Results

Furthermore, the researchers conducted hypothesis testing using Pearson correlation to determine the correlation between the parental bonding and alexithymia variables. Hypothesis testing is guided by a p-value < 0.05, which indicates a correlation between the two variables, while a p-value > 0.05 means that the two variables are not correlated. Based on **Table 5.**, the p-value < 0.001 indicates that the proposed hypothesis is accepted. The value of r = -0.319 means that there is a negative relationship between parental bonding and alexithymia in late adolescents. The value of r = 0.319 also indicates that the relationship between parental bonding and alexithymia is weak.

Table 5. Hypothesis Test Results

Correlation Matrix

		Parental Bonding	Alexithymia
Parental Bonding	Pearson's r	—	
	df	—	
	p-value	—	
Alexithymia	Pearson's r	-0.319	—
	df	156	—
	p-value	< .001	—

Table 6. additional analysis was conducted to determine the effective contribution of the parental bonding variable. This analysis used linear regression with Jamovi. This is supported by the results of the analysis which obtained a determination (R2) of 0.102; which means that parental bonding effectively affects alexithymia by 10.2%.

Table 6. Effective Contribution

Model Fit Measures

Model	R	R²	Overall Model Test			
			F	df1	df2	p
1	0.319	0.102	17.7	1	156	< .001

Table 7. shows a p-value < 0.001 in both models (aspects), indicating that both aspects of the parental bonding variable, namely care and control, can predict the y variable, alexithymia. According to the guidelines, if the p-value is < 0.05, the aspect can be said to predict the y variable. Furthermore, in model 1, the AIC value is 1108 and the BIC value is 1117, while in model 2, the AIC value is 1109 and the BIC value is 1121. Smaller AIC and BIC values indicate that the aspect is better at predicting the y variable compared to other aspects. Table 13 shows that the AIC and BIC values in model 1 are smaller than those in model 2, which means that model 1, the care aspect, is better at predicting the y variable than the control aspect. This is in accordance with the guideline that the smaller the AIC value, the better the model's performance. The best model is the one that fits the data best (Navarro, D., & Fovcroft, 2018)

Table 7. Parental Bonding Aspect Prediction

Model Fit Measures

Model	R	R²	AIC	BIC	Overall Model Test			
					F	df1	df2	p
1	0.312	0.0973	1108	1117	16.82	1	156	< .001
2	0.324	0.1047	1109	1121	9.06	2	155	< .001

Description :

Model 1 = *Care*

Model 2 = *Control*

Discussions

This study aims to determine the relationship between parental bonding and alexithymia in late adolescents. Researchers collected data from 158 late adolescent respondents, both male and female, aged 18-22 years, with the majority being 22 years old. Based on the results of hypothesis testing using Pearson correlation, a significance value of p < 0.001 was obtained with an r value of -0.319, indicating a negative correlation between parental bonding and alexithymia. This finding aligns with research conducted by Gil et al. (2008), which showed that the degree of alexithymia has a negative relationship with parental bonding. Additionally, there is a negative relationship between these two variables because a good emotional relationship between children and their parents helps children develop strong emotional abilities. Support and attention from parents enable adolescents to identify, understand, and express emotions well, thereby reducing the risk of alexithymia (Thorberg et al., 2011)

The r value of -0.319 also indicates that parental bonding has a weak relationship with alexithymia in late adolescents. This can occur due to several other factors experienced by late adolescents, including the social environment and late adolescent sexuality. According to Sapra, Lumintang, and Paat (2022), the social environment can affect adolescents, such as the presence of peers, making adolescents happy to gather and willing to do anything to be accepted in their peer group. Furthermore, the sexuality factor in late adolescents involves the development of sexual maturity and increasing hormones, leading to attraction to the opposite sex. This interest arises as adolescents seek to get to know each other more deeply and establish relationships (Hanifah et al., 2022). These factors are significant enough to weaken parental bonding.

In addition, weak parental bonding in late adolescents can be caused by the care and control aspects provided by parents. According to previous research by Thomas and Umberson (2018), as a child matures, parents generally tend to provide less bonding. The intensity of parental bonding tends to change over time. As children get older, their need for

autonomy and independence increases, leading to less intensive interaction and supervisionby parents.

The higher the bonding between parents and children, the lower the alexithymia behavior observed in late adolescents. Conversely, the lower the bonding between parents and children, the higher the alexithymia behavior observed in late adolescents. Thus, the hypothesis in this study is supported. The correlation between the two variables indicates that each aspect of parental bonding contributes to alexithymia behavior in late adolescents. According to Parker, Tupling, and Brown (1979), there are two aspects of parental bonding: care and control.

When parental bonding involves encouraging independence, paying attention to emotions, demonstrating healthy emotional management, and providing support for identity development, late adolescents are less likely to experience difficulties in recognizing and expressing their feelings. Conversely, if parental bonding lacks emotional support, provides unlimited freedom, demonstrates negative or destructive emotional management, and rejects the emotions of late adolescents, there will be a tendency for these adolescents to experience difficulties in expressing feelings, a condition known as alexithymia. Alexithymia has several aspects according to Taylor, Bagby, and Parker (1997), including difficulty identifying feelings, difficulty describing feelings, and externally oriented thinking

Based on the results of this study, it is known that subjects have a high level of alexithymia in 12.29% (21 subjects), a medium level in 77.21% (122 subjects), and a low level in 9.5% (15 subjects). Furthermore, the level of parental bonding was high in 27.84% (44 subjects), medium in 70.88% (112 subjects), and low in 1.26% (2 subjects). This study included 158 subjects with an age range of 18-22 years. Variations in subjects based on age may affect the results of the percentage categories in this study. The findings indicate that the research hypothesis is supported, and it can be concluded that the parental bonding variable significantly affects the alexithymia variable.

Based on the assumptions and correlation tests, it can be stated that the hypothesis is supported. This is further confirmed by the analysis, which yielded a determination coefficient (R^2) of 0.102, indicating that parental bonding explains 10.2% of the variance in alexithymia, while the remaining 89.8% is influenced by other factors not examined in this study, such as emotional intelligence (Parker et al., 2001), attachment (Montebarocci, Codispoti, Baldaro, & Rossi 2004) and Post-Traumatic Stress Disorder (Thompson, 2009).

The weakness of this study is that the measuring instrument for the independent variabledid not use the original parental bonding scale from Parker, Tupling, and Brown (1979), but rather a scale that had been modified by Cahyani (2017) and adopted by the researcher. Additionally, during the data collection process, the researcher did not include a prompt asking subjects to recall how their parents bonded with them.

Conclusion

Based on the results of the research and the discussion, the conclusion of this study is that there is a negative relationship between parental bonding and alexithymia in late adolescents. This indicates that lower parental bonding is associated with higher levels of alexithymia in late adolescents, and vice versa, higher parental bonding is associated with lower levels of alexithymia. Parental bonding accounts for 10.2% of the variance in alexithymia, with the remaining 89.8% attributed to other factors not covered in this study.

Based on these results, several suggestions are proposed. It is advisable for parents to create strong bonding with their children by balancing care and control to promote healthy emotional development and reduce alexithymia behavior in late adolescents. For future researchers, it is recommended to conduct a more in-depth examination of the measuring instruments used in the Parental Bonding Instrument (PBI), paying close attention to the original instruments developed by Parker, Tupling, and Brown (1979).

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