A Descriptive Cross Sectional Study to Assess the Magnitude of Alexithymia Among Parents of Children Admitted in a Tertiary Care Hospital, Ernakulam, Kerala

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***Abstract*—The magnitude of alexithymia refers to the prevalence or severity of alexithymic traits within a particular population. Alexithymia is a personality trait characterized by difficulty in identifying and describing emotion, as well as a limited imagination and an externally oriented thinking style. A study was undertaken by VIIth semester B.Sc. nursing students to assess the magnitude of alexithymia among parents of children admitted in a selected tertiary care hospital, Ernakulam district, Kerala. The objective of the study is to asses to determine the magnitude of alexithymia among parents, and to find the association of magnitude of alexithymia among parentswith selected socio-demographic variables. Thisdescriptive cross-sectional study was done in 150 subjects were selected using convenience sampling technique. The key variables in this study was magnitude of alexithymia and the selected socio demographic variables which include age, parent (father/mother), religion, marital status, education, occupation, area of residence, type of family, monthly family income in rupees, family support, number of children, family history of psychiatric illness, childhood trauma. The tool used for data collection were structured questionnaire for assessing Socio demographic proforma of the parent and standardized questionnaire Modified Toronto Alexithymia Scale (TAS-20) to assess alexithymia. The results shows that 40% of the parents have Alexithymia, 34.7% have possible alexithymia and 25.3% have no alexithymia. Also the result revealed there was a statistically significant association between magnitude of alexithymia among parents of children with family support and number of children. There is no statistically significant association between magnitude of alexithymia among parents of children with other selected socio-demographic variables such as age, parent, religion, marital status, education, occupation, area of residence, type of family, monthly income in rupees, family history of psychiatric illness, childhood trauma.**

Alexithymia is a significant emotional processing trait observed among parents of hospitalized children, characterized by difficulties in identifying and expressing emotions. Understanding the presence and impact of alexithymia in this population is essential for providing appropriate psychological support. Addressing alexithymia may improve emotional well-being and coping mechanisms in parents facing the stress of their child's hospitalization.

***Index Terms*—Alexithymia, Magnitude of alexithymia, Parents of children.**

I. INTRODUCTION

Alexithymia, a personality trait characterized by difficulties in identifying and describing emotions and a limited capacity for imagination and emotional awareness, has increasingly drawn attention in the field of emotional development and interpersonal functioning.[1]The parental role involves not only physical care but also the emotional modeling and support necessary for children's emotional and social development[2]. When parents lack the ability to identify and express their emotions, it may hinder their responsiveness to their children's emotional needs, potentially affecting developmental outcomes[3]. While general population estimates suggest that alexithymia affects approximately 10% of adults, its magnitude among parents, especially in

non-clinical groups, remains underexamined[4]. Most existing literature focuses on clinical or psychiatric populations, while limited data exist on emotionally healthy parents experiencing alexithymia due to environmental or relational factors. Parenting itself is an emotionally demanding role. The pressures of rearing children, maintaining household routines, and balancing social or financial responsibilities can strain a parent's emotional capacity[5].

The roots of alexithymia are believed to lie in early relational and environmental experiences. One of the strongest non-clinical predictors is emotional neglect or limited emotional communication during childhood[6]. Studies have shown that children raised in emotionally disengaged, over controlling, or affectionless environments may develop maladaptive patterns of emotional suppression, which in adulthood can manifest as alexithymia[7]. When parents themselves grew up in household where emotional expression was discouraged or invalidated, they may internalize beliefs that emotions are irrelevant, dangerous, or inappropriate, limiting their own ability to later parent with emotional insight. Furthermore, cultural and gender norms contribute significantly.[8] In addition to early experiences, various socio-demographic and situational factors influence alexithymia in parents. Research indicates that low educational attainment, financial strain, limited social support, and single parenting are associated with reduced emotional awareness and regulation capacity[9]. Parents experiencing high levels of chronic stress may become emotionally distant or task-focused, prioritizing physical care and problem-solving over emotional engagement. Environmental constraints, such as rigid gender roles or community norms that discourage emotional openness, can also perpetuate emotionally avoidant parenting styles, reinforcing alexithymic tendencies across generations[10].

The implications of parental alexithymia are significant. Emotionally unresponsive or inconsistent parenting can lead to emotional invalidation in children, where a child's feelings are ignored, misunderstood, or minimized. Over time, this undermines the child's capacity to identify, regulate, and express emotions, placing them at risk for emotional underdevelopment or behavioural challenges[11]. Additionally, poor emotional communication may weaken the parent-child relationship, fostering insecurity, withdrawal, or resistance. Children raised in such emotionally disengaged households may replicate these emotional patterns in later relationships or develop compensatory behaviours such as aggression or emotional suppression. The absence of secure emotional attachment and mutual emotional regulation may disrupt not only individual development but also family cohesion and long-term relational stability[12].

The complications of alexithymia in parenting contexts are significant and multifaceted. One of the primary concerns is the risk of emotional unavailability. Parents who are unable to recognize their own emotions may also be less attuned to the emotional needs of their children, potentially leading to an emotionally invalidating environment. Emotional invalidation occurs when a child's emotional expressions are dismissed, ignored, or misunderstood, and it can hinder the child's development of emotional intelligence and self-awareness[13]. Over time, this may impact the child's ability to manage stress, form secure relationships, and express their own emotions effectively. Furthermore, the absence of emotionally rich interactions between parent and child can reduce the development of empathy and social competence in children, skills that are crucial for peer relationships and later life functioning[14].

Understanding the magnitude, causes, complications, influencing factors contributing to alexithymia in parents is essential for informing public health strategies, parenting education, and family support interventions. Early identification of alexithymia in caregivers can guide the development of targeted programs that foster emotional literacy, encourage emotionally supportive parenting, and strengthen family resilience[15].

II. METHODS

The research approach adopted for the study was quantitative approach and the design was descriptive

cross-sectional survey.150 parents of children aged between 3-12 years were selected using convenient sampling technique which is a non-probability sampling method. Data was collected using Socio-demographic Proforma, Modified Toronto Alexithymia Scale. Validity of the tool was assessed by giving the tool to 5 experts in the nursing field. Modifications were done as per the suggestions given by the experts. Obtained permission from the authorities and informed consent was taken from the students. Pilot study was conducted among 30 students to check the feasibility and practicability of the study. The study was found to be feasible. The data was tabulated and analysed using frequency, percentage

III. RESULTS

Table 1: Frequency and percentage distribution of study subjects based on socio demographic variables; Age, Parent, Religion(n=150)

Socio demographic variables		Frequency	Percentage (%)
Age (in years)	18- 23	2	1.3%
	24-29	30	20.1%
	30-35	56	37.3%
	>35	62	41.3%
Parent	Father	58	38.7%
	Mother	92	61.3%
Religion	Christian	56	37.3%
	Hindu	63	42.0%
	Muslim	30	20.0%
	Others	1	0.7%

As presented in Table 1, the majority of the participants (41.3%) were aged above35 years. A higher proportion of respondents were mothers (61.3%), while fathers accounted for 38.7%, indicating mothers were more involved or available to participate in the study. The participants represented a mix of religions, with the majority being Hindus (42%).

Table 2: Frequency and percentage distribution of study subjects based on socio demographic variables; Marital status, Education, Area of Residence, Type of Family, Monthly Family Income, Family Support, Number of Children, Family History of Psychiatric Illness, Childhood Trauma(n=150)

Socio demographic variables		Frequency	Percentage (%)
Marital Status	Married	138	92.0%
	Divorced/Separated	8	5.3%
	Widow/Widower	4	2.7%
Education	Upto 10th Standard	16	10.7%
	Pre degree/Plus two	43	28.6%
	Degree and above	91	60.7%
Area of Residence	Rural	105	70.0%
	Urban	45	30.0%
Type of Family	Nuclear Family	103	68.7%
	Joint Family	45	30.0%

	Extended Family	2	1.3%
Monthly Family Income in Rupees	Rs 25000	40	26.7%
	Rs25000- 50000	78	52.0%
	> 50000	32	21.3%
Family Support	Yes	124	82.7%
	No	26	17.3%
Number of children	One	47	31.3%
	Two	79	52.7%
	Three and above	24	16.0%
Family History of Psychiatric illness	Yes	6	4.0%
	No	144	96.0%
Childhood trauma	Yes	1	0.7%
	No	149	99.3%

According to table2, A significant majority of the respondents were married (92%).In terms of educational status, most respondents (60.7%) had completed degree-level education or higher.When looking at occupation, nearly half of the respondents (46%) were working in the private sector. The area of residence showed a predominantly rural population, with 70% living in rural areas and 30% in urban locations. Most participants (68.7%) lived in nuclear families, while 30% belonged to joint families and only 1.3% to extended families, reflecting a societal shift toward nuclear family setups. Regarding economic status, 52% reported a monthly family income between Rs. 25,000 to Rs. 50,000. As per table 3,In terms of family support, the majority (82.7%) reported receiving support from their families, which can play a crucial role in mental health and caregiving responsibilities.

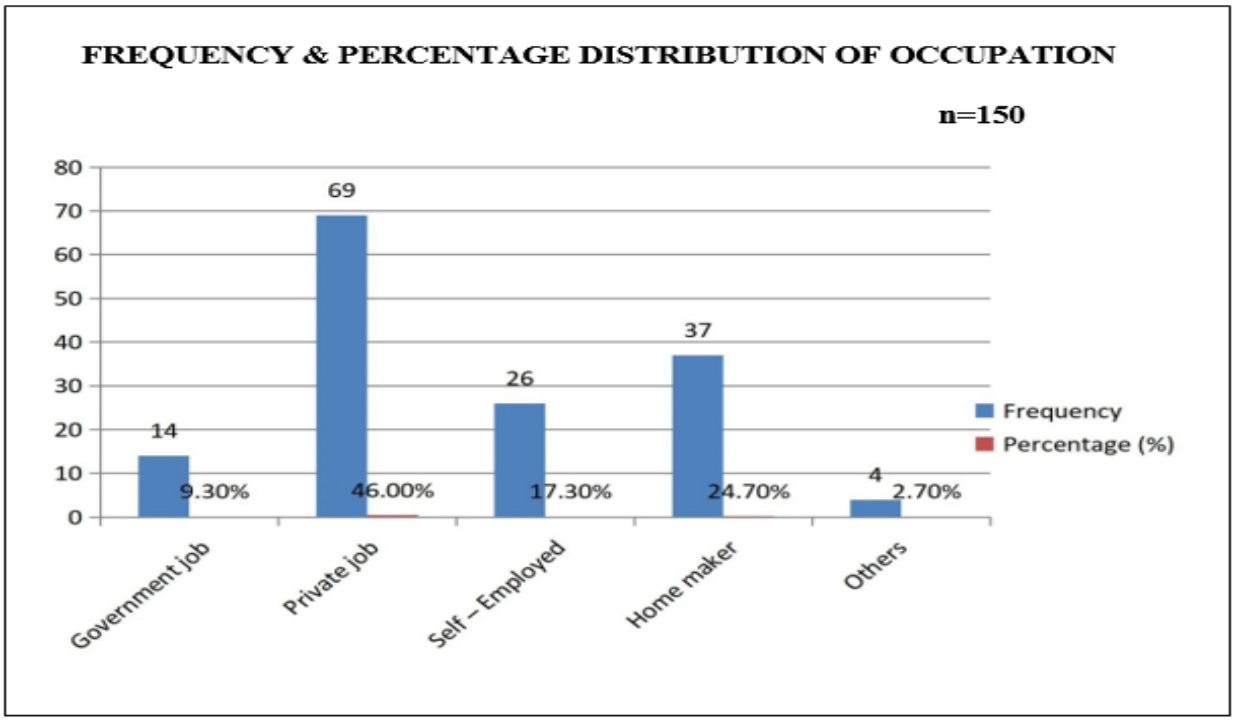

Figure 1: Bar diagram showing frequency and percentage distribution of study subjects based on occupation (n = 150)

The bar graph illustrates the occupational distribution of participants based on both frequency and percentage. The private job category had the highest representation, with 69 participants, comprising 46.0% of the total. This was followed by home makers, who accounted for 37 participants (24.7%), and the self-employed, with 26 participants (17.3%). A smaller portion of the sample was engaged in government jobs, with 14 individuals (9.3%). The 'others' category represented the smallest group, with only 4 participants, making up 2.7% of the total.

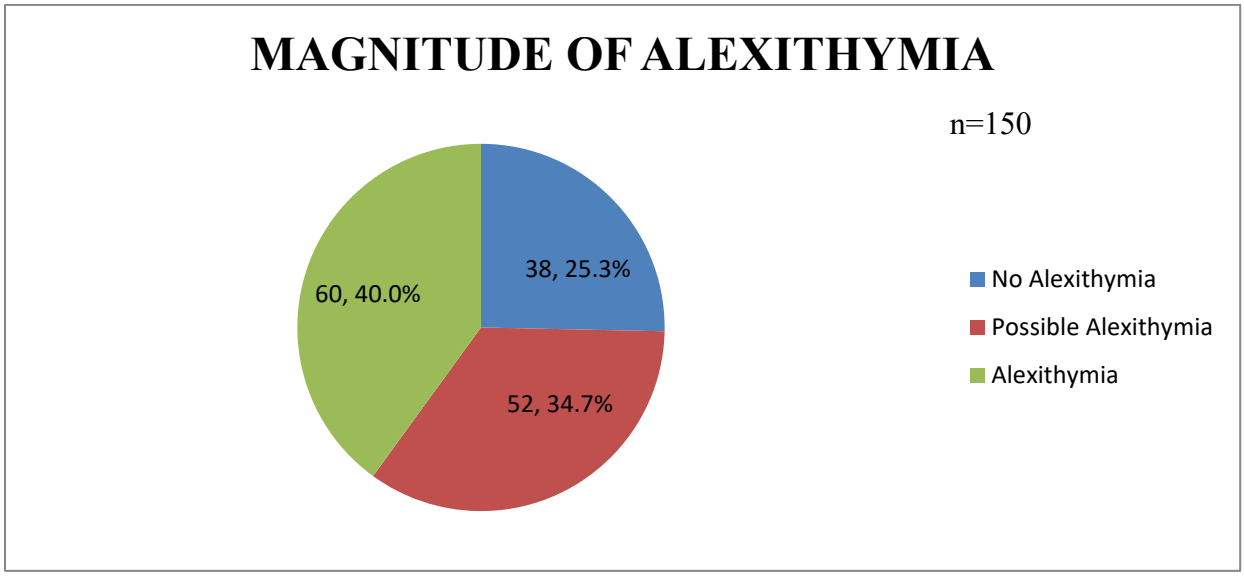

Figure 2: Pie diagram showing magnitude of alexithymia (n=150)

The pie chart illustrates the distribution of magnitude of alexithymia among the study participants. About 40.0% of participants had alexithymia, while 25.3%had no alexithymia. 34.7% of them showed possible alexithymia. These findings suggest that while nearly half of the participants have alexithymia.

Table 3: Association of magnitude of alexithymia with selected socio demographic variables such as Age,Parent,Religion,Marital Status (n=150)

Socio demographic variables		Magnitude of alexithymia			Chi Square /	p value
		No	Possible	Alexithymia		
Age	18- 23	0	1	1	8.680	0.192
	24-29	7	9	14		
	30-35	17	13	26		
	>35	14	29	19		
Parent	Father	15	18	25	0.598	0.742
	Mother	23	34	35		
Religion	Christian	14	18	24	6.910	
	Hindu	19	20	24		
	Muslim	4	14	12		
	Others	1	0	0		
Marital Status	Married	36	48	54	2.435	0.656
	Divorced/Separated	2	3	3		
	Widow/Widower	0	1	3		

As depicted in table 3 there is no significant association of magnitude of alexithymia with selected sociodemographic variables such as age, parent, religion and marital status.

Table 4: Association of magnitude of alexithymia with selected socio demographic variables such as Education,Occupation,Area of Residence,Type of Family,Monthly Family Income (n=150)

Socio demographic variables		Magnitude of alexithymia			Chi Square / Fisher's Exact test	p value
		No Alexithymia	Possible Alexithymia	Alexithymia		
Education	Up to 10th Standard	3	6	7	0.987	0.912
	Pre degree/Plus two	12	16	15		
	Degree and above	23	30	38		
Occupation	Government Job	1	7	6	4.698	0.789
	Private job	19	20	30		
	Self – Employed	7	10	9		
	Home maker	10	13	14		
	Others	1	2	1		
Area of Residence	Rural	25	33	47	3.364	0.186
	Urban	13	19	13		
Type of Family	Nuclear Family	22	38	43	6.388	0.172
	Joint Family	16	14	15		
	Extended Family	0	0	2		
Monthly Family Income in Rupees	Rs 25000	9	11	20	3.257	0.516
	Rs25000-50000	19	31	28		
	> 50000	10	10	12		

As depicted in table 4 there is no significant association of magnitude of alexithymia with related sociodemographic variables such as education, occupation, area of residence and type of family,monthly family income.

Table 5: Association of magnitude of alexithymia with selected socio demographic variables such as Family Support,Number of Children,Family History of Psychiatric Illness,Childhood Trauma. (n=150)

Socio demographic variables		Magnitude of alexithymia			Chi Square / Fisher's Exact test	p value
		No Alexithymia	Possible Alexithymia	Alexithymia		
Family Support	Yes	36	39	49	6.039	0.049*
	No	2	13	11		
Number of children	One	14	9	24	11.571	0.021*
	Two	21	29	29		

	Three and above	3	14	7		
Family History of Psychiatric illness	Yes	3	3	0	4.425	0.109
	No	35	49	60		
Childhood trauma	Yes	0	1	0	1.897	0.387
	No	38	51	60		

Table 5 depicts that there was statistically significant association between magnitude of alexithymia with family support ($\chi2$=6.039, p=0.049) and number of children ($\chi2$ =11.571, p=0.021). There was no statistically significant association between magnitude of alexithymia and other socio demographic variables family history of psychiatric illness and childhood trauma.

IV. DISCUSSION

Section A: The current study found that 40% of parents of children admitted in a tertiary care hospital exhibited alexithymia, as measured using the Modified Toronto Alexithymia Scale (TAS-20).

A study conducted by Tantam et al. (2017) in Turkey reported a similar prevalence rate of 38.2% among caregivers of children with chronic illnesses, highlighting that emotional fatigucaregiving burden, and psychosocial stress are significant contributors to alexithymia in caregiving populations. However, a study conducted by Cheng and Ko in 2019 among urban population of Singapore reported a significant lower prevalence (17%) of alexithymia among parents of school aged children, possibly due to better mental support, increased emotional literacy, and higher socio-economic status. [16]

Section B: In the present study, several socio-demographic variables were examined for their association with the magnitude of alexithymia. Notably, family support and number of children showed statistically significant associations. Parents with poor family support exhibited higher alexithymia scores, highlighting the importance of emotional support from family as well society to deal with emotions. This finding aligns with a study by Li et al. (2021), who found that increased social support significantly reduced emotional suppression among parents. Additionally, the study showed that parents with more children had higher levels of alexithymia, possibly due to increased caregiving demands and reduced time for emotional self care.Although variable such as age, parent (father/mother), religion, marital status, education, occupation, area of residence, type of family, monthly income, family psychiatric history, and childhood trauma did not show significant associations, subtle trends were observed. For example, lower education, lower income, and a history of trauma were correlated with slightly higher alexithymia scores—suggesting a pattern consistent with global evidence such as that from Mattila et al. (2006) and Preece et al. (2020), who reported these as contributing risk factors.[17]

Contrasting these findings, a study conducted by Cheng & Ko (2019) in Singapore found no statistically significant association between alexithymia and most socio-demographic variables, including family size and social support. Their study reported a much lower prevalence of alexithymia at *17%* and attributed this to enhanced parental mental health awareness, routine psychosocial screening, and greater accessibility to emotional health resources in urban contexts. This discrepancy suggests that cultural, socioeconomic, and healthcare infrastructure differences may mediate the impact of demographic factors on emotional functioning. It also raises the possibility that alexithymia may not always correlate with observable external factors and might instead reflect more ingrained personality or emotional processing traits, particularly in more emotionally literate population.[18]

V. CONCLUSION

A study was conducted to assess the magnitude of alexithymia among 150 parents of children admitted in a selected tertiary care hospital, Ernakulam district, Kerala. The study finding revealed that about 40.0% of participants had alexithymia, while 25.3%had no alexithymia. 34.7% of them showed possible alexithymia. These findings suggest that while nearly half of the participants have alexithymia. Also, there was a statistically significant association between magnitude of alexithymia among parents of children

and their family support (0.049), number of children (0.021). Thus, the research hypothesis is accepted for the variable's family support, number of children and rejected for other socio-demographic variables.

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