

## Relationship between Aggression, Alexithymia and Parenting Styles among Adolescent Students

Asmaa Ali Elsayed Ali<sup>(1)</sup>, Reda El Sayed El Badawy Ezzat <sup>(2)</sup>, HEND Reda Ali El-kest<sup>(3)</sup>  
Samia Farouk Mahmoud<sup>(4)</sup>

(1) Lecturer of Community Health Nursing department, Faculty of Nursing, Zagazig University

(2) Assistant Professor of Community Health Nursing department, Faculty of Nursing, Zagazig University

(3) Lecturer of Community Health Nursing department, Faculty of Nursing, Tanta University

(4) Assistant Professor of Community Health Nursing department, Faculty of Nursing, Zagazig University, College of Nursing, University of Hilla, Babylon, Iraq.

### Abstract

Relationship between aggression, alexithymia, and parenting styles among adolescent students indicates that authoritative parenting, characterized by warmth, clear expectations, and consistent discipline, can reduce aggressive behaviors. This study **aimed** to explore the relationship between aggression, alexithymia, and parenting styles among adolescence students. **Setting:** The current study was conducted in four nursing schools in Sharkia Governorat. These schools are Fakous Nursing School, Abu Kaber, Al-Husseiniyah, and Sherief Omar. **Research Design:** This study employed a descriptive correlational design, utilizing a sample of 350 adolescents selected through a simple random sampling technique. **Tools of Data Collection:** Data were collected via an interview questionnaire that included socio-demographic information, the Buss–Perry Aggression Questionnaire (BPAQ), the Alexithymia Scale for Children and adolescents, and the Parental Authority Questionnaire (PAQ). **Results:** Findings revealed that 39.1% displayed high levels of aggressive behavior. Additionally, 38.3% exhibited signs of alexithymia. Among parenting styles, authoritarian parenting showed the highest mean score ( $31.1 \pm 5.6$ ), followed by authoritative ( $29.9 \pm 6.2$ ) and permissive ( $28.6 \pm 6.5$ ) styles. **Conclusion:** Significant associations were found between alexithymia, total aggression measured by the Buss Perry scale, and parenting styles. Participants showing signs of alexithymia tended to exhibit higher aggression levels and experienced high levels of parental authority. **Recommendations:** It is recommended to implement programs aimed at enhancing emotional literacy and awareness among adolescents. These programs should focus on helping adolescents identify and express their emotions effectively.

**Keywords:** Aggression, Alexithymia, Parenting Styles, Adolescent Students.

### Introduction

Adolescence is a critical developmental period during which social, emotional, and physical changes can lead to negative self-perceptions. Previous studies have shown that adolescent behavior is highly influenced by emotions, and there is growing concern about the co-occurrence of behavioral, emotional, and cognitive problems (Chung et al., 2019). Among behavioral problems during adolescence, aggression is particularly significant. It is defined as any action with the intention to cause harm, injury, or pain to another person. This includes overt and covert aggression, the most common types of aggression examined among children and adolescents. Overt aggression involves apparent and outward confrontational acts, which can manifest as both physical and verbal aggression, such as fighting and shouting. Covert aggression, on the other hand, is more secretive and manipulative, affecting social

relationships through isolation and spreading rumors. Aggression is a leading cause of death among older male adolescents and can hinder their ability to grow and develop optimally, jeopardizing their current and future health (Fauzi, 2023).

Alexithymia is a personality construct characterized by an impaired capacity to communicate and identify emotions and a propensity to engage in externally oriented thinking. Findings reported that alexithymia is a continuous personality trait distributed across the general population (McErlean & Lim, 2020). Alexithymia is associated with difficulties in social relationships with friends in male adolescents and with friends, siblings, and parents in female adolescents (aged 13–18 years). Additionally, alexithymia has been linked to a subjectively reduced amount of social support and maternal overprotection in late adolescents (aged 17–21 years). In young

adults, it is associated with less social support, fewer close relationships, poorer social skills, and distrust in social relationships. Moreover, alexithymia has been connected with anxiety and dissociation in adolescents. Emotional regulation problems, such as low emotional awareness typical in alexithymia, might be linked to increased internalizing symptoms during adolescence (Kekkonen et al., 2021).

The parenting styles chosen by parents are crucial in shaping the social and personal development of children. Parental attitudes have a direct impact on the personal features and characteristics of children's personalities. Family attitudes and actions can have either a positive or negative effect on the development of children's personalities and psychological well-being. Parenting is one of the most important influences on a child's personality, directly affecting their psychological and personality development (Zainab et al., 2023).

Community health nursing plays important roles, especially for nursing students, by teaching skills such as establishing effective communication, expressing emotions or thoughts, and distinguishing physical sensations from emotions (Culha & Acaroglu, 2019). Alexithymia hinders people's capacity for empathy and inevitably leads to communication difficulties (Sharafkhani et al., 2023). Additionally, the demands of the nursing profession, such as workload and interactions with clients and the environment, add stress and challenges that must be managed with emotional intelligence (Dugué et al., 2021). Similarly, factors like alexithymia, empathy, and communication are crucial in the nursing profession to facilitate compassionate decision-making and provide effective emotional care (Giulia et al., 2019).

### Significance of the study:

Adolescence is a crucial period of human life, during which individuals may encounter problems that can affect them for the rest of their lives. Parents play a fundamental role in various aspects of adolescents' health. Aggression is a significant trait that can develop during adolescence, and since the family is the first institution a person joins, family functioning is a critical factor in the development of aggressive behaviors in

adolescents. According to previous studies, the incidence of aggression ranges from 8% to 20% among adolescents (Dabaghi, 2017). Additionally, studies have reported rates of alexithymia ranging from 7.3% to 24.1% in adolescents (Ng & Chan, 2020). The inability of nurses to express their own emotions, understand others' emotions, and manage aggressive behavior could result in communication gaps that might affect client care outcomes (Sharafkhani, et al., 2023). Nursing students were chosen as they represent a diverse group of adolescents who are likely to encounter various interpersonal and emotional challenges, making them relevant for studying aggression, alexithymia, and parenting styles.

### Aim of the study:

The current study aimed to explore the relationship between aggression, alexithymia, and parenting styles among adolescent students.

### This study aimed to achieve its objectives through the following steps:

1. Identify aggression behavior level among adolescent students.
2. Determine the prevalence of alexithymia among adolescent students.
3. Identify parenting styles among adolescent students.
4. Explore the relationship between aggression, alexithymia, and parenting styles among adolescent students.

### Research questions

1. What is the level of aggression behaviors exhibited by adolescent students?
2. What is the prevalence of alexithymia among adolescent students?
3. Which parenting styles are commonly experienced by adolescent students?
4. What is the relationship between aggression, alexithymia, and parenting styles among adolescent students?

## II. Subjects and Methods

**2.1. Research Design:** Utilizing a descriptive correlational design.

## 2.2. Study Setting:

The study was conducted in nursing schools at Sharkia Governorate, which comprises 17 nursing schools. The researchers randomly selected four nursing schools by drawing from a jar. These schools are Fakous Nursing School, Abu Kaber, Al-Husseiniyah, and Sherief Omar. Sharkia Governorate is the third most populous governorate in Egypt, with a total area of approximately 4,180 km<sup>2</sup> (1,610 sq mi). Nursing schools in this governorate target top students, those with the highest grades in the first, second, and third years of preparatory school. The curriculum includes practical nursing, nursing terminology, basics of nursing, nutrition, pharmacology, medical and surgical nursing, pediatric nursing, obstetrics and gynecology, psychology, community health, and emergency care, most nursing schools consist of two floors and four classrooms, each with a capacity ranging from 26 to 56 students.

### C.1. Sample size calculation:

Based on data from literature (*Cuzzocrea et al., 2015*), to calculate the sample size with precision/absolute error of 5% and type 1 error of 5%, Sample size is calculated according to the following formula,

$$n = \frac{(Z_{1-\alpha/2})^2 \cdot P(1-P)}{d^2}$$

Where,  $Z_{1-\alpha/2}$  at 5% type 1 error ( $p < 0.05$ ) is 1.96, P is the expected proportion in population based on previous studies and d is the absolute error or precision. Therefore, sample size

$$n = \frac{(1.96)^2 \cdot (0.16)(1-0.16)}{(0.0415)^2} = 299.8.$$

Based on the formula, the total sample size required for the study is 350.

### C.2. Subjects:

The current study enrolled 350 nursing school students distributed as follows: Fakous Nursing School (78), Abu Kaber (51), Al-Husseiniyah (142), and Sherief Omar (79).

**C.3. Sampling Technique:** Simple random sample technique was used. The researchers obtained the student index numbers from the student affairs office and randomly selected classes of nursing

school students by drawing index numbers from a jar.

## 2.4. Tools for Data Collection

Three tools were used to collect data:

### Tool I: Interview Questionnaire

• **Part 1: Demographic Characteristics:** This part assessed the socio-demographic characteristics of the adolescents, including age, sex, parents' educational level, occupation, and monthly income. As well, ask about the number of children in the family, child order, and psychological disorders in the family.

### • Part II: Buss-Perry Aggression Questionnaire (BPAQ)

The BPAQ is consisting of 29 items, adopted by (**Buss & Perry, 1992**). It assesses aggression through four subscales: physical aggression (PA), verbal aggression (VA), anger (A), and hostility (H).

- **Physical Aggression:** Consists of nine items (e.g., "Once in a while I can't control the urge to strike another person").
- **Verbal Aggression:** Consists of five items (e.g., "When people annoy me, I may tell them what I think of them").
- **Anger:** Consists of seven items (e.g., "I sometimes feel like a powder keg ready to explode").
- **Hostility:** Consists of eight items (e.g., "I sometimes feel that people are laughing at me behind my back").

### • Scoring System for Buss-Perry Aggression Questionnaire:

Participants selected their responses on a 5-point Likert scale ranging from 1 (extremely uncharacteristic) to 5 (extremely characteristic). Two items were reverse-scored. The questionnaire yields a total score ranging from 29 to 145, with higher scores reflecting greater levels of aggression. Scores above the mean were considered aggressive, and scores below the mean were considered non-aggressive.

## Tool II: Alexithymia Scale for Children and adolescents

The Alexithymia Questionnaire for Children and adolescents adopted from (Rieffe et al., 2006) is a 20-item scale used to self-assess alexithymia. As difficulty identifying feelings (DIF), difficulty describing feelings (DDF), and externally oriented thinking (EOT).

### Scoring System for Alexithymia Scale for Children and adolescents:

Items were rated on a three-point scale (1 = "Not True" to 3 = "True"). Scores ranged from 20 to 60, with higher scores indicating a greater degree of alexithymia traits. A score above 40 indicated alexithymia.

## Tool III: Parental Authority Questionnaire (PAQ)

This scale adopted by Buri (1991), the PAQ examines Baumrind's three prototypes of parenting styles: permissive, authoritarian, and authoritative.

- **Permissive Style:** Low demandingness, high responsiveness (Items: 1, 6, 10, 13, 14, 17, 19, 21, 24, 28).
- **Authoritarian Style:** High demandingness, low responsiveness (Items: 2, 3, 7, 9, 12, 16, 18, 25, 26, 29).
- **Authoritative Style:** High demandingness, high responsiveness (Items: 4, 5, 8, 11, 15, 20, 22, 23, 27, 30).

### • Scoring System for Parental Authority Questionnaire (PAQ):

The PAQ uses a five-point Likert scale. Each subscale ranges from 10 to 50, with a cutoff point of 30. Higher scores indicate a greater level of the parenting style being measured.

## 2.5. Preparatory Phase

A review of available past and current literature and theoretical knowledge of various aspects of the study was conducted using books, articles, periodicals, magazines, and the internet to understand the research problem and develop the study tools.

## 2.6. Content Validity

The validity of the tools was assessed by a panel of three experts from the nursing faculty staff, who reviewed the tools for clarity, relevance, comprehensiveness, and understandability.

## 2.7. Content Reliability

The reliability of the tools was assessed by estimating test-retest reliability and measuring their internal consistency. Test-retest reliability was done by administering the same tools to the same subjects under similar conditions on two or more occasions. Internal consistency was assessed by calculating Cronbach's alpha coefficients:

- **Buss-Perry Aggression Questionnaire (BPAQ):** 0.89
- **Alexithymia Scale:** 0.90
- **Parental Authority Questionnaire (PAQ):** 0.90

## 2.8. Pilot Study

A pilot study was conducted on 10% of the study subjects (35 adolescents) to test the questions for ambiguity and assess the practicability and feasibility of the tools. It also helped determine the time needed for filling out the forms. Participants in the pilot study were excluded from the main study sample.

## 2.9. Fieldwork:-

After obtaining all necessary approvals, data collection was conducted from mid-March 2023 to mid-June 2023. The researchers visited the selected study locations - nursing schools in Sharkia Governorate - between 9:00 a.m. and 1:00 p.m. Sharkia Governorate comprises 17 nursing schools, of which four were randomly selected using a simple random sampling technique (drawing school names from a jar). The selected schools were Fakous Nursing School, Abu Kaber Nursing School, Al-Husseiniah Nursing School, and Sherief Omar Nursing School. At each location, the researchers met with students individually to explain the purpose and procedures of the study and invited them to participate. Students who provided verbal consent were involved in a self-administered questionnaire using three data collection instruments. Each session lasted approximately

30 to 35 minutes per student. The questionnaire included sections on socio-demographic characteristics, the Buss–Perry Aggression Scale, the Alexithymia Scale, and the Parental Authority Questionnaire. On average, 10–12 students were recruited per day, depending on the school's schedule and availability of students. Fieldwork was conducted on Sundays, Tuesdays, and Wednesdays, totaling three days per week.

### 2.10. Ethical Considerations:

Verbal approval for participation was obtained following a comprehensive explanation of the study's purpose. Participants were informed of their right to withdraw at any time and were assured that all information collected about them and their children would remain confidential and used exclusively for research purposes. Anonymity was ensured by not recording participants' names. This study adhered to ethical considerations under code 136.

### 2.11. Administrative Design

An official letter outlining the study's aim was issued from the Faculty of Nursing at Zagazig University to the relevant authorities. To verify the researchers' identity, national IDs and University IDs were used as additional proof when necessary

### 2.12. Statistical Design:-

All statistical analyses were performed using SPSS for windows version 20.0 (SPSS, Chicago, IL). Continuous data were normally distributed and were expressed in mean  $\pm$  standard deviation (SD). Categorical data were expressed in number and percentage. One-way analysis of variance (ANOVA) test was used for comparison among more than two for variables with continuous data. Chi-square test (or fisher's exact test when applicable) was used for comparison of variables with categorical data. Correlation co-efficient test was used to test for correlations between two variables with continuous data. The reliability (internal consistency) test for the questionnaires used in the study was calculate. Statistical significance was set at  $p < 0.05$ .

## Results

**Table 1** shows the study comprises 350 adolescents, with 51.1% aged between 15-16 years and 48.9% aged between 17-18 years, with a mean age of  $16.2 \pm 1.6$  years. Females represent

64.0% of the sample. Marital status indicates that 90.3% are married, parents with secondary education or lower constitute 68.0% of the sample. Moreover, financially, 66.6% report having just enough income. Academic performance is predominantly excellent, with 62.3% of participants achieving high grades. Most participants rate their general health condition as good (68.9%). Regarding exercise habits, 62.6% do not exercise regularly. Family size varies, with 16.0% having less than 2 children. Child arrangement is evenly distributed among oldest (37.4%). Finally, only 4.3% of participants report having children with psychological disorders, while 95.7% do not.

**Table 2** presents the study participants' characteristics. The participants (62.3%) achieved high grades, reflecting predominantly excellent academic performance, while 68.9% rated their general health as good. However, 62.6% of participants did not exercise regularly. Family size varied, with 16.0% having fewer than two children, and child arrangement was fairly evenly distributed, with 37.4% having the oldest child. Additionally, only 4.3% of participants reported having children with psychological disorders, whereas 95.7% did not.

**Table 3** reveals a detailed distribution of responses to the Buss Perry aggression, highlighting tendencies in physical aggression, verbal aggression, anger, and hostility among participants. Notably, a significant portion of respondents (60.9%) exhibit low aggressive behavior, with 39.1% displaying high aggression. Key findings include a strong self-perception of being even-tempered (67.7%) and a low tendency towards physical violence, as evidenced by 59.4% strongly disagreeing with hitting others when provoked. However, there are notable exceptions; 62.0% openly express disagreements with friends, and 31.7% struggle with temper control. The mean aggression score is  $83.7 \pm 17.4$ .

**Figure 1** illustrates the distribution of total scores from the Buss Perry aggression, highlighting the overall aggression levels among participants. 60.9%, fall into the category of low aggressive behavior. In contrast, 39.1% of participants exhibit high aggressive behavior.

**Table 4** presents the distribution of responses to the Alexithymia scale, indicating varying levels of emotional awareness and expression among

participants. The statement "I am often confused about the way I am feeling inside" shows that 60.0% sometimes feel this way, while 26.0% often do. Similarly, 39.1% sometimes find it difficult to express their feelings, and 31.7% often struggle with this. A significant majority, 60.3%, do not experience bodily feelings that doctors don't understand. Conversely, 48.9% easily express their feelings, though 34.3% do so sometimes. When dealing with problems, 43.7% prefer understanding the cause over mere discussion. Emotional confusion when upset is sometimes true for 40.3%, and 41.4% are often puzzled by bodily feelings. Also, preferences for avoiding deep thinking about events and focusing on everyday conversations are reflected by 46.6% and 43.7%, respectively. Difficulty finding words to express internal feelings is sometimes true for 42.3%, while the importance of understanding internal feelings is often true for 54.9%. Overall, the data indicates a diverse range of emotional awareness, with many participants frequently or sometimes experiencing challenges in understanding and expressing their emotions.

**Figure 2** presents the distribution of total scores from the Alexithymia scale, highlighting the overall levels of emotional awareness among participants. Notably, 61.7% show no signs of alexithymia. In contrast, 38.3% of participants exhibit signs of alexithymia.

**Table 5** illustrates the responses to the Parental Authority Questionnaire, showing the distribution of perceptions regarding parenting styles. Under "authoritative," a significant portion (32.0%) agreed that their parents discussed family policies, while 36.6% agreed that their parents encouraged verbal exchanges regarding family rules. Similarly, 36.6% felt their parents directed their activities with reasoning and discipline. However, when it came to accommodating individual needs, 37.4% disagreed that their parents adjusted behavioral standards. In the "authoritarian" style, 43.1% reported that their parents did not allow questioning of decisions, and 52.6% noted that unmet expectations led to punishment. Interestingly, 57.7% agreed that more force should be used to ensure children's compliance. Lastly, in the "Permissive style" section, 32.3% agreed that children should have their way as often as parents, but 37.4% disagreed with the idea of children forming their own viewpoints without much parental direction.

**Figure 3.** Assessment of the Parental Authority Questionnaire styles scores. The authoritarian style demonstrates the highest level of parental authority with a mean score and standard deviation of  $31.1 \pm 5.6$ , followed by the authoritative style with a score of  $29.9 \pm 6.2$ , and the Permissive style with a score of  $28.6 \pm 6.5$ .

**Table 6** reveals that statistically significant association between Alexithymia with total Buss Perry aggression and Parental authority styles. It's evident that participants with signs of alexithymia have high aggression behavior and high level of parenting.

**Table 7** shows statistically significant positive correlation were found between Parental Authority (authoritarian domain), total Buss Perry aggression and Alexithymia .

**Table 8** presents a linear regression model for the Buss Perry Aggression Questionnaire, revealing that gender, parental authority, and alexithymia were statistically significant independent positive predictors of Buss Perry aggression scores. The regression model accounted for 20% of the variation in Buss Perry aggression scores, as indicated by the R-squared value.

**Table 9** displays the results of the linear regression model for alexithymia scale. It shows that gender, academic performance, and general health were all statistically independent positive predictors of alexithymia score. Additionally, parental authority and Buss Perry aggression were also found to be significant predictors. The regression model accounts for 0.23% of the variation in alexithymia score, as evidenced by the r-squared value.

**Table 10** shows the results of the linear regression analysis for the Parental Authority Questionnaire are presented in Table 9. The analysis revealed that parental educational level, Buss Perry aggression, and alexithymia were all statistically significant independent positive predictors of parental authority score. Specifically, higher levels of parental educational attainment, aggression, and alexithymia were associated with higher scores on the parental authority scale. Overall, the regression model was able to explain 25% of the variation in parental authority scores, as indicated by the R-squared value.

**Table (1):** Number and distribution of the demographic characteristics of the study sample (N=350)

Demographic Characteristics	N	%
<b>Age (Years)</b>		
15 – 16	179	51.1
17 – 18	171	48.9
Mean $\pm$ SD	16.2 $\pm$ 1.6	
<b>Gender</b>		
Male	126	36.0
Female	224	64.0
<b>Educational Level</b>		
First grade	140	40.0
Second grade	210	60.0
<b>Marital Status</b>		
Married	316	90.3
Single	34	9.7
<b>Parent's educational level</b>		
Secondary or lower	238	68.0
University	112	32.0
<b>Family Income</b>		
Enough and overflowing	46	13.1
Just enough	233	66.6
Not enough	71	20.3

**Table (2):** Participants' Characteristics of the Study Sample (N=350)

Academic Performance	N	%
Excellent	218	62.3
Good	115	32.9
Acceptable	17	4.9
<b>General health condition</b>		
Good	241	68.9
Medium	89	25.4
Bad	20	5.7
<b>Do you exercise regularly?</b>		
No	219	62.6
Yes	131	37.4
<b>Number of children in the family</b>		
Less than 2	56	16.0
2 – 3	168	48.0
4 or More	126	36.0
<b>Child arrangement</b>		
Oldest	131	37.4
Middle child	111	31.7
Youngest	108	30.9
<b>Are there children with psychological disorders?</b>		
No	335	95.7
Yes	15	4.3

**Table (3):** Number and distribution of the Buss Perry aggression questionnaire domains

Buss Perry Aggression	Extremely uncharacteristic		Somewhat uncharacteristic		Neither uncharacteristic		Somewhat characteristic		Extremely characteristic	
	n	%	n	%	n	%	N	%	n	%
<b>Physical Aggression</b>										
Some of my friends think I am a hothead.	94	26.9	71	20.3	38	10.9	89	25.4	58	16.6
If I have to resort to violence to protect my rights, I will.	78	22.3	45	12.9	46	13.1	98	28.0	83	23.7
When people are especially nice to me, I wonder what they want.	60	17.1	56	16.0	63	18.0	78	22.3	93	26.6
I tell my friends openly when I disagree with them.	15	4.3	21	6.0	25	7.1	72	20.6	217	62.0
I have become so mad that I have broken things.	161	46.0	37	10.6	49	14.0	35	10.0	68	19.4
I can't help getting into arguments when people disagree with me.	67	19.1	65	18.6	46	13.1	81	23.1	91	26.0
I wonder why sometimes I feel so bitter about things.	76	21.7	70	20.0	84	24.0	68	19.4	52	14.9
Once in a while, I can't control the urge to strike another person.	184	52.6	49	14.0	58	16.6	34	9.7	25	7.1
I am an even-tempered person.	16	4.6	25	7.1	26	7.4	46	13.1	237	67.7
<b>Verbal Aggression</b>										
I am suspicious of overly friendly strangers.	97	27.7	49	14.0	72	20.6	65	18.6	67	19.1
I have threatened people I know.	221	63.1	33	9.4	51	14.6	18	5.1	27	7.7
I flare up quickly but get over it quickly.	68	19.4	53	15.1	46	13.1	71	20.3	112	32.0
Given enough provocation, I may hit another person.	208	59.4	34	9.7	50	14.3	24	6.9	34	9.7
When people annoy me, I may tell them what I think of them.	69	19.7	55	15.7	54	15.4	68	19.4	104	29.7
<b>Anger</b>										
I am sometimes eaten up with jealousy.	116	33.1	67	19.1	74	21.1	49	14.0	44	12.6
I can think of no-good reason for ever hitting a person.	168	48.0	43	12.3	53	15.1	40	11.4	46	13.1
At times I feel I have gotten a raw deal out of life.	65	18.6	59	16.9	55	15.7	63	18.0	108	30.9
I have trouble controlling my temper.	70	20.0	56	16.0	57	16.3	56	16.0	111	31.7
When frustrated, I let my irritation show.	92	26.3	68	19.4	52	14.9	65	18.6	73	20.9
I sometimes feel that people are laughing at me behind my back.	108	30.9	60	17.1	63	18.0	50	14.3	69	19.7
I often find myself disagreeing with people.	42	12.0	71	20.3	62	17.7	70	20.0	105	30.0
<b>Hostility</b>										
If somebody hits me, I hit back.	96	27.4	43	12.3	49	14.0	63	18.0	99	28.3
I sometimes feel like a powder keg ready to explode.	108	30.9	42	12.0	58	16.6	69	19.7	73	20.9
Other people always seem to get the breaks.	75	21.4	64	18.3	80	22.9	69	19.7	62	17.7
There are people who	132	37.7	57	16.3	68	19.4	43	12.3	50	14.3



Buss Perry Aggression	Extremely uncharacteristic		Somewhat uncharacteristic		Neither uncharacteristic		Somewhat characteristic		Extremely characteristic	
	n	%	n	%	n	%	N	%	n	%
pushed me so far that we came to blows.										
I know that "friends" talk about me behind my back.	124	35.4	47	13.4	54	15.4	60	17.1	65	18.6
My friends say that I'm somewhat argumentative.	99	28.3	34	9.7	66	18.9	71	20.3	80	22.9
Sometimes I fly off the handle for no good reason.	98	28.0	76	21.7	58	16.6	49	14.0	69	19.7
I get into fights a little more than the average person.	211	60.3	46	13.1	43	12.3	28	8.0	22	6.3

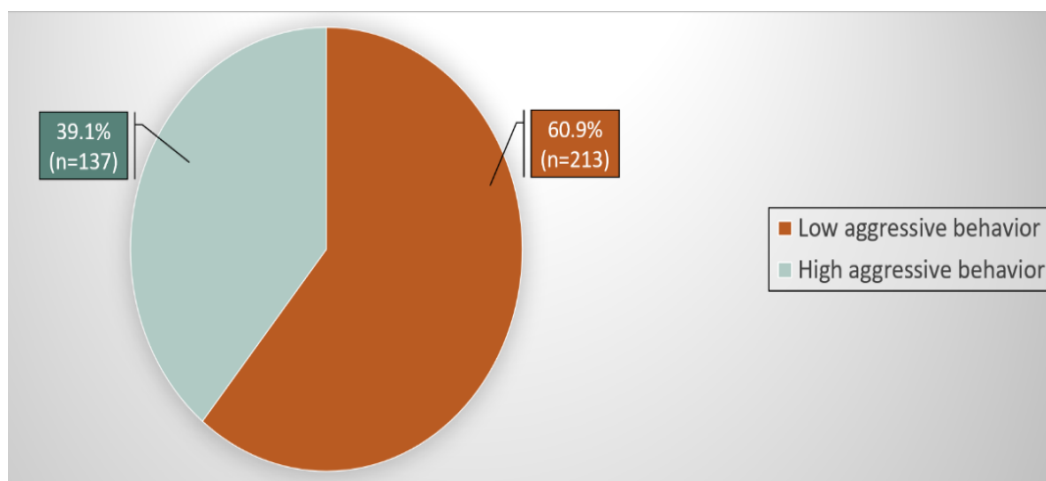


Figure (1): Total Buss Perry aggression questionnaire score

Table (4): Number and distribution of the Alexithymia scale

Alexithymia	Not true		Sometimes true		Often true	
	n	%	N	%	n	%
I am often confused about the way I am feeling inside	49	14.0	210	60.0	91	26.0
I find it difficult to say how I feel inside	102	29.1	137	39.1	111	31.7
I feel things in my body that even doctors don't understand.	211	60.3	100	28.6	39	11.1
I can easily say how I feel inside	171	48.9	120	34.3	59	16.9
When I have a problem, I want to know where it comes from and not just talk about it	61	17.4	153	43.7	136	38.9
When I am upset, I don't know if I am sad, scared, or angry.	111	31.7	141	40.3	98	28.0
I am often puzzled by things that I feel my body	139	39.7	145	41.4	66	18.9
I'd rather wait and see what happens, instead of thinking about why things happen	163	46.6	124	35.4	63	18.0
Sometimes I can't find the words to say how I feel inside	68	19.4	148	42.3	134	38.3

Alexithymia	Not true		Sometimes true		Often true	
	n	%	N	%	n	%
It is important to understand how you feel inside	49	14.0	109	31.1	192	54.9
I find it hard to say how I feel about other people	93	26.6	162	46.3	95	27.1
Other people tell me I should talk more about how feel inside	144	41.1	129	36.9	77	22.0
I don't know what's going on inside me	120	34.3	160	45.7	70	20.0
I often don't know why I am angry	93	26.6	168	48.0	89	25.4
I prefer talking to people about everyday things, rather than about how they feel	107	30.6	153	43.7	90	25.7
I prefer watching funny television programs, rather than films that tell a story about other people's problems	156	44.6	131	37.4	63	18.0
It is difficult for me to say how I really feel inside, even to my best friend	132	37.7	123	35.1	95	27.1
I can feel close to someone, even when we are sitting still and not saying anything	69	19.7	152	43.4	129	36.9
Thinking about how I feel, helps me when I want to do something about my problems	44	12.6	151	43.1	155	44.3
When I have to concentrate on a film to understand the story, I enjoy the film much less	219	62.6	96	27.4	35	10.0

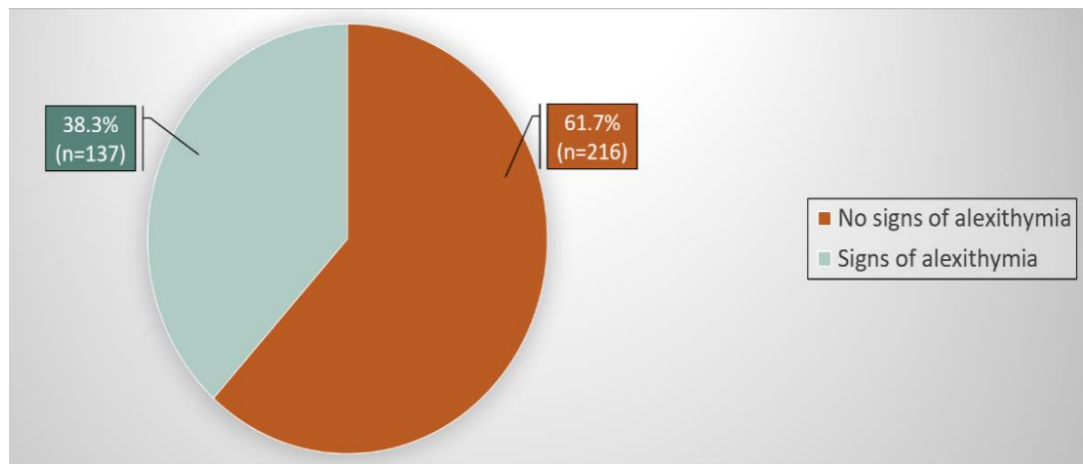
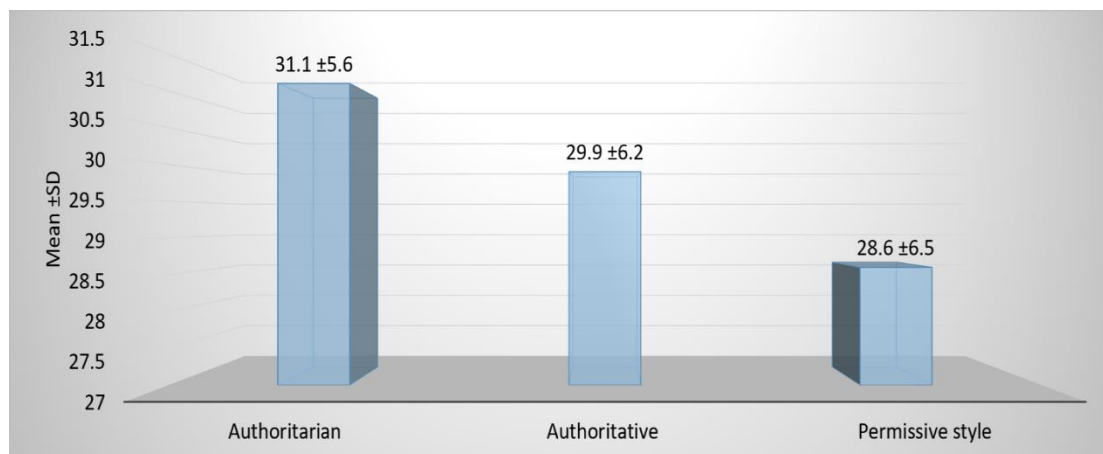


Figure (2): Total Alexithymia scale level

**Table (5):** Number and distribution of the Parental Authority Questionnaire

Parental Authority	Strongly Disagree		Disagree		Neutral		Agree		Strongly agree	
	n	%	n	%	N	%	N	%	n	%
<b>Authoritative style</b>										
As I was growing up, once family policy had been established, my parents discussed the reasoning behind the policy with the children in the family.	45	12.9	94	26.9	77	22.0	112	32.0	22	6.3
My parents has always encouraged verbal give-and-take whenever I have felt that family rules and restrictions were unreasonable.	25	7.1	72	20.6	75	21.4	128	36.6	50	14.3
As I was growing up my parents directed the activities and decisions of the children in the family through reasoning and discipline.	27	7.7	96	27.4	61	17.4	128	36.6	38	10.9
As I was growing up, I knew what my parents expected of me in my family, but I also felt free to discuss those expectations with my parents when I felt that they were unreasonable.	25	7.1	64	18.3	78	22.3	146	41.7	37	10.6
As the children in my family were growing up, my parents consistently gave us direction and guidance in rational and objective ways.	75	21.4	94	26.9	56	16.0	87	24.9	38	10.9
As I was growing up my parents took the children's opinions into consideration when making family decisions, but she would not decide for something simply because the children wanted it.	52	14.9	114	32.6	67	19.1	81	23.1	36	10.3
My parents had clear standards of behavior for the children in our home as I was growing up, but she was willing to adjust those standards to the needs of each of the individual children in the family.	94	26.9	131	37.4	47	13.4	50	14.3	28	8.0
My parents gave me direction for my behavior and activities as I was growing up and she expected me to follow her direction, but she was always willing to listen to my concerns and to discuss that direction with me.	28	8.0	40	11.4	47	13.4	168	48.0	67	19.1
As I was growing up my parents gave me clear direction for my behaviors and activities, but she was also understanding when I disagreed with her.	66	18.9	87	24.9	62	17.7	95	27.1	40	11.4
As I was growing up, if my parents made a decision in the family that hurt me, she was willing to discuss that decision with me and to admit it if she had made a mistake.	46	13.1	123	35.1	63	18.0	84	24.0	34	9.7
<b>Authoritarian style</b>										
Even if her children didn't agree with her, my parents felt that it was for our own good if we were forced to conform to what she thought was right.	25	7.1	101	28.9	59	16.9	136	38.9	29	8.3
Whenever my parents told me to do something as I was growing up, she expected me to do it immediately without asking any questions.	38	10.9	130	37.1	65	18.6	93	26.6	24	6.9
As I was growing up my parents did not allow me to question any decision she had made.	52	14.9	151	43.1	59	16.9	69	19.7	19	5.4
My parents has always felt that more force should be used by parents in order to get their children to behave the way they are supposed to.	15	4.3	35	10.0	43	12.3	202	57.7	55	15.7
My parents felt that wise parents should	55	15.7	104	29.7	53	15.1	107	30.6	31	8.9

Parental Authority	Strongly Disagree		Disagree		Neutral		Agree		Strongly agree	
	n	%	n	%	N	%	N	%	n	%
teach their children early just who is boss in the family.										
As I was growing up my parents would get very upset if I tried to disagree with her.	22	6.3	40	11.4	40	11.4	151	43.1	97	27.7
As I was growing up my parents let me know what behavior she expected of me, and if I didn't meet those expectations, she punished me.	20	5.7	45	12.9	37	10.6	184	52.6	64	18.3
My parents has always felt that most problems in society would be solved if we could get parents to strictly and forcibly deal with their children when they don't do what they are supposed to as they are growing up.	40	11.4	98	28.0	83	23.7	118	33.7	11	3.1
As I was growing up my parents often told me exactly what she wanted me to do and how she expected me to do it.	89	25.4	145	41.4	41	11.7	62	17.7	13	3.7
As I was growing up, I knew what my parents expected of me in the family and she insisted that I conform to those expectations simply out of respect for her authority.	30	8.6	56	16.0	67	19.1	148	42.3	49	14.0
<b>Permissive style</b>										
While I was growing up my parents felt that in a well-run home the children should have their way in the family as often as the parents do.	43	12.3	105	30.0	65	18.6	113	32.3	24	6.9
My parents has always felt that what her children need is to be free to make up their own minds and to do what they want to do, even if this does not agree with what their parents might want.	55	15.7	106	30.3	81	23.1	90	25.7	18	5.1
As I was growing up my parents did not feel that I needed to obey rules and regulations of behavior simply because someone in authority had established them.	46	13.1	58	16.6	51	14.6	140	40.0	55	15.7
As I was growing up, my parents seldom gave me expectations and guidelines for my behavior.	31	8.9	56	16.0	87	24.9	130	37.1	46	13.1
Most of the time as I was growing up my parents did what the children in the family wanted when making family decisions.	61	17.4	99	28.3	64	18.3	95	27.1	31	8.9
My parents feels that most problems in society would be solved if parents would not restrict their children's activities, decisions, and desires as they are growing up.	52	14.9	95	27.1	76	21.7	110	31.4	17	4.9
As I was growing up my parents allowed me to decide most things for myself without a lot of direction from her.	42	12.0	77	22.0	74	21.1	133	38.0	24	6.9
My parents did not view herself as responsible for directing and guiding my behavior as I was growing up.	48	13.7	79	22.6	80	22.9	114	32.6	29	8.3
As I was growing up my parents allowed me to form my own point of view on family matters and she generally allowed me to decide for myself what I was going to do.	105	30.0	131	37.4	43	12.3	49	14.0	22	6.3
As I was growing up my parents did not direct the behaviors, activities, and desires of the children in the family.	93	26.6	127	36.3	52	14.9	64	18.3	14	4.0



**Figure (3):** Assessment of the Parental Authority Questionnaire styles scores

**Table (6):** Association between Alexithymia scale with Total Buss Perry aggression questionnaire and Parental Authority Questionnaire

Variables	No signs of alexithymia (n=216)		Signs of alexithymia (n=134)		Chi – Square test	
	n	%	n	%	X <sup>2</sup>	P
<b>Total Buss Perry aggression questionnaire</b>						
Low aggressive behavior	166	76.9	47	35.1		
High aggressive behavior	50	23.1	87	64.9	60.591	<0.001**
<b>Parental Authority Questionnaire</b>						
Low level of parenting	152	70.4	42	31.3		
High level of parenting	64	29.6	92	68.7	50.984	<0.001**

**Table (7):** Correlation between Parental Authority Questionnaire regarding the *authoritarian style*, Alexithymia scale and Total Buss Perry aggression questionnaire

Variables	Parental Authority Questionnaire ( <i>authoritarian style</i> )		Total Buss Perry aggression questionnaire		Alexithymia scale	
	r	p	r	P	r	P
Parental Authority Questionnaire ( <i>authoritarian style</i> )			0.125	0.019*	0.143	0.007*
Total Buss Perry aggression questionnaire	0.125	0.019*			0.109	0.042*
Alexithymia scale	0.143	0.007*	0.109	0.042*		

**Table (8):** Linear regression on factors affecting Buss Perry aggression questionnaire

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	1.652	0.364		4.538	<0.001**
Gender	0.277	0.065	0.273	4.247	<0.001**
Parent's educational level	0.017	0.057	0.016	0.304	0.762
Academic Performance	0.421	0.559	0.114	0.753	0.452
Parental Authority Questionnaire	0.138	0.644	0.133	2.459	0.029*
Alexithymia scale	0.120	0.056	0.120	2.145	0.033*

R – square = 0.20. Model ANOVA: F = 2.41, P=0.031\*

**Table (9):** Linear regression on factors affecting Alexithymia scale

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	1.652	0.364		4.538	<0.001**
Gender	0.299	0.063	0.295	4.754	<0.001**
Academic Performance	0.072	0.046	0.287	4.579	0.005*
General health condition	0.070	0.046	0.275	4.315	0.019*
Do you exercise regularly?	0.050	0.059	0.050	0.841	0.401
Parental Authority Questionnaire	0.156	0.664	0.125	2.384	0.042*
Buss Perry aggression questionnaire	0.120	0.056	0.120	2.145	0.033*

*R* – square = 0.23

Model ANOVA: *F* = 2.69, *P* = 0.028\*

**Table (10):** Linear regression on factors affecting Parental Authority Questionnaire

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	36.287	3.953		9.180	<0.001**
Parent's educational level	0.567	0.667	0.127	1.850	0.046*
Academic Performance	0.421	0.559	0.114	0.753	0.452
Are there children with psychological disorders?	0.364	1.553	0.013	0.234	0.815
Buss Perry aggression questionnaire	0.138	0.644	0.133	2.459	0.029*
Alexithymia scale	0.156	0.664	0.125	2.384	0.042*

*R* – square = 0.25

Model ANOVA: *F* = 3.40, *P* = 0.018\*

## Discussion

Relationship between aggression, alexithymia, and parenting styles among adolescent students reveals a nuanced interplay influenced by familial dynamics and emotional development. Adolescents experiencing alexithymia, characterized by difficulty identifying and expressing emotions, are more prone to exhibiting aggressive behaviors (Sfärlea et al., 2019). Parenting styles, such as authoritative versus permissive approaches, significantly influence how adolescents learn to regulate their emotions and manage interpersonal challenges (Pinquart, 2021).

Regarding marital status among parents and their educational levels are crucial factors affecting adolescents' development. Studies by Amato and Anthony (2014) have shown that family structure, including parental marital status and educational attainment, impacts adolescents' adjustment and well-being. Adolescents from households with lower parental education levels may face additional challenges in accessing educational resources

and support, potentially affecting their academic performance and future prospects.

Financial stability, as indicated by adolescents reporting just enough income, is another critical determinant of their well-being. Financial strain may limit adolescents' access to extracurricular activities, healthcare services, and other resources essential for their development. Study by Conger and Conger (2020) highlights that economic stress within families can adversely affect adolescents' mental health and behavior.

Regarding health and exercise habits, recent studies emphasize the significant benefits of regular physical activity for adolescents' physical and mental health. The World Health Organization (2020) recommends that adolescents engage in at least 60 minutes of moderate-to-vigorous physical activity daily to promote their overall well-being and reduce the risk of chronic diseases later in life.

Family size and child arrangements also play pivotal roles in adolescents' development.

Research by **Conger et al. (2016)** reported that family dynamics, including the number of siblings and the arrangement of caregiving responsibilities, influence adolescents' socialization, emotional support networks, and resilience.

In addressing the first objective of exploring aggressive behavior among adolescent students, the present study reveals key insights from the Buss Perry Aggression, focusing on four domains: Physical Aggression, Verbal Aggression, Anger, and Hostility. The findings highlight varied perceptions and behaviors among participants. Many students view themselves as even-tempered and do not report uncontrollable urges to strike others, though a significant minority admits to quick flare-ups and confrontations when annoyed. Issues of jealousy, perceived unfair treatment, and struggles with temper control are also noted. In terms of physical responses, some students retaliate when provoked, while others feel like they could explode under pressure. Despite these findings, the majority of students demonstrate low aggressive behavior overall, while a notable minority exhibit higher levels. This underscores the importance of targeted interventions aimed at mitigating aggressive tendencies and fostering healthier coping mechanisms and emotional regulation strategies among adolescents.

These findings are supported by **Servatyari et al. (2018)** in their study evaluating the relationship between parenting styles and aggression in Sanandaj primary school students. They reported that among their sample, 66.2% had low aggression, and 33.8% had high aggression. Nearly half of the participants (41.5%) reported ever being involved in a fight. These findings differ from those in a study by **Kumar et al. (2023) in India**, which found that more than half (50.5%) of school-going adolescents in Delhi were aggressive. Factors such as male gender, family member incarceration, parental arguments, smoking, and provocation by friends were significantly associated with aggression. The differences between these studies highlight the role of cultural, social, and environmental factors in shaping aggressive behaviors among

adolescents, emphasizing the need for context-specific interventions.

Regarding the second objective, this study examines the prevalence of alexithymia among adolescent students using the Alexithymia scale. The research highlights that many students face difficulties in identifying and expressing their emotions effectively. They frequently encounter unexplained bodily sensations and struggle with verbalizing their feelings. Emotional confusion is prevalent, often leading them to avoid delving into the root causes of their feelings, opting instead for a passive approach. Expressing internal emotions verbally proves challenging for many, who tend to prioritize discussing everyday matters over their personal emotional experiences. Some adolescents find it hard to convey their true feelings even to close friends, yet they experience emotional connections without verbal communication.

Overall, while a majority of participants do not exhibit signs of alexithymia, nearly two-fifths demonstrate symptoms, emphasizing the necessity for interventions that enhance emotional awareness and expression among adolescents. These findings indicate higher rates of alexithymia in our study compared to published data. Alexithymia prevalence in the general population varies, such as 10% in the **German population (Karukivi et al., 2010)**. Among students, the prevalence was 18% in British undergraduate students (**Sfärlea et al., 2019**) and 21.8% among **Iranian** college students (**Oglodek et al., 2016**). In Lebanese students, the prevalence was 31.7% according to a study by **Sfeir et al. (2020)**, which also evaluated the association between alexithymia, depression, and aggression among Lebanese adolescents. The results showed that 31.7% of the students were alexithymic, and 26% had severe forms of depression. Higher chances of having alexithymia were significantly associated with depression, physical and verbal aggression, higher anger, and hostility, compared to other non-Lebanese students (**Hamaideh et al., 2018**).

The higher prevalence of alexithymia in current study compared to other countries can be attributed to a combination of cultural differences, socioeconomic factors, educational

environments, and psychosocial stressors. Cultural norms in our region may discourage emotional expression, while economic challenges and political instability contribute to emotional difficulties. Additionally, variations in mental health awareness and stigma, alongside differences in educational support for emotional well-being, further influence alexithymia rates. These factors underscore the need for tailored interventions that address emotional literacy and communication skills among adolescents, aiming to improve their overall emotional well-being and interpersonal relationships.

Regarding the third objective of identifying parenting styles among adolescent students, significant trends emerge. In the authoritative category, a notable number strongly agree that their parents discuss family policies' reasoning, indicating a communicative and democratic approach to setting household rules. In the authoritarian section, significant percentages agree that immediate compliance is expected without questions, suggesting an authoritarian stance where obedience is prioritized. Regarding the Permissive style, opinions vary, with some supporting adolescents having a substantial say in family decisions and others strongly disagreeing, reflecting a spectrum of parental attitudes towards permissiveness. Overall, the authoritarian domain exhibits the highest level of parental authority, followed by the authoritative domain, while the Permissive style shows the least authority, emphasizing egalitarian decision-making between parents and adolescents.

These findings are consistent with recent research on parenting styles and their impacts on adolescent development. Contemporary studies highlight that authoritarian parenting, characterized by high control and low warmth, is associated with negative outcomes such as increased aggression and lower self-esteem (Nelson et al., 2020). Conversely, authoritative parenting, which combines high levels of control with warmth and reasoning, is consistently linked to positive developmental outcomes including better academic performance and emotional regulation (Pinquart, 2021). Permissive parenting, characterized by high warmth but low control,

shows mixed outcomes, including higher rates of behavior problems and lower academic achievement. Cross-cultural studies further underscore the variability in parenting styles and their impacts on adolescent behavior. For instance, research across different cultural contexts reveals that cultural norms significantly influence parenting practices and adolescent outcomes (Smetana, 2017).

Overall, the authoritarian domain exhibiting the highest level of parental authority in this study underscores the complex interplay of cultural norms and parental practices. Understanding these dynamics is crucial for designing interventions that promote positive parenting strategies tailored to diverse cultural contexts, thereby fostering healthy adolescent development. These findings are supported by Nelson et al. (2020), who provided insights into how cultural norms influence parenting practices and their impact on adolescent development. The study examined maternal psychological control and relational aggression in Chinese children, highlighting that authoritarian parenting styles emphasizing control without warmth are associated with higher levels of relational aggression. Therefore, integrating cultural sensitivity into parenting interventions is crucial. Interventions should not only consider the psychological aspects of parenting styles but also take into account cultural values and norms that shape parental practices. By adapting interventions to align with cultural contexts, practitioners can effectively support parents in adopting authoritative parenting approaches that balance control with warmth and reasoning. This approach has been associated with positive developmental outcomes such as improved emotional regulation and academic achievement (Nelson et al., 2020; Pinquart, 2021).

Regarding the fourth objective concerning the relationship between aggression, alexithymia, and parenting styles, the study results indicate a statistically significant association between total Buss Perry aggression and alexithymia and parental authority. The researchers suggest that individuals with alexithymia exhibit high levels of anger and aggressive behavior, which may be linked to authoritarian parenting practices.



This is attributed to the inability of individuals with alexithymia to recognize, manage, or express their true emotions. This finding is supported by a study conducted in Bangladesh by **Muhammad et al. (2020)**, which demonstrated a significant positive correlation between parenting styles and aggressive behavior in children. Similarly, a study in Turkey by **Bakan & Aslan (2018)** revealed a significant relationship ( $p < 0.001$ ) between a tendency towards violence and alexithymia. Another study in the **Philippines** by **Liu and Lopeze (2024)** identified a strong connection between parenting style and alexithymia. However, a study conducted in **2023** by **Mudathir et al.** found no statistically significant positive association between teenage aggression and parenting style. The differences between these studies highlight the role of demographic characteristics.

Regarding linear regression analysis for the aggression variable, the study findings indicated that gender, parental authority, and alexithymia were all statistically independent positive predictors of Buss Perry aggression scores. These results were attributed to the influence of masculine identity and gender role stress on the initiation and perpetuation of aggressive behavior. Additionally, a significant gender difference in physical aggression and violence was observed during puberty. Furthermore, authoritative parenting styles were found to have a positive impact on the psychological well-being of children, while authoritarian and permissive parenting styles were associated with increased levels of aggression and negative behaviors. It was noted that being in tune with one's own emotions can help individuals avoid impulsive and uncontrolled emotional reactions in the face of adversity. Individuals who struggle with alexithymia, or difficulty in identifying, managing, and expressing emotions, were found to exhibit higher levels of anger and aggression. This was supported by a study conducted by **Bukhari et al. (2017) in Pakistan**, which highlighted a significant gender difference in aggression among university students. Additionally, research by **Ranjana & Moudgil (2017) in India** revealed that parenting styles served as strong predictors of aggression. Furthermore, alexithymia scores

were identified as a significant positive predictor of aggression in a study conducted by **Pachi et al. (2022) in Greece**.

Concerning linear regression analysis for the alexithymia variable, the study results revealed that gender, academic performance, and general health were statistically independent positive predictors of alexithymia score. Additionally, parental authority and Buss-Perry aggression were found to be significant factors. From the researcher's perspective, women tend to express emotions more frequently than men, while men often struggle to articulate their emotional experiences. Furthermore, students with alexithymia may face challenges in social and interpersonal interactions, making them particularly vulnerable to stress in university settings, which can impact their academic performance. Additionally, alexithymia may be associated with differences in brain structure and function, particularly in areas involved in emotion processing, which can also affect general health. A study conducted by **Yosp et al. (2023) at Padjadjaran University** reported a significant positive correlation between the alexithymia variable and gender, highlighting the strength of this relationship. Similarly, **Alzahrani et al. (2020)** found significant associations between alexithymia and academic year, with lower risk of alexithymia in later years of study. Furthermore, Alexithymic clients were found to have lower educational attainment, as reported by **Quinto et al. (2022) in Italy**. Similarly, **Babaei et al. (2016) in Iran** highlighted the important role of general health in predicting alexithymia among students. This finding is consistent with the study conducted by **Hossein & Davari (2021)**, which demonstrated the influence of parenting styles on predicting alexithymia in high school students

Regarding linear regression analysis for parental authority, the study found that a parent's level of education, Buss Perry aggression, and alexithymia were all statistically independent, positive predictors of parental authority scores. This may be due to the fact that parents with higher levels of education are more cognizant of the impact of parenting styles on their children's behavior and achievements. Children of highly educated

parents may also have heightened motivation for learning. Additionally, authoritative parenting, which promotes learning motivation the most among parenting styles, may be more common among parents with higher education levels. The study also found that elevated levels of alexithymia, likely a result of authoritarian parenting practices, particularly by fathers, were positively associated with authoritarian parenting. This finding aligns with a study by **Isha & Mamat (2019)** which reported that parents with higher education levels tend to adopt an authoritarian parenting style. Furthermore, alexithymia was identified as a positive predictor of authoritative and permissive parenting, and a negative predictor of authoritarian parenting, in both paternal and maternal data (**Cuzzocrea et al., 2015**). In line with these results, the literature review indicated that parenting styles directly impact children's aggression. Authoritative parenting was associated with positive psychological behaviors in children, while authoritarian and permissive parenting styles were linked to aggressive and negative behaviors in children (**Masud et al., 2019**).

### Conclusion

Based on the findings of the current study, it is evident that a significant portion of adolescent students display low levels of aggressive behavior, more than one third of them exhibit high aggressive behavior. Additionally, while the majority of participants do not show signs of alexithymia, more than one third of them demonstrate symptoms of this condition. The study also highlights that parental authority is most prominently manifested in the authoritarian style, followed by the authoritative style and the Permissive style. These findings underscore the complex interplay between alexithymia, aggression, and parenting styles among adolescents.

### Recommendation

Based on the findings regarding alexithymia, aggression, and parenting styles among adolescents, several recommendations can be made:

1. Implement programs aimed at enhancing emotional literacy and awareness among

adolescents focused on identifying and verbalizing emotions effectively.

2. Provide workshops and guidance for parents on adaptive parenting strategies that emphasize emotional support and open communication. Encouraging authoritative parenting styles characterized by warmth, responsiveness, and clear expectations.
3. Establish accessible mental health services within educational institutions to support students experiencing alexithymia or aggression.
4. Promote collaboration between educators, parents, and mental health professionals to create a supportive environment for adolescents.
5. Mass media plays a pivotal role in supporting initiatives that promote emotional well-being and positive parenting practices among adolescents

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