

MEDIATING ROLE OF ALEXITHYMIA IN THE RELATIONSHIP BETWEEN DEMANDING PARENTING AND DEATH ANXIETY IN ADULTS WITH PHOBIA

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Abstract

This study investigates the intermediate influence of emotion capacity identification deficits on the link between demanding parenting beliefs and death anxiety in adults with phobias. The researchers employed a correlation design with 250 participants who had different specific phobia diagnoses. In addition to their diagnosis, participants responded to three standardized self-report instruments: the Toronto Alexithymia Scale (TAS-20), the Death Anxiety Scale (DAS), and the Schema Mode Inventory (SMI). Pearson correlation methods evaluated the main study variables, while mediation analysis determined the indirect path from alexithymia to demand patterns from parents and death anxiety. Research demonstrated strong correlations as participants exhibiting heightened levels of alexithymia showed greater degrees of death anxiety. Alexithymia acted as a partial mediator of the relationship between demanding parental behaviors and death anxiety because it produced a statistically significant intermediate effect. The research indicates that early parental demands produce existential fear in phobic patients by using emotional processing deficiencies, particularly alexithymia. The research demonstrates that adult phobia patients experience elevated death anxiety because alexithymia acts as a bridge between demanding childhood parenting and intensified death concerns. Early relational experiences generate vulnerability to existential fear through the mechanism of emotional awareness deficits, in which adults with phobias demonstrate a partial mediation effect. Early parental dynamics, together with emotion-based interventions, are crucial elements for evaluating and treating phobic disorders based on these research findings.

Keywords: Specific phobia, Demanding parenting, Death anxiety, Alexithymia, Emotional regulation

Introduction

Phobia originates from multiple emotional and environmental influences. Different factors, such as a deficiency in emotion identification and descriptive skills, parental behaviors with high expectations and fear linked to death, influence the onset and continuation of phobic symptoms. The most prevalent anxiety disorder globally is phobia, which causes ongoing intense fear responses to specific objects, situations, or places (American Psychiatric Association, 2013). Anxiety symptoms from phobia-type disorders often exceed realistic dangers to such an extent that they disrupt everyday life functioning. The three types of phobic disorders consist of specific phobias and social anxiety disorder, together with agoraphobia. The symptoms of these disorders lead people to avoid situations while their bodies stay alert and their minds distort information (LeBeau et al., 2010). Phobia development traces back to complicated emotional and cognitive elements, which studies now focus more on early childhood events and negative emotional regulation.

The present research examines how parental requirements during infancy interact with emotional processing challenges, while factors related to the fear of life's existence. The current study also investigates how the mental condition of alexithymia functions as a mediator to link demanding parenting methods to death anxiety levels among adults with phobias. By

understanding this relationship, new perspectives into phobia origin can be developed while developing therapeutic interventions that target fundamental emotional, as well as existential, aspects.

Phobias create conditions beyond simple physical discomfort when exposure happens to triggering objects. These psychiatric manifestations consist of excessive autonomic body responses and harmful thought processes, which lead to meaningful impairment of daily functioning (Craske & Stein, 2016). Distinct phobic contents, such as heights, animals, or social situations, are commonly present in the initial scope of these underlying psychological conflicts. Research findings show that phobic fears develop from unresolved emotional events during early child development, together with cognitive vulnerabilities present from infancy (McNally, 2001). Phobic vulnerabilities develop through multiple biological and environmental causes, yet defining elements of these vulnerabilities originate from the interactions between patients and their families and how parents parent them.

Demanding Parenting and Emotional Development

Developmental psychology studies various parenting styles, where demanding methods strongly connect to negative emotional results in children. According to Soenens and Vansteenkiste (2010), the main traits of demanding parents include elevated demands, strict disciplinary measures, and limited display of emotional expressions. The caregivers implement pressure tactics through detrimental communication patterns and award affection only when children conform, which produces a psychosocial space that feels restrictive to young children.

According to attachment theory, the formation of secure emotional attachments is inhibited when parents follow this parenting style. Secure early childhood attachment forms the basis from which people develop healthy emotional regulation and interpersonal relationships, according to Bowlby (1988). Children living in highly demanding environments commonly develop internal feelings of shame, a fear of rejection, and an ongoing need for perfection to earn approval. The experiences create difficulties for children to understand and share their feelings while producing persistent feelings of inadequacy as well as anxiety that continues without resolution (Brumariu & Kerns, 2010).

Long-term residence within emotionally restrictive environments drives individuals to create improper defensive strategies. People who must conceal their feelings and stay away from emotional environments resort to constant criticism of themselves as their primary way to handle emotional pain. Phobic responses develop when people exhibit these behaviors that frequently lead to phobic responses, according to Craske and Stein (2016). Early parenting experiences that require considerable attention from babies shape emotional development and emphasize behaviors that increase their risk for developing anxiety-related disorders, along with specific phobias.

Link between Anxiety and Alexithymia

The study of anxiety and affective disorders relies heavily on understanding alexithymia, which involves three core elements: emotional deficits, together with impaired recognition and labeling of personal emotions, as well as an external focus of mental processing (Taylor et al., 1997). Alexithymic individuals experience a profound separation between emotional information and awareness because they cannot control their emotions and distinguish or explain their bodily sensations. People with phobias commonly face such stressful situations where damaged emotional insight becomes particularly disabling in their day-to-day functioning.

Early relational experiences usually create a framework for alexithymia despite its possible biological factors. Many studies demonstrate a strong relationship between childhood emotional

neglect, along with trauma, and especially controlling parenting conditions, which lack emotional responsiveness (Lumley et al., 2007; Luminet et al., 2006). Children within controlling households learn to suppress their emotions since emotional displays receive negative reactions. The ongoing internalization of missed relational signals in the environment leads people to develop the obstruction of emotional processing, which results in alexithymia (Jaffer, Ashraf & Arif, 2013).

The blocking capabilities of alexithymia make it significant for phobia since these emotions hinder self-reflective processes, leading to fear management and understanding. People with elevated levels of alexithymia notice bodily signs of anxiety while remaining unable to identify them as fearful responses. A lack of emotional link with one's feelings generates confusion and intensifies panic while making avoidance behaviors a more powerful coping method rather than learning adaptive skills. People initially diminish anxiety with avoidance behaviors, yet the approach maintains the phobic cycle because these behaviors hinder emotional exposure and fear response elimination (Cisler et al., 2010).

Death Anxiety: An Existential Component in Phobia

The apprehension and fear regarding death, which affects all individuals, has received a marginal perspective in the understanding of anxiety disorders according to traditional cognitive-behavioral models. Yalom (1980) demonstrates that humans express anxiety because they understand they will die, even if the awareness stays hidden or converted into symbolic representations. Death anxiety expresses through symbolic interpretations in phobic patients rather than emerging directly as thanatophobia manifestations.

People who experience phobic symptoms show indications of deeper existential concerns, even though their symptoms often develop from specific trigger elements. A person who fears flying experiences more than flight-related concerns because they also worry about death, as well as the loss of control during the experience. The fear of public speaking, which people usually describe as evaluation or embarrassment anxiety, shows itself symbolically as social extinction alongside psychological demise. Existential concerns manifest in numerous cases involving specific or social phobias (Iverach, Menzies, & Menzies, 2014).

The large intensity of these phobic fears stems from psychodynamic and existential perspectives that explain them as seen responses to death-related problems that have not been properly addressed. People who cannot handle death-related thoughts will transfer their inner fears towards external threats that seem easier to handle. The defense mechanism uses fear-based avoidance behaviors, hypervigilance, and exaggerated fear responses stemming from existential dread (Abdel-Khalek, 2005). The defense mechanisms that bring short-term relief to anxiety tend to strengthen the core phobic anxiety and lengthen its duration.

Relationship between Demanding Parenting and Death Anxiety

Psychological development, together with emotional development, of children significantly depends on how their parents behave. People who experienced demanding parenting display feelings of inadequacy alongside low self-worth and enduring emotional stress that leads to the growth of anxiety-related disorders affecting both phobias and death anxiety.

The continuous fear that people experience regarding their mortality tends to develop from early-life experiences that damage fundamental emotional security and existential assurance. Yalom (1980) argues that even unconscious death awareness serves as the main origin of human anxiety. Adults with phobias express their death anxiety through specific physical objects and scenarios that symbolize situations of vulnerability or powerless conditions, which expose them to danger. Death anxiety becomes an essential contributor to phobic symptoms because its emotional

manifestations occur through symbolic objects or situations that represent unconscious existential fears.

As a result of this parenting style, children tend to refrain from expressing their emotions freely. Children who grow up in restrictive homes typically lack proper instruction about how to both understand and share their complex emotions, such as fear, vulnerability, and sadness.

Mediating Role of Alexithymia

The relationships between demanding parenting and death anxiety are emphasized, yet the mental processing that prevents these links occurs primarily through emotional processing deficits. Alexithymia is essential during this process because it prevents people from understanding their emotions and describing or interpreting emotional experiences (Taylor & Bagby, 2004). People who suffer through demanding parenting tend to develop alexithymia traits as a nervous response while persisting in emotionally unsupportive situations where emotions were disciplined.

People with alexithymia commonly fail to recognize differences between emotional and physical experiences, which leads to them misinterpreting their inner states and also suppressing their emotions. People with these difficulties often lack emotional management skills. Thus, they face increased vulnerability to anxiety symptoms in situations involving indistinct or existential fears. The inability to recognize emotions accurately in death anxiety prevents people from adopting suitable coping strategies, thus allowing their death-related thoughts to grow stronger.

The inability to identify emotional states within the adult population with phobias results in increased mental vulnerability. The fear responses become hard for people to control or understand effectively, which leads them to experience more avoidant behaviors. Since fear of death cannot be expressed intellectually, it will appear as an exaggerated fear of particular items or conditions. Emotional dysregulation caused by parental rejection shapes existential fears, and alexithymia explains this developmental pattern.

Individuals whose capacity to express emotions is impaired by alexithymia fail to build psychological defenses that help them deal with existential anxiety. By maintaining self-esteem and searching for meaningful life purposes, people defend against death awareness according to the Terror Management Theory emphasized by Greenberg, Pyszczynski, and Solomon (1986). Alexithymic individuals display an inability to create defensive mechanisms that reduce death anxiety; thus, they become easily affected by psychological death-related stressors, which leads to maladaptive fear systems.

Rationale of the Study

The present study investigates the links between childhood parental conduct, along with emotional processing challenges, and existential fear, which result in adult phobias. Studies on anxiety disorder relationships with parenting show an important knowledge gap about how demanding parental conduct leads to death anxiety in people with phobias through emotional processing issues known as alexithymia.

Children who live with parents who set excessive demands tend to face strong psychological pressure, together with environments that dismiss emotions and have rules for affection. This particular type of parental treatment obstructs psychological growth in emotional recognition and control abilities. People who grow up with restricted emotional expression turn into alexithymic patients mainly because the inability to describe feelings effectively is prominent for them. People who do not learn proper anxiety management techniques because of their upbringing experience difficulties dealing with worrisome situations post-adolescence.

Death anxiety, together with the concern about personal mortality, produces powerful emotional responses that appear in phobic disorders. People who struggle to manage their intense emotions face an increased risk of developing existential fears that eventually align themselves with particular phobic objects or circumstances. Research shows that anxieties about flying aircraft, lofty locations, and particular animals express unconscious fears about death.

Research has not thoroughly analyzed how alexithymia acts as a mediator between demanding parenting and death anxiety in phobic disorder patients. Through research, this study identifies intensely describing emotions as the psychological mechanism explaining parental early demands influencing adult existential fears. The knowledge about this pathway enables clinicians to detect high-risk patients so they can deliver specific emotion-focused and existentially informed intervention methods.

Theoretical Framework

This research uses an integrative framework consisting of Attachment Theory, Alexithymia Theory, and Terror Management Theory (TMT) to examine all psychological phobia mechanisms. Using multiple theoretical perspectives permits better comprehension of phobic vulnerability development by understanding parental behaviors during infancy and emotional processing difficulties regarding existential concerns.

Attachment Theory, created by Bowlby (1969), gained further development from Ainsworth et al. (1978), demonstrating that how caregivers interact with their children during early development emphasized the foundational constructions for their emotional development and psychological well-being. According to this theoretical model, demanding parenting that includes high expectations and critical behavior and emotional mistreatment produces insecure attachment patterns in children. Such insecure attachments create problems in self-regulation and emotional intelligence development because they produce harmful emotional control patterns that continue into adulthood. People exposed to emotionally harmful parental management tend to develop emotional pathology, which causes them to become highly reactive to dangerous situations and raises their probability of developing anxiety disorders like phobias.

According to Alexithymia Theory (Taylor & Bagby, 2004), emotional dysregulation primarily originates from problems with feeling recognition and emotional expression, as described by individuals. People with Alexithymia experience a permanent condition where they cannot recognize or express emotional states because of a past lack of emotional communication during their childhood development. People who experienced dismissing emotions from their demanding parents during childhood cannot develop strong emotional word skills because their emotional experiences were not acknowledged. Absence of emotional regulation in childhood grows into decrepit emotional understanding as well as physical distress and self-defense strategies, including avoidance and hypervigilance, which become key phobic behavior markers.

Terror Management Theory (Greenberg, Solomon, & Pyszczynski, 1997) enhances the framework by demonstrating that mortality consciousness creates fundamental anxiety in all people. All humans experience universal existential fear, although personal abilities to deal with it show individual differences. Keeping in view the theoretical orientation, research gaps, and past empirical studies, the direct relationship between demanding parenting and death anxiety in adults with phobias was hypothesized. Moreover, the mediating role of alexithymia in the relationship between demanding parents and death anxiety in adults with phobias was also hypothesized.

Methodology

Research Design and Participant Selection

This study seeks to analyze the correlation between preoccupations with death, inability to label emotions as a result of alexithymia, and demanding parental enforcement in the grown-up whose phobia is determined. The next part of the study describes participants, the instruments employed, data collection methods, and data analysis. Of the participants, 250 aged 18–40 years were included in this study. Any participant who met the DSM-5 criteria for diagnosis of specific phobias or social anxiety disorder was considered for the present study. The sample appeared to have equal gender variation, with 100 men and 150 women. To qualify for the study, participants had to meet specific inclusion criteria: a clinical diagnosis of either a phobic disorder, which involves anxiety and fear specific to a particular object or situation; or persistent anxiety or fear related to a specific object or situation, in the absence of other comorbidity, including major depressive disorder or bipolar affective disorder. Exclusion criteria were: history of schizophrenia, substance dependence, or any severe neurological disorder.

Data were collected at recruitment sites that included mental health clinics that treat anxiety disorders and phobias. Informed consent was sought from all participants to guarantee they fully understood that participation was voluntary, they had the right to withdraw at any time, and all responses would be maintained anonymously.

Operational Definition of Study Variables

The following are operational definitions of the different variables utilized in this study.

Demanding parents: Children use the demanding Parents label to explain their views of controlling parents who mix excessive supervision with unnecessary warnings (Young, 1990),

Alexithymia: Under Alexithymia, patients cannot sense emotional states and comprehend or express these feelings (Bagby, Parker, & Taylor, 1994).

Death Anxiety: The combination of worrisome death-related emotions, together with overall fear about death, comprises death anxiety (Templer, 1970).

Instruments

The following instruments were used to test the study measures

1-Demographic Questionnaire: The demographic questionnaire was included in the study, which asked participants about their age, gender (men/women), education (intermediate, graduate, post-graduate, undergraduate), family system (joint/nuclear), marital status, duration of phobia, type of phobia, type of treatment (psychological, medical, or spiritual), and duration of treatment.

2-Toronto Alexithymia Scale (Bagby, 1994): TAS is the Toronto Alexithymia Scale, which consists of 20 items, and patients rate their feelings on a 5-point scale. TAS-20 measures the concept of alexithymia, which is the inability to pay attention to feelings and find appropriate words to describe them. This scale consists of 20 items, divided into three subscales: a problem with recognizing emotions, a problem with the words that should describe the identified emotions, and externally focused processing. In other words, the higher the total score denoted by the TAS-20 test, the more the patient is likely to have impaired ability to process feelings. The scale can evidence internal consistency, where Cronbach's alpha is 0.80–0.90.

3-Death Anxiety Scale (DAS): The DAS refers to death anxiety, which is the fear or discomfort people have regarding death and mortality. The scale measures the existence of death-related concerns or anxiety. With DAS, higher points are indicative of higher death anxiety. This scale has been emphasized to have high internal consistency across different clinical samples; the Cronbach alpha coefficient is always more than 0.85.

4-Schema Mode Inventory (SMI; Young et al., 2007): The SMI was utilized to quantify the effects of highly demanding parental behavior during childhood on adult emotional and cognitive responses. The SMI investigates modes resulting from critical or overprotective parenting, such as Angry Child Mode, Defectiveness Mode, and Detached Protector Mode. It is postulated that these modes of schema would control maladaptive coping within the anxiety response. The SMI has substantial test–retest reliability and internal consistency; Cronbach’s alpha coefficients were reported to be between 0.85 and 0.92.

Results

Table 1: *Descriptive Characteristics of Study Participants*

Variable	<i>M</i>	<i>SD</i>	<i>Min-Max</i>	<i>f</i>	%
Age (years)	28.23	6.40	18-43		100%
Gender					
Women				120	48.0%
Men				130	52.0%
Education (years)	12.29	2.80	0-18		
Family System					
Joint Family				125	50.0%
Nuclear Family				125	50.0%
Marital Status					
Single				132	52.8%
Married				118	47.2%
Duration of Phobia (Months)	2.81	0.90	1-4		

In the present study, the participants had a mean age of 28.23 years ($SD = 6.40$), ranging from 18 to 43 years. Concerning gender, the result indicated that 48.0% of the respondents were female, while 52.0% were male. About education, our participants spent 12.29 years ($SD=2.80$) on average, with the range from 0 to 18 years. The family system was almost equally divided; half the study participants (50.0%; $n = 125$) were from a joint family, and the other half (50.0%; $n = 125$) were from a nuclear family. The duration of phobia was calculated from the onset to the end of wave 2, which had a mean of 2.81 years [$SD = 0.90$] and ranged from 1 year to 4 years. For types of phobias, all the participants had a mean score of 3.86 ($SD=1.19$) with 1 being the least response and 5 being the most. Finally, regarding the type of treatment, the mean score was 2.20 ($SE=1.12$) with a range of 1-7.

Table 2: *Cronbach's Alpha Reliability of Study Variables*

Variable	<i>M</i>	<i>SD</i>	<i>A</i>	<i>S</i>	<i>K</i>	<i>Actual Range</i>	<i>Observed Range</i>
Alexithymia	47.83	11.61	.75	1.47	2.28	5–25	4–23
Death anxiety	34.11	8.77	.77	1.52	3.32	4–20	7–18
Demanding Parents	19.42	6.27	.60	1.36	2.61	5–30	9–27

The research variables demonstrate satisfactory internal consistency levels according to internal consistency tests with scores of alexithymia ($\alpha = 0.75$), death anxiety ($\alpha = 0.77$), and demanding parents ($\alpha = 0.60$). All three tests show positive skewness trends because participants generally registered elevated results with both Alexithymia and Death Anxiety and reported an average level of demanding parental behavior. The kurtosis level for all variables falls into the moderate range, indicating that their distributions are somewhat peaked.

Table 3: *Relationship between the Study Variables*

Variable	Alexithymia	Demanding Parents	Death Anxiety
Alexithymia		.24**	.24**
Demanding Parents			.21***
Death anxiety			

Note: * $p < .05$. ** $p < .01$, *** $p < .001$

A Pearson correlation analysis determined the relationship patterns between the factors Alexithymia and demanding parental behaviors, together with death anxiety. Data from Table reveals a positive significant link between Alexithymia scores and Demanding Parental ratings ($r = .24$, $p < .01$) as well as Death Anxiety scores ($r = .24$, $p < .01$). People who rated their emotional processing difficulties high during the study also perceived elevated parental expectations and showed increased fear about death. The statistical analysis demonstrated a clear positive relationship between participants' perceptions of demanding parents and their death anxiety levels, which produced a correlation value of $r .21$ and a p value less than .001. The study data show sufficient evidence for the proposed links between phobic patients' early parental experiences and their emotional processing problems, along with existential distress.

Table 4: *Mediation Analysis for Demanding Parents on Death Anxiety through Alexithymia*

Path	<i>B</i>	<i>SE</i>	<i>95% CI</i>	<i>R</i> ²	ΔR^2	<i>Sobel z</i>
Direct Effect						
Demanding parents → Death Anxiety	0.20*	0.09	[0.03, 0.37]	.34	.07	
Indirect Effects						
DP → Alexithymia → Death Anxiety	0.06*	0.03	[0.01, 0.14]			.32**

Note: ** $p < .01$

Alexithymia showed significant mediation factor between Demanding Parents and Death Anxiety based on the findings of the mediation analysis by using process Macros by Hayes (2013). The relationship between parental pressure and death anxiety showed a direct link of $\beta = 0.20$ in the study. Alexithymia emotional difficulties act as a partial explanation for how demanding parental behavior leads to death anxiety, based on the results showing an indirect relationship of β

= 0.06*. The study demonstrates that emotional regulation difficulties act as a vital factor in generating existential concerns, which require therapeutic methods to solve both early emotional experiences and emotional awareness for death anxiety treatment among phobic disorder patients.

Discussion

This study examined how alexithymia bridges demanding parenting relationships to death anxiety levels in adult patients with phobic issues. The research emphasizes direct evidence showing that emotionally traumatic or controlling early environments create alexithymia, which leads to higher death anxiety in phobic patients. People who grew up with controlling parents who criticized them while providing minimal emotional support tend to develop alexithymic personality traits regularly. People with this problem continuously encounter difficulties recognizing emotions and translating emotional expressions into words. Because of this emotional separation, progressive developmental milestones fail to produce emotional intelligence and self-regulation. The findings support the theoretical assumption about how demanding parenting practices block secure attachments, leading to lifelong emotional instability, together with poor emotional understanding.

The current research revealed that demanding parenting produces death anxiety through the mediation of alexithymia. The death-related concerns of adults increased in intensity when their alexithymia levels were high. The study findings support evidence backing up the theory that poor emotional processing contributes to heightened sensitivity toward existential factors. Terror Management Theory states that people without successful symbolic mechanisms to deal with their knowledge of death will develop more serious anxiety disorders, including phobias. Existential dread manifests in these individuals after they fail to understand their own emotions and lack self-reflection, thus making them more likely to experience disproportionate fear along with compulsive avoidance behaviors.

The study emphasized that phobic symptoms occur beyond object and situation fears, leading to emotional suppression and unresolved existential anxiety. Participants who developed high death anxiety presented both demanding parental influences and high alexithymic traits, which demonstrated a direct link from parenting experiences to phobic development through emotional dysregulation. These study outcomes emphasized that alexithymia functions as a fundamental emotional process that plays a key role throughout the development of phobic conditions.

Research outcomes suggest medical practitioners should reassess standard treatment methods for phobic patients. The surface-level worries of cognitive-behavioral therapy (CBT) fail to reach emotional and existential elements, which keep phobic disorders alive. The specified treatment approaches work by addressing alexithymic core conditions to develop emotional capabilities that serve as the foundation for reducing phobic behavior and death anxiety manifestations.

The research findings demonstrate phobic responses extend beyond conditioned fear, so they merge directly with early relational trauma, together with emotional deficits and fundamental feelings of insecurity. The parental demands that lead to alexithymia create increased death anxiety. Analyzing the emotional growth together with developmental patterns represents an essential practice for diagnosing and treating phobic disorders. The evaluation of emotional factors plus existential experiences by mental health professionals should drive the development of lasting interventions that address both symptoms and the origin of mental disorders.

Implications and Likely Benefits: The study emphasized that phobic symptoms occur beyond object and situation fears, leading to emotional suppression and unresolved existential anxiety. Participants who developed high death anxiety presented both demanding parental influences and high alexithymia traits, which demonstrated a direct link from parenting experiences to phobic development through emotional dysregulation. These study outcomes emphasized that alexithymia functions as a fundamental emotional process that plays a key role throughout the development of phobic conditions.

Research outcomes suggest medical practitioners should reassess standard treatment methods for phobic patients. The surface-level worries of cognitive-behavioral therapy (CBT) fail to reach emotional and existential elements, which keep phobic disorders alive. Research now supports integrative therapy methods, which focus on emotional processing therapy, including Emotion-Focused Therapy (EFT) and mindfulness-based practices, alongside psychodynamic treatment. The specified treatment approaches work by addressing alexithymic core conditions to develop emotional capabilities that serve as the foundation for reducing phobic behavior and death anxiety manifestations.

The research findings demonstrate phobic responses extend beyond conditioned fear, so they merge directly with early relational trauma, together with emotional deficits and fundamental feelings of insecurity. The parental demands that lead to alexithymia create increased death anxiety. Analyzing the emotional growth together with developmental patterns represents an essential practice for diagnosing and treating phobic disorders. The evaluation of emotional factors plus existential experiences by mental health professionals should drive the development of lasting interventions that address both symptoms and the origin of mental disorders.

Limitations and Suggestions: Multiple limitations affect this study, even though it produced significant results. The research depended on participants to report their information regarding parenting behaviors and both alexithymia and death anxiety. Widely used and validated self-report tools might contain biases because they depend on participant reports. Many research participants lack comprehension of emotions and tend to provide socially accepted answers, particularly during childhood recollections. The identified fault reduces quantitative precision, along with making universal application difficult.

The study used a cross-sectional design, restricting researchers from determining causal relationships between variables. The research data indicate how alexithymia acts as a mediating factor between parental demand in childhood and death anxiety development, but it does not prove direct cause-and-effect relationships. Studies over time will emphasize whether early parental conduct produces alexithymia before it impacts death anxiety levels.

The study emerges from a narrow participant group, which affects generalization possibilities. The sample was limited to adults diagnosed with phobic disorders, which implies that the findings cannot be applied to mental health patients other than phobic or the population at large. The study lacked specificity regarding phobia varieties since it categorized participants without distinguishing their diagnoses between the social and specific phobia categories. New studies need to test if the mediation relationship maintains its effectiveness when analyzing various types of anxiety disorders.

The composition of the study participants lacked sufficient diversity among cultural groups while omitting participants from various backgrounds, economic levels, and educational attainment ranges. Because parenting styles and emotional expression vary across cultures, the study findings might not provide a sufficient explanation for all demographic groups. Additional

research using culturally appropriate approaches must examine how alexithymia, along with death anxiety, affects different population groups.

Conclusion: In conclusion, this research examined the intervening effects that alexithymia has on the link between parental demanding actions and death-related anxiety among adults with phobic disorders. The study shows a significant mechanism by which controlling and emotionally rejecting parenting produces adult emotional processing disorders known as alexithymia, which results in more severe death-related anxiety in phobic patients. The participants who encountered overbearing parental requirements along with limited emotional support in their childhood faced major challenges when trying to comprehend and communicate their emotions. The emotional processing deficit known as alexithymia has been proven to explain why early parental experiences develop into manifesting existential fears, which become death anxiety. The study demonstrates that phobic disorders, representing fearful responses towards particular triggers, might originate from unresolved emotional problems and fundamental questions about existence that formed during early development periods.

This study adds to ongoing academic research, which shows that emotional regulation, together with early attachment experiences, creates a fundamental understanding of phobic symptoms. Existential theories like Terror Management Theory back up these findings by showing that death anxiety disrupts the development of numerous anxiety-related problems. People who cannot manage their emotions because of early attachment disorders experience overwhelming fears about death, which result in avoidant and phobic treatment behaviors.

Clinical practice requires therapeutic strategies that address ailments by exploring patients' past experiences and current needs independently of symptom management approaches. The combination of Emotion-Focused Therapy or mindfulness-based therapy approaches shows particular promise for treating patients with phobias whose conditions become severe due to both alexithymic traits and early parental relationship problems. People benefit from attachment-informed therapy programs because these therapies target the basic reasons behind emotional dysregulation while developing more positive emotional developmental pathways.

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