

The Role Of Parenting And Parental Criticism On The Body Image And Alexithymia During Adulthood And Emerging Adulthood

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ABSTRACT

Literature underline that the perception of parents as strongly critical can influence the tendency to self-criticize and, as a consequence, to be more vulnerable in manifesting problems in the developmental and adulthood age, such as the risk of dropouts and relapses in the eating disorders, negative results in the worsening of anxiety disorders, the possible presence of alexithymia or obsessive compulsive disorder. The purposes of the present study was to investigate the possible influence of parenting style and parental criticism on both the body image construct (body care, body protection, and comfort in touch) and the possible presence of alexithymia in a group of Italian adolescents and adults. The present study was conducted on a group of 140 subjects, aged between 19 and 36 ($M = 24.71$; $SD = 5.11$), of which 59 men (42.1%) and 81 women (57.9%). The participants were assigned to complete the following questionnaires: Parental Bonding Instrument, Twenty-Item Toronto Alexithymia Scale, Perceived Criticism Inventory, and Body Checking Questionnaire. The results of this study support the research hypothesis that low age, a high level of paternal control and parental criticism can predict a high level of difficulty in communicating feelings. Furthermore, the importance attributed to appearance can be predicted by multiple variables, such as gender, age, mother care, father control and parental hypercriticism.

Keywords: Parenting; Parental criticism; Body image; Alexithymia; Adolescence; Adulthood.

INTRODUCTION

The term “alexithymia” indicates an affective-cognitive disorder [1], characterized by deficits in the cognitive and experiential dimension of emotion, caused by the lack of connection between the physiological and motor-behavioral levels and the conscious, symbolic and verbal components of emotions [2,3]. Alexithymia manifests the inability to recognize and verbalize one's affective states, to use imaginative activity and to modulate and regulate emotions. There is empirical evidence that the alexithymia exhibits many psychological traits typical of eating disorders: interoceptive confusion, difficulty communicating feelings, and an overwhelming sense of inability [4].

Thus, alexithymia can be described as the difficulty in identifying, describing and communicating feelings, as well as of differentiating emotional experiences and triggering proper physiological activation of emotions [5]. Alexithymic subjects show a marked difficulty in recognizing emotions and in distinguishing them from the bodily sensations that accompany emotional activation; moreover, they show a lack of creative and phantasmic activity, as well as a style of thinking mainly oriented to external stimuli, ignoring the processing of information coming from their body. Insufficient emotional experience and the inability to manifest one's emotional state have effects on the body, causing various physical dysfunctions and sometimes an altered perception of the body [6,7].

From this perspective, alexithymia can be conceptualized as a regulatory disorder, strongly influenced by early parenting care [8]. Infact, the main studies on the relationship between parenthood and alexithymia have pointed out that alexithymia in children appears to be the result of a dysfunctional parenting style and specific parental practices [9].

Parenting is defined as the ability of the parent to respond to the needs of child, to promote their individuality, self-regulation, the construction of the bodily self, and the cognitive, social and affective development, and to set limits to promote maturity, control and regulatory acquisition [10,11].

Baumrind, for example, proposes the presence of four parenting styles: the authoritarian style, characterized by respect and strictly adherence to the rules; the permissive style, which promotes initiatives and decision-making skills in the son; the authoritative style, which imposes clear rules and, at the same time, respect for the child's wishes; finally, the negligent style characterized by reduced care and control. The importance of a functional parenting style is largely demonstrated in literature, and it appears to have consequences also on the development of the subject's personality [12].

For example, literature underlines that a parenting style based on negligent conducts appears to be a risk factor for the development of various psychopathological conditions, including alexithymia. In fact, the research on childhood attachment styles shows that the primary sensitivity and responsiveness of a caregiver to the child's emotions are the main determinants for the development of strategies of emotional regulation, and ability to adequately correlate with others [13].

In addition, the literature emphasizes how the children of authoritarian parents develop perfectionist characteristics due to the hyper-controlling nature of their parents: it would seem that their children internalize parental criticism and then develop self-reported criticism, which leads them to develop perfectionism, as a strategy that protects them from harm and error, the negative consequences of which they fear [14].

Parental criticism is all the more critical when associated with relative emotional illiteracy, as affective exchanges are reduced and there appears to be a lack of harmony between parents and children, which prevents the emotional needs of the child from being properly decoded and educated to recognize and distinguish them [15].

Parental criticism has become a relatively recent topic of interest for the analysis of parental influence on the development of psychopathology during adolescence and adult ages. Parental criticism refers to the set of negative comments made by parents to their child, and reflect a non-supportive feeling and a dysfunctional pattern of interaction within the parent-child dyad [16].

Parental criticism is the central theme of Hooley Teasdale's Theory of Expressed Emotion [17], further redefined by Vaughn and Leff. The "Expressed Emotion" (EE) reflects the way in which a family member manifests emotions towards another member. We can define the expressed emotion as a term "umbrella", that describes a set of emotional and behavioral aspects of family relationships [18]. Brown also defines "Expressed Emotion" as a multi-dimensional construct, consisting of five components, namely: emotional hyper-involvement, critical comments, hostility, positive emphasis and warmth.

The Theory of Expressed Emotion has received prominent attention in research on the development and maintenance of psychopathology in adulthood, especially in relation to schizophrenia and depression [19]. On the contrary, the relationship between expressed emotion and adolescent psychopathological symptoms has received relatively little attention in the literature.

For these reasons, main objective of the present research is the analysis of role of the parenting process and parental criticism of body image and alexithymia during adolescence and emerging adulthood.

RELATIONSHIP BETWEEN PARENTAL CRITICISM, BODY IMAGE AND EMOTIONAL SKILLS

The majority of studies on family context and body image have focused on the mother-daughter relationship, rather than on combinations of the parent-child dyads, namely mother-son/daughter and father-son/daughter [20-24]. Recent studies suggest that influence from both parents via comments continues to be a relevant issue in young adulthood. It is well known that parental messages about body size and shape are significant predictors of body satisfaction for adolescents, but less is known about the specificity of late adolescence and early adulthood, two stages of life in which men and women probably live far from their parents.

The literature, for example, underlines the relationship between parental criticism and various psychopathological problems, such as the risk of dropouts and relapses in the eating disorders [25]; while other authors have highlighted the negative results in the worsening of anxiety disorders [26], obsessive compulsive disorder [27], and problems in the developmental age.

Furthermore, a parental style characterized by low care, high standards and frequent critiques has been associated with anxiety, depressive symptoms and negative self-schemas. In details, the literature shows that the perception of parents as strongly critical can influence the tendency to self-criticize and, as a consequence, to be more vulnerable in manifesting depressive symptoms in two possible ways: an interpersonal way: an interpersonal way (the perceived parental criticism may lead to a cognitive vulnerability to others' critiques) and an internalized way (sons may directly learn to relate to themselves in the same critical way who parents used to relate to them) [28,29].

In particular, Apparigliato and colleagues [30] point out that parental emotional hyper-involvement depends on the characteristics of the child, while their criticism depends on the characteristics of the parent; the authors define parental criticism as "a pervasive and repetitive recourse to reprimanding"; while defining "the criticizer" as a subject who pursues the purpose of modifying and/or controlling the behavior, attitudes and beliefs of others through the exercise of reprimanding, based on the belief that he knows what is good or bad for others". The one who reprimands (in this case the parent) comes to set himself a moral judge and stands on one plane of superiority over the other, making him feel inferior and enhancing his self-esteem through the exercise of his power over him. Reprimanding is closely related to the regulatory aspect: in order to arrive at the scolding, it is necessary to have a negative assessment of behavior or attitude assessed as something wrong, which means that he who reprimands knows how the other should behave or what he should not do.

The emotions that are most frequently reported by son of criticizing parents are guilt (they tend to consider themselves as having bad intentions and responsible for harmful or not appreciable actions) and sadness (they consider themselves as incapable). In the event that the sons evaluate parental reproaches as unfair, however, the most frequently encountered emotion is anger, deriving from evaluating the reproachful attitude as unjust damage. Consequences of the suffered criticism are pathogenic beliefs of personal incapacity, low self-esteem and beliefs of guilt, a tendency to build an personal image on the basis of rules or others' opinion, and a tendency to attribute bad intentions to oneself.

In accordance with the "Theory of Objectiveness", it is understandable that life satisfaction, defined as a person's assessment of their quality of life as a whole, can be highly related to body image. In addition, family pressure, in terms of critical comments, continues to have a negative impact especially on women; while, it is well known that close and supportive relationships with parents contribute to filial psychological and physical well-being [31].

In particular, as far as the daughter is concerned, the literature points out that: while the maternal criticism is predictive only of bodily satisfaction for younger women, the paternal

criticism is predictive of body satisfaction in adult women. This data is particularly interesting and suggests the influence of a specific parenting figure as a risk factor for body dissatisfaction, in relation to the age group concerned. Previous results reveal that maternal and paternal influences on teen well-being vary based on the sex of the parent and child/daughter, and that difference persists during the transition to adulthood.

So, it can be hypothesized that younger daughters are more sensitive to maternal influence probably because, in late adolescence, the mother-daughter relationship is still very close and permeated by the emotional involvement built in childhood.

Some researchers argued that the same-gender parent is the child's point of reference when developing his or her gender identity, and a son is more sensitive to appraisal from the same-gender rather than the opposite-gender parent, especially during adolescence.

Regarding the father-daughter relationship, the study by Keery and colleagues [32] shows that the paternal criticism is significantly associated with negative outcomes including body dissatisfaction. It is plausible that, as daughters grow up and join the emerging adulthood, the father plays the most important role. He becomes a leading figure towards access to the social and working world and he serves as an identity model when the daughter chooses a partner.

Furthermore, in the group of older women, appearance-focused parental comments also negatively affect the daughters' body satisfaction: having a family where physical appearance is a frequent subject of conversation could be a stable influence factor for daughters even if they are adults.

In this regard, Biolcati and colleagues [33] underline that while parental involvement with daughters forms a basis for well-being in adulthood, it is not the unique predictor of body satisfaction. Although body satisfaction is positively related to life satisfaction levels and negatively with family influence, the psychological strategies of older women might protect their self-concept from the many influences on body dissatisfaction. This result seems reasonable and underlines that older women tend to relativize their body image and are less likely to consider their physical appearance as central characteristic to their overall self-esteem.

With regard to boys, it is known how the conflicting relationship of the male son with the mother can lead to a difficulty in establishing adult and mature relationships with a woman, or relationships focused on love and not only on falling in love, infatuation, sexual fulfillment and narcissistic ego.

On the other hand, the literature investigating the influence of parental criticism on alexithymia and altered body image in sons appears to be reduced. For example, a study conducted by Szalai and colleagues [34] underlines as sons exhibit significantly higher bodily satisfaction and worse maternal attachment than girls. In the boy group, in particular, a greater paternal and maternal avoidance and level of anxiety are predictors of a reduced body satisfaction. Furthermore, if a depressive symptom was present, it mediated the relationship between dysfunctional maternal attachment and low body

satisfaction, and between dysfunctional paternal attachment and body satisfaction in boys. The importance of paternal attachment, therefore, was highlighted in the bodily concerns of the boys. The findings suggest that the management of negative moods, parental anxiety and avoidance may be helpful in these reserches and the treatment of body dissatisfaction in adolescent males, although such data require further evaluation.

According to the literature, the main goal of the present study was to expand this narrow body of knowledge by examining the possible influence of parenting style and parental criticism on both the body image construct (body care, body protection, and comfort in touch) and the possible presence of alexithymia in a group of Italian adolescents and adults.

OBJECTIVE AND AIMS

Purposes of the present study are the following: to investigate the relation between parenting (according to the Baumrind's Model) [35], parental criticism, alexithymia (according to the Model of Taylor and Bagby) [36], and body image, during adulthood and emerging adulthood.

In detail, because of the configuration of the Italian socio-relational context - characterized by a strong need to meet parental and social expectations - it is assumed that females tend to manifest a higher level of attention toward the body image than males [6].

Furthermore, it is hypothesized that: due to the specificity of the Sicilian culture in structuring mutual relations - in which emotional closeness and loyalty are demanded – the level of parental care and overprotection could predict the possible presence of alexithymia in sons [37,38,39].

Finally, it is hypothesized that: a style of dysfunctional parenting, a high level of parental criticism and the difficult to identify and express feelings can be predictors of the body dissatisfaction, and in particular of excessive attention to appearance and specific parts of the body [32,33,34].

MATERIALS AND METHODS

Participants

The present study was conducted on a group of 140 Sicilian subjects, aged between 19 and 36 ($M = 24.71$; $SD = 5.11$), of which 59 men (42.1%) and 81 women (57.9%).

Before administering instruments to the participants, we informed them that participation was anonymous and voluntary and explained the objective of the study. The average time taken to complete instruments was 60 minutes. Convenience sampling was performed owing to accessibility. Participants completed all self-report measures consecutively. They also provided information on their age and gender prior to completing questionnaires.

The research procedures described in this article were performed in compliance with: the American Psychological Association, the Italian Psychological Association ethical guidelines for research.

Instruments

For the measurement of the variables, participants completed the following instruments: Parental Bonding Instrument [40], Twenty-Item Toronto Alexithymia Scale [41], Perceived Criticism Inventory [42], and Body Checking Questionnaire [43].

The Parental Bonding Instrument is a questionnaire consisting of 25 items, divided into two parts (one for mother and one for father), which retrospectively measure the perception of the behavior of the parents during childhood. The instrument investigates the processes of parenting across two domains, parental care and control or overprotection, from the combination of which four types of attachment were classified: (a) affectionate-constraint: high level of care and overprotection; (b) optimal parenting: high care and low control; (c) affectionless-control: high overprotection and low care; (d) neglectful parenting: low care and low control.

The Italian version of the Toronto Alexithymia Scale [44] is a 20- item self-report, which assess alexithymia through three-factor structure: a. Difficulty Identifying Feelings (DIF); b. Difficulty Communicating Feelings (DCF); c. Externally Oriented Thinking (EOT). The assessment is made on a 5-point Likert scale (1=strongly disagree, 5= strongly agree). The TAS-20 shows adequate validity and reliability ($\alpha = .81$; $r = .77$). The Italian version also demonstrates good internal consistency (Cronbach's alpha of .75 and 0.82 in normal and clinical groups, respectively).

The Perceived Criticism Inventory [42] consists of four scales that investigate the following aspects of criticism: the amount of criticism experienced, the critical themes, how criticism has been expressed, and the degree of personal agreement or disagreement with others' disapproval. The evaluation is made on a 5-point likert scale (1 = never, 5 = always). For the purposes of the research it was used one of the four scales: the PCI-Q scale, consisting of 11 items, aimed at measuring the amount of criticism suffered. The instrument has demonstrated good psychometric properties, showing a good reliability, with a coefficient alpha of 0.94 [42].

The Body Checking Questionnaire [43] is a self-administered questionnaire made up of 23 items, which evaluates on a 5-point Likert scale (from 1=never to 5=very often) the frequency with which a certain check behavior is implemented of the body. The instrument measures a single factor (body check) with three strongly correlated sub-factors: the "Appearance" scale, consisting of 10 items that measure the control checks related to physical appearance; the "Specific Parts of the Body" scale consisting of 8 items that measure the control checks; the "Idiosyncratic Check" scale consisting of 5 items that measure unusual body checks. The Body Checking Questionnaire (BCQ) has good test-retest reliability (0.90).

DATA ANALYSIS

In order to verify the first hypothesis, T-Test for independent groups was conducted, comparing the scores obtained with the administration of the instruments to men and women subjects.

To assess the second hypothesis, that is to explore the predictive variables of alexithymia, analyses of hierarchical regression for separate blocks were used, including: sex and age in the first block; the type of parenting in the second block, and the parental criticism in the third block.

In order to value the last research hypothesis, that is to explore the predictive variables of the body image, the same analyses of hierarchical regression for separate blocks were used, including: sex and age in the first block; the level of parenting in the second block, the parental criticism in the third block, and the possible presence of alexithymia in the fourth block.

The level of significance was 0.05. All analyses were conducted with SPSS software (v 23.0).

RESULTS

In reference to the parenting, T-Test for independent groups showed the absence of significant differences ($p > 0.05$).

Regarding the body check, another T-Test for independent group showed the presence of significant differences (Table 1): in particular females seem to manifest higher mean scores in the “Appearance” scale (Male: $M=17.59$, $S.D=5.50$; Female: $M=21.65$, $S.D=7.59$), in the “Specific Parts of the Body” scale (Male: $M=11.81$, $S.D=4.68$; Female: $M=17.31$, $S.D=7.56$) and in the general level of BCQ (Male: $M=39.56$, $S.D=11.58$; Female: $M=46.56$, $S.D=16.92$).

Table 1. T Test for independent group in reference to body check (male versus female)

Measures	Male	Female	Levene's Test - Student's Test				
			F	P - value	T	df	P - value
Appearance	17.59±5.50	21.65±7.59	3.53	0.06	-3.49	138	0.00
Specific Parts of the Body	11.81±4.68	17.31±7.56	15.17	0.00	-4.93	138	0.00
Idiosyncratic Check	7.15±2.70	7.59±3.47	1.02	0.32	-.81	138	0.42
Total BCQ	36.56±11.58	46.56±16.92	6.44	0.01	-3.92	138	0.00

Abbreviation: BCQ = Body Checking Questionnaire

In reference to the possible presence of alexithymia, another T-Test for independent group showed the presence of significant differences (Table 2): in particular males seem to manifest higher mean scores than females in the “Externally Oriented Thinking” scale (Male: $M=21.59$, $S.D=4.30$; Female: $M=17.70$, $S.D=4.48$), and the general level of alexithymia (Male: $M=51.12$, $S.D=11.27$; Female: $M=45.38$, $S.D=11.44$).

Table 2. T Test for independent group in reference to the level of alexithymia (male versus female)

Measures	Male	Female	Levene's Test - Student's Test				
	M ± SD	M ± SD	F	P - value	T	df	P-value
DIF	16.09±5.77	15.58±6.38	0.46	0.49	0.48	138	0.63
DCF	13.44±4.70	12.10±4.31	0.07	0.79	1.79	138	0.07
EOT	21.59±4.30	17.70±4.48	0.17	0.68	5.16	138	0.00
Total TAS	51.12±11.27	45.38±11.84	0.00	0.99	2.89	138	0.01

Abbreviations: DIF = Difficulty Identifying Feelings; DCF = Difficulty Communicating Feelings; EOT = Externally Oriented Thinking.

Regarding the amount of criticism suffered, T-Test for independent group showed significant differences [$F=.26$ (gdl=138); $t= 2.18$; $p<0.05$]: females tend to manifest a lower level of criticism than males (Male: $M=27.31$, $S.D=7.82$; Female: $M=24.15$, $S.D=8.94$).

In order to explore the predictive variables of the alexithymia, analyses of hierarchical regression for separate blocks were used, including in the model: the personal data (gender and age) in the first step; the parenting process in the second step; and the amount of criticism suffered in the third step.

The first regression analysis underlined that (Table 3): the age ($\beta=-0.21$, $p<0.05$), the paternal overprotection ($\beta=0.21$, $p<0.05$) and the criticism suffered ($\beta=0.23$, $p<0.05$) might be predictive of the difficulty identifying feelings, explaining 20% of the overall variance.

Table 3. Model summary of hierarchical regression analysis that predicts the Difficulty Identifying Feelings

Model	Measures	R ²	Adjusted R ²	SE	β	T	P value
1	Gender	0.22	0.05	1.03	-0.06	-0.75	0.46
	Age			0.10	-0.21	-2.54	0.01
2	Gender	0.41	0.17	0.98	-0.06	-0.69	0.49
	Age			0.10	-0.26	-3.23	0.00
	Maternal overprotection			0.09	0.08	0.84	0.40
	Maternal care			0.11	-0.15	-1.40	0.16
	Paternal overprotection			0.09	0.21	2.26	0.03
	Paternal care			0.08	-0.07	-0.72	0.47
3	Gender	0.45	0.20	0.99	-0.02	-0.26	0.80
	Age			0.10	-0.29	-3.58	0.00
	Maternal overprotection			0.10	-0.01	-0.07	0.94
	Maternal care			0.11	-0.10	-0.97	0.34
	Paternal overprotection			0.09	0.16	1.74	0.08
	Paternal care			0.08	-0.06	-0.57	0.57
	Total PCI			0.08	0.23	2.18	0.03

Abbreviations: SE= Standard Error; β = Beta; PCI = Perceived Criticism Inventory.

The second regression analysis showed that (Table 4): only the paternal overprotection ($\beta=0.23$, $p<0.05$) seems to be predictive of the difficulty communicating feelings, explaining 11% of the overall variance.

Table 4. Model summary of hierarchical regression analysis that predicts the Difficulty Communicating Feelings

Model	Measures	R ²	Adjusted R ²	SE	β	T	P value
1	Gender	0.15	0.02	0.76	-0.15	-1.76	0.08
	Age			0.07	0.01	0.14	0.89
2	Gender	0.32	0.10	0.74	-0.15	-1.76	0.08
	Age			0.07	-0.04	-0.44	0.66
	Maternal overprotection			0.07	-0.13	-1.30	0.20
	Maternal care			0.09	-0.16	-1.47	0.14
	Paternal overprotection			0.07	0.23	2.38	0.02
	Paternal care			0.06	-0.07	-0.72	0.47
3	Gender	0.32	0.10	0.75	-0.15	-1.77	0.08
	Age			0.07	-0.03	-0.39	0.70
	Maternal overprotection			0.07	-0.12	-1.09	0.28
	Maternal care			0.09	-0.16	-1.49	0.14
	Paternal overprotection			0.07	0.23	2.37	0.02
	Paternal care			0.06	-0.08	-0.74	0.46
	Total PCI			0.06	-0.03	-0.28	0.78

Abbreviations: SE= Standard Error; β = Beta; PCI = Perceived Criticism Inventory.

The third regression analysis showed that (Table 5): the gender variable (β = -0.41, $p < 0.001$) and the paternal overprotection (β = 0.33, $p < 0.001$) seem to be predictive of the external oriented thinking, explaining 28% of the overall variance.

Table 5. Model summary of hierarchical regression analysis that predicts the External Oriented Thinking

Model	Measures	R ²	Adjusted R ²	SE	β	T	P value
1	Gender	0.41	0.17	0.76	-0.41	-5.25	0.00
	Age			0.07	-0.09	-1.14	0.26
2	Gender	0.52	0.27	0.72	-0.43	-5.77	0.00
	Age			0.07	-0.07	-0.85	0.40
	Maternal overprotection			0.07	-0.11	-1.26	0.21
	Maternal care			0.08	0.05	0.48	0.63
	Paternal overprotection			0.07	0.33	3.83	0.00
	Paternal care			0.06	0.15	1.66	0.10
3	Gender	0.53	0.28	0.73	-0.45	-5.87	0.00
	Age			0.07	-0.05	-0.68	0.50
	Maternal overprotection			0.07	-0.07	-0.74	0.46
	Maternal care			0.08	0.03	0.26	0.79
	Paternal overprotection			0.07	0.35	3.98	0.00
	Paternal care			0.06	0.15	1.58	0.12
	Total PCI			0.06	-0.11	-1.07	0.29

Abbreviations: SE= Standard Error; β = Beta; PCI = Perceived Criticism Inventory.

Similarly, the gender variable (β = -0.25, $p < 0.01$) and the paternal overprotection (β = 0.32, $p < 0.01$) seem to be predictive of the general level of alexithymia, explaining 20% of the overall variance (Table 6).

Table 6. Model summary of hierarchical regression analysis that predicts the general level of alexithymia

Model	Measures	R ²	Adjusted R ²	SE	β	T	P value
1	Gender	0.28	0.08	1.98	-0.25	-3.07	0.00
	Age			0.19	-0.14	-1.71	0.09
2	Gender	0.429	0.18	1.90	-0.26	-3.23	0.00
	Age			0.19	-0.18	-2.17	0.03
	Maternal overprotection			0.17	-0.05	-0.55	0.58
	Maternal care			0.22	-0.11	-1.11	0.27
	Paternal overprotection			0.17	0.32	3.55	0.00
	Paternal care			0.15	0.00	-0.02	0.98
3	Gender	0.43	0.20	1.94	-0.25	-3.05	0.00
	Age			0.19	-0.18	-2.23	0.03
	Maternal overprotection			0.19	-0.08	-0.74	0.46
	Maternal care			0.22	-0.10	-0.97	0.33
	Paternal overprotection			0.18	0.31	3.32	0.00
	Paternal care			0.15	0.00	0.02	0.98
	Total PCI			0.15	0.06	0.60	0.55

Abbreviations: SE= Standard Error; β = Beta; PCI = Perceived Criticism Inventory.

In reference to the perception of body satisfaction, the gender variable ($\beta=0.26$, $p<0.01$), the age ($\beta=-0.25$, $p<0.01$), the maternal care ($\beta=-0.33$, $p<0.01$), the paternal overprotection ($\beta=0.17$, $p<0.05$), the general level of criticism ($\beta=0.34$, $p<0.01$) and the difficulty identifying feelings ($\beta=0.21$, $p<0.05$), seem to be predictive of the "Appearance" scale, explaining 36% of the overall variance (Table 7).

Table 7. Model summary of hierarchical regression analysis that predicts the "Appearance" scale

Model	Measures	R ²	Adjusted R ²	SE	β	T	P value
1	Gender	0.38	0.14	1.13	0.26	3.27	0.00
	Age			0.11	-0.25	-3.18	0.00
2	Gender	0.51	0.26	1.07	0.26	3.51	0.00
	Age			0.11	-0.31	-4.05	0.00
	Maternal overprotection			0.10	-0.02	-0.25	0.81
	Maternal care			0.12	-0.33	-3.32	0.00
	Paternal overprotection			0.10	0.17	2.01	0.05
	Paternal care			0.09	0.07	0.72	0.47
3	Gender	0.57	0.32	1.05	0.31	4.27	0.00
	Age			0.10	-0.35	-4.71	0.00
	Maternal overprotection			0.10	-0.15	-1.61	0.11
	Maternal care			0.12	-0.26	-2.71	0.01
	Paternal overprotection			0.10	0.11	1.25	0.21
	Paternal care			0.08	0.09	1.00	0.32
	Total PCI			0.08	0.34	3.51	0.00
4	Gender	0.60	0.36	1.17	0.35	4.21	0.00
	Age			0.11	-0.29	-3.67	0.00
	Maternal overprotection			0.10	-0.15	-1.61	0.11
	Maternal care			0.12	-0.25	-2.61	0.01
	Paternal overprotection			0.10	0.06	0.65	0.52
	Paternal care			0.08	0.09	0.97	0.34
	Total PCI			0.08	0.30	3.00	0.00
	DIF			0.12	0.21	2.15	0.03

	DCF			0.15	-0.05	-0.55	0.59
	EOT			0.13	0.08	0.86	0.39

Abbreviations: SE= Standard Error; β = Beta; PCI = Perceived Criticism Inventory; DIF = Difficulty Identifying Feelings; DCF = Difficulty Communicating Feelings; EOT = Externally Oriented Thinking.

Similarly, the gender variable ($\beta=0.37$, $p<0.001$), the age ($\beta=-0.19$, $p<0.05$), the maternal care ($\beta=-0.22$, $p<0.05$), the paternal overprotection ($\beta=0.20$, $p<0.05$) and the general level of criticism ($\beta=0.22$, $p<0.05$), seem to be predictive of the “Specific Parts of the Body” scale, explaining 31% of the overall variance (Table 8).

Table 8. Model summary of hierarchical regression analysis that predicts the “Specific Parts of the Body” scale

Model	Measures	R ²	Adjusted R ²	SE	β	T	P value
1	Gender	0.43	0.19	1.10	0.37	4.75	0.00
	Age			0.11	-0.19	-2.45	0.02
2	Gender	0.51	0.26	1.07	0.37	4.92	0.00
	Age			0.11	-0.24	-3.06	0.00
	Maternal overprotection			0.10	-0.05	-0.59	0.55
	Maternal care			0.12	-0.22	-2.25	0.03
	Paternal overprotection			0.10	0.20	2.33	0.02
	Paternal care			0.09	0.03	0.32	0.75
3	Gender	0.54	0.29	1.07	0.40	5.33	0.00
	Age			0.11	-0.26	-3.41	0.00
	Maternal overprotection			0.11	-0.14	-1.43	0.15
	Maternal care			0.12	-0.18	-1.80	0.08
	Paternal overprotection			0.10	0.16	1.80	0.07
	Paternal care			0.09	0.04	0.48	0.63
	Total PCI			0.08	0.22	2.24	0.03
4	Gender	0.56	0.31	1.21	0.44	5.21	0.00
	Age			0.11	-0.23	-2.83	0.01
	Maternal overprotection			0.11	-0.13	-1.29	0.20
	Maternal care			0.12	-0.16	-1.59	0.12
	Paternal overprotection			0.10	0.10	1.13	0.26
	Paternal care			0.09	0.05	0.50	0.62
	Total PCI			0.08	0.21	2.05	0.04
	DIF			0.12	0.09	0.89	0.37
	DCF			0.16	0.08	0.76	0.45
	EOT			0.14	0.06	0.64	0.53

Abbreviations: SE= Standard Error; β = Beta; PCI = Perceived Criticism Inventory; DIF = Difficulty Identifying Feelings; DCF = Difficulty Communicating Feelings; EOT = Externally Oriented Thinking.

Furthermore, only the maternal care ($\beta=-0.25$, $p<0.05$), the paternal overprotection ($\beta=0.21$, $p<0.05$) and the general level of criticism ($\beta=0.23$, $p<0.05$), seem to be predictive of the the “Idiosyncratic Check” scale, explaining 16% of the overall variance (Table 9).

Table 9. Model summary of hierarchical regression analysis that predicts the “Idiosyncratic Check” scale

Model	Measures	R ²	Adjusted R ²	SE	β	T	P value
1	Gender	0.11	0.01	0.55	0.06	0.71	0.48
	Age			0.05	-0.08	-0.93	0.36
2	Gender	0.34	0.11	0.53	0.06	0.73	0.47
	Age			0.05	-0.12	-1.38	0.17
	Maternal overprotection			0.05	0.04	0.44	0.66
	Maternal care			0.06	-0.25	-2.36	0.02
	Paternal overprotection			0.05	0.21	2.20	0.03
	Paternal care			0.04	0.13	1.28	0.20
3	Gender	0.38	0.14	0.53	0.09	1.14	0.26
	Age			0.05	-0.14	-1.70	0.09
	Maternal overprotection			0.05	-0.04	-0.41	0.68
	Maternal care			0.06	-0.21	-1.94	0.06
	Paternal overprotection			0.05	0.16	1.70	0.09
	Paternal care			0.04	0.15	1.44	0.15
	Total PCI			0.04	0.23	2.10	0.04
4	Gender	0.40	0.16	0.60	0.11	1.14	0.26
	Age			0.06	-0.09	-1.03	0.30
	Maternal overprotection			0.05	-0.05	-0.47	0.64
	Maternal care			0.06	-0.21	-1.91	0.06
	Paternal overprotection			0.05	0.14	1.36	0.18
	Paternal care			0.04	0.14	1.37	0.17
	Total PCI			0.04	0.19	1.69	0.09
	DIF			0.06	0.18	1.56	0.12
	DCF			0.08	-0.10	-0.89	0.38
	EOT			0.07	0.05	0.52	0.61

Abbreviations: SE= Standard Error; β = Beta; PCI = Perceived Criticism Inventory; DIF = Difficulty Identifying Feelings; DCF = Difficulty Communicating Feelings; EOT = Externally Oriented Thinking.

Finally, the gender variable ($\beta=0.29$, $p<0.001$), the age ($\beta=-0.22$, $p<0.01$), the maternal care ($\beta=-0.30$, $p<0.01$), the paternal overprotection ($\beta=0.21$, $p<0.05$) and the general level of criticism ($\beta=0.30$, $p<0.01$), seem to predictive of the general level of BCQ, explaining 34% of the overall variance (Table 10).

Table 10. Model summary of hierarchical regression analysis that predicts the general level of BCQ

Model	Measures	R ²	Adjusted R ²	SE	β	T	P value
1	Gender	0.38	0.15	2.51	0.29	3.71	0.00
	Age			0.24	-0.22	-2.71	0.01
2	Gender	0.51	0.26	2.38	0.30	3.95	0.00
	Age			0.24	-0.27	-3.50	0.00
	Maternal overprotection			0.22	-0.03	-0.28	0.78
	Maternal care			0.27	-0.30	-3.03	0.00
	Paternal overprotection			0.22	0.21	2.43	0.02
	Paternal care			0.19	0.07	0.75	0.46
3	Gender	0.55	0.31	2.35	0.34	4.59	0.00
	Age			0.23	-0.31	-4.03	0.00
	Maternal overprotection			0.23	-0.14	-1.46	0.15
	Maternal care			0.27	-0.24	-2.46	0.02
	Paternal overprotection			0.22	0.15	1.76	0.08
	Paternal care			0.19	0.09	0.99	0.32
	Total PCI			0.18	0.30	3.06	0.00

4	Gender	0.58	0.34	2.63	0.38	4.51	0.00
	Age			0.24	-0.25	-3.16	0.00
	Maternal overprotection			0.23	-0.14	-1.41	0.16
	Maternal care			0.27	-0.23	-2.32	0.02
	Paternal overprotection			0.23	0.10	1.12	0.27
	Paternal care			0.19	0.09	0.97	0.34
	Total PCI			0.18	0.27	2.65	0.01
	DIF			0.26	0.17	1.72	0.09
	DCF			0.35	-0.01	-0.10	0.92
	EOT			0.30	0.07	0.79	0.43

Abbreviations: SE= Standard Error; β = Beta; PCI = Perceived Criticism Inventory; DIF = Difficulty Identifying Feelings; DCF = Difficulty Communicating Feelings; EOT = Externally Oriented Thinking.

DISCUSSION AND CONCLUSION

Preliminary analyses show how gender affects the perception of body image and the possible presence of alexithymia. Precisely, the following gender-related differences emerge: males seem to pay less attention to appearance and specific parts of their bodies than females. They also seem to show higher scores than females in the alexithymical components, such as, in external-oriented thinking and in the general level of alexithymia. This data on body check behaviors are in line with epidemiological data on female prevalence of eating disorders. Moreover, the more frequent behaviors implemented by women may reflect the social and cultural influence on the construction of body image. Body check behaviors (weight, visual, tactile, comparison and reassurance checks) seem, therefore, to be the consequence of body dissatisfaction, maintained by cognitive and affective distortions regarding weight and parts of one's body. The society's attitude to the body and its judgments about beauty has created an obsessive attitude about the need to have a lean body. It is presumed, therefore, that these social demands of thinness and perfection, especially related to the female figure, have created standards of beauty that have influenced the female perception of the size of individual parts of one's body.

Inversely, data from this research show that males make more use of outward-oriented thinking, and have higher overall scores in the evaluation of alexithymia. In addition, males seem to perceive higher levels of criticism: they are frequently reprimanded, they are told how to behave or their behavior is criticized, negative opinions are made about personal choices; parents say they are disappointed with their children's results, emphasizing what they do not approve of and deciding for them.

Confirming the research hypothesis, the results of multiple regression analysis show the predictive role of age, paternal control and parental criticism on the difficulty in identifying emotions. In particular, it seems that low age, a high level of paternal control and parental criticism can predict a high level of difficulty in communicating feelings. Otherwise, high paternal control seems to be the only predictive variable of difficulty in communicating feelings.

With regard to external-oriented thinking and general levels of alexithymia, a subsequent multiple regression analysis shows the following variables among the predictors: gender and paternal control; in particular, it seems that a high level of control exercised by fathers

over male children may predict a greater use of external-oriented thinking and, in general, a greater level of alexithymia in their son.

These data confirm the research hypothesis and the literature, underlining how the presence of critical parents can influence the emotional development of son. In particular, it could be hypothesized that the tendency of parents to disregard their sons' individuality, to control their behavior, to express negative judgments and disappointment, has led to a lack of mirroring, which has undermined the ability to recognize emotions.

With regard to the perception of the body image, it is interesting how the importance attributed to appearance can be predicted by multiple variables, such as gender, age, mother care, father control and parental hypercriticism. In particular, confirming to the research hypothesis, the regression analysis shows how: young girls, who perceive low levels of maternal warmth but high levels of paternal control and parental criticism seem to attach a strong importance to appearance. Similarly, younger girls with a reduced perception of maternal care but a high perception of paternal control and parental criticism seem to show excessive attention to certain parts of their body.

With regard to the body check, the same analysis of the data shows that young girls, who live in a family context characterized by low maternal care and high paternal control, seem to show higher levels of body check. A subsequent regression analysis confirms that younger girls with a reduced perception of maternal care, but a high perception of paternal control and parental criticism seem to manifest a dysfunctional and general level of perception of the body image.

These data relating to the presence of a relationship between the perceived parental criticism and the body checking confirm the possible influence of criticism on the development of body image, confirming the research hypothesis. This conclusion complements the theories according to which the subject undergoing criticism may develop psychopathogenic beliefs of personal inability, low self-esteem, alexithymic characteristics, a tendency to attribute bad intentions, beliefs of guilt and personal disorientation, with a tendency to use others' rules and opinions as the supporting pillar of one's identity and self-esteem [42-45].

The data of this research, therefore, confirming the literature, re-affirming the influence of the parenting style on the body image perception; these results also seem to highlight a greater influence and pervasiveness of paternal control in relation to the construct of alexithymia, body checks and the amount of criticism suffered. On the contrary, maternal control seems to influence single aspects of the constructs investigated, such as unusual body checks and the difficulty in identifying feelings.

Finally, with regard to the 'nurturing and emotional warmth' dimension, both the maternal and the paternal dimension appear to influence the difficulty of identifying and describing feelings, confirming the importance of early experiences of reflection and warmth for the development of the emotional regulation of the child, not limiting the importance of interactions to the maternal figure alone, but underlining the social nature of development.

Our findings underline the importance of considering potential two-way influences over time, as opposed to a focus on parental health effects of adolescents and young adults, as well as perceptions of parenthood as an important potential mediator in the relationship between parent-child dyad and internalizing psychopathological symptoms during adolescence and adulthood.

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