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Alexithymia and Psychological Flexibility: Implications for Well-Being

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Understanding factors that contribute to well-being is essential, especially as challenges like emotional processing difficulties (alexithymia) and adaptive behavioral responses (psychological flexibility) influence mental health outcomes. This study examines how alexithymia and psychological flexibility interact to shape well-being. Sample consisted of 104 college students (35 males and 69 females) ranging from 18-25 years. Standardized scales to measure alexithymia, psychological flexibility and wellbeing were used. Correlation analysis revealed that alexithymia is negatively related with psychological flexibility and wellbeing and positively associated with psychological inflexibility. Additionally, psychological flexibility demonstrated a positive correlation with wellbeing, while psychological inflexibility showed an inverse relationship with wellbeing. Regression analysis showed that alexithymia and psychological flexibility are significant predictors of wellbeing. This indicates that alexithymia and psychological flexibility contribute to wellbeing. These insights highlight the importance of fostering psychological flexibility as a potential intervention target to mitigate the negative impact of alexithymia on wellbeing.

Keywords: Alexithymia, psychological flexibility, wellbeing, college students

Mental health problems in India are quite serious with a prevalence estimation varying from 9.5 to 370 per 1000 people (Math & Srinivasaraju, 2010). Along with the growing mental health problems there is also an increase in the reluctance towards help seeking (Milanzi et al., 2023). One protective factor against these problems is Wellbeing. Wellbeing whether physical or psychological plays a pivotal role in the normal functioning of an individual.

Well-being is essential part of life. All individuals seek to achieve an optimal level of well-being to be able to enjoy life. Well-being is the state of experiencing positive emotions—such as happiness, contentment, engagement, and confidence—while effectively managing life's challenges. It involves both feeling good and functioning effectively, which includes personal growth, a sense of purpose, control over one's life, and nurturing positive relationships (Huppert, 2009). Wellbeing has been identified as a predictor of mental health (Gao et al., 2017). Wellbeing encompasses not only physical health but also emotional and psychological dimensions.

The term alexithymia was initially used by Sifneous when he was working with psychosomatic patients who had trouble putting their feelings into words. Alexithymia is characterized by marked difficulty in identifying and verbalizing feelings and often confusing them with bodily sensations. (Sifneous 1973). Individuals with alexithymia have a hard time forming intimate relationships (Scigala et al., 2021). An estimate of 10% individuals' experiences alexithymia in general population (Franz et al., 2007); Salminen et al., 1999).

One reason for which alexithymia has gained attention is because of its relationship to a number of mental health issues. Alexithymia has been linked to mental health problems such as depression (Sagar et al., 2021), PTSD (Putica et al., 2020), suicidal ideation (Hintikka et al., 2004), distress (Paull, 2013), relationship problems (Lyvers et al., 2021) and tends to affect the functioning of the individual.

Another factor related to both wellbeing and alexithymia is psychological flexibility. Psychological flexibility encompasses a set of processes that evolve over time, reflecting how an individual: (1) adapts to changing situational demands, (2) reallocates cognitive and emotional resources, (3) shifts perspectives when necessary, and (4) balances competing priorities, desires, and responsibilities across different life domains (Kashdan & Rottenberg, 2010). Psychological flexibility has been gaining attention lately, because of its role in the acceptance and commitment therapy. Psychological flexibility plays a vital role in promoting health and wellbeing (Kashdan & Rottenberg, 2010).

Research indicates that alexithymia and psychological flexibility play critical roles in shaping mental well-being, with alexithymia being consistently associated with poorer outcomes. Individuals with high alexithymia tend to experience greater depression, lower life satisfaction, and reduced positive affect, and they often struggle with maintaining fulfilling social relationships, which impacts their overall well-being (Ziadni et al., 2016; Holder et al., 2014; Timoney & Holder, 2013). Psychological flexibility appears to serve as a counterbalance: Karakuº and Akbay (2021) found a strong, inverse correlation between alexithymia and psychological flexibility (r = -0.58), suggesting that greater levels of alexithymia reduce one's ability to adaptively manage emotions. This psychological flexibility mediates relationships between alexithymia, authenticity, and life satisfaction, highlighting its critical role in psychological wellbeing. In contrast, psychological inflexibility is associated with greater difficulty identifying feelings in individuals with high alexithymia (Dewan & Singh, 2022).

Furthermore, previous research shows that psychological flexibility itself is positively associated with well-being, as it enables individuals to manage stressors and adjust effectively to challenges (Greville-Harris et al., 2024). Specifically, mindful awareness and decentering, aspects of psychological flexibility, are shown to enhance psychological, social, environmental, and physical well-being, facilitating a value-driven approach that fosters resilience and reduces psychological distress (Parker et al., 2024). These findings imply that enhancing psychological flexibility may mitigate the adverse effects of alexithymia on well-being, pointing to its potential as a key factor in promoting mental health and adaptive emotional functioning.

Rationale of the study

While some studies have explored the relationships among these variables, only a few have explored their combined impact. To the best of our knowledge, only few have investigated this specific combination of variables within an Indian population. Further investigation in this area could provide valuable insights into how alexithymia and psychological flexibility interact to promote overall well-being. An investigation into these variables will help us identify the psychological mechanisms that affect well-being and thus can be used to promote well-being in college students.

Purpose of the present study

The present study was conducted to ascertain the relationship between alexithymia, psychological flexibility and wellbeing in college students.

Hypotheses

Following hypotheses were formulated

H1: Wellbeing will be positively correlated to psychological flexibility and negatively related to psychological inflexibility and alexithymia.

H2: Alexithymia will be positively related to psychological inflexibility and negatively related to psychological flexibility.

H3: Alexithymia, psychological flexibility and psychological inflexibility will predict wellbeing.

Method

Sample

For the current study, a convenience sample was used to include undergraduate and postgraduate students enrolled colleges of Panjab University. Initially, ninety adults were contacted. Out of these sample 104 students (35 males and 69 females) with age ranging from 18 to 25 yrs who fit the inclusion criteria were selected.

Young adults are at a crucial developmental stage marked by significant life transitions including career, personal and academic responsibilities. These changes affect their overall wellbeing and mental health.

Inclusion criteria: age range 18-25 years, unmarried, non-working. no history of psychological illness.

Exclusion criteria: current or previous history of psychological illness.

Procedure

The data was collected from college students. Each participant was given instructions before the presentation of the questionnaire. They were informed that their responses will be kept confidential. Standardized psychological tests were administered.

Measures

Demographics questionnaire: A questionnaire that included personal demographic information about the participants was administered. The questions included demographic information of age, gender, education qualification, employment status, marital status.

Toronto Alexithymia Scale (TAS-20) (Bagby et al., 1994) is a revised version of the original scale which consisted of 20 items. The items are rated on 5-point Likert scale with 1 (strongly disagree) and 5 (strongly agree). Total scores range from 20 to 100. The internal consistency á value was .88, and those of the TAS-20 subscales were á = 0.86, 0.80 and 0.58.

The Multidimensional Psychological Flexibility Inventory (MPFI) (Rolffs et al., 2018) is a 60-item measure of psychological flexibility and psychological inflexibility. The items are rated on a 6-point Likert scale. A shorter 24 item version of this scale was used. The scores are averaged. The Cronbach *á* for the subscales ranged from .87 to .95.

Psychological well-being scale (Ryff & Keyes, 1995) it consists of 18 items measuring six components of self-acceptance, autonomy, positive relations with others, purpose in life, personal growth and environmental mastery. The reliability value of the scale is 0.87.

Statistical analysis

The data collected was analyzed using SPSS 21 software and correlation and regression were performed. The normality of the data was assessed through Kolmogorov-Smirnova test.

Results

Table 1 represents the descriptive data showing the N, Mean, Median and Standard Deviation.

Table 1. Descriptive data showing the N, Mean, Median and Standard Deviation.

	PF	PI	DDF	DIF	EOT	TAS	WB
N	104	104	104	104	104	104	104
Mean	4.12	3.20	13.9	17.1	20.8	51.7	91.7
Median	4.17	3.17	13.5	16.0	20.0	51.0	92.5
SD	.71	.84	4.34	5.47	4.42	11.3	13.2

Note. PF= psychological flexibility, PI= psychological inflexibility, DDF= difficulty describing feelings, DIF= difficulty identifying feelings, EOT= externally oriented thinking, TAS= Toronto alexithymia scale total scores, WB= wellbeing

Table 2 represents the results of normality test. The Kolmogorov-Smirnov test for normality and it was found that some of the variables were not normally distributed.

Table 2. Tests of Normality

	Kolmogorov Smirnova		
	Statistic	df	Sig
PF	.078	104	.122
PI	.091	104	.035
DDF	.082	104	.081
DIF	.089	104	.041
EOT	.130	104	.000
TAS	.068	104	.200
WB	.081	104	.090

Table 3 represents the Spearman correlation results. Correlational analyses were conducted to examine the relationship between the variables. PF scores yielded a significant negative correlation with DDF subscale (r = -.29, p < .01), DIF subscale (r = -.33, p < .01) and total scores of TAS (r = -.35, p < .01). PI showed significant positive correlation with DDF subscale (r = .36, p < .01), and correlation with DIF subscale (r =.41, p < .01) and total TAS scores (r =.42, p < .01). Wellbeing revealed positive correlation with PF (r = .29, p < .01), PI (r = -.28, p < .01) and correlation with DDF subscale (r = -.44, p < .01), with DIF subscale (r = -.52, p < .01), EOT (r = -.22, p < .05) and total TAS scores (r = -.51, p < .01).

Table 3. Correlation among the variables

	PF	PI	DDF	DIF	EOT	TAS	WB
PF	-	.05	-.29**	-.33**	-.22*	-.35**	.29**
PI		-	.36**	.41**	.10	.42**	-.28**
DDF			-	.73**	.25**	.83**	-.44**
DIF				-	.35**	.90**	-.52**
EOT					-	.62**	-.22*
TAS						-	-.51**

Note. PF= psychological flexibility, PI= psychological inflexibility, DDF= difficulty describing feelings, DIF= difficulty identifying feelings, EOT= externally oriented thinking, TAS= Toronto alexithymia scale total scores, WB= wellbeing

A multiple linear regression was carried out in which outcome measures with significant bivariate correlations with wellbeing were entered as predictor variables (PF, PI and TAS) and wellbeing was entered as criterion variable. Subscales of TAS 20 were not included as they compromise the TAS total scores only. This model accounted for 25.9% variation (Adj R^2 =0.23, F (3,100) = 11.628, p Â 0.001) in relation to wellbeing. It was found that only PF and TAS were significant independent predictors of wellbeing in this model (Table 4).

Table 4. Results of linear regression

Predictor variable	B	Std. Error	β	t
PF	4.352	1.796	.236	2.423*
PI	-2.337	1.60	-.149	-1.46
TAS	-.336	.126	-.313	-2.914**

*p<0.05, **p<0.01

Discussion

The present study aimed to explore the relationship among alexithymia, psychological flexibility and wellbeing. Correlational analysis revealed a positive relationship of wellbeing with psychological flexibility. Usubini et al. (2021) also found a significant relation of psychological flexibility to psychological wellbeing even when variables such as sex, age and body mass index were controlled. Also, psychological flexibility was negatively associated with TAS total scores and all its subscales. Similar results were found by Celikbas et al., (2020) in their study where they employed Acceptance and Action Questionnaire II and Cognitive Fusion Questionnaire (CFQ) to measure psychological inflexibility.

Psychological flexibility helps individuals to adapt to changing situations and to be present in the moment which subsequently enhances the overall wellbeing. This helps college students to navigate through changing stressful experiences and work towards their goals.

Psychological inflexibility was positively correlated with total TAS scores and its subscales of DDF and DIF. Our findings are supported by previous literature (Edwards & Lowe, 2021). The rigidity and lack of adaptability related to psychological inflexibility may serve as potential contributors to alexithymia. Psychological inflexibility also significantly correlated with wellbeing in the present study. Bond et al., 2011 also reported similar results in their findings. Psychological inflexibility can impede an individual's functioning by increasing the tendency toward experiential avoidance and behavioral inaction. It is also associated with difficulties in emotion regulation, which collectively may contribute to reduced levels of overall well-being.

As predicted by our hypothesis Alexithymia total scores along with its subscales was negatively correlated with wellbeing. This is in line with the findings of a study done by Xia (2013) in a sample of Chinese college students. This suggests that recognition and description of emotion leads to decreased wellbeing. This could be because the factors that positively associated with wellbeing such as social relationships, physical health and extraversion are in fact negatively related to alexithymia (Timoney & Holder, 2013).

Our findings suggest that lower levels of alexithymia and higher psychological flexibility is associated with enhanced psychological wellbeing with these two variables collectively accounting for 25.9% of the variance in students. Thus, our hypothesis is accepted. A similar result was reported by (Ali, 2008) where they found alexithymia and DIF predicting variations in psychological wellbeing. Ronkainen et al., (2024) also found that psychological flexibility skills are associated with mental wellbeing in athletes.

The findings of our study can be interpreted through the Unified Flexibility and Mindfulness (UFM) model, which posits that psychological flexibility unfolds in distinct stages. The process begins with an emphasis on present-moment awareness, fostering an alignment with personal values. This alignment facilitates the adoption of decentering techniques, which allow individuals to detach from unhelpful thoughts and emotions. Ultimately, this progression supports behavior that is predominantly value-driven, culminating in the enhancement of various dimensions of well-being (Parker et al., 2024). Psychological flexibility enables an individual to fully experience his emotions whether positive or negative resulting in more adaptive emotion regulation which affects the wellbeing in a positive way (Klein et al., 2022) while alexithymia does the opposite explaining its association with lower levels of wellbeing

Reducing alexithymia and fostering more flexible, adaptive behaviors may significantly enhance individuals' well-being. The ability to effectively express emotions and adapt to changing environments and situations could be critical in promoting overall health and psychological resilience.

Limitations and future directions

The major limitation of our study is the use of self-report measures. Future research can be done on a larger sample and can be selected from wider regional/ cultural backgrounds to obtain more generalizable findings

Conclusion

The study demonstrates the relationship among alexithymia, psychological flexibility and wellbeing in college students of India. The results revealed that alexithymia and psychological inflexibility significantly contribute to wellbeing and act as predictors of it. Psychological interventions should aim at alexithymia to promote wellbeing in individuals by fostering emotional awareness and expression. Higher Psychological flexibility will enable individuals to deal more effectively with life challenges.

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