

A Mixed Methods Study Investigating the Mediating  
Effects of Experiential Avoidance on the Relationship  
Between Alexithymia and Psychological Distress

Rebecca O'Sullivan

August 2022

A Thesis Submitted in Partial Fulfilment of the Requirements of the University  
of East London for the Degree of Doctor of Counselling Psychology

## Abstract

Previous research has suggested that experiential avoidance mediates the relationship between alexithymia and psychological distress. However, commonly used measures of alexithymia and experiential avoidance have been questioned regarding their validity. Therefore, the aim of this study was to investigate the mediating role of experiential avoidance on the relationship between alexithymia and psychological distress using a sequential explanatory methodology. First, previous quantitative findings were replicated using improved psychometric questionnaires on a sample of 211 adults residing in the UK, analysed using the bootstrap statistical method set to 5,000 samples at a 95% confidence interval. Results showed that experiential avoidance fully mediated the relationship between alexithymia and psychological distress. However, this relationship was not found for two facets of alexithymia: Difficulty Identifying Feelings (DIF) and Externally Oriented Thinking (EOT). The subsequent qualitative investigation explored how men with an externally oriented thinking style experience emotions and psychological distress. This was analysed using template analysis, a thematic codebook approach. Overall, the combined results suggested that life experiences can lead to an avoidance of contact with unwanted private experiences, and that this avoidance accounts for the relationship between alexithymia and psychological distress. Additionally, the results suggested two potential mechanisms through which EOT did not relate to elements of psychological distress. First, that EOT may be functioning as a protective factor against both positive and negative emotional affect. Second, that traditional patriarchal pressures may have caused a rejection of emotional content and a preference for avoidant coping leading to a lack of distress disclosure and underscoring on mood questionnaires. Important theoretical and clinical implications were discussed through the lens of Counselling Psychology, leading to a critical evaluation of common assumptions that may underlie modern therapeutic techniques and contribute to social injustice.

*Keywords:* alexithymia, experiential avoidance, psychological distress

## Table of Contents

Abstract.....	ii
List of Figures.....	vi
Acknowledgements.....	vii
Dedication.....	viii
Introduction.....	1
Literature Review.....	8
Search Criteria.....	8
Design.....	13
Clinical Samples.....	14
Community samples.....	17
Methodology.....	23
Introduction.....	23
What is Methodology?.....	23
A Rationale for Mixed Method Research: A Sequential Explanatory Design.....	25
Managing Tensions Between Two Epistemologically Opposing Methodologies.....	27
Methods of Thematic Analysis.....	31
Method.....	32
Quantitative Phase.....	33
Sample Size.....	33
Participants.....	33
Procedure.....	34
Measures.....	34
Perth Alexithymia Questionnaire.....	34
Brief Experiential Avoidance Questionnaire.....	35
Depression Anxiety and Stress Scale.....	36
Dissociative Experiences Scale-Revised.....	37
Data Analysis.....	41
Interim Phase.....	41
Qualitative Phase.....	44
Sample Size.....	44
Participants.....	45
Reflexivity.....	45
Procedure.....	46
Data Analysis.....	47
Ethical Considerations.....	48

Results.....	49
Quantitative Results .....	49
Initial Data Preparation .....	49
Correlation Analyses.....	50
Mediation Analyses .....	51
Mediation Analyses of Key Model Subcategories.....	52
Further Exploration of Externally Oriented Thinking .....	53
Qualitative Results .....	55
Demographic Information of the Four Participants .....	55
Themes Summary .....	55
How Men with an Externally Oriented Thinking Style Experience Emotions and Psychological Distress? .....	57
1. Feelings are not important .....	57
1.1. Actions Speak Louder Than Words.....	57
1.1.1. Until There is no Remedy .....	59
1.2 Don't Dwell .....	59
1.2.1. Life is Less Vibrant.....	60
2. Emotions Should be Controlled .....	60
2.1. Emotions Muddy the Waters .....	62
2.2. Don't Show Your Emotions.....	63
2.2.1. Lack of Connection.....	64
3. Like Trying to Understand a Foreign Language.....	65
3.1. Lack of Emotional Vocabulary .....	66
3.2. Difficulty Communicating .....	67
3.2.1. Perceived Gender Differences .....	68
Integrative Themes.....	69
1. Patriarchal Pressures .....	69
1.1. Avoiding Disapproval.....	70
1.2. Don't Wallow in Your Own Self Pity.....	70
Integration of Quantitative and Qualitative Data.....	72
Discussion.....	75
Key Findings .....	75
Theoretical Implications .....	78
Clinical Applications .....	80
Wider Applications .....	83
Strengths and Limitations .....	84
Future Research .....	88

Summary .....	89
References.....	91
Appendices.....	119
Appendix A: Ethical Approval .....	119
Appendix B: Change of Title Confirmation .....	122
Appendix C: Survey Invitation Letter.....	124
Appendix D: Participant Consent Form.....	127
Appendix E: Survey Debrief Letter .....	129
Appendix F: Interview Invitation Letter .....	131
Appendix G: Interview Debrief Letter.....	134
Appendix H: Original Demographic Questionnaire .....	136
Appendix I: Perth Alexithymia Questionnaire .....	139
Appendix J: Brief Experiential Avoidance Questionnaire.....	141
Appendix K: Depression Anxiety and Stress Scale.....	142
Appendix L: Dissociative Experiences Scale .....	143
Appendix M: Interview Schedule .....	146
Appendix N: Initial Coding Template .....	148
Appendix O: Data Summary of Parametric Testing Results .....	149

## List of Figures

Table 1: Summary of Mediation Analyses Included in Literature Review .....	9
Figure 1: Dimensions of Psychological Inflexibility .....	20
Figure 2: Diagrammatic Representation of Explanatory Sequential Design .....	32
Table 2: Demographic Characteristics of Respondents .....	40
Figure 3: Joint Display Between Scale Items and Interview Questions .....	43
Table 3: Main Scores of Interview Participants .....	45
Table 4: Descriptive Statistics of Key Variables .....	49
Table 5: Pearson Correlation Coefficients of Key Variables .....	50
Figure 4: Path c: Total Effect of Alexithymia on Psychological Distress .....	51
Figure 5: Indirect Effect of Alexithymia on Psychological Distress Through Experiential Avoidance .....	52
Figure 6: Indirect Effect of DDF on Psychological Distress Through Experiential Avoidance .....	54
Figure 7: Mean Levels of Externally Oriented Thinking Compared Between Genders .....	54
Figure 8: Theme Map .....	56
Figure 9: Joint Display of Quantitative and Qualitative Results .....	74
Figure O1: Scatter Plot Showing Standardised Residuals Against Predicted Values for Key Variables on Total DASS Score .....	150
Figure O2: Histogram Showing Distribution of Residuals .....	151
Figure O3: P-Plot of Residuals .....	151

## **Acknowledgements**

First and foremost, I would like express my heartfelt gratitude to my parents, Anna and Richard. Without you, I would not have been able to start the doctorate, let alone finish it. Thank you for being my biggest supporters and for your ongoing enthusiasm, even when I presented you with yet another chapter revision to read.

To my supervisor, Jeeda, for placing your trust in me while I pursued mixed methods research when others discouraged me from doing so. For the months of your time that you dedicated to my project and your endless enthusiasm that renewed my motivation during times of stress, thank you.

To my partner, Harry. Your matter-of-fact attitude has tested the edges to my knowledge and kept me grounded during one of the most challenging years of my life. Time and again you have reminded me of my values as a clinician, researcher, and individual, and for that I will always be grateful.

To my family and friends, thank you for your ongoing patience while I sacrificed social connection to explore the rabbit hole that is alexithymia. For your understanding while my thesis became the centre of my world and for your conviction in reminding me that there is a vibrant, joyful life outside of the doctorate.

Finally, I'd like to express my deepest thanks to all those who participated in my research and especially to the four men who trusted me to do justice to their life experiences. Without you, this project would not exist.

## **Dedication**

This thesis is dedicated to my dad, Richard, whose quiet confidence in my ability and pragmatic outlook on life kept me on track during times of hardship. Words cannot do justice to the unwavering support you have provided me, thank you.



## Introduction

Over the past 100 years we have witnessed several changes to the way psychopathology is understood in a bid to assist in the treatment of mental ill health. First, we saw a reliance on methodological behaviourism due to a general reluctance to focus on hard to define states of psychology (such as emotions), which paved the way for traditional behavioural theories of conditioning from researchers such as Hull (1943), Pavlov (1927), Skinner (1938), and Watson and Rayner (1920). Subsequently, a consideration of the fundamental differences between animal and human learning altered the therapeutic discourse towards theories of social and cognitive factors in conjunction with behavioural affect (Staats & Eifert, 1990), the efforts of which can be seen in practices such as Cognitive Behavioural Therapy (CBT: Beck, 1985). Now, however, the idea of internal states presenting as a key component in the formation and maintenance of pathological behaviours has led to an interest in phenomenological dimensions of psychopathology, including human language. This has led the way to the so coined 'Third Wave' of therapy, and includes modalities like Acceptance and Commitment Therapy (ACT) (Hayes et al., 2009), Relational Frame Theory (RFT) (Hayes, 1991), and Dialectical Behaviour Therapy (DBT) (Linehan, 2018). These are characterised by a shift away from strict diagnostic criteria and towards transverse approaches consisting of shared cognitive and affective dimensions to understanding psychopathology. Such dimensions include factors like cognitive fusion, experiential avoidance, and psychological inflexibility, to name a few.

Avoidance of negative affect is mentioned in many psychological theories throughout the years (see Binswanger, 1963; Freud, 1958; Kelly, 1955; Mowrer, 1947), but is now more regularly referred to as the process of experiential avoidance which originates from ACT (Hayes et al., 2009). Experiential avoidance is part of the wider concept of psychological inflexibility and is defined as: 1) an unwillingness to stay in contact with unpleasant private experiences (thoughts, feelings, emotions, sensations, memories), and 2) attempts to alter negative experiences or the events that trigger them, seen in behaviours such as drug and alcohol use, high-risk sexual behaviour, mobile phone usage, and procrastination (S. C. Hayes et al., 1996). Experiential avoidance is thought to be negatively reinforced. In the short term it operates to provide relief from unpleasant internal experiences, however, in the long run – due to the futility of cognitive avoidance strategies (Wegner et al., 1987) – it better serves to maintain suffering rather than remedy it (Magee et al., 2012; Watzlawick, 1993). Therefore, it may be no surprise that experiential avoidance is present in various

psychological disorders (Gámez et al., 2011; S. C. Hayes et al., 1996; Stewart et al., 2002; Thompson & Waltz, 2010) including depression and anxiety (Moroz & Dunkley, 2019), and has been linked to negative treatment outcomes (Degenova et al., 1994; Holahan et al., 2005).

While experiential avoidance seems most prominent in those suffering from psychopathology, it is important to note that we all have the capacity to be experientially avoidant (S. C. Hayes & Gifford, 1997). Indeed, if you can recall an occasion of actively trying not to think of a distressing private experience, such as thoughts of an upcoming stressful event, or perhaps even memories of a previous social faux pas, then you too have been experientially avoidant. In fact, RFT suggests that experiential avoidance is a part of the human condition and is inextricably entwined with the processes of human language (S. C. Hayes & Gifford, 1997). Although these processes are not inherently pathological, they certainly hold the capacity to cause suffering (Malicki & Ostaszewski, 2014).

When communicating emotions, language generally serves as a symbolic expression of emotion, whereby one can share an affective experience in a psychological sense without having to expose the other person to the literal causal event or stimuli (Staats & Eifert, 1990). Importantly, words depicting emotions such as ‘anxiety’ or ‘embarrassment’ create their meaning through developing a relationship with specific contexts (Roche et al., 2002). Without us having the capacity to form what are known as bidirectional relationships between emotion words (e.g., ‘anxiety’) and their corresponding internal experiences (e.g., racing heart, shakiness), these words would lose all meaning (Barnes-Holmes & Harte, 2022). When paired with our ability to form stimulus equivalences (a conditioned relationship between two stimuli), we become able to respond to word symbols (e.g., “anxiety”) as though they are the very entity they are symbolising (physiological feelings of anxiety) (Barnes-Holmes & Roche, 2001). This can lead to the application of behavioural avoidance strategies to these condemned internal states (Friman et al., 1998), which tragically enhances the intensity and frequency of what was originally intended to be avoided (S. C. Hayes et al., 2005; Wegner, 1994).

Understanding the development and maintenance of these human language processes forms the foundations on which ACT – and thus experiential avoidance - is built. With a philosophy grounded in functional contextualism, ACT rejects a strict realistic ontological view by emphasising holistic understandings of personal experience through the application of both context and theory in an adaptive fashion (S. C. Hayes, 2004). This means that it expands on the previously mentioned language processes by suggesting that experiential avoidance is a phenomenon that is acquired and reinforced within a social context (S. C.

Hayes & Wilson, 1994; Malicki & Ostaszewski, 2014). Specially, experiential avoidance priming can start in the early stages of development. For example, children tend to be positively judged and reinforced for not expressing negative emotions which leads to an evaluation of said emotions as either good or bad with either a rewarding or punishing function (Malicki & Ostaszewski, 2014). These judgements can translate from the expression of emotion onto the emotion itself, which then acquires the same appraisal (Barnes-Holmes & Roche, 2001). Consequently, emotions transform from a physiological response with a function for regulating behaviour to something that is a behavioural goal in and of itself (S. C. Hayes et al., 2005). Simply put, this means that people begin to reject some emotions (e.g., sadness, anger) to pursue other, more desirable internal experiences (e.g., happiness, joy) which initiates experiential avoidance tendencies.

When combined with the futility of cognitive avoidance techniques (e.g., Wegner et al., 1987), experiential avoidance provides the perfect conditions to develop and maintain experiences of psychological distress (Levin et al., 2014). To demonstrate this, I invite you to imagine an individual on their way to attend a social gathering. Upon arrival to the crowded event (context), they begin to experience some internal feelings and sensations (stimuli) that they associate with the verbal symbol ‘anxiety’ (verbalisation). This individual may subsequently appraise the entire experience as unpleasant and conclude the function of the stimulus (their internal private experience) as punishing. These conclusions have the ability to transfer between all elements of this experience, meaning that the frame (social gatherings), stimulus (internal sensations), and verbalisation (“anxiety”) all hold the capacity to be negatively appraised and seen as punishing. This may ultimately lead to avoidance behaviours (such as withdrawal) in an attempt to free themselves of this unpleasantness, which can work to develop and maintain experiences of psychological distress through an increase of psychological inflexibility leading to a narrowing of behavioural responses (Levin et al., 2014).

More recently, research has suggested that a phenomenon called alexithymia (otherwise known as emotion blindness) could possibly arise due to experiential avoidance processes (e.g., Landstra et al., 2013; Zakiei et al., 2017). Specifically, that the habitual application of avoidant strategies to one’s private internal experiences could lead to an inability to recognise or label emotions (e.g., Bilotta et al., 2016; Panayiotou et al., 2015). Alexithymia is defined as a personality trait characterised by an inability to identify or describe emotional experiences both personally and interpersonally (Sifneos, 1972; Taylor et al., 1999). Alexithymic individuals have also been found to demonstrate a thinking style that

prefers external rather than internal stimuli and show limits in their use of mental imagery (Taylor et al., 1999). Consequently, individuals with high levels of alexithymia may know that they do not feel good, but are unable to say or describe how exactly they are feeling (Ogrodniczuk et al., 2011).

With the central pragmatic philosophical orientation of this research in mind, let us briefly consider the context in which alexithymia has emerged. The word itself stems from the Greek “a” lack, “lexis” words, and “thymos” emotion. As is suggested by the etymology, the coiner of the term, Sifneos (1972), was struck by the apparent inability of his psychosomatic patients to express their emotional affect verbally (Nemiah & Sifneos, 1970). Specifically, these patients were compared to the “appropriate” and “interesting” responses received from “neurotic patients” (Sifneos et al., 1977, p.49) and thus deemed as “inappropriate”, “trivial”, and “frightfully dull” (Apfel & Sifneos, 1979, p.182). It seems feasible that these insights may have stemmed from frustrations around trying to treat alexithymic individuals with the psychodynamic framework that was widely accepted in North America and Western Europe at the time. In fact, due to this seeming incompatibility, alexithymic individuals were condemned as failing to be “good patients” (Kirmayer, 1987).

Kirmayer (1987) investigated the ‘issue’ of alexithymic patients further and suggested a need for deeper exploration into patterns of emotional expression and of psychological distress as context driven. In practice, we find that when a person thinks, feels, or behaves in a way that regresses from societal norms and seems to lack reasonable explanation, we are more likely to conclude that they are experiencing distress. Within this, it is important to note that it is not purely regression from the mean that defines distress, but additionally how we attribute meaning and how this fluctuates depending on our own context (Cromby et al., 2017). For example, the meaning assigned to an individual experiencing auditory hallucinations that are kind and friendly in nature may vary between the affected individual and a psychiatrist. The former may define the experience as enriching, and the latter as pathological. Thus, it is important to note that the subjective experience and meaning attributed to it can surpass ‘abnormal psychology’ definitions of distress. This compounds the interconnectivity of contexts, consequences and meanings of experiences in the conceptualisation of suffering. Understood in this manner, psychological distress is distinct from mental illness and psychopathology, which mutually imply the existence of objective disease states (Cromby et al., 2017). Therefore, within the context of the current research, psychological distress will be defined as a highly variable, heterogenous phenomenon that is inseparable from its context and individual attribution of meaning. In application, this has led

to a focus on psychological distress in its entirety and a rejection of constituent elements offered in psychometric questionnaires that may better lend themselves to an understanding of distress as the product of specific disease states (e.g., depression, anxiety and stress).

Exploration of psychological distress as a contextual construct would not be complete without contemplating the effects of western influence within research and practice. What is interesting to consider here is 1) the high value that western definitions of psychological distress place on individual awareness and expression of private experiences (e.g., Bussing et al., 2003; Papadima, 2004; Ridner, 2004), and 2) how this effectively ostracises alexithymic individuals and other cultures that subscribe to alternative models of the self (Ryder et al., 2018). Therefore, an awareness of this western dominance is crucial when digesting the following account of alexithymia research.

Regarding the clinical impact of alexithymia, studies have suggested that it is highly correlated with several psychopathological disorders, including post-traumatic stress disorder (PTSD) (meta-analysis: Frewen et al., 2008), somatoform disorders (review: De Gucht & Heiser, 2003), general anxiety disorders (review: Berardis et al., 2008), obsessive compulsive disorder (OCD) (Bankier et al., 2001; Zeitlin & McNally, 1993), and depression (meta-analysis: Li et al., 2015). Alexithymia has also been highlighted as a predictor of relapse even when controlling for psychotropic medication (Ogrodniczuk et al., 2011) in conjunction with being a negative predictor of treatment outcomes in an array of disorders, including PTSD (Kosten et al., 1992), somatoform disorders (Bach & Bach, 1995), alcoholism (Cleland et al., 2005), eating disorders (Speranza et al., 2007), and borderline personality disorder (Deborde et al., 2012). This suggests that alexithymia is prevalent in those suffering with mental health disorders and seems to impede on one's ability to fully benefit from psychotherapy.

Historically, the aetiology of alexithymia has been poorly understood, which has led to the enduring debate as to whether it is a trait phenomenon that precedes psychopathology or a state triggered by it (e.g., Messina et al., 2014). Despite several studies demonstrating overwhelming evidence of a neurobiological, trait theory to alexithymia (e.g., Aust et al., 2013; Bird et al., 2010; Eichhorn et al., 2014; Güleç et al., 2013; Ihme et al., 2013; Joukamaa et al., 2003; Karukivi et al., 2011; Kench & Irwin, 2000; Martínez-Sánchez et al., 2003), their general inability to establish a clear independence from psychosocial factors (e.g., low levels of education, Lennartsson et al., 2017; low income, Obeid et al., 2019; higher age, Tolmunen et al., 2011; male gender, Levant et al., 2009) and other comparable phenomena (e.g., theory of mind, Rizzolatti et al., 2009; social cognition, Adolphs, 2001; emotional awareness, Silani

et al., 2008) has exacerbated this uncertainty (Meza-Concha et al., 2017) and led to their omission in this thesis.

More recently, researchers have suggested that alexithymia may be a dimensional construct that lies on a spectrum (for taxometric studies, see Keefer et al., 2019; Mattila et al., 2010; Parker et al., 2008), similar to personality (Haslam et al., 2012). Specifically, it has been theorised that experiential avoidance (a state dependent defence mechanism against negative affect) can lead to the development of alexithymic characteristics which can be acute or enduring in nature (Bilotta et al., 2016; Landstra et al., 2013; Panayiotou et al., 2015, 2020; Venta et al., 2013). Taking male gender, for example, Pleck (1995) suggested in his Gender Role Strain Paradigm that historical patriarchal social norms may impact the degree to which boys are encouraged to devalue and restrict emotional experiencing (Levant, 1992; O'Neil, 1981; Thompson Jr & Pleck, 1995; Unger, 1990). This was furthered by Levant (1992) in his Normative Male Alexithymia model. He stated that, depending on the severity of the discouragement (or even punishment) in the face of expressions of 'undesirable' emotions such as those indicating vulnerability (hurt, sadness, fear) or attachment (fondness, love, dependency), men could develop either suppressive, repressive, or dissociative coping mechanisms. In essence, this discouragement of emotional expression can lead men to use experiential avoidance to distance themselves from emotions that historically caused them mental or physical pain, thus leading to an overall preference for avoidant coping and alexithymic characteristics (e.g., Kashdan et al., 2006). It may therefore not be surprising that alexithymia is associated with insecure attachment styles (Besharat, 2010a) and interpersonal disturbances (Besharat, 2010b; Vanheule et al., 2010).

Contemporary research has consequently turned towards further understanding the relationship between alexithymia and experiential avoidance. This has important implications for clinical and therapeutic practice, as – currently - most forms of psychological therapy are tailored towards those who have an ability to identify and describe their emotions, which effectively ostracises and limits the effectiveness of treatment for those who cannot (i.e., alexithymic individuals). Moreover, as alexithymia has been found to strongly associate with the male gender and thus lead to a plethora of mental health concerns, including paranoia, psychoticism (Good et al., 1996), psychological distress (Good & Wood, 1995), substance abuse, domestic violence (Berger et al., 2005), and increased risk of suicide and homicide (Iskric et al., 2020; Kauhanen et al., 1996), it has become of the utmost importance to fully understand the aetiology of alexithymia so that clinical interventions can be considered. If, for example, alexithymia is indeed formed through experiential avoidance coping strategies,

decreasing these tendencies in therapy should also decrease alexithymic traits and thus any associated psychological risk factors. Therefore, the following literature review is aimed at developing a further understanding of the relationship between experiential avoidance and alexithymia in relation to psychological wellbeing. Within this, emphasis is placed on understanding the directionality of any found relationships in addition to any potential mediational relationships between alexithymic, experiential avoidance, and psychological distress. Subsequently, the current research question and methodology will be suggested, leading to an in-depth consideration of methodological choices for the current study.

## Literature Review

### Search Criteria

When searching for literature into the mediating effects of experiential avoidance on the relationship between alexithymia and psychological distress, the following data bases were utilised: Google Scholar, Scopus, Academic Search Complete, APA Psych Articles, and APA Psych Info. These were selected for their broad representation and general abundance and breadth of psychological journals. The search terms used were as follows: experiential avoidance OR experiential acceptance, alexithy (to capture both alexithymia and alexithymic), anxi (for anxiety, anxious) OR worry, stress (stress, stressed), depress (for depression, depressive, depressed) OR low mood, and mediat (mediation, mediating). Initially, this yielded 454 results from google scholar, 1 from Scopus, 46 on Academic Search Complete, 8 from APA Psych Articles, and 1 from APA Psych Info. These results were entered into the reference management system Zotero, and duplicates were subsequently removed, resulting in a total of 489 articles.

Subsequently, articles were screened for suitability. Inclusion criteria included: studies examining both experiential avoidance and alexithymia in relation to one another and elements of psychological wellbeing, availability in English, published within peer-reviewed journals, available via online library systems and journals (introduced due to COVID-19 travel restrictions impacting ability to acquire physical papers). Exclusion criteria included: no direct examination between alexithymia and experiential avoidance; participants exclusively presenting with trauma, substance abuse, traumatic brain injuries, or autistic spectrum disorder (ASD); and studies published before 1996 (as the redefinition of experiential avoidance that this paper adopts was by Hayes in 1996). After screening, ten articles remained fully appropriate for further exploration and digestion. A summary of these studies can be found in table 1.



**Table 1***Summary of Mediation Analyses Included in Literature Review*

	Population	Sample Size	Cronbach Alpha	Analysis	Outcome	Critique
Berrocal, 2009	University students and general population - Italy	177	IV: Alexithymia (TAS-20) = .82  DV: Emotional distress (BASIS-32) = .69  Mediator: Experiential avoidance (AAQ) = .53	Hierarchical regression Baron & Kenny method (1986)	Experiential avoidance did not significantly mediate the relationship between alexithymia and emotional distress	Effect of alexithymia on emotional distress only 7% when controlling for experiential avoidance.  AAQ had low internal consistency.  BASIS-32 designed and standardised for use in psychiatric hospital admissions to measure change during treatment.
Bilotta, 2016	General population US	315	IV: Negative emotionality and avoidant coping (PANAS, COPE) = .90, .90  DV: Alexithymia (TAS-20) = .90  Moderator: Experiential avoidance (AAQ-II) = .85	Moderated multiple regression	The avoidant coping/negative emotionality interaction predicted higher levels of alexithymia; this relationship was moderated by experiential avoidance	High levels of alexithymia in sample (27.3%)
Duarte and Pinto-Gouveia, 2017	General population, Portugal	331	IV: Alexithymia (TAS-20) DDF = .72, DIF = .85, EOT = .48, Overall = .84  DV: Positive emotions (DPES) = .83  Mediator: experiential avoidance (AAQ-II) = .92	Bootstrap mediation. 5,000 samples to 95% confidence interval	Experiential avoidance significantly mediated the relationship between alexithymia and positive emotions	Cross sectional– no causal conclusions.  AAQ-II not specific to experiential avoidance, but the wider concept of psychological inflexibility.

Landstra, 2013	HIV positive men	187	IV: DIF + DDF (from TAS-20) = .88  DV: Psychological distress (DASS-21) Dep = .94 Anxiety = .88 Stress = .92  Mediator: psychological flexibility (AAQ-II) = .91	Bias-corrected bootstrap mediation	DIF + DDF mediated the relationship between psychological flexibility and mental health.  Psychological flexibility did not mediate the relationship between DIF + DDF and mental health.	Longitudinal study.  31% of participants did not complete time 2 data – expected likelihood imputation used to replace missing data.  Correlation between anxiety and experiential avoidance significantly reduced between time one and time two. Participants may have learnt alternative coping methods or learnt the purpose of the study.  Confidence intervals informing the acceptance of null hypothesis only crossed 0 by > .01, some crossing by as little as .005.
Panayiotou, 2015	Students – Cyprus	205	IV: Alexithymia (TAS-20) DIF = .83 DDF = .66 EOT = .73  DV: Psychosomatic symptoms (modified PHQ-15) = .90  Mediator: Experiential avoidance (AAQ-II) = .87	Bias corrected bootstrap mediation	Experiential avoidance mediated the relationship between alexithymia and somatic symptoms.  EOT was not related to somatic symptoms and shared the smallest relationship with experiential avoidance out of the TAS-20 factors (.17).  Experiential avoidance also did not mediate relationship between EOT and somatic symptoms.	Un-validated measure of somatic symptoms. However, factor analysis carried out confirmed one factor loading which enhances confidence of its use.

Panayiotou, 2016	OCD patients - US	163	IV: Alexithymia (TAS-20) DIF = .58 DDF = .81 EOT = .40  DV: Depression (BDI-II) = .95  Mediator: Experiential avoidance (AAQ-II) = .83	Bias-corrected bootstrap mediation	Experiential avoidance mediated the relationship between alexithymia and depression at both time points.  EOT did not share a significant relationship with depression.  Experiential avoidance did not mediate relationship between EOT and depression at either time points.  Reductions in experiential avoidance mediated the relationship between reductions in alexithymia and improvement in depression following treatment. However only DIF was significant.	High levels of mental health disorders due to clinical sample (71% OCD, 49% depression + anxiety disorders).  Data collected at two time points, so longitudinal effects considered.
Panayiotou, 2020	Undergraduate university students – South European	315	IV: Alexithymia (TAS-20) Total = .83 DDF = .66 DIF = .78 EOT = .73  DV: Social anxiety (SCS) Private self-consciousness = .82 Social anxiety = .84  Mediator: Experiential avoidance (AAQ-II) Total = .89	Bias-corrected bootstrap mediation. 90% confidence interval, 1,000 samples	Experiential avoidance fully mediated the relationship between alexithymia and social anxiety.  All aspects of alexithymia were positively associated with social anxiety.	Cross sectional– no causal conclusions.  AAQ-II not specific to experiential avoidance, but wider concept psychological inflexibility.  Convenience sampling used that resulted in a non-representative sample.  No justification for lower number of bootstrap samples (1,000) and lower confidence interval (90%).

Panayiotou, 2020	Undergraduate university students – South European	148	IV: Alexithymia (TAS-20) Total = .83 DDF = .66 DIF = .78 EOT = .73  DV: Social anxiety (PDSQ) Total = .85  Mediator: Experiential avoidance (AAQ-II) Total = .89	Bias-corrected bootstrap mediation. 90% confidence interval, 1,000 samples	Experiential avoidance fully mediated the relationship between alexithymia and social anxiety.  All aspects of alexithymia except EOT showed positive associations with social anxiety.  All aspects of alexithymia strongly related to experiential avoidance, except EOT.	Same as above (Panayiotou, 2020)
Venta, 2013	Adolescent inpatients	64	IV: Alexithymia (TAS-20) = .89  DV: Difficulty regulating emotions (DERS) = .96  Mediator: Experiential avoidance (AFQ-Y) = .87	Hierarchical regression. Baron & Kenny method (1986).	Experiential avoidance mediated the relationship between alexithymia and emotion regulation difficulties.	Young mean age (16.24 years).  Very high levels of alexithymia, particularly amongst males (68.4% males, 31.8% females).  TAS-20 not validated for use with children.  AFQ-Y is a broad measure, includes cognitive fusion and general psychological flexibility.  High levels of clinically diagnosed mental health problems (39.1% mood disorders, 23.4% anxiety disorders).
Zakiei et al., 2017	Medical students – Iran	440	IV: Alexithymia (FTAS-20) = .76  DV: Risk of psychiatric disorder (GHQ-28) = .91  Mediator: Experiential avoidance (AAQ-II) = .76	Regression analyses. Baron + Kenny method.	Experiential avoidance partially mediated the relationship between alexithymia and risk of psychiatric illness.	Cross sectional design.  Student sample, not representative.

*Note. Abbreviations used:*

*AAQ – Acceptance and Action Questionnaire (S. C. Hayes et al., 2004)*  
*AAQ-II – Acceptance and Action Questionnaire-II (Bond et al., 2011)*  
*AFQ-Y – The Avoidance and Fusion Questionnaire for Youth (Greco et al., 2005)*  
*BASIS-32 – The Behaviour and Symptom Identification Scale (Eisen et al., 1986)*  
*BDI-II – Beck Depression Inventory-II (Beck et al., 1996)*  
*COPE – Coping Orientation to Problems Experienced Inventory (Carver et al., 1989)*  
*DASS-21 – Depression Anxiety Stress Scales (Lovibond & Lovibond, 1995)*  
*DEERS – Difficulties in Emotion Regulation Scale (Gratz & Roemer, 2004)*  
*DPES – Dispositional Positive Emotion Scale (Shiota et al., 2006)*  
*FTAS-20 – Farsi version of Toronto Alexithymia Scale (Besharat, 2007)*  
*GHQ-28 – General Health Questionnaire (Goldberg & Hillier, 1979)*  
*TAS-20 – Toronto Alexithymia Scale (Bagby et al., 1994)*  
*SCS – Self Consciousness Scale (Fenigstein et al., 1975)*  
*PANAS – Positive and Negative Affect Scale (D. Watson et al., 1988)*  
*PDSQ – Psychiatric Diagnostic Screening Questionnaire (Zimmerman & Mattia, 2002)*  
*PHQ-15 – Patient Health Questionnaire-15 (Kroenke et al., 2002)*  
*DIF = Difficulties Identifying Feelings (factor of the TAS-20); DDF = Difficulties Describing Feelings (factor of the TAS-20); EOT = Externally Orientated Thinking (factor of the TAS-20).*

## **Design**

It was found that past research papers did not explicitly state nor discuss their epistemological positionalities, which leaves readers playing a type of epistemological guessing game. The overall postpositivist hue to the papers was not hard to come by, whether inferred through their quantitative methodologies or even more subtly in their rhetoric. However, one's capacity to 'guess the epistemological stance' is not the essence of this point; by not explicitly discussing one's position, a false pretence of philosophical harmony is created which often undermined the researcher's efforts. By not discussing one's philosophy these papers fail to acknowledge the tensions between holding a postpositivist view within a domain that emphasises an opposition of categorical, single reality thinking by adopting dimensional views of the studied phenomena via a functional contextualist worldview. Due to this, it has been common practice for past researchers to choose a methodology that best suits their own positionality in a puristic, unidirectional fashion, rather than in a way that would best suit the research question. This approach has led to the adoption of single strand quantitative investigations utilising what some may describe as outdated measures (e.g., TAS-20) (D. A. Preece, Becerra, Allan, et al., 2020).

Within the commonplace quantitative methodologies, convenience sampling was a popular recruitment technique that mainly included gathering participants either from university or clinical settings; both of which can create complications in generalisability. The former may result in lower mean levels of alexithymia, as alexithymia has been found to decrease as education level increases (Mattila et al., 2006). The latter may be confounding

due to higher levels of alexithymia among individuals with mental health diagnoses (Leweke et al., 2012), in addition to potential spillover effects from other disorders that mimic the characteristics of alexithymia (Kashdan et al., 2006).

All the included studies were survey based and - within this – all but two were cross-sectional. Therefore, despite the plethora of mediation analyses implying experiential avoidance as the underlying factor in accentuating alexithymic traits, the general lack of longitudinal designs in the research domain indicates that no definitive causal conclusions can be drawn. This will be considered further in the Discussion chapter. Furthermore, due to the nature of the concepts being measured, it has been highlighted that self-report measures may in fact be a paradoxical selection for research into alexithymic individuals due to their inability to identify how they are feeling (Lumley, 2000; Taylor & Bagby, 2013). In fact, the historic lack of alternative methods of investigation into alexithymia has generated a distinct gap in the research domain. So far, purely quantitative researchers have not adequately explained the mechanisms or contexts behind their found relationships (Solano, 2022). Therefore, the use of self-report measures should – ideally - be supplemented with other components (e.g., qualitative interviews) to enhance any claims based on quantitative data (J. D. Parker et al., 1991; Timoney & Holder, 2013).

Finally, the age of participants was young on average (mean age: 29.06 years), with university and adolescent inpatient sampling having a large effect on this. The effects of this and possible confounds is discussed later with reference to the Venta et al. (2013) study. Moreover, ethnicity data was unclear throughout, with one study providing only the vague statement “all Caucasian” (Berrocal et al., 2009). Overall, what is clear is that most of the samples were young, white females. Understandably, this greatly impacts the generalisability of the results, and generates questions about the nature of alexithymia, experiential avoidance, and psychological distress outside of these demographics. Indeed, this certainly highlights improvements needed in future research.

### **Clinical Samples**

To date, just two studies have investigated the mediating role of experiential avoidance on the relationship between alexithymia and psychological distress in a clinical setting. This is no surprise when considering the rigid inclusion criteria for such studies: participants must simultaneously have a mental health diagnosis and meet the cut-off scores for alexithymia. Firstly, the use of diagnostic criteria to validate the existence of

psychological distress may not be pragmatically useful to the context it is intended to be applied. To demonstrate this, let us take the UK's Improving Access to Psychological Therapies (IAPT) programme which has been recognised as the most ambitious implementation of talking therapies in the world (NHS digital, 2020). Within this operation, access to the service is not dependent on having a mental health diagnosis, nor is this medicalised language commonly used. Instead, we see therapists referring to problem descriptors and clustering tools. It could therefore be said that research focusing on those with mental health diagnoses is now missing a large majority of individuals who are accessing psychological help in a clinical setting. Secondly, using cut-off scores to determine the prevalence of alexithymia undermines the now widely accepted view of alexithymia as a continuous characteristic (Keefer et al., 2019), and excludes participants with moderate levels of alexithymia that may be more dominant in the general population (e.g., McGillivray et al., 2017). It could be argued that if postpositivist researchers are aiming towards larger generalisability, there may need to be a shift away from strict cut offs and clinical diagnoses to better match the evolving clinical population of the modern world. These two clinical studies will be subsequently outlined and critiqued.

In 2013, Venta et al. investigated whether experiential avoidance mediated the relationship between alexithymia and emotional regulation in an adolescent sample (aged between 13 and 17) in an inpatient setting. Participants had been admitted for either severe behavioural, psychiatric, or substance disorders. Researchers recruited participants by offering a payment to individuals willing to participate, with an exclusion placed on those presenting with psychotic disorders such as schizophrenia. Of 60 adolescents recruited, just 18 met the requirements to be included in analysis.

A hierarchical regression analysis was used to find support for the mediating role of experiential avoidance on the relationship between alexithymia and emotional regulation. The researchers concluded that this suggests a trait-like nature to alexithymia, whereby the child's ability to absorb and practice emotional syntax is impaired, thus leading to further development of alexithymic mannerisms and later psychopathology (Venta et al., 2013).

The use of the Baron and Kenny (1986) mediation method provides the first critique. This method contains several statistical assumptions that – if applied to certain samples – can become a confounding factor. For this case, the assumption of a normal distribution of the indirect path *ab* (the mediating effects of experiential avoidance on the relationship between alexithymia and emotional regulation) is relevant. Due to the use of mental health diagnoses

and alexithymia cut-offs, normal distribution within this sample is doubtful, and thus the accuracy of the reported statistical results may be lacking (A. F. Hayes, 2017).

Moreover, a dimension that was not accounted for by Venta et al. but nonetheless holds relevance to the studied population is emotional intelligence. This concept has also shown strong links to both one's ability to identify emotions and age (Ciarrochi et al., 2001; Fernández-Berrocal et al., 2012; Mayer et al., 1999). The literature depicts that alexithymia tends to decrease with age (J. D. Parker et al., 2001) as adults have had more time to create and accumulate connections between internal states and the relative verbal symbols used to convey them (Keefer et al., 2019). Therefore, it is hard to say whether the measures utilised in this study were more accurately gauging levels of emotional intelligence or alexithymia.

Furthermore, neither the Toronto Alexithymia Scale (TAS-20) nor the Difficulties in Emotion Regulation Scale (DERS) used in this study have been validated outside of an adult population (Bagby et al., 1994; Gratz & Roemer, 2004). Despite this, Venta et al. was able to demonstrate an internal reliability score of .89 for the TAS-20 in this sample, which seems to express its successful use despite the lack of validation. The conflicting nature of these two points creates uncertainty surrounding the accurate measurement of alexithymia in this youthful population and should be considered when assessing the study's impact.

In 2016, Panayiotou et al. found support for the above study when investigating the mediating effects of experiential avoidance on the relationship between alexithymia and depression. Their sample came from the Houston OCD program in Texas, USA, with participants consisting of inpatients and outpatients. 163 participants partook in a course of cognitive behavioural therapy (CBT), and levels of experiential avoidance, alexithymia, and depression were collected at the start and end of treatment.

The highly reliable bootstrapping statistical method set to 5,000 samples at a 95% confidence interval (Preacher et al., 2007) was used to confirm the hypothesis that experiential avoidance mediated the relationship between alexithymia and depression. Results demonstrated a complete mediation prior to treatment and a partial mediation post treatment. They concluded that the decreases in experiential avoidance achieved through treatment worked to reduce alexithymic traits, which suggests that alexithymia may develop as a learned coping mechanism to avoid unpleasant private events.

Despite the superior longitudinal nature of this study, high levels of mental health diagnoses in the sample renders it less generalisable to the wider populations and thus limits the application of their findings (Gustavson et al., 2012). Moreover, the inclusion criterion of a mental health diagnosis prevented the researchers from adhering to other desirable



exclusion criteria (such as PTSD, psychosis, drug usage, neurodevelopmental disorders) to not further limit their sample size. This may have introduced confounding factors to the study as each of these states introduce symptoms that may replicate alexithymic traits, such as dissociation (Kashdan et al., 2006).

### **Community samples**

Recently, there have been eight studies looking into the mediating effects of experiential avoidance on the relationship between alexithymia and elements of psychological wellbeing in a community sample. Not only did these studies span a wide range of countries, including Greece (Panayiotou et al., 2015), Italy (Berrocal et al., 2009), Portugal (Duarte & Pinto-Gouveia, 2017), Iran (Zakiei et al., 2017), USA (Bilotta et al., 2016), UK (Landstra et al., 2013), and Southern Europe (Panayiotou et al., 2020) but also covered a large variety of languages and samples types.

Seven of these studies confirmed partial to full mediatory effects of experiential avoidance on the found alexithymia-psychological distress relationship via bootstrapping and regression techniques. However, these studies are not without limitation. Commonly, standardised measures were translated and applied to populations outside of the original validating sample. This assumes that: 1) the constructs will exist in the target samples, and 2) the linguistic subtleties of each measure will accurately translate.

Historically, studies have demonstrated test re-test and internal reliability of translated versions of the Toronto Alexithymia Scale-20 (TAS-20) and the Acceptance and Action Questionnaire (AAQ-II) to Greek (Karekla & Michaelides, 2017; Tsaousis et al., 2010), Farsi (Abasi et al., 2013; Besharat, 2007), Portuguese (Pinto-Gouveia et al., 2012; Praceres et al., 2000), and Italian (Bressi et al., 1996; Pennato et al., 2013). However, these methodologies commonly overlooked valuable measures of validity, including convergent and discriminant validity, which limits the support these studies can offer. In sum, additional research is required to fully support the use of these standardised measures outside of their language and context of origin.

Regarding the prevalence of the studied concepts, research suggests that alexithymic traits span over 19 different countries and languages (Taylor et al., 2003), and experiential avoidance has been found in White, European, and Middle-Eastern cultures (Borgogna et al., 2020; Monestès et al., 2016). However, it is important to note that research has found that white cultures show the strongest factor loadings on the AAQ-II, with Asian cultures the

weakest (Borgogna et al., 2020). This presents three possibilities: 1) experiential avoidance does not exist to the same extent in Eastern cultures as it does Western cultures, 2) we are yet to develop a universal measure of experiential avoidance that can be utilised across cultures, or 3) we cannot develop one universal measure to accurately detect experiential avoidance in all cultures and contexts. Due to the pragmatic emphasis that both the current paper and the research domain places on the role of context, one may be inclined to support the final statement. In fact, developing standardised measures in a particular context and applying this to alternative contexts seems to challenge the very functional contextualist foundations that experiential avoidance is built upon (Biglan & Hayes, 1996; S. C. Hayes, 1993; S. C. Hayes et al., 1988).

Despite the philosophical tension created by standardised measures, their place in the innovation of therapeutic interventions can be acknowledged. Currently, due to the influence that Western, medicalised ideals have on psychological research, diagnostics, and interventions (Ryder et al., 2018), there seems to be a general preference for standardisable, numerical data over and above the rich idiosyncrasy that could be achieved through qualitative means. However, just because this is the current custom is not to say that critique should not be applied to methods of obtaining such data.

The TAS-20 is the most widely used psychometric questionnaire used to measure alexithymia (Lumley, 2000), and it has been confirmed to measure three distinct facets: difficulty identifying feelings (DIF), difficulty describing feelings (DDF), and externally oriented thinking (EOT) (J. D. Parker et al., 2003). However, over time research had indicated that the TAS-20 commonly produces low internal consistency of the EOT factor when compared to the other two subscales (Kooiman et al., 2002), especially when the primary language is not English (Meganck et al., 2008; Säkkinen et al., 2007; Tsaousis et al., 2010; Zimmermann et al., 2007). This seems to have translated into a lack of significance of the EOT subscale in past research (e.g., Panayiotou et al., 2015) and for others to exclude this important factor of alexithymia all together (e.g., Landstra et al., 2013). Therefore, one must wonder whether previous conclusions made regarding alexithymia can be confidently applied when constructed from a measure that does not reliably gauge such a prominent feature of the phenomenon (D. Preece et al., 2017).

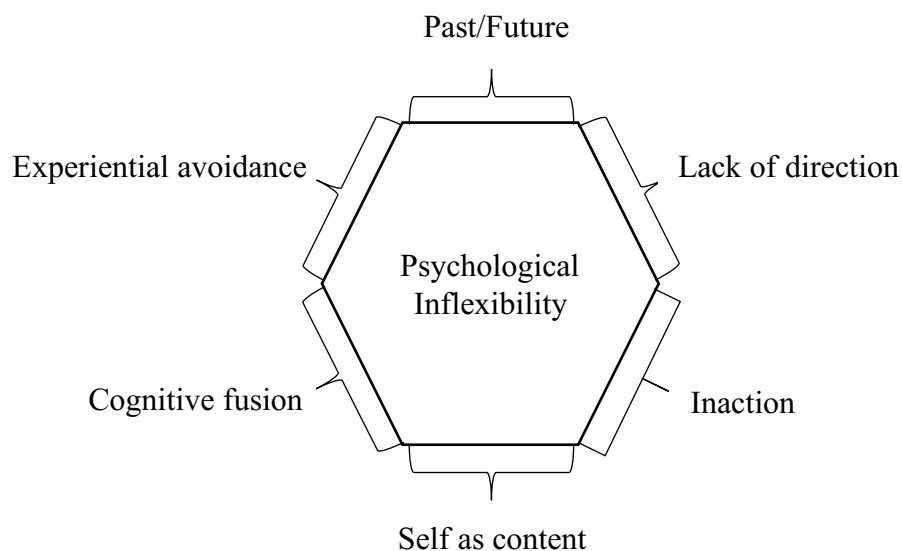
Regarding the items on the TAS-20, there are several notions to consider. Firstly, this measure seems to enquire into the very deficits that alexithymic individuals are anticipated to have, e.g. *“I have feelings that I can’t quite identify”*. For an individual who potentially possesses no prior experience of identifying emotions, accurately scoring this item may be

problematic. Secondly, these items only consider negative emotionality (Preece, Becerra, Allan, et al., 2020). This is noteworthy in light of recent research that has demonstrated that valence is important when assessing emotional constructs (Becerra et al., 2019; Ripper et al., 2018; Weiss et al., 2015), as neither alexithymia nor experiential avoidance discriminate between socially constructed ‘positive’ and ‘negative’ emotions (e.g., S. C. Hayes & Gifford, 1997; Lumley, 2000). More recent research has suggested that rectifying both of the above points may enhance the construct validity of alexithymia measures (D. Preece et al., 2018). Indeed, one such alternative measure is the Perth Alexithymia Questionnaire (PAQ) (D. Preece et al., 2018). This measure utilises both positive and negative emotion valences and uses syntax that is comprehensible for those that struggle to identify or describe emotions. An example item is “when I’m feeling bad, if I try to describe how I’m feeling I don’t know what to say”. The PAQ is the questionnaire chosen for measuring alexithymia in the current study and will be outlined in detail in the Method chapter.

The previously mentioned uncertainties regarding validity are also present in measures of experiential avoidance. In fact, it has been suggested that questionnaires such as the AAQ (I and II) and the Avoidance and Fusion Questionnaire for Youth (AFQ-Y; adapted from AAQ) may not accurately measure experiential avoidance at all, but rather psychological inflexibility (Wolgast, 2014). Hayes – the coiner of the phrase experiential avoidance and creator of the AAQ – stated “The AAQ-II appears to be a unidimensional measure that assesses the construct of psychological inflexibility” (Hayes et al., 2011). Moreover, the AFQ-Y also seems to include wider elements of psychological flexibility, such as cognitive fusion.

The misconception of experiential avoidance as synonymous to psychological inflexibility is not uncommon; in fact, papers commonly interchange one term for another (e.g. Landstra et al., 2013). However, let it be stressed that experiential avoidance and psychological inflexibility are independent constructs despite their shared foundation. In fact, psychological inflexibility is an umbrella term for several concepts, including experiential avoidance and cognitive fusion, as depicted in Figure 1. Therefore, as all the papers included in this review utilised either the AAQ-I (e.g., Berrocal et al., 2009), AAQ-II (e.g., Bilotta et al., 2016; Duarte & Pinto-Gouveia, 2017; Landstra et al., 2013; Panayiotou et al., 2015, 2020; Zakiei et al., 2017), or the AFQ-Y (e.g., Venta et al., 2013), it seems feasible that they may have been more accurately investigating the mediating effects of psychological inflexibility on the relationship between alexithymia and elements of psychological wellbeing, rather than experiential avoidance.

**Figure 1**  
*Dimensions of Psychological Inflexibility*



The only investigation in this review to claim no mediating effect of experiential avoidance on the relationship between alexithymia and emotional distress was Berrocal et al. (2009). However, there are several elements of this study that may diminish the impact of this conclusion.

This study used the BASIS-32 (Behaviour and Symptom Identification Scale) and AAQ-I questionnaires. The former questionnaire was designed to measure response to psychiatric treatments in hospital admissions rather than as a measure of psychological wellbeing in the general population (Eisen et al., 1986). Therefore, its successful use in this study could be doubted. Furthermore, the latter questionnaire demonstrated low levels of internal consistency. In fact, upon looking into the statistical outputs of the research –in particular, Cronbach’s Alpha - the majority of measures used in this study do not meet the desired cut off value of over .80 (Lance et al., 2006). With the AAQ demonstrating a value of just .53, which indicates unsatisfactory internal consistency and a large variance between scale items that runs the risk of being a confounding variable (Cohen, 2013).

Furthermore, despite the non-significant conclusion drawn regarding the mediating effects of experiential avoidance, it is interesting to note that the effect of alexithymia on emotional distress was only 7% when controlling for experiential avoidance. So, despite its insignificance, there was some notable effect. Thus, it seems possible that the accumulative

impact of the incongruous application of the BASIS-32 along with universal low levels of internal consistency hastened the researchers' decision to accept their null hypothesis.

After reflecting on the key detriments to the current body of research, this project aims to improve upon the body of literature through an explanatory sequential mixed method study. This design comprises of first collecting and analysing quantitative data, then pursuing a subsequent qualitative investigation to shed light on the former element. The initial quantitative phase will encompass a cross-sectional survey, investigating the mediating effects of experiential avoidance on the relationship between alexithymia and psychological distress in an adult, UK sample. The subsequent qualitative phase will utilise semi-structured interviews to further investigate and understand noteworthy results found in the quantitative investigation and will be analysed using template analysis, a form of thematic analysis. Rationales for these methodological selections will be outlined in the subsequent Method section. By integrating these two forms of data it is hoped that this investigation would further the research area in two main ways, 1) providing the first mixed methods study in the domain (to this researcher's knowledge), and 2) further understanding of aetiological components of alexithymia (e.g., experiential avoidance, sociological contexts) that may assist in the development of more efficacious therapeutic interventions. Therefore, the research aims are:

1. Use updated psychometric questionnaires to account for previous confusion regarding psychological inflexibility as synonymous to experiential avoidance.
2. To improve upon previous investigations by using a mixed method enquiry into alexithymia, as originally suggested by Parker et al. (1991).
3. To use the qualitative component to actively challenge the findings and validity of the initial quantitative element.

Thus, the research questions for this study are:

1. Will the mediatory role of experiential avoidance on the relationship between alexithymia and psychological distress be found when using updated questionnaires?

This includes the following hypotheses:

- a. Higher levels of alexithymia will predict higher levels of depression, anxiety, and stress.
- b. Higher levels of alexithymia will predict higher levels of experiential avoidance.

- c. Higher levels of experiential avoidance will predict higher levels of depression, anxiety, and stress.
  - d. Experiential avoidance will mediate the relationship between alexithymia and psychological distress.
2. In what ways do the experiences of alexithymic individuals support the previously found mediatory role of experiential avoidance on the relationship between alexithymia and psychological distress?

## Methodology

### Introduction

This study employed a sequential explanatory mixed method research strategy that is formed of two distinct parts, 1) a quantitative survey analysed using a bootstrapping technique to assess the mediating effects of experiential avoidance on the relationship between alexithymia and psychological distress, and 2) qualitative follow up interviews to establish in what ways the experiences of alexithymic individuals supports the results found in part one, analysed thematically. Following the completion of the former quantitative phase, the latter component was adjusted to focus specifically on how men with an externally oriented thinking style experience emotions and psychological distress. This method of study allowed the researcher to attempt to clarify existing research into the relationship between experiential avoidance, alexithymia, and psychological distress in a deductive fashion, along with gathering rich, inductive information from participants, organised in such a way to address the research questions. This section will outline the methodological approach to this study.

### *What is Methodology?*

A research methodology is seen as the resultant action caused by a researcher's chosen paradigm (Ponterotto, 2005a). This refers to a set of beliefs that are constructed from one's ontological position (the nature of reality), epistemological position (how we gain knowledge), axiological position (role of values in research), and even rhetoric (the language of research) (Creswell, 2013; Lincoln et al., 2011; Mertens & Tarsilla, 2015; Morrow, 2007).

The way in which research paradigms – particularly epistemology – are defined and referred to in the literature ranges widely, and thus important to note. Classically, researchers such as Willig (2012) divide this complex spectrum into realist, phenomenological, and social constructivist, with others such as Ponterotto (2005) classifying epistemology into positivism, post-positivism, constructivism-interpretivism, and critical theories. However, as this research adopts a pluralistic approach leading to the utilisation of a mixed methods research (MMR) design, a focus will be drawn from the works of Creswell and Clark (2017) who subcategorise epistemology into postpositivist, constructivist, transformative and pragmatist.

A researcher who adopts a postpositivist paradigm accepts the ontological view of one singular reality that is independent and stable from themselves, which portrays an

epistemological tone of distance and impartiality (Slife et al., 1995). In practice, a postpositivist researcher may gather data through questionnaires and attempt to rigorously control variables in the name of empiricism, which may lead to knowledge claims based on deductive exploration (Ponterotto, 2005b; Willig, 2013). Axiologically, the researcher may actively try to eliminate bias in their research, which tends to give way to the well-known academic style of rhetoric that is presented in postpositivist research papers (Clark & Creswell, 2005).

In contrast, the constructivist approach tends to offer a sense of dichotomy to the postpositivist stance (Turner et al., 2017). Researchers with this position adopt an ontological view that reality is multidimensional, and these varying perspectives are actively sought out in their research (Creswell & Clark, 2017). Due to an epistemological position grounded in closeness and subjectivity, and an axiological position that embraces personal interpretations from the researcher, we frequently see an emphasis on inductive exploration (Packer & Goicoechea, 2000). This commonly utilises interviews that are aimed at gathering data on the richness of idiosyncratic experience (Creswell & Clark, 2017).

At first glance, these examples can foster a sense of incompatibility due to their divergent positions on the ontological and epistemological spectrum (Maxcy, 2003). Indeed, this very distance has led some researchers to align with what is now more commonly known as the 'Incompatibility Thesis' (Guba, 1987; Smith, 1983b, 1983a; Smith & Heshusius, 1986). This argues that a researcher's paradigm should inform the chosen methodology in a unidirectional fashion; thus, rendering quantitative and qualitative methodologies incompatible and ceasing critical discussions regarding a philosophical and methodological middle ground (Howe, 1988). However, by forcibly separating quantitative and qualitative procedures, we have been obliged to revisit the relationship between methodologies and epistemologies. Namely, that both are considered and utilised to generate some form of impact, change, or even progress for society (Johnson & Onwuegbuzie, 2004). Therefore, despite the seemingly opposing epistemological positions, the intentions of quantitative and qualitative research remain the same: to advance knowledge and answer one's research question (Maxcy, 2003).

Adopting this intention as a key pillar to the research process may begin to lessen some of the felt tension between realist and relativist ontological approaches (Maxcy, 2003). If the main emphasis shifts from philosophical purity to the pursuit of knowledge, then we can start to contemplate our methodological choices by how they best answer the research question, rather than their alignment with one's chosen philosophy (Creswell & Clark, 2017).



In the literature, this is known as both a bidirectional approach to research and pragmatic philosophy, and suggests that both research question and personal philosophy should inform methodological choices (Howe, 1988).

Pragmatism simultaneously accepts that reality is both singular and multiple (Fishman, 1999). It emphasises the value of core theories that may serve to explain certain phenomena, all the while understanding that this theory is destined to be confined to the context in which it was constructed (Tashakkori & Teddlie, 2010). From this view, a theory is only as ‘real’ or ‘true’ as it is ‘workable’ or ‘useful’ in a particular context. Specifically, ‘workable’ or ‘useful’ refers to the degrees of ‘truth’ a theory may hold depending on how predictably and applicably it can be applied to a given context (Morgan, 2007).

Although seen as an idealised positionality by some (e.g., Habermas, 1985; Legg & Hookway, 2008) - whereby one swims in the uncharted waters of philosophical duality - in reality, this dynamic pluralism between realism and relativism is not just confined to research. Indeed, this dichotomy is present in many areas of life. We humans frequently battle between a hope for generalisation (for example, the pursuit of a cure for cancer), all the while accepting that most human happenings are fixed within a context. Specific to counselling psychology and other applied psychological professions, we see decisions about therapeutic interventions being made at the individual level, while – paradoxically – evidence-based therapies are being validated in large samples that tend to overlook idiosyncratic experience. It appears that we have had to develop a certain tolerance for navigating a duplicity of philosophical worldviews to simply live in the modern age. As such, to fully reject the possibility of philosophical plurality in research, one must also reject such tensions in everyday life. Alternatively, one can navigate the created tensions between personal philosophy and pragmatism by focusing on the shared intention of either approach. If successful, this may provide the basis for research that more accurately portrays real life tensions, and provides a strategy through which we can begin to explore research questions previously untouched by incompatibility theorists and philosophical purists (Greene & Caracelli, 1997).

### ***A Rationale for Mixed Method Research: A Sequential Explanatory Design***

With the main emphasis of a pragmatic approach being on how to best answer the research question, it is unsurprising that many enquiries could benefit from both quantitative and qualitative investigations (Creswell & Clark, 2017). Regarding counselling psychology,

this mixing of approaches could be seen as alike the scientist-practitioner model (e.g., Roberts & Povee, 2014), whereby both theoretical knowledge and idiosyncratic experience are equally valued in the development of applicable understanding. Therefore, applied psychologist researchers with a pragmatic stance often utilise mixed method approaches in their pursuit of knowledge (Fishman, 1999), and this project is no exception.

When considering which methodological approach may best answer the first research question: “*does experiential avoidance mediate the relationship between alexithymia and psychological distress?*”, it was beneficial to look to previous research and specifically the effectiveness of their chosen methodologies at fully answering this enquiry.

As previously mentioned, past research papers (e.g., Bilotta et al., 2016; Panayiotou et al., 2020; Venta et al., 2013) did not explicitly state nor discuss their philosophical positionalities, which left readers having to guess the orientation of their research. This lack of acknowledgement of philosophical position created a false sense of coherence with the rather opposing functional contextualist positionality of the researched phenomena (see S. C. Hayes & Gregg, 2001). In sum, the overall dominance of postpositivism within previous research ventures has created a desire for alternative methodologies (e.g., J. D. Parker et al., 1991; Timoney & Holder, 2013). Certainly, the lack of qualitative research points towards interviews as a possible approach; indeed, this could elaborate on and enhance previous findings. However, as it stands, past studies have consistently utilised measures that are outdated and contrasting to the domain’s philosophy (e.g., TAS-20 questionnaire). So, although a purely qualitative approach may provide us with richness and depth (Ponterotto, 2005b; Willig, 2013), the insights we glean may have already been gathered through reflexive discussion of the previous research. Therefore, an MMR design is proposed to 1. produce an improved quantitative study utilising more philosophically congruent measures, and 2. follow this with interviews to establish clarification of previous findings (complementation), support or rejection of previous findings (development), and to add breadth to the range of understanding (expansion) (Greene et al., 1989).

Within MMR there are numerous approaches to combining quantitative and qualitative techniques (Jick, 1979; Tashakkori & Teddlie, 2010). These methods have changed and adapted as the area has progressed, which has inevitably led to some confusion. As such, for the sake of transparency and to minimise misunderstanding, the work of Creswell and Plano Clark (2017) will be referred to. Within this text, they state that there are three main MMR designs: 1. explanatory sequential, 2. exploratory sequential, and 3. convergent.

When considering which of these three main designs to employ in research, it is fundamental to consider one's intent (Creswell & Clark, 2017). As outlined previously, the focus of the current study is to improve upon previous quantitative investigations into the mediating effect of experiential avoidance on the relationship between alexithymia and psychological distress, and subsequently follow this with interviews to establish complementation, development, and expansion of the quantitative investigation. Therefore, due to the dependency of the latter qualitative element on the former component, a concurrent design is not possible (Creswell & Clark, 2017; Turner et al., 2017). Furthermore, due to the clearly defined relationship between alexithymia and psychological distress presented in the literature, along with the expansion research aim (Onwuegbuzie et al., 2009), an explanatory design is most apt. Therefore, the strategy adopted for this study is a sequential explanatory mixed methods design.

The rationale behind this approach is that a quantitative investigation and subsequent analysis provide an overarching understanding of a research question. The qualitative investigation and analysis further refine and explain statistical results by exploring a few participants in depth (Creswell et al., 2003; Creswell & Clark, 2017; Rossman & Wilson, 1985; Tashakkori et al., 1998). This design is particularly useful when unexpected results arise from a quantitative study (Morse, 1991). In fact, it is typical for such investigations to explore outliers or extreme cases, which characteristically coincide with statistical insignificance (Caracelli & Greene, 1993; Clark & Creswell, 2005). This point seems pertinent when considering the historic lack of significance of the externally oriented thinking (EOT) subgroup of alexithymia in previous research studies (e.g., Panayiotou et al., 2015).

### ***Managing Tensions Between Two Epistemologically Opposing Methodologies***

When conducting MMR, it is important to not overlook the natural philosophical tensions that are produced when mixing two methods that lie on seemingly opposing ends of the epistemological spectrum (Tashakkori et al., 1998). Failure to do so may not only undermine the years of effort injected into the pursuit of philosophical congruency and transparency within academia but may also produce practical complications in the research procedure (Creswell & Plano Clark, 2017). Certainly, it can become increasingly difficult to mix results from surveys and interviews in a meaningful way when they are theoretically mismatched (Tashakkori et al., 1998). Therefore, to assist in a unison of these two

approaches, adaptations have been made to integrate a sense of process to the standardised measures and enriched reliability in the interviews.

Regarding quantitative surveys, there has been a general tendency towards singular reality thinking that ultimately prioritises objectivity and reliability over depth and breadth of experience (Brink, 1991). In some cases, this pursuit for one overarching Truth has led to questionnaires being reduced to a set of diagnostic symptoms (e.g., PHQ-9; Kroenke et al., 2001). It may be fair to say that no phenomenon is just the sum of its diagnostics, but a complex encapsulation of an array of human experiences (e.g., Guyon et al., 2018). In the case of alexithymia, an individual may experience varying degrees of alexithymic traits due to a multitude of factors. This may include the appraisal of one's feelings (whether it is 'good' or 'bad', e.g., D. Preece et al., 2017), or the context in which it is experienced (high arousal vs low arousal, e.g., Stone & Nielson, 2001). As such, a questionnaire based on alexithymic diagnostic criteria alone may fall short of fully investigating this complex concept. It is for this reason that experience based, multidimensional questionnaires have been sought in the current research.

It is important to note that the pursuit of experience led questionnaires is not a substitute nor a condemnation of the pursuit of reliability and validity. To the contrary, it is this researcher's opinion that encapsulating lived experience in the very development and implementation of standardised questionnaires may enrich their psychometric properties. It is widely regarded that the formulation of a questionnaire is fundamental to its success, especially correct use of appropriate language and wording (Fowler, 1995). If successfully worded with the participants usable vocabulary in mind, comprehension will be maximised, and distortion of answers minimised (Furr, 2021). In theory, the enmeshment of the lived experience of the participant into the construction of questionnaires should ensure good validity is achieved (e.g., D. Preece et al., 2018). It is with this in mind that potential questionnaires for the study were first identified based on the selected language utilised in the scale items. For example, alexithymia questionnaires were eliminated if they used specific emotion language, as this is something participants are suspected to have difficulty with. Once a selection of questionnaires had been collected for each domain, their psychometric properties were evaluated to ensure 1) good reliability via a Cronbach's Alpha value of  $\alpha \geq .70$ , 2) factorial validity confirmed through the clustering of items based on previous analytic findings, and 3) moderate convergent validity associations with other measures ( $r \geq .30$ ; Cohen, 2013). The selected questionnaires are outlined in detail in the Measures section.

Regarding statistical tests, there are a plethora of methods to choose from. Ranging from the modest correlation to the increasingly complex regression (Knapp, 1978), each method has their benefits and detriments to establishing interactions between phenomena. Correlations, for example, aim to demonstrate the strength of a relationship between two variables which can be beneficial in studies investigating novel relationships (Primer, 1992). However, there is a distinct inability to explore the *how* and *why* of that relationship (Kazdin, 2007). An alternative method that allows for this type of investigation is the mediation analysis. This method allows for a more in-depth evaluation of how an established relationship operates, which subsequently allows us to better utilise that relationship in real world application (Kazdin, 2007). Although mediation analyses are not free from controversy (e.g., Kraemer et al., 2001, 2002), Kazdin (2007) suggests they are an improvement on commonly used correlation-based statistical analyses and as such is adopted in this case. Moreover, to further the level of critical evaluation of the research methods chosen, the integration of the qualitative follow up study provides a platform through which to actively investigate novel cases that may ultimately falsify any statistically found mediations (Ivankova et al., 2006).

Qualitative research is defined as a rigorous set of methodologies that encompass many different disciplines, designs, and analytic strategies (Denzin et al., 2006; Van't Riet et al., 2001). It can provide a fine-tuned analysis into the details of process, including how and why a change unfolds or not (Kazdin, 2007), in addition to introducing important theoretical explanatory processes (e.g., Allen et al., 2009). In general, there are an abundance of qualitative methodologies that could truly be considered for implementation in this project, but to do them all justice would far out weight the scope of this thesis. As the qualitative research question is focused on male participants experience of EOT, pattern-base methods are focused on rather than those centring on the interactional nature of speech (e.g., conversation analysis, Drew et al., 2001; discursive psychology, Wiggins, 2016), or biographies and stories (e.g., narrative analysis, Riessman, 2008). To further this, methodologies intrinsically reliant on purely inductive investigation (e.g., grounded theory, Birks & Mills, 2015; interpretative phenomenological analysis, Smith et al., 2021) are not considered due to a fundamental incompatibility with the emphasis on deductive themes borne out of the adopted sequential explanatory approach (Ivankova et al., 2006). Therefore, two major forms of qualitative analysis remain to be considered: qualitative content analysis (QCA) and thematic analysis (TA).

QCA and TA are both considered to be methods rather than methodologies, with the former being described as atheoretical and the latter as theoretically flexible (Braun & Clarke, 2021; Forman & Damschroder, 2007). Overall, there are many similarities between QCA and TA, and they have frequently been confused with one another in the literature (Vaismoradi et al., 2013). It can be useful to view each approach as two related families of analysis, whereby differences are dependent on the version chosen and how the researcher defines it.

The group of approaches under the umbrella of QCA best resembles codebook and coding reliability versions of TA. Although both methods present opportunities to identify themes both inductively and deductively, QCA tends to place a larger emphasis on the pursuit of reliability than TA (Braun & Clarke, 2021). This can be seen in the overall minimisation of the subjective experience of the researcher, and the common utilisation of multiple researchers to ascertain coding homogeneity (Vaismoradi et al., 2013).

It has been argued that research always involves theoretical assumptions and choices (Levitt et al., 2017). Therefore, despite the best efforts of QCA literature to present itself as atheoretical (e.g., Forman & Damschroder, 2007), the adoption of quality measures such as inter-coder reliability into the method surely denote a strong realist ontological view. Indeed, this worldview seems to be the most common philosophical standpoint in QCA research (Vaismoradi et al., 2013). Due to this, QCA is often considered to offer purely descriptive analyses, and as such has been deemed the least interpretative out of qualitative analyses (Cho & Lee, 2014; Vaismoradi et al., 2013). This has led some researchers to condemn QCA as unsophisticated (Braun & Clarke, 2021).

In conclusion, literature has recommended a favouring of TA over QCA when one's theoretical alignment is anything other than positivism (Braun & Clarke, 2021). As TA is theoretically flexible, it offers compatibility with a variety of philosophical worldviews (Terry et al., 2017). Moreover, when considering the subtleties of syntax, it appears more in line with the current research to focus on themes (what one is aiming to obtain) rather than content (what one is working with), as the latter assumes that a universal Truth is there to be uncovered in the analysis rather than a workable truth defined by context (Braun & Clarke, 2021). Therefore, due to the compatibility with both the pragmatic approach to the study and functional contextualist approach to the supporting theory, TA was selected.

### ***Methods of Thematic Analysis***

Within TA, there are three major approaches: coding reliability, codebook, and reflexive (Braun & Clarke, 2006). Each lies on different points of the spectrum between positivist and constructivist epistemologies, with coding-reliability sitting the former, reflexive with the latter, and codebook approaches in between (Braun & Clarke, 2006).

When choosing a TA approach, the pursuit of consistency in meaning between both quantitative and qualitative elements of the study is of the utmost importance (Denzin, 2012; Povee & Roberts, 2015; Turner et al., 2017). However, creating compatibility between both elements without losing out on the desirable attributes of either approach is extremely challenging (Creswell & Clark, 2017). It is hoped that, by adopting Template analysis (a codebook approach), this study aims to enhance integration by prioritising reliability and across case analysis of interviews, all the while allowing for the uncovering of in-depth inductive themes that may challenge or offer a new perspective to the survey analysis.

Template analysis (King, 2012) is a flexible, codebook approach to TA. It aims to develop an overarching coding template for a qualitative data set by creating an initial template based on a subset of data, then applying this to further data to revise and refine the template over time. Overall, there are two core features of template analysis that make its use desirable in the current study. Firstly, it can be used with smaller sample sizes (Brooks et al., 2015), and has been successfully used in analysing a single autobiographical case (King, 2008), therefore suggesting its compatibility with the smaller number of interviews in the current study. Secondly, template analysis can use a priori themes in the development of an initial coding template prior to qualitative analysis. Together with a general focus on across-case analysis and a development of themes where data is the richest in relation to the research question, this drastically improves the pragmatic assimilation of both quantitative and qualitative elements in this sequential explanatory mixed methods study. Indeed, despite its across case emphasis, template analysis usually produces four or more levels of themes compared to the one or two levels usually offered in other approaches (e.g., Braun & Clarke, 2006) and thus depth of analysis is maintained.

As a child in the family of approaches that are largely considered to be theoretically flexible (Braun & Clarke, 2006), the utility of template analysis is dependent on its successful orientation to a philosophical position (Brooks et al., 2015). In the case of the pragmatic epistemology of the current study, the flexibility of template analysis is desirable when considering the overall incompatibility with other approaches that have strong philosophical foundations (e.g., IPA, grounded theory). Therefore, to limit the potential for incongruence

and confusion, the elements of template analysis that have been merged with a pragmatic epistemology will be outlined explicitly.

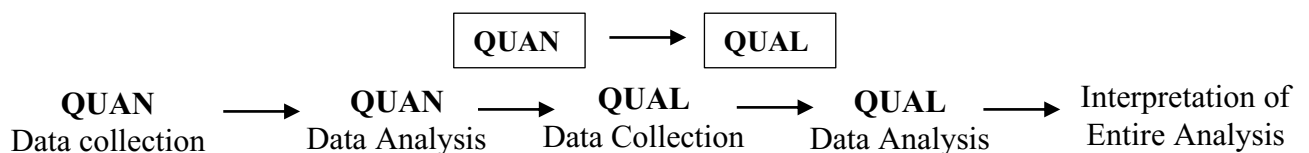
Firstly, as previously stated, a priori themes were developed from the initial survey study. In keeping with pragmatism, their use was tentative and only continued if they were workable in the context of the qualitative data. Meaning, if these themes could not be predictably and applicably applied to the qualitative data, they were discarded. Secondly, template analysis does not state an exact moment to stop refining the template. Therefore, similarly to the first point, refining of the template ceased when it demonstrated workability with the data set in the context of the research question. Finally, to do justice to the ACT and RFT underpinnings of the current study, acknowledgement of my personal embedding within a social and cultural context is imperative. Ultimately, and despite ongoing reflection and supervision, this will have had an impact on how the data was interpreted and organised. Social and cultural contexts are examined further in the Discussion section.

## Method

A sequential explanatory strategy is characterised by an initial collection and analysis of quantitative then qualitative data; with mixing occurring when the former results inform the collect of latter data (see Figure 2) (Ivankova et al., 2006). Specifically, the qualitative section is developed to follow on from the quantitative results and so is, in nature, dependent on the initial phase (Creswell & Clark, 2017). Often, this allows for a further explanation of specific quantitative results that may have otherwise been discarded (e.g., outliers). Finally, the researcher interprets how the qualitative data explains or adds insight to the quantitative results and what is to be gleaned from the study (Creswell & Clark, 2017).

**Figure 2**

*Diagrammatic Representation of Explanatory Sequential Design*





During the first phase of the current research, the mediating effect of experiential avoidance on the relationship between alexithymia and psychological distress is examined in a sample of adults recruited from the UK community in a snowballing fashion. It was hypothesised that experiential avoidance will mediate the relationship between alexithymia and psychological distress, which was confirmed in data analysis. The second phase was then designed to investigate the novel relationship found between EOT and psychological distress, leading to the research questions of ‘How do men with an EOT style experience emotions and psychological distress?’. For this, semi-structured interviews were conducted and then analysed using template analysis (King, 2012), a type of thematic analysis. Finally, both quantitative and qualitative analyses were considered simultaneously in an overall interpretation of the data. Next, each element of this design will be outlined in full.

## **Quantitative Phase**

### ***Sample Size***

The desired sample size was determined according to research by Fritz and MacKinnon (2007). They use simulations to empirically compute the power of the Bootstrap statistical method to identify the required sample sizes for a power of  $\beta = .80$ ,  $\alpha = .05$ . Using effect size parameters as defined by Cohen (2013), they concluded that the required sample for a moderate effect size (.26) was 148.

The mediation analysis reported by Panayiotou et al. (2015) – which was central in the undertaking of the current study – found an effect size of  $\beta = .24$  with a sample size of 118. Therefore, it was deemed that a minimum sample size of 118 participants was required, with the optimum being >148. Therefore, the achieved sample size of 150 participants was satisfactory.

### ***Participants***

Individuals over the age of 18 who currently reside in the UK were eligible to participate in the study. Those who were under the age of 18, did not reside in the UK, hold a diagnosis of autism spectrum disorder (ASD), and/or scored over 45% on the dissociative experiences questionnaire (DAS) were excluded. This was to prevent the clouding of later statistical correlations that may have emerged due to spillover effects of clinical symptoms that produce a similar effect to alexithymia, such as dissociation (Kashdan et al., 2006). The final sample was made up of 150 English speaking individuals (26% male, 72% female, 3%

prefer not to say), aged between 18 and 76 (mean age = 37.70, SD = 15.33). Although transgender and non-binary genders were offered in the demographic questionnaire (Appendix H), no participants selected these options. Overall, 211 responses were recorded for the survey, of these 61 samples were removed in the cleaning process as they either, 1) did not complete the survey (N=43), 2) did not currently reside in the UK (N= 3), 3) had a diagnosis of ASD (N=7), or 4) scored over 45% on the DAS (N=5). Table 2 gives a full breakdown of the key demographics of the sample.

The sample largely consisted of, i) individuals who identified as female (72.0%), ii) white ethnic origin (86.0%), iii) heterosexual (83.3%), iv) employed full time (44.7%), and v) educated to a bachelor's degree level or equivalent (40.7%).

### **Measures**

#### **Perth Alexithymia Questionnaire (PAQ) (D. Preece et al., 2018) (Appendix I).**

The PAQ is a 24-item self-report measure. Items are answered on a 7-point Likert scale ranging from Strongly Disagree to Strongly Agree, with higher scores indicating higher levels of alexithymia. The PAQ was designed in response to recent findings suggesting that emotional valence (i.e., whether an emotion is positive or negative) is an important consideration when looking into emotional constructs like alexithymia (e.g., Becerra et al., 2019; Ripper et al., 2018; Weiss et al., 2015). The PAQ is designed to provide separate scores for the three main components of alexithymia DIF (difficulty identifying feelings), DDF (difficult describing feelings), and EOT (externally oriented thinking) (D. Preece et al., 2018; Sifneos, 1972). For DIF and DDF, valence-specific sub scores can be derived for the processing of both positive and negative emotions. As such, five subscales were produced: negative difficulty identifying feelings (N-DIF, "*When I'm feeling bad, I'm puzzled by those feelings*"), positive difficulty identifying feelings (P-DIF, "*When I'm feeling good, I get confused about what emotion it is*"), negative difficulty describing feelings (N-DDF, "*When I'm feeling bad, I can't talk about those feelings in much depth or detail*"), positive difficult describing feelings (P-DDF, "*When something good happens, it's hard for me to put into words how I'm feeling*"), and general externally oriented thinking (G-EOT, "*I tend to ignore how I feel*"). It has been suggested by Preece et al. (2018) that these subscales can be combined in various ways to produce several composite scores.

Three papers have tested the psychometric properties of the PAQ; two in Australian samples (Preece et al., 2018; Preece et al., 2020) and one in an American sample (Preece,

Becerra, Allan et al., 2020). In the initial development study, Preece et al. (2018) found notable support for a five-factor structure corresponding directly to the five proposed subscales (N-DIF, P-DIF, N-DDF, P-DDF, G-EOT). The suggested importance of distinguishing emotional valences in the assessment of alexithymia was supported by the proposed five factor model; this demonstrated a significant improvement on previous measurements that did not have valence-specific factors (Preece et al., 2018). Moreover, regarding negative and positive emotional valences, on average it was found that participants reported significantly more difficulty identifying and describing the former valence rather than the latter (Preece, Becerra, Allan et al., 2020). The initial paper for the PAQ (Preece et al., 2018) reported high levels of internal consistency for all five subscales and their related composite scores across four Australian samples ( $\alpha \geq .80$ ). Support for this was found in 2020 in a sample of American individuals. The study demonstrated Cronbach's Alpha values between .85-.87 for all PAQ subscales and between .90-.95 for composite scores (Preece, Becerra, Allan et al., 2020). This was reflected in the current study, with scores ranging from .91 to .95, which denotes excellent internal reliability. In addition, both papers found good convergent and discriminant validity against markers of psychopathological symptoms and emotional dysregulation.

**Brief Experiential Avoidance Questionnaire (BEAQ) (Gómez et al., 2014) (Appendix J).** The BEAQ is 15-item self-report measure that was derived from the longer, 62-item Multidimensional Experiential Avoidance Questionnaire (MEAQ) (Gómez et al., 2011). Items are answered on a 6-point Likert scale ranging from 1 (*strongly disagree*) to 6 (*strongly agree*), with higher scores indicating higher levels of experiential avoidance. Example items include: “*I would give up a lot not to feel bad*” and “*The key to a good life is never feeling any pain*”.

The BEAQ was born out of criticisms surrounding the widely used Acceptance and Action Questionnaire (AAQ-II) (Bond et al., 2011) which was designed to assess the broader yet related construct of psychological flexibility. Namely, the items on the AAQ-II strongly emphasises dysfunctional distress, and thus shows a strong association with standardised measures of negative emotionality and poor quality of life over and above measures of avoidance (Gómez et al., 2011). In contrast, although the BEAQ is also related to measures of negative emotionality and poor quality of life, overall, it is more strongly associated with avoidance, and this has been demonstrated across multiple populations (Gómez et al., 2014). Thus, the BEAQ can be seen as an improved measure of experiential avoidance.

The BEAQ showed strong convergence with each of the six key dimensions of the original MEAQ, including: behavioural avoidance, distress aversion, procrastination, distraction/suppression, repression/denial, and distress endurance. In addition, the BEAQ shows nearly identical good convergent and discriminant associations as the full instrument when compared to other closely related questionnaires (for full breakdown, see Gámez et al., 2014).

Independently, the BEAQ has exhibited good internal reliability, with alpha scores ranging from .80 to .89 across 7 samples and three phases of testing (Gámez et al., 2014). Moreover, this has been supported more recently by Tyndall et al. (2019) who established a Cronbach Alpha score of .87 for the BEAQ in a diverse sample of 524 British and American individuals. In the current study the Cronbach's Alpha score was .78.

**Depression Anxiety and Stress Scale (DASS-21) (Lovibond & Lovibond, 1995) (Appendix K).** The DASS-21 is a 21-item scale adapted from the original 42-item scale (DASS-42) designed to measure the magnitude of three aspects of psychological distress: depression, anxiety, and stress. Participants use a 4-point Likert scale, ranging from 0 (*did not apply to me at all*) to 3 (*applied to me very much or most of the time*) to rank scale items on how they best represent how the participant has been feeling in the previous week. On this scale, higher scores reflect higher levels of symptoms.

Rationale for choosing the shorter, 21-item scale comes from factor analysis studies that directly compared the two measures in clinical populations (Antony et al., 1998; Clara et al., 2001). They suggested that the DASS-21 is linked to a cleaner factor structure in comparison to the DASS-42. This seeming superiority may be credited to the fact that three items on the longer scale (items 9: "I found myself in situations that made me so anxious I was most relieved when they ended", 30: "I feared that I would be 'thrown' by some trivial but unfamiliar task", and 33: "I was in a state of nervous tension") have been consistently shown to limit the discriminant validity of the measure. Specifically, items 9 and 33 demonstrated double-loading (Antony et al., 1998; Brown et al., 1997; Clara et al., 2001; Crawford & Henry, 2003), and item 30 does not load strongly onto any factors (Antony et al., 1998; Brown et al., 1997; Crawford & Henry, 2003). Therefore, it is noteworthy that all of these three weaker items have been omitted from the DASS-21.

The DASS-42 was originally developed and validated in non-clinical samples on the basis that depression and anxiety represent dimensional, rather than categorical constructs (Crawford & Henry, 2003). The levels of internal consistency found in the original validation study by Lovibond and Lovibond (1995) have been supported by more recent studies that

spanned across both clinical and community samples (e.g., Antony et al., 1998; Brown et al., 1997; Clara et al., 2001; Page et al., 2007). Collectively, these studies demonstrated Cronbach's Alpha scores ranging from .96 to .97 for depression items, .84 to .92 for anxiety items, and .90 to .95 for stress items; thus, showing good to great internal consistency.

Concerning the DASS-21, in 1998 Antony et al. found Cronbach's Alpha scores of .94, .87, and .91 for depression, anxiety, and stress, respectively; indicating very good levels of internal consistency. In 2012, support for good internal consistency was found by Osman et al. (2012), who indicated scores of  $\alpha = .85$  for depression,  $\alpha = .81$  for anxiety, and  $\alpha = .88$  for stress. The current study found congruence with this latter study regarding levels of internal consistency (with alpha scores ranging from .85 to .95).

Five studies have been carried out using factor analysis to test for the construct and discriminant validity of the full length DASS, with two of these studies also investigating the DASS-21 (Antony et al., 1998; Brown et al., 1997; Clara et al., 2001; Crawford & Henry, 2003; Lovibond & Lovibond, 1995). Overall, it was concluded that the construct and discriminant validity for both measures were adequate. To further this, Henry and Crawford (2005) tested the construct validity of the DASS-21 in a large, UK-based, sample of general adults and found support of its adequate construct validity.

When compared to other, similar measures of psychological distress, the DASS-21 showed good to excellent convergent validity (Henry & Crawford, 2005; D. Watson et al., 1995).

**Dissociative Experiences Scale-Revised (DES-II) (Carlson & Putnam, 1993) (Appendix L).** The DES-II is a 28-item, self-report scale that measures dissociative experiences in daily life related to depersonalization, derealization, amnesia, and absorption. Respondents are asked to rate to what extent they experience each symptom (while not under the influence of drugs or alcohol) on an 11-point Likert scale, ranging from 0% (*never*) to 100% (*always*). The total DES-II score is a mean of all items, with a higher score indicating higher levels of dissociation.

The DES-II differs marginally from the original questionnaire, due to subtle changes in the scoring system. Compared to the now used Likert scale, the DES was scored on a 100-millimetre visual scale. Due to this minimal difference between the DES and DES-II, research has suggested that all original validation and reliability studies can still be applied to the updated scale (Carlson & Putnam, 1993).

Previous studies demonstrated good reliability of the scale, with test-retest values ranging from  $.79 < r < .84$ , and a mean Cronbach's alpha value of  $\alpha = .93$  (for meta-analysis,

see Van IJzendoorn & Schuengel, 1996). Moreover, adequate discriminant validity was found (Bernstein & Putnam, 1986; Branscomb, 1991; Ross et al., 1990). Historically, the authors of the DES found it difficult to test the construct validity of the scale, as there is a lack of similar, validated, measures (Carlson & Putnam, 1993). To overcome this, the authors looked to multiple different population samples, including PTSD patients (Branscomb, 1991; Bremner et al., 1992), eating disorder patients (Demitrack et al., 1990; Goldner et al., 1991), borderline personality disorder patients (Herman et al., 1989), general population (Ross et al., 1990), college students (Sanders & Giolas, 1991), and adolescents (Ross et al., 1989) to test the scales' construct in practice. They found that individuals expected to score higher, did, and those expected to score lower, did also.

After its construction, the DES-II was stated as not intended for use in the general population (Bernstein & Putnam, 1986). These individuals tend to score in a narrower range compared to other populations, which can make the interpretation of their data challenging. However, as the current study utilises this measure to account for individuals experiencing high levels of dissociation (using an average score of 45 or more, as suggested by Frischholz et al., 1990), this potential detriment is not pertinent in this case.

### ***Procedure***

Ethical approval for the study was gained from the University of East London (UEL) Ethics Committee (Appendix A). As such, the study complies with the British Psychological Society's (BPS) Code of Ethics and Conduct (2018) in addition to the UEL Code of Practice and Research Ethics (2016). These embody the values of respect, competence, responsibility, and integrity that are central to the ethos of Counselling Psychology (Clarkson, 1998).

Following this, the survey element of the study was made available online by using the Qualtrics survey design software. This took the form of a single survey that was constructed of participant information, consent, demographic questions, and measures of the core study variables.

Initial recruitment of participants was conducted in a snowballing fashion, utilising the researcher's networks, both personally and professionally. In addition to word of mouth, posts were shared online via email and on social media platforms such as Facebook and Instagram. Within this, posts were distributed to established survey sharing groups – such as Survey Circle and Survey Swap - to distribute the study among other researchers and those with an active interest in ongoing research. To broaden the outreach further, large

organisations with links to mental health were contacted via social media and asked to endorse the survey. These methods were employed following research that highlighted the previously outlined strategies as influential over the success of online survey recruitment (Saleh & Bista, 2017).

Once a potential participant clicked on the survey link, they were automatically directed to the participant information sheet (appendix C). This provided information regarding the nature of the study, including what to be expected from the questionnaire and the estimated completion time. In addition, ethical considerations were outlined here, such as potential risks to participation, confidentiality of data, and participants' right to withdraw. If participants confirmed that they were happy to continue with the study, they were directed to a series of statements to ascertain their full and informed consent before proceeding (appendix D). Lastly, participants were then asked to complete a sequence of demographic questions and a measure of dissociative experiences before proceeding onto the measures of the main variables (experiential avoidance, alexithymia, and psychological distress) which will be outlined next.

**Table 2**  
*Demographic Characteristics of Respondents*

	Percentage of sample (N %)
<b>Gender</b>	
Male	26.0%
Female	72.0%
Non-binary/third gender	0.0%
Transgender	0.0%
Prefer not to say	2.0%
<b>Sexuality</b>	
Heterosexual	83.3%
Homosexual	2.0%
Bisexual	12.0%
Other (not listed)	1.3%
Prefer not to say	1.3%
<b>Ethnicity</b>	
Asian or Pacific Islander	4.0%
Black or African American	2.7%
Hispanic or Latino	0.7%
White or Caucasian	86.0%
Multiracial or Biracial	4.7%
A race or ethnicity not listed here	2.0%
<b>Physical Disability</b>	
Yes	2.7%
No	97.3%
<b>Long Term Health Conditions</b>	
Yes	19.3%
No	79.3%
Prefer not to say	1.3%
<b>Employment Status</b>	
Full time employment	44.7%
Part time employment	17.3%
Unemployed	2.7%
Self employed	10.7%
Student	18.0%
Retired	6.7%
<b>Education</b>	
GCSE's or equivalent	4.0%
A levels or equivalent	16.0%
Bachelor's degree or equivalent	40.7%
Master's degree or equivalent	33.3%
Doctorate or PhD or equivalent	6.0%
<b>Mental health condition</b>	
Yes	24.0%
No	76.0%



### **Data Analysis**

To investigate the main research question, a mediation analysis was carried out using the PROCESS (bootstrapping) macro for SPSS with 5,000 bootstrapped samples at a 95% bias-corrected confidence interval (A. F. Hayes, 2012). The significance of the mediation effect is determined through the examination of the confidence intervals; if neither value equate nor pass through 0, then a significant mediation is said to have taken place (A. F. Hayes, 2012).

Literature has suggested the Bootstrap method as superior to the commonly used Baron and Kenny's (1986) causal steps method for a several reasons. These include, 1) it does not rely on the sample being normally distributed, 2) it produces more accurate confidence intervals, and 3) it largely lowers the risk of a false negative (type II error) (A. F. Hayes, 2012). However, for ease of readability, mediatory results via the bootstrap method have been presented in the four step technique as described by Baron and Kenny (1986), Judd and Kenny (1981), and James and Brett (1984) to maintain transparency. The four steps for successful mediation are as follows, 1) the causal variable is correlated with the outcome variable, 2) the causal variable is correlated with the mediator, 3) the mediator affects the outcome variable, and 4) in terms of coefficients, the effect of the causal variable on the outcome variable is zero when controlling for the mediator.

Regarding the reporting of effect sizes, recent literature has portrayed a debate over which values should be reported. The most widely used method in recent years for reporting effect sizes in mediation analyses is  $k^2$ . This was promoted by Preacher and Kelley in their 2011 paper reviewing all available options for reporting effect sizes in mediation studies. More recently, the status of  $k^2$  has been discredited due to questions surrounding its lack of monotonicity (Wen & Fan, 2015). Although the researchers suggested suitable alternatives for the use of  $k^2$ , they too contained their fair share of detriments. Therefore, due to the uncertainty surrounding the validity of methods of reporting effect sizes in mediation analyses, it was chosen to withhold reports of effect size in the current study.

### **Interim Phase**

The quantitative phase suggested that experiential avoidance did in fact mediate the relationship between alexithymia and psychological distress, although not for the EOT subgroup of alexithymia. The similarity of this result to previous findings (e.g., Landstra et al., 2013; Panayiotou et al., 2015, 2020), in addition to the research method's affinity for

further investigation of statistically insignificant quantitative results (Caracelli & Greene, 1993; Clark & Creswell, 2005) led to a subsequent exploration of the EOT subgroup.

To begin, analysis of variance statistical tests were used to investigate potential demographic differences within the EOT subgroup. It was found that men showed significantly higher levels of EOT compared to other genders ( $F(2,149) = 6.577, p = .002$ ), which led to the formation of the qualitative research question: *How do men with an externally oriented thinking style experience emotions and psychological distress?*

Following this, semi-structured interview questions were devised which endeavoured to understand the participants experience of having an externally oriented thinking style, emotions and psychological distress (for joint display between scale items and interview questions, see Figure 3). Some example questions include: *'Some individuals may refer to 'feelings' or 'emotions', what do these mean to you?'* and *'In your questionnaire you scored highly on having a tendency to not focus on your feelings, will you tell me more about your experience of this?'* (For the full interview schedule see Appendix M).

**Figure 3**  
*Joint Display Between Scale Items and Interview Questions*

Category	Scale and items	Interview questions
Externally oriented thinking	PAQ <ul style="list-style-type: none"> <li>- I tend to ignore how I feel.</li> <li>- I prefer to just let my feelings happen in the background, rather than focus on them.</li> <li>- I don't pay attention to my emotions</li> <li>- I prefer to focus on things I can actually see or touch, rather than my emotions.</li> <li>- I don't try to be in touch with my emotions</li> <li>- It's not important for me to know how I'm feeling</li> <li>- It's strange for me to think about my emotions</li> </ul>	<ul style="list-style-type: none"> <li>- Some people may refer to 'feelings' or 'emotions', what do these mean to you?</li> <li>- In your questionnaire you scored highly on tending to not focus on your feelings, will you tell me more about your experience of this?               <ul style="list-style-type: none"> <li>o Would you be able to give me an example of a situation when you decided to not concentrate on how you were feeling? (Prompts: thoughts, feelings, behaviours, physical symptoms).</li> <li>o What do you think are the benefits of that?</li> <li>o What do you think are the costs of that?</li> <li>o What is your earliest memory of using this strategy?</li> </ul> </li> </ul>
Psychological distress	DASS-21 <ul style="list-style-type: none"> <li>- All items</li> </ul>	<ul style="list-style-type: none"> <li>- How would you define psychological distress?</li> <li>- Will you tell me about your experience of psychological distress?               <ul style="list-style-type: none"> <li>o What would have helped during this time?</li> </ul> </li> </ul>
Normative male alexithymia		<ul style="list-style-type: none"> <li>- Reflecting on all that we have spoken about today, do you think any of these topics are related to gender?               <ul style="list-style-type: none"> <li>o Why? / Why not?</li> </ul> </li> </ul>

## **Qualitative Phase**

### ***Sample Size***

At a doctoral level, it has been suggested that 6 – 10 participants is sufficient for a Thematic analysis (TA) of interviews in a solely qualitative investigation (Terry et al., 2017). However, an earlier review of a range of recommendations regarding sample sizes for TA noted that authors have not detailed their process for arriving at the stated estimates (Onwuegbuzie & Leech, 2007). Indeed, there are effectively no guidelines in this area (Guest et al., 2006) and the few that exist have been rejected as having “little, if any value” (Emmel, 2013, p. 146). To add to this, there is a distinct lack of research into the appropriate sample size required for TA within a sequential explanatory mixed method design.

More recently, Fugard and Potts (2015) developed a quantitative approach to inform sample sizes for qualitative TA investigations. Here, they use the expected theme prevalence, the number of desired instances of the theme, and the power of the study to calculate a suggested sample size.

Due to the sequential explanatory nature of the study, participants were purposefully selected to investigate the novel relationship found between EOT and psychological distress. As such, main theme prevalence is estimated to be > 90% within this sample. Using Fugard and Potts (2015) equation, 4 participants would be needed to uncover themes with a prevalence of 80% to a power of 80%. Therefore, a minimum sample size of 4 is deemed as adequate for the main purpose of the qualitative investigation: exploring themes driven by the quantitative results. Although Fugard and Potts have not stated an ‘ideal’ number of participants, it is important to note that a greater number of participants would increase one’s ability to uncover less prevalent themes to a higher power. Therefore, surpassing this minimum number of participants is highly desirable.

Despite the overall focus being on explaining existing themes found in the preceding quantitative study, significance will still be given to singular inductive themes that emerge from the interview data. With the research by Fugard and Potts (2015) in mind, with 4 interview participants and a study power of 80%, themes with a prevalence of 35% can be expected to appear within the sample at least once. Although it would be ideal to have a sample size that would theoretically allow for the identification of any inductive themes no matter their prevalence, the limiting factor in this case was the number of consenting participants. The impacts of this will be explored further in the Discussion, in addition to recommendations for further research.

## ***Participants***

To identify potential interview participants, descriptive statistics for EOT were calculated for male participants, which revealed a mean score of 28.64 and a standard deviation of 9.79 which reflected the values presented in studies by Preece et al. (2018; 2020). This highlighted 8 participants with significantly high levels of EOT. Within this, 6 participants had left their email addresses to be contacted. Of the 6 individuals contacted, 4 replied and consented to participate in the interview (main scores of participants represented in Table 3).

**Table 3**  
*Main Scores of Interview Participants*

Scales/Subscales	Participants				Maximum possible score	Mean score (SD)
	1 (William)	2 (Joseph)	3 (Antony)	4 (Robert)		
<b>Externally oriented thinking</b>	<b>44</b>	<b>41</b>	<b>43</b>	<b>43</b>	<b>56</b>	<b>28.64 (9.79)</b>
Alexithymia	103	107	82	69	168	77.49 (28.01)
Experiential avoidance	51	46	30	40	90	47.38 (10.39)
Depression	12	2	2	14	42	11.28 (11.60)
Anxiety	0	4	0	4	42	7.59 (8.38)
Stress	10	4	4	3	42	13.79 (11.55)

## **Reflexivity**

*During the selections of the qualitative sample, I reflected on the rather small number of appropriate participants and began to explore ways of maximising participants to increase the rigor of the qualitative investigation. Ultimately, this led to – potentially - compromising the selection criteria for the sample. For example, I could have produced three more possible participants had I conceded*

*the requirement of an EOT score of 1 standard deviation above the mean and replaced this with .5 of a standard deviation. However, this would have had detrimental effects on the validity of the study and would not necessarily have guaranteed the participation of these individuals. Therefore, after reflecting on my pragmatic philosophy, I decided to prioritise the validity of the study so that the methodological precision may lead to thought-provoking results and thus inspire further research in the future.*

### **Procedure**

Semi-structured interviews lasting approximately 45 minutes were carried out with the four participants, as per recommendations from Braun and Clarke (2006). All interviews were conducted online via Microsoft Teams and recorded digitally.

Once participants expressed initial interest in the interview process following my email correspondence, the research information sheet was provided which described and explained the interview process and research analysis procedure (see Appendix F). Participants were encouraged to ask any questions prior to the interview meeting to facilitate a fully informed decision regarding their participation.

At the time of the interview, the information sheet was discussed again to allow participants to voice any queries or concerns about the interview or analysis process. Following this, all participants were informed they had been selected for interview due to their survey results that suggested they tended to not focus on their feelings (EOT). Time was taken to mutually clarify and define EOT. Participants were then advised that I was looking to learn more about their personal experience of having an externally oriented thinking style and thus there were no right or wrong answers, nor were they expected to be experts in the field. Finally, consent was checked again verbally before moving onto the interview questions.

Although there were several set interview questions (see Appendix M), follow up questions were used to obtain more information in areas that were deemed useful for better understanding the research question.

Once finished, interview participants were provided with a debrief sheet with several points of contact in case psychological distress was induced by the interview process (Appendix G). Moreover, 10-15 minutes were dedicated to debriefing the participants about

any relevant emergent themes and to ensure their safety and wellbeing following the interview procedure.

### ***Data Analysis***

According to King (2012), there is no one way to use template analysis. However, by following the six steps as presented in Brooks et al. (2015), one can enmesh this approach with one's epistemology to maintain rigour within this rather flexible approach. The six steps are as follows:

1. Familiarisation of the data.
2. Preliminary coding of the data (including a priori themes).
3. Organisation of emerging themes into meaningful clusters and relations to each other within and between groupings.
4. Define initial coding template.
5. Apply initial template to further data and modify as necessary.
6. Finalise template and apply it to the full data set.

Step 1 consisted of transcribing the interview data verbatim and listening to the recordings. Next, I consulted the prior quantitative analysis and results to highlight potential areas to form a priori themes. It was decided that themes regarding the EOT subgroup of alexithymia may be beneficial for the subsequent analysis. Therefore, after carefully examining each item related to EOT on the PAQ, the following themes were identified: 1) feelings are not important, and 2) feelings are not concrete. For step 3, I then proceeded to immerse myself in the first and second interview recordings in turn. This included measuring up the overall usefulness of the a priori themes, in addition to organising emergent themes into meaningful clusters using the software NVIVO to assist in the process. This allowed me to define my initial coding template (see Appendix N) that was then applied to interview 3 and subsequently refined and modified as necessary. Steps 3, 4, and 5 were repeated multiple times, cycling through each 4 interviews several times until no further themes emerged from the data. In the final stage, analysis was finalised and ceased when the template provided a workable, useful, and applicable framework for all interviews and the overall research question considering the resources available, which ensured an alignment with the pragmatic epistemological position of this thesis.

## **Ethical Considerations**

Maintaining ethical research practices are of the utmost importance. As such, this project ensured alignment with both the UEL Code of Practice for Research Ethics (2015-16) and the British Psychological Society's Code of Ethics and Conduct (2018) by taking the following measures.

Firstly, all data was anonymised throughout to ensure confidentiality of participants throughout. As participants were not required to leave any personal or identifying data, the quantitative investigation was anonymous by design. If participants left an email address, this was stored securely and separately from the original data on the University of East London (UEL) secure electronic storage. For the qualitative investigation, all participants were allocated a pseudonym on receipt of their completed consent form. This list of pseudonyms was kept in a separate data file to the consent forms. All interview recordings were only accessed by the researcher and will be deleted after publication. Moreover, all names and identifying information was modified or removed from interview transcriptions.

Secondly, storage of data was fully contracted before participation. This included all audio files being recorded on both a password protected Dictaphone and Microsoft Teams, and then being saved in an MP3 format. Within 24 hours, these were transferred onto the UEL secure electronic storage and deleted from the original devices. All other data, including consent forms and transcripts will also be stored on the UEL secure electronic storage system.

Finally, although there were no anticipated risks for participants who took part in either part of the research, to ensure their safety all participants were provided with a debriefing sheet that contained relevant contact details to seek support after the study if they felt necessary (Appendix G). Moreover, interview participants were allocated a 30-minute debriefing slot immediately following their interview to discuss any concerns or negative impacts that may have arisen out of the interview process.



## Results

### Quantitative Results

#### *Initial Data Preparation*

As one of the study requirements was for all participants to fully complete each measure within the questionnaire, the final sample was N=150. First, parametric assumptions were checked, including that of multicollinearity, independence of residuals, and homoscedasticity. It was found that the data met these expectations (see Appendix O for summary). Next, to ensure internal consistency of the measures utilised, Cronbach's alpha coefficients and descriptive statistics were calculated (which may be viewed for each measure and sub-scale in Table 4). These results were akin to those obtained from large scale, community based validation studies (Gámez et al., 2014; Henry & Crawford, 2005; D. Preece et al., 2018), which suggests that the scales maintained good internal consistency within the current sample. More generally, all scales bar the Brief experiential avoidance questionnaire (BEAQ) showed good to excellent internal consistency (>.80 to >.90), with the BEAQ presenting at the high end of acceptable (>.70) (Groth-Marnat, 2009).

**Table 4**  
*Descriptive Statistics of Key Variables*

	M	SD	Cronbach's alpha
1. Experiential avoidance	47.59	10.58	.78
2. Alexithymia	68.46	28.69	.95
- Difficulties identifying feelings	20.96	10.31	.91
- Difficulties describing feelings	24.07	11.55	.92
- Externally orientated thinking	23.43	10.85	.91
3. Psychological distress	17.35	13.53	.95
- Depression	5.43	5.32	.92
- Anxiety	4.25	4.28	.85
- Stress	7.67	5.23	.89

*Note.* Experiential avoidance = BEAQ; Alexithymia = PAQ; Difficulties identifying feelings = subscale of PAQ; Difficulties describing feelings = subscale of PAQ; Difficulties appraising feelings = subscale of PAQ; Externally oriented thinking = subscale of PAQ; Psychological distress = DASS-21; Depression = subscale of DASS-21; Anxiety = subscale of DASS-21; Stress = subscale of DASS-21.

### Correlation Analyses

Pearson correlation analyses were performed to check relationships between key variables. The strongest correlation was found between experiential avoidance and alexithymia ( $r = .48, p < .001$ ), closely followed by experiential avoidance and psychological distress ( $r = .42, p < .001$ ). The weakest correlation between key variables was found between alexithymia and psychological distress ( $r = .21, p = .009$ ). The impact of these relationships will be later discussed.

To further explore the weaker correlation between alexithymia and psychological distress, the constituent subgroups were separated and analysed. These subgroups consisted of Difficulty Identifying Feelings (DIF), Difficulty Describing Feelings (DDF), and Externally Oriented Thinking (EOT). Pearson correlation analyses between DIF, DDF and elements of psychological distress were all positively correlated and significant to  $p < .01$ , bar the relationship between DDF and anxiety which was positively correlated to  $p = .05$ . EOT, on the other hand, did not significantly correlate with psychological distress, nor any of its corresponding subgroups. For a full breakdown of these results, see Table 5.

**Table 5**  
*Pearson Correlation Coefficients of Key Variables*

Variable	1	2	3	4	5	6	7	8
1. Experiential avoidance	1							
2. Alexithymia	.48**	1						
3. <i>Difficulty identifying feelings</i>	.47**	.88**	1					
4. <i>Difficulty describing feelings</i>	.46**	.93**	.82**	1				
5. <i>Externally oriented thinking</i>	.32**	.81**	.51**	.62**	1			
6. Psychological distress	.42**	.21**	.37**	.23**	-.04	1		
7. <i>Depression</i>	.44**	.22**	.33**	.22**	.05	.92**	1	
8. <i>Anxiety</i>	.34**	.15	.31**	.17*	-.08	.89**	.74**	1
9. <i>Stress</i>	.35**	.20*	.37**	.23**	-.08	.92**	.76**	.75**

*Note.* Alexithymia = PAQ; Experiential avoidance = BEAQ; Psychological distress = DAS-21.

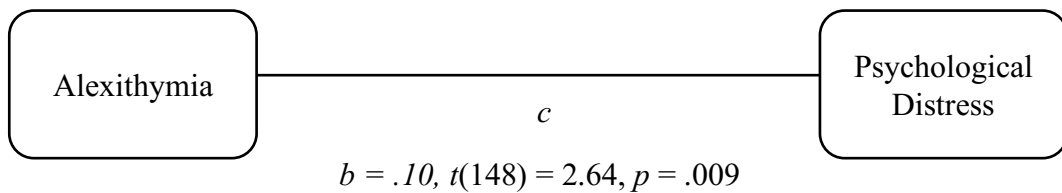
\*\*  $p < .01$  \*  $p < .05$

### Mediation Analyses

In step 1 of the mediation model, it was confirmed that the relationship between alexithymia and psychological distress (path *c*) was significant ( $F(1,148) = 6.95, p = .009, R^2 = .05, b = .10, t(148) = 2.64, p = .009$ ). As seen in Figure 4.

**Figure 4**

*Path c: Total Effect of Alexithymia on Psychological Distress*



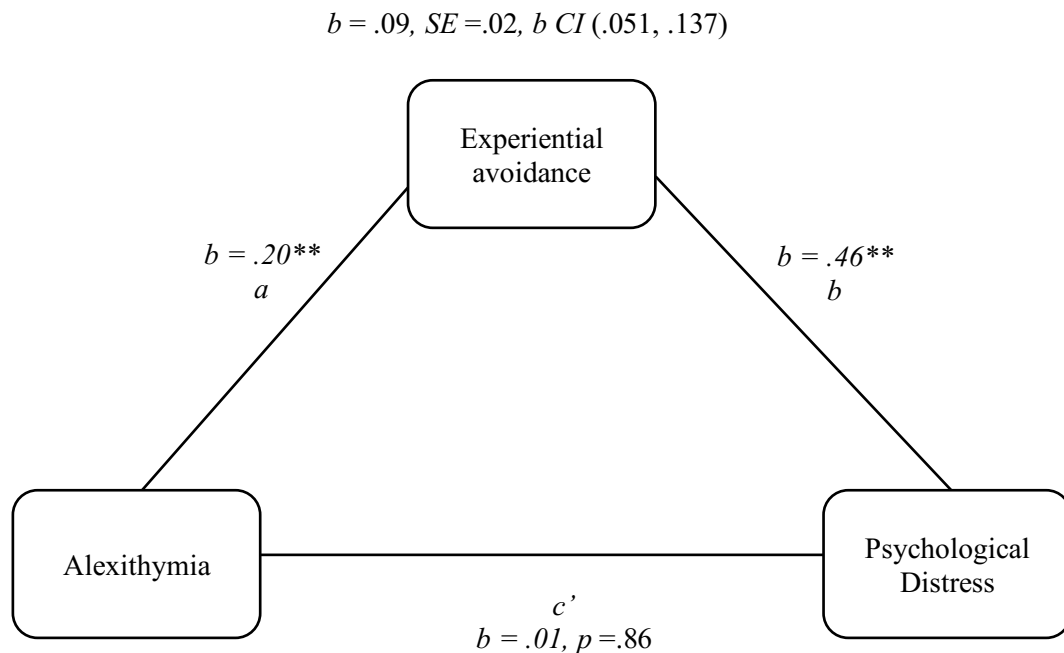
*Note.* Alexithymia = PAQ; Psychological distress = DAS-21

Step 2 demonstrated that the relationship between alexithymia and experiential avoidance (path *a*) was significant ( $F(1,148) = 43.94, p < .0001, R^2 = .23, b = .20, t(148) = 6.63, p < .0001$ ). Step 3 of the mediation process showed that the mediator (experiential avoidance) significantly related to psychological distress when controlling for alexithymia (path *b*;  $F(2,147) = 15.67, p < .0001, R^2 = .18, b = .46, t(147) = 4.83, p < .0001$ ). Step 4 of the analysis revealed that, when controlling for the mediator (experiential avoidance), the relationship between alexithymia and psychological distress (path *c'*) was no longer significant ( $b = .01, t(147) = .17, p = .863$ ). To test for the amount of mediation, a measure of indirect effect of alexithymia on psychological distress through experiential avoidance was performed ( $b = .09, SE = .02, b CI [.051, .137]$ ). As neither confidence interval consisted of nor passed through zero, the effect of the mediation can be said to be greater than zero.

Overall, the tests confirmed that experiential avoidance is a significant mediator in the relationship between alexithymia and psychological distress, and alexithymia did not relate to psychological distress when controlling for experiential avoidance (Figure 5).

**Figure 5**

*Indirect Effect of Alexithymia on Psychological Distress Through Experiential Avoidance*



Note. Alexithymia = PAQ; Experiential avoidance = BEAQ; Psychological distress = DAS-21.

\*\*  $p < .0001$

### ***Mediation Analyses of Key Model Subcategories***

Subsequent investigations were performed using the three main factors of alexithymia (DIF, DDF, and EOT) as predictors in three separate follow up enquiries to help identify which sub-dimensions are most predictive of psychological distress through experiential avoidance.

In step 1 of investigating difficulty identifying feelings (DIF), the analysis showed increased significance of the path  $c$  (relationship between DIF and psychological distress) as compared with step 1 of the main mediation analysis ( $F(1,148) = 23.77, p < .0001, R^2 = .14, b = .49, t(148) = 4.88, p < .0001$ ). Step 2 demonstrated a significant relationship between DIF and experiential avoidance (path  $a$ ;  $F(1,148) = 42.76, p < .0001, R^2 = .22, b = .55, t(148) = 6.54, p < .0001$ ). Step 3 indicated a significant relationship between experiential avoidance and psychological distress when controlling for DIF (path  $b$ ;  $F(2,147) = 20.06, p < .0001, R^2 = .21, b = .35, t(147) = 3.77, p = .0002$ ). Step 4 of the process suggested that, when controlling for the mediator (experiential avoidance), the relationship between DIF and psychological distress remained significant ( $b = .29, t(147) = 2.70, p = .0078$ ). Due to the

maintained significance of the relationship between DIF and psychological distress when accounting for experiential avoidance (path  $c'$ ) no mediation can be said to have occurred in this instance.

When investigating difficulty describing feelings (DDF), step 1 of this analysis also indicated an improved significance of path  $c$  (relationship between DDF and psychological distress) compared to the main mediation model ( $F(1,148) = 8.12, p = .005, R^2 = .05, b = .27, t(148) = 2.85, p = .005$ ). Step 2 indicated a significant relationship between DDF and experiential avoidance (path  $a$ ;  $F(1,148) = 40.45, p < .0001, R^2 = .22, b = .48, t(148) = 6.36, p < .0001$ ). Step 3 demonstrated a significant relationship between experiential avoidance and psychological distress while controlling for DDF (path  $b$ ;  $F(2,147) = 15.81, p < .0001, R^2 = .18, b = .45, t(147) = 4.73, p < .0001$ ). The fourth step in the mediation analysis showed that the relationship between DDF and psychological distress was non-significant when controlling for experiential avoidance (path  $c'$ ;  $b = .05, t(147) = .51, p = .6095$ ). Finally, a measure of the indirect effect of DDF on psychological distress through experiential avoidance was executed to ascertain the magnitude of mediation. This showed a stronger mediation compared to the original 3 factor model ( $b = .22, SE = .06, b CI [.117, .332]$ ) and is depicted in Figure 6.

The final investigation into externally oriented thinking (EOT) showed a non-significance of the total effect of EOT on psychological distress (path  $c$ ). This suggests that there was no link between EOT and psychological distress in this study, and as such no further mediation investigations could be undertaken.

The critical finding that neither the DIF nor EOT subscales of alexithymia produced a significant mediation model motivated a subsequent reflection on the impact of their removal from the main mediation model. This would equate to a mediation model containing solely DDF, which – as can be seen in Figure 6 – significantly increased the overall strength of the mediation model.

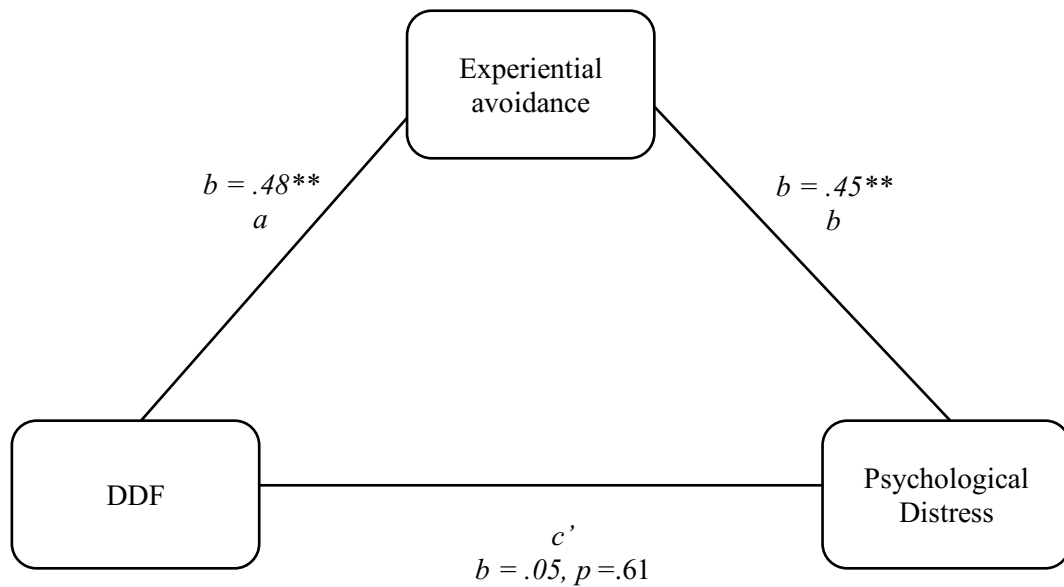
### ***Further Exploration of Externally Oriented Thinking***

After reflecting on the non-significance between externally oriented thinking and all subscales of psychological distress, along with the lack of effect in the main mediation model, further analysis was perused. First, one-way ANOVAs were used to check for significant differences in levels of EOT in the range of demographics collected. Results showed no significant differences between groups, except for gender ( $F(2,149) = 6.58, p = .002$ )

whereby men has a significantly higher level of externally oriented thinking compared to other genders (Figure 7).

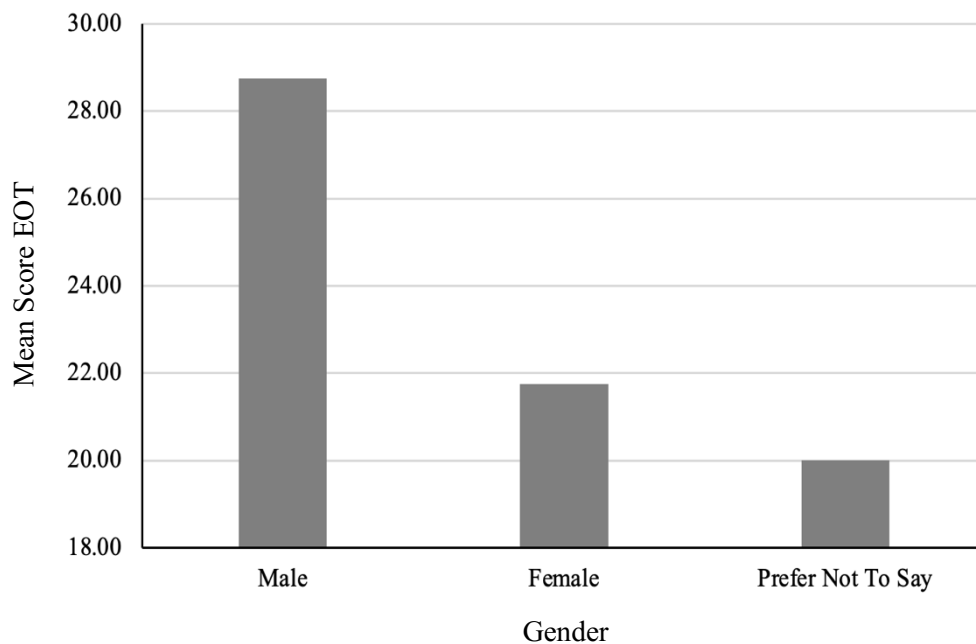
**Figure 6**  
*Indirect Effect of DDF on Psychological Distress Through Experiential Avoidance*

$b = .22, SE = .06, b CI (.117, .332)$



*Note.* Alexithymia = PAQ; Experiential avoidance = BEAQ; Psychological distress = DAS-21.  
 \*\*  $p < .0001$

**Figure 7**  
*Mean Levels of Externally Oriented Thinking Compared Between Genders*



In reflection on the analyses demonstrating the novel nature of the EOT subgroup of alexithymia, further exploration was sought in the form of follow up interviews with the motivation of adding clarification to the existing quantitative study. Specifically, the qualitative follow up investigation is to be aimed at exploring the lived experience of males with high levels of EOT, and how they experience emotions and psychological distress. Thus, the following qualitative research question was formed: *How do men with an externally oriented thinking style experience emotions and psychological distress?*

## **Qualitative Results**

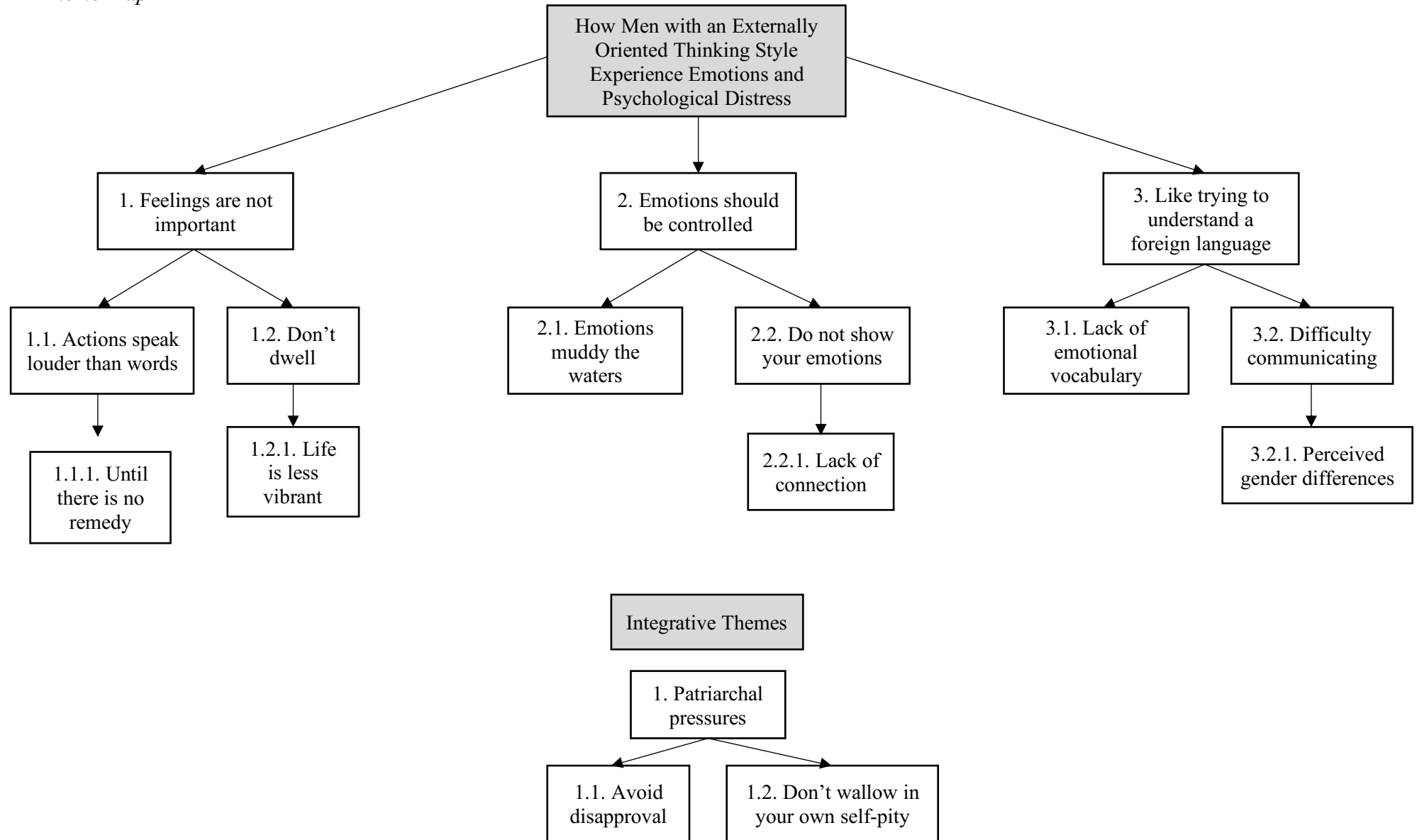
### ***Demographic Information of the Four Participants***

The four participants – pseudonyms Antony, Joseph, Robert, and William – were aged 63, 30, 24, and 24 respectively. All participants were white, British, heterosexual men, who were educated to bachelor's degree level or higher. Regarding levels of EOT, Antony and Robert scored 43, Joseph scored 41, and William scored 44. As the mean level of EOT in the male sample population was 28.64, with a standard deviation of 9.79, each of the included participants had significantly high levels of EOT.

### ***Themes Summary***

The analysis of the data revealed three overarching themes based on 10 sub-themes which represent the experience of emotions and psychological distress in men with an externally oriented thinking style. First, *emotions are not important* (seen in the narratives of 3 out of 4 participants), second *emotions should be controlled* (seen in the narratives of 3 out of 4 participants), and finally *emotions are like trying to understand a foreign language* (seen in the narratives of 4 out of 4 participants). Moreover, three integrative themes (defined as themes that permeate several thematic clusters in a lateral sense) were identified that informed all other themes, these include *patriarchal pressures* (seen in the narratives of 3 out of 4 participants), *avoiding disapproval* (seen in the narratives of 2 out of 4 participants), and *don't wallow in your own self-pity* (seen in the narratives of 3 out of 4 participants). A visual representation of the themes can be seen in Figure 8.

**Figure 8**  
*Theme Map*





## **How Men with an Externally Oriented Thinking Style Experience Emotions and Psychological Distress?**

### ***1. Feelings are not important***

The emergent theme that arose following my enquiry into the participants' experience of emotions was that feelings are not seen as an important source of information. Robert stated "I don't really know to be honest. Like it. You know these are the things I don't really kind of like think about all too often [laugh]". When recounting the recent death of his mother, Antony explained "I don't really focus on my feelings at all" and "I certainly. Haven't sort of sat down and thought about how I'm. Feeling about that [pause]". For Antony, this did not tie into an absence of emotional experience, but rather a lack of exploration of those feelings: "I don't particularly mind feeling sad. Uhm, and you know I I don't really. Uhm. Avoid. The feelings, but I guess I don't explore them very much". Antony went on to say "I haven't. Found them to be particularly useful [laugh]. In in solving situations" which insinuates a lack of importance due to a perceived lack of utility. Moreover, this lack of significance of emotional experience also extended outwards, interpersonally, with William explaining "I guess I don't really think about, uhm [pause]... think about other people's feelings as much".

#### ***1.1. Actions Speak Louder Than Words***

To follow up the lack of importance of emotions, three participants explained their preferred approach to managing negative affect, which was to "fix the problem". Joseph explained that when he is feeling bad, this often indicates something that needs fixing: "deal with the thing that's in front of you that needs to be fixed rather than anything else". This was furthered by Antony, who said "I guess I'm much more, you know if there's. A bad situation or a situation that's gonna adversely affect. Me. Then I spend much more time. Thinking, you know, what I can do about it practically than thinking 'Oh well, now how should I feel about it?' [pause]". Furthermore, William stated "Uhm, yeah just kind of how, I think, I'm more more practical and kind of, I guess sorting things out, fixing problems rather than focusing on how the problems make me feel".

The preference for observable action was paired with an overall belief that experiencing emotions was an ineffective use of time. Joseph mentioned "I don't have... not I don't have time, it was like there's no point wasting significant amounts of a) time and b) mental energy [pause]. Like, just being like, not not dealing with this situation and just being like

overwhelmed by it”. This was supported by William, who stated “Try and fix it straight away and don't stop until it is and then I guess the problem is gone and we're all good again”. Moreover, a quote by Antony alluded to an internalised expectation to focus on practicalities: “if something adverse happens. Then. You know, it. Maybe there's there's... you ought to be thinking about what you can do about. Rather than how you feel about it [pause]”.

For two participants, it seemed that focusing on practicalities was easier than experiencing the emotions that accompany a problem. Antony, when considering his recent experience of bereavement, said “You know, there are things that. That that that needs to be done and it's easier to do those then it is to sit thinking about how sad I am or should be [laugh]”. Moreover, from William “I guess trying to, uhm, yeah, fix the problem, instead of experience the problem”.

Overall, the above provides support for previous research that suggested that an externally oriented thinking style may assist in the application of experiential avoidance (Panayiotou et al., 2020). It seems possible that focusing on practicalities can simultaneously create distance and a form of escape from uncomfortable private events. On the other hand, it seems feasible that the participants' focus on practical action could be synonymous to the concept of valued action that is found within acceptance and commitment therapy (ACT, Hayes et al., 1996). By focusing on observable actions that may be in line with their personal values, the participants may be securing enhanced wellbeing in times of high emotional arousal (Ruiz, 2010). This may even suggest EOT as a protective factor to negative affect, which has been suggested in previous research (Davydov et al., 2013).

Furthermore, the general focus on external practicalities extended to each of the participants experience of psychological distress. Joseph said “it was almost like a puzzle or a problem to work through. Not a case of ‘shit my head is going to explode’. It was like ‘let's deal with it in a logical process’”. When enquiring further into the participants experience of psychological distress, there was a tendency to recount practicalities rather than emotional experiences. For example, Antony and William described their experience of bereavement in the following quotes, respectively: “I have been doing quite a lot of. Practical things. Yeah, that... And need to be done when when somebody dies. You know, like funerals and [pause]. The. The uhm. You know their affairs and and so on”, and “I mean, I kind of helped myself. I guess. I quit my job. Uh, moved back home and basically just spend every day, every bit of time I could with my nan”.

### **1.1.1. *Until There is no Remedy***

For two participants, psychological distress was defined as situations where there is a clear lack of practical solutions. Antony defined it as “When. You're experiencing. The unpleasant or unpleasant emotions in reaction to an unpleasant situation. And. Perhaps you you don't feel in control. And it's causing. Discomfort. And you can't see. A practical way out of it”. William added to this when recounting the weeks before his grandmother passed away “Yeah, that's probably the hardest time for, kind of, maybe the most I've experienced. Kind of ongoing distress because I guess everything I do would be like, ‘Oh yeah, this is cool, but you know nan’s still ill’, and then, you know, there's nothing. There's nothing you can do for that. Oh yeah, you had a good time with your mates, but you know *that's* still a thing”.

Interestingly, Antony added to the previous quotes - which denoted a sense of resignation to unpleasant feelings - with an account of acceptance, with acceptance not necessarily being a source of psychological distress: “You you’ll see something sad on the television. And it makes you know, make my eyes water. But you know, I don't have to. I don't think about how I should be feeling about that. You know, it's it's sad and and you know that it’s sad and sometimes you know with things like that they're. You know there there is, there's nothing to be done about it”.

Both Antony and William highlighted a form of psychological distress when trying to help the people closest to them with ‘unsolvable’ issues. William stated “Yeah, it's hard 'cause you wanna say everything is gonna be OK but I guess practically it might not be” and then elaborated “That's, maybe that's why I'm struggling with Isla’s Grandad being ill because really there was nothing... You know there's nothing you can do. There's no remedy to the problem”. Antony furthered this point in his recount of an interpersonal dispute “It, uh. You know causes me. Uhm, discomfort because I don't want her to be upset, but I can't think. Of a way out of it, really” followed by “It's difficult for me to see what I can do about it. To. Correct it. Uhm [pause]. And. I've got no idea. How to, or little idea on how to correct it emotionally”. Suggesting that practical solutions may offer a more concrete alternative to navigating emotional content.

### **1.2 *Don't Dwell***

For three participants, a clear theme was a tendency not to dwell on one’s emotions. Joseph stated, “I don't tend to dwell on it, if that makes sense” and “I sort of recognize it, deal with it and move on [long pause]”. This was furthered by Antony and William, who said,

respectively “I I've I wouldn't. I wouldn't be... Dwelling about. Things” and “I don't sit on it and kind of mull and stew over it”.

Notably, it transpired that dwelling on emotions was not seen as a productive use of resources, Joseph: “I could recognize them and deal with them and then move on rather than sort of dwell on them. Which I know other people do [pause]. I don't. I don't see that as useful or productive, for myself”. William: “I don't dwell on things; I just seek to sort them out”.

### ***1.2.1. Life is Less Vibrant***

A theme that emerged from just one participant, Antony, was that having an externally oriented thinking style can result in less contact with both negative and positive emotions. He said “People. Take a lot of pleasure from, uh, those are pleasurable emotions to have and. And and I, and it's not like I...I don't have those at all [pause]. But. I. You know, because I I. Tend not to. Dwell on them [pause]. Perhaps I don't get the benefit. From being as absorbed by those as others who [pause]. Have the ability to explore their emotions more, would have”. Specifically, Antony gave off the sense that life may be less vibrant for him compared to other people: “I mean, it's not that I don't. And you know, have any joy or pride, or you know sense of accomplishment in in my life. I do and. And you know, not pleasurable experiences and and and emotions. But you know how much more pleasurable they might be if I was in someone else's mind you know is is just. It's. Difficult for me to say”.

Significantly, previous studies have suggested alexithymia to be associated with a decrease of positive emotions (De Gucht et al., 2004; Duarte & Pinto-Gouveia, 2017; Yelsma, 2007). When considering the definition of experiential avoidance, which emphasises a selective avoidance of negative affect, one could conclude this lack of positive affect as a distinct characteristic of alexithymia. However, to contrary this, one study found that experiential avoidance was negatively associated with daily positive emotions. The authors suggested a mechanism through which experiential avoidance disrupts pleasant and spontaneous activities and thus decreases overall positive affective experiences (Kashdan, Barrios, Forsyth, & Steger, 2006). The clinical implications of this will be reviewed further in the Discussion.

## ***2. Emotions Should be Controlled***

Interesting when considering perceptions of control over emotional states, two participants provided contradictory responses. First, Joseph emphasised his perceived direct

control over his emotional states: “They're kind of a bit like being hot or cold... or being hungry. You can kind of, you have influence and you can control them. At least that's that's my interpretation and understanding”. However, Robert opposed this in his quote, “I think, you know, you can't really control feelings can you, and I think, you know. If you experience like, you know, a good stimulus like you're gonna feel happy and you can't kind of control yourself and think, right? I'm not going to feel happy. It's just a natural reaction, isn't it?”.

This discrepancy between participants was overcome when considering behavioural impacts of emotions. Specifically, the participants agreed that they had no desire to be controlled by their emotions. Joseph and Antony demonstrated this, respectively: “I've never really [pause] been able to be very emotive as a person in general. Not because I've ever seen as a weakness. But it's kind of a loss of control thing. Uh, I don't want to ever be controlled by my emotions”, and: “I would put being able to function as a higher priority than exploring my feelings”.

To expand on this, emotions seemed to – once again – be viewed through a lens of utility and deemed as an ineffective use of resources, Joseph: “That might be quite cynical view, but I don't feel [laugh], that sounds horrendous, I don't feel emotions are very productive. Jesus [laugh]... it's, to me it's not a particularly good use of energy to kind of be controlled by strong emotions when [pause] you could, at least I could recognise them and deal with them and then move on”. This was supported by Robert, who said that controlling his emotions led to an increased ability to remain objective in professional environments: “say for example if they have some. Yeah, make a, I guess a big decision on a project and. You know I try not to let my I guess like personal feelings get in the way of that and you have to kind of like. Think about things objectively and. And it's definitely something you, which I have learned through being at work. And it's always something which now, kind of, taken out and tried to almost apply to, you know, through the world as well. I kind of look at things kind of like very pragmatically. And yeah, I try to be objective as well” and “stepping away and kind of like I guess almost detaching from those emotions gives me a better. Platform to make the right decision”.

For Robert, psychological distress was characterised as not being able to control reactions to emotions, “Almost like [pause]. I guess like you just can't control emotions and feelings, and I guess like your reactions to that as well and. I think you know part of having, you know, not distress or like you know, psychological balance is. Yeah, the ability to be able to, you know, control your actions. Based on, I guess like feelings and so I guess to that point. Like you know, psychological distress would be, not being able to control your reactions to certain

feelings”. Pertinently, when understood in this way, psychological distress is characterised by its external impact on behaviour (or rather, a lack of controllability) than on the severity of the internal emotional experience. This is supported by Joseph when defining psychological distress, “Where it it potentially crosses the barrier from being something purely mental to impacting your physical well-being, I would say”.

Of note, the tendency for participants to recount their experiences of psychological distress by way of its practical impact may have significant impacts on the efficacy of common mood questionnaires within this population. Specifically, due to the abundance of questionnaire items that relate to one’s inner emotional experience of psychological distress, it would be understandable for this population to underscore on said questionnaires which would have major implications for therapeutic access and outcomes. This point will be considered further in the Discussion.

### ***2.1. Emotions Muddy the Waters***

“It’s a lot easier to... think about how to get there when you're completely objective and like, you just kind of look at the facts rather than. Things that can kind of like muddy the water, like emotions for example”

– Joseph

Both Joseph and Robert recounted personal negative experiences when interacting with others who were seemingly being controlled by their emotions. Joseph: “I know some people get very stressed and they can, kind of, that impacts lots of other things”, Robert: “I feel like I’ve worked with, you know, emotional people in the past and I haven’t really always agreed with the decisions that they’ve made”. When exploring this further, two participants shared their concerns that giving in to one’s emotions may lead to negative outcomes. For example, when considering a work environment, Robert said “Emotions and feelings, kind of like make make you a bit rash. You know you might make the wrong decision”. Moreover, Antony - when recounting an interpersonal conflict – mentioned “I think peoples... my reaction when people are upset with me. Is to be defensive and. Frustrated. And possibly a bit angry. But you know, quite often... I mean and and. I don’t. I don’t like being any of those things. Because. It seldom results in a good outcome for me [laugh]”. When asked

specifically whether focusing on his emotions makes a situations worse, Antony replied “Almost certainly, gets worse”.

Therefore, to avoid these negative consequences, it seems that the participants have developed a tendency to not show their emotions (outlined in theme 2.2.) along with a general rule for life “Don't do anything based on emotion” – Robert.

## **2.2. *Don't Show Your Emotions***

The theme of not showing one's emotions was the most referenced in the qualitative analysis. A reluctance to share emotions was clear from the offset, with participants replying to questions directed at their emotional experience with answers such as “[long pause] It's tricky. I Tend not to...” and “I just don't really speak about how I feel”. When asked about his recent experience of bereavement, William replied “Uh, it's a tricky one. I don't think. Uh, because. You know there's. [sign] agh [pause]”, which demonstrates a difficulty with speaking about emotional content.

When exploring this further, Antony and Joseph explained that their method of dealing with emotions is internalisation. Joseph elaborated on this “So [pause]. It's a case of [pause] You can be, I can be sad and understand that I'm being sad, but that doesn't mean I have to be like sobbing or like on the floor or like really quiet or annoyed and not talkative. It's like, I can be sad internally but externally I can still be like a, an active normal person” and later defined this as internalising “I guess you call it internalising it, which is like, the opposite of what you're supposed to do it. But that's always how I've dealt with it”. Antony also mentioned a tendency to internalise his emotions and portrayed this in an account of a recent interpersonal difficulty “So [I] just tried to speak in a very calm voice and and you know, defuse the situation. Put any feelings of frustration that I might have had aside”.

Interestingly, this tendency to internalise one's emotions seemed to link to attempts to avoid feelings of vulnerability that may accompany the sharing of one's feelings. Joseph described “If you don't like it, stop doing it. If if it hurts, pull your hand out from the flame kind of thing. Um, especially if you know if you've if you've voluntarily put yourself in that position. Of opening up and being vulnerable it's kind of. Quite scary in a sense, um [pause]. 'cause there's, often with the stuff you talk about, you can't put that back in the bottle”. For two participants, it appeared that their upbringing had reinforced a message of ‘your feelings are your problem, not mine’ which strengthened their current tendency to not show their emotions to other people. For example, Antony described “When I started secondary school,

I was very unhappy, there. Very unhappy. And. Uh, you know, for for various reasons, and you know with with, I think with some cause. And I remember. You know the. Some months of of this and me obviously being unhappy to to be at this school. She [mother] sort of sat me down and said, ‘oh, Antony, I, I, I thought we'd sorted you. I thought, you know, that that we [pause]. Yeah, got got you in the right school and done the right thing’ and. Taking from that that. My unhappiness was just a problem. And that I should. Sort of buck up and just get on with it, which is of course what I did”. Ultimately, this seemed to effect Antony’s current experience of sharing emotions, “I would try and. And and, you know, repress any of those emotions. And and if you know if possible. Uhm, withdraw from the situation because you know it it. It it doesn't. It's not unlikely [sic] to benefit to me”. In light of the quotes from Joseph and Antony, it makes sense that previous research has found a link between interpersonal difficulties and attachment style (e.g., Bourne et al., 2014; Vanheule et al., 2007). Feasibly, alexithymia may have been adopted as a reactive defence strategy to cope with internal distress (such as feelings of vulnerability) while growing up (e.g., Bailey & Henry, 2007; Constantinou et al., 2014; De Vente et al., 2006).

Interestingly, the participants’ implicit rule to not share their emotions seemed to be creating tension for one participant when considering the changing social narratives that are now encouraging men to speak about their feelings, “It it it's a case of [pause]. Understanding that and recognizing that it doesn't need to have, elicit a certain response just because it is a, deemed a social norm”. Upon further elaboration, it seems that these changing social narratives triggered unpleasant internal experiences in the face of Joseph’s usual tendency to internalise emotional affect, which - combined with an upbringing that prioritised avoidant coping - seemed to lead to increased levels of avoidance.

### **2.2.1. *Lack of Connection***

Unfortunately, the tendency to not show one’s emotions appears to have capped the capacity for these individuals to experience social connection. While describing a particularly disrupting time resulting in an experience of psychological distress, Joseph described, “It would have been quite nice to be able to talk about it with, like some of my friends, although I did on a kind of a surface level, it was very much a [pause]. And it might be my own fault, which is, I wasn't wasn't open, open enough to talk”. After reflecting on this experience, Joseph concluded that enhanced social connection would have helped in his experience of psychological distress, saying “But it, it would have been quite nice to be able to kind of talk



about that in more detail with someone other than my partner, it's a kind of like an external. Feedback point I guess. That probably would have been quite nice”.

These difficulties in communicating emotions interpersonally may, feasibly, be due to difficulties in identifying one's emotions. In turn, this may inhibit individuals from enjoying the social support and care that friends and loved ones could provide in a time of psychological distress which may exacerbate uncomfortable emotional experiences in the long term.

### ***3. Like Trying to Understand a Foreign Language***

“Uhm [pause]. Probably [sigh] yeah, I think if I'm if I'm perfectly honest, sometimes quite uncomfortable. Uhm [pause]. And challenging, 'cause it's... It's it's, I guess. What's it akin to? It's like me [pause]. It's it's almost like a different language”

– Joseph

When describing their experience of emotions, all four participants expressed difficulties in navigating other people's feelings. Antony said “In. interactions with other people. Where they get upset by something. Uhm. Yeah, I don't. Really understand”, and after reflecting on a recent dispute with his partner he commented “[it was] bewildering. I think I just couldn't understand. Why she was upset. I still. Don't really, but. I think I accept that. Some people [pause]. Get upset by different things”. Joseph elaborated on his experience of emotions as a foreign language and explained “I think the most challenging bit is trying to, trying to empathise with feelings that you just you just don't feel. Or you can. You can understand them as a concept and as a construct, but in terms of their emotional impacts on... Your your yourself as a being, that doesn't really happen”.

Furthermore, akin to learning a foreign language, it was portrayed that the process of trying to understand another's emotions requires a lot of mental energy. When recounting difficult interactions with his partner, Joseph described “I don't. I don't quite get it sometimes [pause]. I I I [pause]. I try to, but sometimes I don't. So yeah, difficult” and “trying to, kind of, reconcile those differences requires quite a lot of. Talking and mental energy. Uhm, just to be able to, kind of [pause]. Be in the same place or understand those emotions that she's feeling”. Notably, the resultant discomfort and interpersonal tension seems to lead to avoidance, which William described in the following: “when Isla speaks to me about some emotional things, I

kind of, I either switch off or kind of busy myself doing something else, and then not necessarily [pause] tune into the feelings, just kind of, sit through them”.

Previous research supports the above quotes in suggesting that the majority of alexithymic individuals not only struggle to understand their own emotions but other people’s also. It has been suggested that this may be a consequence of an inability to recognise and understand internal emotions, which has a negative impact on one’s ability to empathise with others (Decety & Jackson, 2004; Moriguchi et al., 2007).

### ***3.1. Lack of Emotional Vocabulary***

All four interview participants were frank about their difficulty in recognising their emotional states. Joseph described, “I’m not very good at recognising emotions. Ah. And I would say [sigh] I’m able to know... like the the obvious ones like angry or sad or [pause] conflicted or, kind of [pause]. Jealousy or kind of the obvious ones. The ones that when there’s kind of several emotions involved, is where I sometimes struggle to unpick them”. This was supported by Antony, who succinctly said “I think I’m quite inexpert about [pause]. About my feelings”.

A general difficulty to identify emotions was evident while conducting the interviews with all participants, for example, a quote from Antony “There are. Of course, a lot of positive emotions as well, you know happiness and. Pride and and. I can’t think of many others... *love* [laugh]”. However, this was to be expected from this group of participants, who all scored highly on the measure of alexithymia. Interestingly, this expressed more severely in two participants who were often unable to recall any emotion words. Robert, for example, said “so I guess that maybe kind of like feel a bit... you know, I had some sort of like emotion to that. [Sigh]” and “It’s difficult to kind of like, you know, put into words and you know, describe, but you know”.

To further this, the following quote from Robert describes a recent experience of expanding his emotional vocabulary, “It’s something that I’m still learning at the same time as well and 'cause. I guess for me, like. Stress is kind of like a label that I put on. Maybe tons of different feelings. You know one of the ones that started calling out. I guess a bit more. Often now and then being able to kind of like recognise that feeling from stress is kind of like anxiety as well. Like some some situations do make me feel anxious. I think being able to recognize that and kind of like, you know, put that into a different box from, you know, stress is something which I’ve I’ve learned quite recently”.

It is common for people presenting with alexithymia to show less emotional awareness and less ability to differentiate between emotions, specifically those that are positive or produce a high level of arousal (e.g., Erbas et al., 2014; Kashdan et al., 2015). It has been suggested that this could be caused by problems with processing the arousal dimension of emotion (Peasley-Miklus et al., 2016). Perhaps, this inability to process arousal could link to historical lack of encouragement or even punishment in response to the expression of high arousal emotions such as sadness and affection, leading to avoidance strategies. For example, Robert described a lack of encouragement and supplementary teaching around emotional states at his school: “I don't think. You know, going through school, like anybody really kind of like. Taught us to acknowledge that [emotions]. And I think you know that would have been something that would have been really useful”. To further this, Robert described what would have been helpful, “[having] the opportunity to learn about. Yeah, what's going on? You know what are these? Feelings and [pause]. I guess not coping mechanisms, but you know, maybe just kind of like just understanding what they are and what's going on”. The implications of this will be outlined in the Discussion.

### ***3.2. Difficulty Communicating***

Often, the discomfort felt when navigating the “foreign language” that is emotional states, along with a lack of available vocabulary has led each participant to experience difficulties with interpersonal communication. When considering his romantic relationship, Robert described a tension between his partner’s expectations and his ability to converse emotionally: “With my partner, it's. She wants me to open up. She wants me to, like, have these emotions and everything. And you know sometimes, because I've kind of like almost engineered myself to... and I wouldn't say repressed but just kind of like. Allow myself to step away. You know, I can't as easily open up as you know, maybe she would want me to”. William furthered this by describing his difficulty with communicating his sense of sadness in response to the ill health of his partner’s grandfather, following the recent loss of his own grandmother, saying “obviously I feel sad and I want to show Isla that I feel sad but I guess, maybe I don't don't know how”.

An additional barrier to communication seems to be a realisation of interpersonal differences in emotional coping. William picked up on this when comparing what he found helpful during his experience of bereavement to his partner, “I don't know what I wanted, so I don't know what she would want even though I know we're different. You know, different people feel different things”. When considering his usual practical orientation to

psychological distress, William furthered “The reality is that it might not be OK, and I guess, and eventually it won’t be OK. But you know, you don’t say that, but I don’t, I don’t know how to kind of support her [pause] emotionally”.

### ***3.2.1. Perceived Gender Differences***

When explaining these difficulties in emotion expression, it was common for participants to indicate a perception of gender differences between men and women. When responding to the question “do you think anything that we have spoken about today is related to gender?”, Antony replies “[pause] Yes I do. Yes I do and I. I I think. Women have. A much. Better understanding of their emotions and other people's emotions. And are more expert at reacting to them appropriately”. This was supported by William who replied, “Uh. Maybe women feel more or are definitely more in tune on on the whole, or to other people's feelings than I guess guys are [pause]”.

When considering the aetiology of these gender differences in emotional expression, three participants noted the role of patriarchal social pressures on their ability to freely express their emotions (outlined in integrative theme 1.). However, one participant (Antony) noted a possibility of neurological differences between men and women, saying “Whether. Just physically. Women have. Better skills and you know their minds are better equipped to deal with emotions and be more emotional. I I don't know. I know I'm not really qualified. Intellectually or academically or personally to to answer that” and then suggesting “Yeah, maybe there's some study that looks at men and women's brains and sees the amount of activity relating to it. Are the levels of emotions different between one and the other. I wouldn't be at all surprised”.

Interestingly, research has suggested no differences in emotional expression between males and females in early life, with differences in emotional expression becoming apparent in middle childhood (Brody, 2022; Chaplin & Aldao, 2013). Further research has suggested this to be the product of male socialisation (Chaplin, 2015) which actively discourages the outward expression of emotional states by men. The effects of this will be covered in the following integrative themes.

## **Integrative Themes**

### ***1. Patriarchal Pressures***

The first integrative theme that appeared to underpin the answers provided by all four of the interview participants was the role of patriarchal pressures. Specifically, that traditional values had constructed a society that did not favour the expression of emotions in men. Joseph defined this as “historical [pause]. Constructs of how men and women should be are still impacting how society views [pause]. Emotions and their impact on men and women”.

Moreover, each of the participants were able to narrate a similar social narrative of men historically having to be a strong figure in their family and thus not having the luxury of exploring their emotions. Antony described, “You don't need to go back very far. When. Men were. Literally fighting for their lives. And and killing other. People. You know, not in my generation, but in the generation before mine. And perhaps. There, throughout history men were expected to. Go out and. Yeah, defend their... societies and territories with their lives. And [pause] dwelling and exploring their emotions. I think was. Way down the list of priorities [laugh]”. This was supported by Robert and William who said, respectively: “We're kind of. Brought up and it may be kind of like engineered to ignore our feelings a little bit more than. And you know women are. And you know, there's kind of like an expectation that's put on men to, you know, be that strong figure. Obviously be a provider as well”, and “Uh, I guess more socially acceptable as a whole, for you know you've got this toxic masculinity of males are brought up to kind of be the big alpha”.

Joseph suggested that these traditional values may have been maintained through an avoidance of the negative outcomes associated with non-conformance, “Even a generation, or even two generations ago, there was very much. Uhm your social constructs of this is what a man is, this is what a woman is. And there were tangible negative externalities from slipping outside of those constructs”. This was expanded on by Antony, who noted how these values could have been maintained in a family system, “There just was no value. Put on that from society. The man was expected to provide these basic necessities for his family [pause]. And. You know, if if he gave support or or or training to his children at all. It was to do more of the same. You know for them to. Yes, uh, I I you know to become skilled in something that would enable him to provide for his family when his turn came. And and and there was little value placed on emotional. Expression or or support”.

### ***1.1. Avoid Disapproval***

A sub-theme of patriarchal pressures that was pertinent across the participants was chronic avoidance of emotions in an attempts to avoid disapproval from others. For one participant, Antony, this was especially apparent in his childhood, whereby his emotions were frequently deemed as an “inconvenience”. An example of this can be seen in the following quote, where Antony recalls an experience with his father in early childhood “I remember, sort of falling and scraping my knees. And. I. I'd done this a couple of times, and sort of made it worse and I remember doing it again and feeling. Worried. That he would be telling me off. That I'd done this. And you know, wanting to to hide it. Uhm. So, you know, rather than being. Sad and upset that I had scraped my knees yet again. I was more you know, worried about. What his reaction would be like. And how how I could sort of avoid. That you know... his disapproval”. Antony then further explained this with, “[long pause] It was. Not... it was not about. How. How I. Felt about myself, it was how. I could. Manage the situation to stay out of trouble [pause]”. From this, it would be understandable how Antony may have developed avoidant techniques aimed at distancing himself from the emotions that caused him pain in the past.

Although this level of explicit parental disapproval of emotional expression was not directly reported by the other participants, it was clear that the expression of emotions was not actively encouraged. An example comes from Joseph, who described the formation of his traditional worldview, “I was brought up, which was [pause]. You, you don't talk about emotions, you deal with emotions yourself” and “that's how I grew up. Was, you you can elicit emotion in very short sharp intervals other than, the rest of the time you deal with that yourself. Which has definitely changed, but that was sort of how my worldview was formed growing up”. Interestingly, Joseph’s tendency to avoid disapproval clearly manifested in his interview rhetoric and use of laughter. For example, “I deal with emotions [laugh] in quite a practical manner. Uh, which sounds quite cold, but it's probably true”, “There's no benefit or productive outcome from doing that [pause]. Yeah, which is, sounds quite cold again”, and “That might be quite cynical view, but I don't feel [laugh], that sounds horrendous, I don't feel emotions are very productive. Jesus [laugh]...”.

### ***1.2. Don't Wallow in Your Own Self Pity***

Historically, none of the participants reported being encouraged to express their emotions. In fact, for one participant, Antony, his experience was quite the opposite, “You know

growing up [pause]. You know it. It was. Don't be a crybaby [laugh]. You know, don't come... Yeah, what what are you gonna do about something, rather than 'Oh no you've, you feel sad' and I and I don't think that I'm unusual in that. I think that. People of my. Generation or my age were not encouraged *at all* to explore their emotions. You know, especially for. For boys It was actively discouraged. And it was [pause]. You know much more about sort of toughen up. Yeah, be [pause]. Be resilient to to these things and you know, do something about it. Don't wallow in your own self-pity [laugh]". This was supported by Joseph, who recounted his family's view of "emotions are your problem, not mine" that has led to an overarching attitude that expressing one's emotions is indulgent and overbearing, for example "Some people who are incredibly driven by their emotions can be. Sometimes overbearing, uh and I would sometimes find frustrating, which is. Kind of [laugh] get it together!".

Notably, this general outlook has created tension when facing the changing social narratives that are now encouraging men to communicate their emotional states more freely. In the following quote, Joseph recognises the need for an alteration of male narratives while simultaneously expressing his concern, "I mean you only have to take a glance at male suicide rates to kind of be like there's clearly a problem here [pause]. And so I think mostly it's a very good thing. There is probably a very tiny part of me that sort of. Wonders if this over or increasing dissemination of. One being understanding of their emotions and their impacts and the the help that is there for them is perhaps an overdiagnosis". He later explained his concerns that the free and encouraged expression of emotions may start to take away from people who are experiencing poor mental health, "When people talk about being depressed or anxious, it's kind of 'no you're not', because *this* is actually what that looks like and can be even worse. Uh, so I think it muddies the waters between about what is a valid, genuine, concern and what is someone just feeling a bit sad". This certainly reflects a large disparity between the type of emotional experience that is deemed as appropriate to speak about (e.g., psychological distress) and those that are not (e.g., acute emotion).

Interestingly, despite all four participants disclosing past experiences of what they would consider to be psychological distress, none of them reported disclosing this experience to their friends or family. Perhaps the tension between one's early life lessons and new social expectations has created an insurmountable challenge for the participants. Indeed, despite recognising new societal shifts as "absolutely great", Robert reported no plan to alter his own behaviour, "You know social media movements at the moment and you know people are kind of like, you know, a lot of I guess like prominent figures are. Choosing to open up about their

feelings, which is kind of like empowering other people to do it, which I think is absolutely great. But I think you know it's always going to take like a generation or two before it becomes the norm for. Men to kind of like be more open about their feelings. Because I think yeah, it's absolutely great that all of these things are happening. But even though it is happening like in the back of my mind, I'm thinking, right, you know. I've been taught one way and I'm just gonna. Carry on doing it [laugh]”.

### **Integration of Quantitative and Qualitative Data**

This section of the research involves the merging of both quantitative and qualitative elements to draw conclusions based on both data sets (Creswell & Clark, 2017; Tashakkori & Teddlie, 2010).

In the first phase of the study, the quantitative analysis suggested that experiential avoidance did indeed mediate the relationship between alexithymia and psychological distress. However, it transpired that the externally oriented thinking (EOT) subgroup of alexithymia was proving detrimental to the overall significance of the model, showing no individual correlation to measures of depression, anxiety, and stress. Given the similarity of these results to comparable quantitative investigations (e.g., Landstra et al., 2013; Panayiotou et al., 2015) it was believed to be worthy of further investigation. Therefore, the quantitative and qualitative data was combined to give a more comprehensive view into the non-significant relationship between EOT and elements of psychological distress.

With respect to the found lack of relationship between EOT and psychological distress, the qualitative data helped to explain this through three main avenues that will be subsequently outlined. First, the tendency for the interview participants to not focus on their emotions rendered them as more inclined to focus on finding practical solutions to distressing situations. This may suggest that EOT works as a protective factor to psychological distress (as suggested by Davydov et al., 2013) by rectifying challenging circumstances before their unpleasant emotional experience became chronic in nature (e.g., “Try and fix it straight away and don't stop until it is and then I guess the problem is gone and we're all good” – William). This point will be expanded upon in the discussion. To further this, the participant's propensity for practical action could feasibly align with the highly regarded concept of ‘valued action’ within acceptance and commitment therapy (ACT). This notion is intended to minimise avoidant tendencies by creating a focus on meaningful action rather than on acute



emotional experiences (S. C. Hayes, 2019), which could possibly be seen in the interview sample.

Secondly, it is important to note that none of the participants defined psychological distress in terms of its emotional toll, but rather by its practical impact; specifically, whether they felt they were being controlled by their emotions. Therefore, it seems possible for such individuals to score lower on common mood questionnaires that primarily enquire into internal experiences (e.g., DASS-21, PHQ-9, GAD-7) rather than behavioural affect. Meaning, these individuals may not necessarily be resistant to psychological distress, but rather unable to recognise it in line with emotion driven convention (Dere et al., 2013; Ryder et al., 2018).

Finally, all participants noted the potentially oppressive impact of traditional, patriarchal pressures on their ability to voice their emotional experiences. It seems possible that the discouragement of emotional expression experienced in life may have led to a chain of avoidance. Here, emotional expression may become associated with any unpleasant feelings triggered by previous reprimands, and thus avoided in later life. Not only could this limit one's ability to communicate feelings of psychological distress, but also one's ability to recognise them personally, leading to a discordance between self-report and physiological responses to emotional stimuli (Peasley-Miklus et al., 2016). Levant (1992) in his normative male alexithymia model explained that individuals could develop either suppressive, repressive, or dissociative mechanisms as a way of distancing oneself from emotions that threaten to trigger mental pain. This may aid in explaining why two interview participants scored in the mild and moderate depression ranges (despite the notable barrier to their recognition, as previously highlighted) and yet did not report any current experiences of psychological distress. A diagrammatic representation of this amalgamation of quantitative and qualitative data can be seen in Figure 9.

**Figure 9**  
*Joint Display of Quantitative and Qualitative Results*

<b>Externally Oriented Thinking (EOT)</b> A tendency to not focus on one's feeling			
<b>Quantitative findings</b>	<b>Qualitative theme</b>	<b>Interpretation</b>	<b>Supplementary quotes</b>
No relationship found between EOT and any component of psychological distress	Feelings are not important	Psychological distress is not defined by emotional experience	“You don't feel in control. And it's causing. Discomfort. And you can't see. A practical way out of it”
	Actions speak louder than words	EOT assists in resolving practical issues and forms a protective factor	“I see it as a problem and if you fix the problem, it's all good again”  “Try and fix it straight away and don't stop until it is and then I guess the problem is gone and we're all good”
	Patriarchal pressures	Avoidance of disclosure	“I was brought up, which was [pause]. You, you don't talk about emotions, you deal with emotions yourself”

## Discussion

### Key Findings

The main aim of this study was to add to previous research and answer the questions ‘Will the mediatory role of experiential avoidance on the relationship between alexithymia and psychological distress be found when using updated questionnaires?’ and ‘In what ways do the experiences of alexithymic individuals support the previously found mediatory role of experiential avoidance on the relationship between alexithymia and psychological distress?’. To do this, a sequential explanatory mixed methods design was employed.

In the initial quantitative element of the study, it was found that all subgroups of alexithymia correlated significantly with experiential avoidance. This may indicate that if alexithymia develops due to an overall preference for avoidant coping (experiential avoidance), all facets of alexithymia are important. Indeed, this is supported by previous research which suggests that alexithymia may be developed and maintained as a result of the immediate relief experienced through experiential avoidant coping mechanisms (Kashdan et al., 2006), despite the fact that this increases unwanted experiences in the long term (Karekla et al., 2004). This latter point is supported by the finding that both experiential avoidance and alexithymia were highly predictive of levels of psychological distress, which is consistent with previous research that highlighted both constructs as detrimental to one’s psychological wellbeing (Berardis et al., 2008, 2008; S. C. Hayes et al., 1996; Stewart et al., 2002). The current study found that alexithymia did not significantly correlate with levels of anxiety. However, it has been found that the presence of alexithymia seems to be related to higher severity anxiety disorders (Berardis et al., 2008), which suggests that the relatively low levels of anxiety within the research sample (DASS-21 anxiety mean score of 4.25) may have caused this result.

The key finding of the quantitative phase suggested a mechanism through which the overall relationship between alexithymia, experiential avoidance, and psychological distress holds when using updated questionnaires. Through the highly reliable bootstrap method set to 5,000 samples at a 95% bias-corrected confidence interval (as recommended by Hayes, 2012), it was found that experiential avoidance fully mediated the relationship between alexithymia and psychological distress. This was particularly true for the difficulty describing feelings (DDF) subscale of alexithymia. This suggests that an avoidance of contact with unwanted private experiences accounts for the relationship between alexithymia and psychological distress. Therefore, although alexithymia is generally thought to be a relatively stable

dimensional construct alike personality (Haslam et al., 2012; Keefer et al., 2019), the current research findings suggest that alexithymic traits could also be acquired through an avoidance of unpleasant internal experiences and thus changeable in nature (Bankier et al., 2001; Kauhanen et al., 1993). This is supported by previous investigations finding alexithymia to decrease during therapy (Constantinou et al., 2014) and in response to interventions teaching alexithymic individuals how to process emotions more effectively (Rufer et al., 2010). Importantly, this suggests that alexithymic individuals do not seem to lack the capacity to process emotion, but rather have developed an unconventional method of doing so, especially when emotions are unpleasant or highly arousing (Constantinou et al., 2014).

Notably, it was found that experiential avoidance did not mediate the relationship between psychological distress and the difficulty identifying feelings (DIF) or the externally oriented thinking (EOT) subgroups of alexithymia. The former was due to retained levels of significance between DIF and psychological distress even when controlling for experiential avoidance. This suggests that the alexithymia-psychological distress relationship may exist due to avoidant coping effecting one's ability to describe feelings, rather than an inability to identify them (as suggested in Krystal, 1979). The latter lack of mediation was due to non-significant relationships between EOT and levels of depression, anxiety, and stress. As this mirrored findings by previous researchers (e.g., Panayiotou et al., 2015, 2020), the current research sought further investigation of this facet. This highlighted EOT as more common in men compared to other genders, which led to the subsequent qualitative investigation.

The second part of the study employed semi-structured interviews to further investigate the mechanics of the relationship between EOT, emotions, and psychological distress in men. This gave way to several core themes, including: *'emotions are not important'*, *'emotions should be controlled, not felt'*, *'emotions are like a foreign language'*, and the integrative theme of *'patriarchal pressures'*. Collectively, these themes support previous research that suggests that the EOT dimension of alexithymia is not homogeneous in its mechanisms (e.g., Gignac et al., 2007; Meganck et al., 2008; Säkkinen et al., 2007; Thorberg et al., 2010), but includes different sub-processes including "low importance of emotion" and "pragmatic thinking" (Müller et al., 2003). When combined with the quantitative data, there were several potential explanations as to why men with EOT did not demonstrate elevated levels of psychological distress.

Firstly, it seemed possible that EOT could be functioning as a protective factor against psychological distress as previously suggested by Davydov (2010, 2013) and Di Schiena et al. (2011). They stated that the EOT facet may work to minimise emotional

involvement in the processing of affective content in response to challenging events via psychopathic or detaching ways of coping (Evren et al., 2012; Lysenko & Davydov, 2011a, 2011b, 2011c). This distancing may allow such individuals to focus their energy on observable actions that are aligned with their personal values, which may also help to secure enhanced wellbeing in times of high emotional arousal (Ruiz, 2010). Interestingly, Davydov et al. (2013) found – similarly to the current study – that individuals with high levels of EOT were not only protect against experiences of negative affect, but positive also (as suggested in the theme *‘life is less vibrant’*). Although this may initially seem akin to anhedonia, it is important to consider the overlap of this ‘lack of vibrancy’ with the extolled virtue of equanimity that underpins a number of major religions, ancient philosophies, and widely accepted mindfulness-based therapeutic interventions.

Secondly, it seems plausible that traditional patriarchal pressures experienced throughout life may have predisposed the participants to reject emotional content through developed avoidant coping mechanisms and tend towards external events. The idea of alexithymia developing as a reactive defence mechanism to cope with previous distress is not new (e.g., Bailey & Henry, 2007; Bilotta et al., 2016; Constantinou et al., 2014; De Vente et al., 2006). However, the current research furthers this understanding by suggesting that alexithymia may be developed through life experiences that reinforce alexithymic traits as part of the experiential avoidance agenda (Panayiotou et al., 2020), which may in turn affect interpersonal difficulties (e.g., Bourne et al., 2014; Vanheule et al., 2007). This is demonstrated in the themes *‘lack of connection’*, *‘like trying to understand a foreign language’*, and *‘patriarchal pressures’*. Therefore, it seems feasible that affected individuals may have difficulties with disclosing emotional content. This, in addition to the men’s inclination to define their experience of psychological distress by its practical implications (seen in *‘feelings are not important’* and *‘actions speak louder than words’*) may render them less able to accurately respond to mood questionnaire items that commonly focus on features of emotional affect (e.g., *‘I felt downhearted and blue’* taken from DASS-21). The impact of this will be further discussed when considering clinical implications.

Overall, the current study contributes an array of new findings, which advance the understanding of alexithymia, experiential avoidance, and their role in psychological distress.

## Theoretical Implications

The current study provides support for previous investigations that have found experiential avoidance to mediate the relationship between alexithymia and elements of psychological distress (e.g., Bilotta et al., 2016; Duarte & Pinto-Gouveia, 2017; Landstra et al., 2013; Venta et al., 2013; Zakiei et al., 2017). Within this, the mixed method nature of the present investigation provided some additional interesting nuances.

In the study conducted by Landstra et al. (2013), EOT was not included when finding a mediatory role of experiential avoidance on the alexithymia-psychological distress relationship. Although not explicitly discussed, the researchers may have anticipated the lack of effect of EOT due to its chronic lack of internal validity on the widely used Toronto Alexithymia Scale (TAS-20). In more recent studies, including Zakiei et al. (2017) and Panayiotou et al. (2020), notable findings regarding EOT were replicated. The former study suggested that EOT did not correlate with either anxiety or depression. The latter investigation found inconsistent correlations between EOT and other key variables – such as social anxiety, self-consciousness, and experiential avoidance – across their two studies. Therefore, the use of updated measures with higher internal consistency in the quantitative phase and the subsequent in-depth study of EOT in the qualitative phase has contributed to the literature in the following ways.

In their recent study, Panayiotou and colleagues (2020) found that EOT was most significantly linked with low private self-consciousness and concluded that this supported the tendency for affected individuals to turn their attentions towards external events rather than internal, emotional content. This finding was enhanced by the qualitative phase of the current investigation, which further supported the lack of internal focus of attention in individuals with a tendency for EOT. This can be seen in the theme '*actions speak louder than words*'. As mentioned previously, the current study also offered support to previous research demonstrating EOT as a protective factor against both negative (Davydov et al., 2013) and positive affect (Duarte & Pinto-Gouveia, 2017). This was shown in the lack of relationship between EOT and levels of psychological distress, and further supported by the qualitative theme of '*life is less vibrant*'.

There were a few notable findings in previous research for which the current investigation did not find support. In 2020, Panayiotou et al. concluded a lack of relationship between EOT and experiential avoidance after finding a lack of significance in one element of their two-part study. They suggested that this may be because EOT is an active process in comparison to the content focused nature of experiential avoidance. Moreover, in their 2015

study, Panayiotou et al. found the DIF facet of alexithymia as particularly important in the overall mediatory role of experiential avoidance on the alexithymia-psychological distress relationship. This varies from the current study that found the DDF subgroup of alexithymia as the significant contributor to the mediation relationship. These discrepancies offer support for previous suggestions from Davydov et al. (2013), who proposed that EOT may be an extension of the experiential avoidance agenda and thus be the product of learnt, unconventional methods of communicating emotional affect. This proposition was further emphasised by the interview participants, who noted the profound impact that patriarchal pressures had on their view of emotional expression as undesirable, leading to 1) a tendency to focus their attentions on externalities (seen in '*actions speak louder than words*'), and 2) difficulties in verbalising their emotional states (see in the '*difficulty communicating*'). In evaluation, this difference in findings may be due to the convenience sample of undergraduate university students used by Panayiotou et al. (2015, 2020). This sample may have confounded the research due to low levels of alexithymia, which was to be expected as this concept has been found to reduce with increasing education level (Mattila et al., 2006).

The study by Berrocal et al. in 2009 juxtaposed the present study by finding no mediation when examining the role of experiential avoidance on the relationship between alexithymia and elements of psychological distress. However, as previously mentioned in the literature review, it seems feasible this contrasting result may be due to the application of questionnaires outside of their validated sample causing unsatisfactory scores of internal consistency.

Previous investigations suggested that traditional, patriarchal pressures may impact men's ability to express emotion. Specifically that men can develop either suppressive, repressive, or dissociative mechanisms when faced with emotion words that have previously been responded to with varying degrees of discouragement (Levant, 1992; Levant et al., 2014; Pleck, 1981, 1995). The two-phase approach of the current research adds to this by suggesting that men may develop an avoidance of emotional content through historic evasion of social disapproval. Moreover, this avoidance seemed to be subsequently applied to the vulnerability felt when confronted with changing social narratives that are encouraging men to now vocalise their emotional experiences, as seen in the theme '*don't wallow in your own self-pity*'. This presents significant implications for clinical practice, which will be discussed further in Clinical Applications.

Generally, the current study contributes to the research domain by investigating additional elements of psychological distress, such as depression and stress as suggested by

Panayiotou et al. in 2015. Furthermore, some previous research samples overrepresented men (e.g., Bilotta et al., 2016; Landstra et al., 2013), which this study contrasts by its high proportion of females in the initial quantitative phase (72% female, 26% men, 2% other). Finally, this mixed methods study contains - to this authors knowledge – the first qualitative investigation to further understand the consistent lack of relationship between the EOT and psychological distress in the context of experiential avoidance.

### **Clinical Applications**

Alexithymia is not only associated with an array of mental health conditions (e.g., Berardis et al., 2008; Frewen et al., 2008; Li et al., 2015) but also poor psychotherapy outcomes (e.g., Ogrodniczuk et al., 2011). Although several intervention studies have simultaneously demonstrated that alexithymic individuals can benefit from psychotherapy across an array of mental health conditions (e.g., Cameron et al., 2014; Pinna et al., 2015), it has been crucial to further understand how alexithymia and its subfactors are related to psychological distress, which this study aimed to do.

Before considering therapeutic applications, it would be doing a disservice to the alexithymic community if barriers to therapy were not considered. From the current investigation it became apparent that alexithymic male individuals with high scores on EOT tended to define their experiences of psychological distress by their practical rather than emotional impact (as seen in the themes '*feelings are not important*' and '*actions speak louder than words*'). This, in conjunction with the highly related levels of experiential avoidance, may lead to difficulties with describing one's emotional experiences (as seen in '*don't show your emotions*'). Unfortunately, this provides a dire contrast to the emotionally salient nature of commonly used measures of mood (e.g., PHQ-9 Kroenke et al., 2001; GAD-7 Spitzer et al., 2006; DASS-21 Henry & Crawford, 2005), which may feasibly cause alexithymic individuals to underscore. Moreover, the difficulty in describing one's feelings and general avoidance of feelings of vulnerability may cause these individuals to struggle with explaining their experiences of psychological distress in a clinical assessment. Consequently, this may impact one's ability to access free and low-cost therapy services – such as the NHS IAPT programme - that commonly rely on mood questionnaires during triage and assessment. Ultimately, this uncovers a potential for social injustice, whereby a certain group of individuals (e.g., traditional men; Levant et al., 2003) may be less likely to receive support due to unconscious processes that prevent them from fully connecting with



and verbalising emotional affect. Therefore, consistent with the values of Counselling Psychology, this author would call for a number of action points for therapists and services alike: 1) to ensure that mood questionnaires are used in conjunction with thorough psychological assessments when considering one's suitability for psychological intervention, 2) organisations to provide training for all staff (clinical and administrative) so that they may recognise and assist alexithymic individuals in accessing support, and 3) working together to deconstruct the remnants of patriarchal pressures that may still be infiltrating the schemas of our services and service users, to work towards making therapy more amenable to alexithymic individuals and traditionally socialised men (Good et al., 2005; Schaub & Williams, 2007). These points will be expanded upon when considering wider implications.

Regarding therapeutic interventions, it has been previously suggested that alexithymic tendencies may be lessened by clinical methods that focus on the processing of emotions and imagery (Constantinou et al., 2014; Luminet et al., 2006). This was expanded on by Panayiotou et al. in 2015 who proposed – due to the suggested relationship between alexithymia and experiential avoidance – that a universal CBT programme could assist in the easing of avoidant coping and thus psychological distress by extension. The current study, by contrast, does not support the application of second wave CBT interventions, but rather the third wave CBT approach of acceptance and commitment therapy (ACT) (S. C. Hayes, Strosahl, et al., 1999).

ACT is a theoretical integration of mindfulness and behaviour therapy that aims to pursue a rich and meaningful life by minimising avoidance of internal private experiences (thoughts, feelings) that may ultimately create distance between the self and what is valued (Wilson et al., 2003). ACT theory states that it is the control of undesirable events, rather than the events themselves, that causes human suffering (S. C. Hayes et al., 1996). This suffering is said to be created through human language processes such as bidirectionality of language (the link between an emotion's word label and felt experience) (Staats & Eifert, 1990), stimulus equivalences (conditioned equality between two stimuli) (Barnes-Holmes & Roche, 2001), and relational frames (importance of context) (S. C. Hayes, 1994) that allow emotion word symbols (e.g., 'anxiety') to become entangled with negative appraisals of emotional states (e.g., unpleasant). This leads to an increase in rejection of these ordinary human experiences, known as experiential avoidance (S. C. Hayes et al., 1996).

Consequently, ACT interventions move away from the premise of symptom reduction all together, as this is seen as an extension of the experiential avoidant agenda, and towards undermining the language processes that maintain experiential avoidance (S. C. Hayes &

Strosahl, 2005). The main goal of this intervention is to increase psychological flexibility. This involves disentangling clients from cycles of experiential avoidance and cognitive fusion with the overall aim of identifying personal values to redirect the client's life towards the pursuit of meaningful action rather than avoidance of inevitable unpleasant internal affect (Ruiz, 2010).

The primary reason this author deems a second wave CBT approach as inferior to ACT in the reduction of psychological distress is due to its emphasis on symptom reduction within modern day psychological services (e.g., IAPT). Indeed, encouraging alexithymic individuals to rid themselves of unwanted symptoms may reinforce experiential avoidant tendencies and thus alexithymia traits (e.g., Bilotta et al., 2016; Constantinou et al., 2014; Levant et al., 2014). Therefore, by adopting an ACT approach targeted at the reduction of experiential avoidance, one may simultaneously undermine processes that maintain psychological distress and alexithymic traits. Furthermore, for alexithymic men, it seems feasible that if the insidious avoidant mechanisms reinforced by traditional values can be undermined, we may see an unhooking from outdated narratives of masculinity leading to a lessening of aversion to both positive and negative emotional affect. Effectively reinstating life's vibrancy once again.

In conjunction with ACT, there are some alternative therapeutic approaches that may generate helpful gains in the alexithymic community. Firstly, compassion focused therapy's focus on self-compassion may allow for an incorporation of personal suffering with care and acceptance, rather than avoidance (Gilbert, 2009; Yadavaia et al., 2014). Moreover, dialectical behaviour therapy (Linehan, 1994) aims to teach distress tolerance, mindfulness, opposite action, and acceptance. All of these processes involve undermining experiential avoidant inclinations (Berking et al., 2009). Furthermore, mentalisation-based interventions may encourage reflection on one's own mental states, which could work to oppose attempts at experiential avoidance (Sharp & Fonagy, 2008).

Considering the previously suggested interventions, the finding of EOT as a potential protective factor for psychological distress is worth mentioning. Indeed Davydov et al. (2010) noted that, if EOT develops as a protective mechanism, a therapeutic intervention aimed at decreasing EOT or a related facet (e.g., experiential avoidance) may be harmful. Indeed, if a client's environment is unsafe, such interventions hold the potential to rob alexithymic individuals of their coping mechanisms and thus destabilise them. Therefore, it would be in the best interests of our clients for services and clinicians alike to adopt the functional

contextualist philosophy of ACT into their clinical approach, whereby one must ultimately yield to the context of their client's presenting problem.

### **Wider Applications**

Due to our entanglement with human language, it is important to note that we are all capable of experiential avoidance and thus – as the current study would suggest – alexithymia by extension. Therefore, due to the links between these concepts and psychological distress (e.g., Kashdan et al., 2006; Li et al., 2015), finding ways to moderate these phenomena is in the interest of us all. Due to this, preventative interventions targeted at our schools have been suggested. Indeed, over 40 years ago researchers such as O'Neil (1981) and then later Levant et al. (2006, 2009) created educational programmes specifically targeting young men who may have been negatively impacted by traditional gender role socialisation leading to alexithymic traits. The aim of these interventions was to raise these individuals' awareness of societal messages and help them to better navigate and verbalise their emotional states. It is easy to discern how such an intervention could be targeted more generally to all individuals presenting with alexithymic traits.

At first glance, these interventions seem reasonable. After all, if alexithymic individuals are to be assisted by traditional forms of therapy, then surely they must learn to communicate their emotional affect. However, it is this researchers opinion that this responsibility should not be placed solely on the affected individuals. Fellow researchers such as Kirmayer (1987) and Heesacker and Prichard (1992) suggested that alexithymia may be the product of a lack of validation of alternative modes of expression by restricted, westernised forms of therapeutic discourse. They implied that even the process of labelling someone as alexithymic involves a judgement about appropriate modes of expression and behaviour that is, by definition, confined by culture and context (Kirmayer, 1987). Therefore, on a wider scale, the current research calls for two main action points, 1) to integrate preventative interventions aimed at safeguarding the younger generation from outdated societal norms that may otherwise negatively impact them, and 2) for future forms of therapy to move past a restricted view of emotional expression as exclusively verbal and towards an understanding that all experiences can be metaphors of human distress.

The latter point is particularly relevant for Counselling Psychologists whose philosophy is grounded in humanistic psychology, whereby the pursuit of one's idiosyncratic health is prioritised over the identification of pathology (Douglas et al., 2016). Historically,

this has resulted in the ongoing deconstruction of commonplace therapeutic discourses (e.g., diagnostic systems) through in-depth examination of meaning and self-reflection in one's practice (I. Parker, 1997, 2014a). Generally, the process of deconstruction starts with the very acknowledgement that a psychological phenomenon (e.g., emotional expression) is in part the product of a type of therapeutic discourse rather than an independent reality (e.g., White, 1993), which – it is hoped - this thesis has demonstrated. However, to instigate change one must move past simple acknowledgement and endeavour to navigate the tensions that come from actively pursuing new therapeutic narratives. In a system where therapeutic governance and formalised theoretical systems (seen in our training, supervision, and clinical experience) aim towards convention and standardisation, this is no easy feat. As practitioners with philosophical tensions at its very core (e.g., the scientist- practitioner model; Blair, 2010) it is hoped that counselling psychologists may be able to adopt the deconstruction of 'appropriate' forms of emotional expression as an extension of their agenda for social justice.

Making the leap between theoretical contemplation and practical application is not without difficulty, and so it is this authors intention to provide clear and practical suggestions on the integration of reflective deconstruction into clinical practice. Therefore, by expanding on the work of Parker (1998, 2014b), three uses of therapeutic deconstruction are suggested: 1) in counselling, to explore narratives surrounding emotional expression and how they function in the stories that our clients tell themselves, 2) as counselling, to deconstruct societal templates around modes of expression that create power imbalances in the therapeutic relationship, and 3) as an opportunity to reflect more widely on the role of Western psychology in our position as an 'expert' in people's distress and how this impacts our own narratives. In sum, by understanding that even the seemingly concrete therapeutic structures that we are taught are context driven and thus changeable, we can work as social advocates to pave the way for a new social construction of what it means to 'communicate' psychological distress.

### **Strengths and Limitations**

Regarding the study design, the cross-sectional nature of the initial quantitative element profoundly restricts the ability to draw causal conclusions from the data. Despite this researcher's efforts to mitigate this detriment with the use of a mediation analysis via the highly reliable bootstrap method (A. F. Hayes, 2012), these statistical analyses are not without controversy (Kazdin, 2007) and better methods are needed for understanding

etiological elements of a phenomenon such as alexithymia (Kraemer et al., 2001). With the benefit of hindsight, this phase could have been greatly improved by the introduction of a longitudinal or developmental element to the study design, as suggested by Selig and Preacher (2009). However, time limitations did not allow for such an extension to this thesis.

With reference to the adopted survey questionnaires, the current study was the first of its kind to use improved measures of both alexithymia and experiential avoidance. Firstly, by using the BEAQ (Gómez et al., 2014) the study utilised a validated measure of experiential avoidance rather than the related construct of psychological flexibility, as measured by the commonly used AAQ-II (Bond et al., 2011) (Wolgast, 2014). Secondly, the use of the PAQ (D. Preece et al., 2018) in comparison to the regularly used TAS-20 (Bagby et al., 1994) demonstrated higher levels of validated internal consistency across all facets of alexithymia (including EOT) and additionally measured both positive and negative emotional valences (D. A. Preece, Becerra, Allan, et al., 2020). Within the current study, all measures indicated good to great levels of internal consistency bar the BEAQ, which demonstrated an adequate Cronbach's alpha score of .78. As Cronbach alpha values are sensitive to the number of items in a scale, it is common for shorter scales to demonstrate lower values (Yin et al., 2016). Therefore, the score of .78 may be telling of the short nature of the BEAQ, rather than a lack of internal consistency. This may have been improved by utilising the full version of the scale (Multidimensional Experiential Avoidance Questionnaire, MEAQ) (Gómez et al., 2011) which was rejected in planning due to concerns of its extensive length affecting the rates of survey completion.

When comparing levels of each key variable to previous validation studies, the current investigation found unity across experiential avoidance (Gómez et al., 2014), depression, anxiety, and stress (Henry & Crawford, 2005). Levels of alexithymia were lower than validations completed in Australian and US samples (D. Preece et al., 2018; D. A. Preece, Becerra, Allan, et al., 2020). However, as they shared roughly equivalent means and standard deviations (SD) that were within a ratio of 2:1 (maximum SD: minimum SD), the study was concluded to have sufficient levels of alexithymia (Yin et al., 2016).

The explanatory sequential mixed method research design introduced a novel constituent, whereby the research was – to this authors knowledge – the first investigation to perform a qualitative follow-up enquiry into the previously found lack of relationship between EOT and psychological distress (e.g., Panayiotou et al., 2015, 2020). Not only did this provide a multi-layered assessment of alexithymia (as suggested by Meganck et al., 2011; Taylor & Bagby, 2004; Waller & Scheidt, 2004) and enhanced validity of the primary

quantitative investigation (by seeking falsification), but also presented an opportunity to investigate a novel group of individuals who are chronically under investigated in research and potentially underrepresented in mental health services (as outlined previously).

The rigour and validity of this unification of varying methodological approaches was sought through the purposeful use of experientially led questionnaires (e.g., PAQ; D. Preece et al., 2018) and the adoption of template analysis (King, 2012). This is a codebook approach to thematic analysis which was linked to the preceding phase through *a priori* themes. It is in this researcher's opinion that, by integrating the pursuit of methodological rigour into the very construction of the research project, enhanced validity was secured. Thus, increasing the impact of uncovered insights into the mechanisms of alexithymia and EOT.

When evaluating the quality of a qualitative investigation, Yardley (2000, 2015) recommended reflection in four key areas: 1) sensitivity to context, 2) commitment and rigour, 3) transparency and coherence, and 4) impact and importance. Therefore, in the following paragraphs, I will endeavour to provide a succinct summary of each criterion with a personal reflection (indicated by the use of italics) as to its completion.

First, sensitivity to context refers to an awareness of the sociocultural and linguistic settings to the participant's narratives. This includes how these circumstances impact what the participants share, how they do so, and the way it is interpreted by the researcher. Moreover, Yardley (2015) suggests that sensitivity to the data is achieved by not imposing pre-conceived categories on the data, but carefully considering the meanings volunteered by the participants. *Although the integration of a priori themes provide a contradiction to Yardley's (2015) suggestions for sensitivity, they were pursued due to the overall importance placed on the methodological congruence of quantitative and qualitative phases in the adopted explanatory sequential design. Despite this, I hope that sensitivity of the qualitative data was maintained through my focus on the participant's linguistic context and reactions to lexical subtleties. Through this, I was able to adopt a priori themes that harmonised with their contexts and reject those that did not. Specifically, the a priori theme of 'feelings are not concrete' appeared to have an interpersonal context, whereby personal feelings seemed concrete and almost formulaic in nature (e.g., 'actions speak louder than words') whereas other people's emotions seemed foreign and confusing (e.g., 'like trying to understand a foreign language'). Thus, this particular a priori theme was altered and expanded on in light of a sensitivity to the qualitative data.*

Next, Yardley (2015) suggests that commitment and rigour is demonstrated through in-depth engagement with one's topic. This includes displaying expertise and skill in both the

methods employed and during data collection and analysis. *My commitment was demonstrated in the development of skills and competencies in my chosen form of analysis. As template analysis is not as structured as other forms of thematic analysis (e.g., Braun and Clarke), in-depth learning was required before data collection and analysis could take place. I believe that my methodological rigour has been demonstrated in the quoted accounts of analysed data and the inclusion of divergent inferences and meanings gleaned from the participants narratives.*

Transparency and coherence refers to demonstrating a clear rationale between research question and method and disclosing all aspects of the research process. *Due to the explanatory sequential nature of the study design, the qualitative component was defined, created, and conducted following the analysis of the quantitative data. This means that it cannot be treated as a singular entity, in fact, it is dependent and entangled with the quantitative phase. Therefore, I endeavoured to ensure clarity and coherence through in-depth accounts of my methodological choices in the Method chapter, along with supporting tables, figures, and graphs to emphasise this phase's interconnectivity.*

Finally, impact and importance refers to the implications of the research practically, theoretically, and socio-culturally, of which have been outlined previously in the paragraphs titled theoretical implications, clinical applications, and wider applications. Next, a broader evaluation of the study will ensue, touching on sample size and population demographics and biases.

Based on effect size calculations (Cohen, 2013) and previous investigations (Panayiotou et al., 2015), the quantitative sample size of 150 participants was deemed as satisfactory. On the other hand, the small sample size of the qualitative constituent ( $n = 4$ ) must be acknowledged. Not only may this have limited the discovery of less prevalent themes within the sample but may also have magnified the effects of interpersonal differences. A notable example of this is the varying age of the participants; three participants were under 30 years old, while the fourth participant was 63 years old. While significant theme deviation was not uncovered in the qualitative analysis, considering the prominence of themes regarding patriarchal socialisation and its transformation over time, it seems feasible to hypothesise that there may be differences in the participant's experience of this depending on their ages. Certainly, the effects of this could have been minimised with a larger qualitative sample size. However, it is hoped that - by prioritising methodological rigour over sample size - the stimulating results produced may inspire larger scale investigations in the future.

Regarding the study population, a community sample was selected by design to avoid the clouding of correlations that may have emerged due to spillover effects of clinical symptoms, such as dissociation (Kashdan et al., 2006). However, this is not to say that the study was unaffected by the spillover effects of the measured phenomena. In fact, a high number of individuals did not complete the survey (43 out of 211 responses) and those who did score highly on levels of alexithymia and constituents of psychological distress chose not to leave their email addresses. Given the nature of the investigated phenomena, a certain level of avoidance is hardly surprising. However, it is worth noting that individuals with particularly high levels of experiential avoidance and alexithymia may have been put off by the length of the survey (15 – 30 minutes). In future, it could be recommended to utilise a shorter collection of questionnaires to maximise participation in the most avoidant of participants.

More widely, it is important to note the bias of the current sample and existing research (e.g., Venta et al., 2013) as predominantly white in ethnicity, cisgendered, and heterosexual. These biases mean that the current research cannot answer questions about the nature of the alexithymia, experiential avoidance, and psychological distress relationship outside of this population. Indeed, the consistency of this bias in previous research has led some researchers to suggest that alexithymia may be dominant in such cultures due to outdated traditional societal pressures (Kauhanen et al., 1993; Kirmayer, 1987), which was supported by the current study. However, this brings up stark questions about the existence of alexithymia outside of western processes and certainly highlights future areas of investigation.

### **Future Research**

Reflecting on the suggestion that alexithymia may be obtained through life experiences leading to a tendency for experiential avoidance, it could be beneficial to pursue longitudinal or developmental approaches to better understand potential antecedents to alexithymic traits, such as experiential avoidance. Within this, it could be fruitful to investigate the role of attachment. This may encompass the suggested impact of societal patriarchal values leading to interpersonal difficulties, in addition to potential interpersonal avoidant behaviours (as suggested by Vanheule et al., 2007) and interpersonal patterns that may develop into experiential avoidance (as suggested by Fossati et al., 2009).

Considering the new insights offered by the current study, it is hoped that future investigators may feel inspired to follow similar methodological alternatives to the historical



preference for quantitative investigations. Indeed, using qualitative investigations or mixed methods research to further understand the function of EOT as both a protective factor against negative affect and a numbing factor to positive affect could be an abundant area of exploration with important clinical implications.

Finally, considering the overall Western cultural bias in research looking into experiential avoidance, alexithymia, and psychological distress, this researcher would strongly suggest future investigations to explore the impact of culture. Not only may this provide important information about the aetiology of alexithymia and experiential avoidance, but also clarify the role of Western, patriarchal values on the development of such phenomena.

### **Summary**

Overall, the quantitative phase of the study provides evidence that alexithymia is related to depression, anxiety, and stress through experiential avoidance. This relationship proved to be highly pertinent for the DDF facet of alexithymia. The quantitative phase also found that EOT did not relate to depression, anxiety, or stress, and that this facet was more common in men. This instigated the subsequent qualitative investigation into how men with high levels of EOT experience emotions and psychological distress. This following phase supported the quantitative findings and added a richness of understanding to alexithymia and its EOT facet. Specifically, through the role of historical experiences of patriarchal pressure, the interviewed men reported learning to use experiential avoidant coping mechanisms to repress emotion words that historically caused them mental or physical pain. Moreover, they reported that EOT protects them from emotional extremes of both positive and negative emotional valances.

Links to clinical practice were then outlined, which suggested that interventions such as ACT could be beneficial in diminishing the effects of alexithymia through interventions aimed at experiential avoidance. However, caution was necessitated as individuals who employ EOT as a protective mechanism may be detrimentally affected by such interventions. As such, it was suggested that one's context should be thoroughly examined before therapeutic interventions are pursued. Wider implications were then considered, leading to a discussion regarding the deconstruction of traditional patriarchal pressures. Preventative measures aimed at school age children were considered, although it was cautioned that a closer look at the very systems we operate within is essential. In fact, it is a possibility that

the very societal structures that may have negatively affected men's ability to express emotion may also have shaped modern therapy to operate on a narrow definition of emotion expression. This researcher is not naïve in thinking that this investigation will initiate a rapid societal revolution. However, it is hoped that by examining the very fabric of our society, we may be able to trigger an evolutionary effect that ultimately forms a civilisation no longer governed and influenced by outdated ideals and a denial of one's context.

## References

- Abasi, E., Fti, L., Molodi, R., & Zarabi, H. (2013). Psychometric properties of Persian version of acceptance and action questionnaire-ii. *Psychological Methods and Models*, 3(10), 65-80.
- Adolphs, R. (2001). The neurobiology of social cognition. *Current Opinion in Neurobiology*, 11(2), 231–239.
- Akter, J. (2014). Bootstrapped Durbin–Watson test of autocorrelation for small samples. *ABC Journal of Advanced Research*, 3(2), 137–142.
- Alin, A. (2010). Multicollinearity. *Wiley Interdisciplinary Reviews: Computational Statistics*, 2(3), 370–374.
- Allen, M., Bromley, A., Kuyken, W., & Sonnenberg, S. J. (2009). Participants’ experiences of mindfulness-based cognitive therapy: “it changed me in just about every way possible”. *Behavioural and Cognitive Psychotherapy*, 37(4), 413–430.
- Antony, M. M., Bieling, P. J., Cox, B. J., Enns, M. W., & Swinson, R. P. (1998). Psychometric properties of the 42-item and 21-item versions of the Depression Anxiety Stress Scales in clinical groups and a community sample. *Psychological Assessment*, 10(2), 176.
- Apfel, R. J., & Sifneos, P. E. (1979). Alexithymia: Concept and measurement. *Psychotherapy and Psychosomatics*, 32(1–4), 180–190.
- Aust, S., Härtwig, E. A., Heuser, I., & Bajbouj, M. (2013). The role of early emotional neglect in alexithymia. *Psychological Trauma: Theory, Research, Practice, and Policy*, 5(3), 225.
- Bach, M., & Bach, D. (1995). Predictive value of alexithymia: A prospective study in somatizing patients. *Psychotherapy and Psychosomatics*, 64(1), 43–48.
- Bagby, R. M., Parker, J. D., & Taylor, G. J. (1994). The twenty-item Toronto Alexithymia Scale—I. Item selection and cross-validation of the factor structure. *Journal of Psychosomatic Research*, 38(1), 23–32.
- Bailey, P. E., & Henry, J. D. (2007). Alexithymia, somatization and negative affect in a community sample. *Psychiatry Research*, 150(1), 13–20.
- Bankier, B., Aigner, M., & Bach, M. (2001). Alexithymia in DSM-IV Disorder: Comparative Evaluation of Somatoform Disorder, Panic Disorder, Obsessive-Compulsive Disorder, and Depression. *Psychosomatics*, 42(3), 235–240.  
<https://doi.org/10.1176/appi.psy.42.3.235>

- Barnes-Holmes, D., & Harte, C. (2022). Relational frame theory 20 years on: The Odysseus voyage and beyond. *Journal of the Experimental Analysis of Behavior*, *117*(2), 240–266.
- Barnes-Holmes, S. C. H. D., & Roche, B. (2001). *Relational frame theory: A post-Skinnerian account of human language and cognition*. Kluwer Academic Publishers.
- Baron, R. M., & Kenny, D. A. (1986). The moderator–mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of Personality and Social Psychology*, *51*(6), 1173.
- Becerra, R., Preece, D., Campitelli, G., & Scott-Pillow, G. (2019). The assessment of emotional reactivity across negative and positive emotions: Development and validation of the Perth Emotional Reactivity Scale (PERS). *Assessment*, *26*(5), 867–879.
- Beck, A. T., Steer, R. A., & Brown, G. (1996). Beck depression inventory–II. *Psychological Assessment*.
- Beck AT, E. G. (1985). Anxiety disorders and phobias. A cognitive perspective. *New York: Basic*.
- Berardis, D. D., Campanella, D., Nicola, S., Gianna, S., Alessandro, C., Chiara, C., Valchera, A., Marilde, C., Salerno, R. M., & Ferro, F. M. (2008). The impact of alexithymia on anxiety disorders: A review of the literature. *Current Psychiatry Reviews*, *4*(2), 80–86.
- Berger, J. M., Levant, R., McMillan, K. K., Kelleher, W., & Sellers, A. (2005). Impact of Gender Role Conflict, Traditional Masculinity Ideology, Alexithymia, and Age on Men’s Attitudes Toward Psychological Help Seeking. *Psychology of Men & Masculinity*, *6*(1), 73.
- Berking, M., Neacsiu, A., Comtois, K. A., & Linehan, M. M. (2009). The impact of experiential avoidance on the reduction of depression in treatment for borderline personality disorder. *Behaviour Research and Therapy*, *47*(8), 663–670.
- Bernstein, E. M., & Putnam, F. W. (1986). Development, reliability, and validity of a dissociation scale. *The Journal of nervous and mental disease*, *174*(12), 727–735.  
<https://doi.org/10.1097/00005053-198612000-00004>
- Berrocal, C., Pennato, T., & Bernini, O. (2009). Relating coping, fear of uncertainty and alexithymia with psychological distress: The mediating role of experiential avoidance. *Journal of Evidence-Based Psychotherapies*, *9*(2), 149.

- Besharat, M. A. (2007). Reliability and Factorial Validity of a Farsi Version of the 20-Item Toronto Alexithymia Scale with a Sample of Iranian Students. *Psychological Reports, 101*(1), 209–220. <https://doi.org/10.2466/pr0.101.1.209-220>
- Besharat, M. A. (2010a). Attachment styles and alexithymia. *Psychological Research, 24* (3), 63-80
- Besharat, M. A. (2010b). Relationship of alexithymia with coping styles and interpersonal problems. *Procedia-Social and Behavioral Sciences, 5*, 614–618.
- Biglan, A., & Hayes, S. C. (1996). Should the behavioral sciences become more pragmatic? The case for functional contextualism in research on human behavior. *Applied and Preventive Psychology, 5*(1), 47–57.
- Bilotta, E., Giacomantonio, M., Leone, L., Mancini, F., & Coriale, G. (2016). Being alexithymic: Necessity or convenience. Negative emotionality × avoidant coping interactions and alexithymia. *Psychology and Psychotherapy: Theory, Research and Practice, 89*(3), 261–275. <https://doi.org/10.1111/papt.12079>
- Binswanger, L. (1963). *Being-in-the-world*. New York: Basic Books.
- Bird, G., Silani, G., Brindley, R., White, S., Frith, U., & Singer, T. (2010). Empathic brain responses in insula are modulated by levels of alexithymia but not autism. *Brain, 133*(5), 1515–1525.
- Birks, M., & Mills, J. (2015). *Grounded theory: A practical guide*. Sage.
- Blair, L. (2010). A critical review of the scientist-practitioner model for counselling psychology. *Counselling Psychology Review, 25*(4), 19–30.
- Bond, F. W., Hayes, S. C., Baer, R. A., Carpenter, K. M., Guenole, N., Orcutt, H. K., Waltz, T., & Zettle, R. D. (2011). Preliminary psychometric properties of the Acceptance and Action Questionnaire–II: A revised measure of psychological inflexibility and experiential avoidance. *Behavior Therapy, 42*(4), 676–688.
- Borgogna, N. C., McDermott, R. C., Berry, A., Lathan, E. C., & Gonzales, J. (2020). A multicultural examination of experiential avoidance: AAQ–II measurement comparisons across Asian American, Black, Latinx, Middle Eastern, and White college students. *Journal of Contextual Behavioral Science, 16*, 1–8.
- Bourne, K., Berry, K., & Jones, L. (2014). The relationships between psychological mindedness, parental bonding and adult attachment. *Psychology and Psychotherapy: Theory, Research and Practice, 87*(2), 167–177.
- Branscomb, L. P. (1991). Dissociation in combat-related post-traumatic stress disorder. *Dissociation, 4*(1), 13-20

- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101.
- Braun, V., & Clarke, V. (2021). Can I use TA? Should I use TA? Should I not use TA? Comparing reflexive thematic analysis and other pattern-based qualitative analytic approaches. *Counselling and Psychotherapy Research*, 21(1), 37–47.
- Bremner, J. D., Southwick, S., Brett, E., Fontana, A., Rosenheck, R., & Charney, D. S. (1992). Dissociation and posttraumatic stress disorder in Vietnam combat veterans. *The American Journal of Psychiatry*, 149, 328-332
- Bressi, C., Taylor, G., Parker, J., Bressi, S., Brambilla, V., Aguglia, E., Allegranti, I., Bongiorno, A., Giberti, F., Bucca, M., Todarello, O., Callegari, C., Vender, S., Gala, C., & Invernizzi, G. (1996). Cross validation of the factor structure of the 20-item Toronto Alexithymia Scale: An Italian multicenter study. *Journal of Psychosomatic Research*, 41(6), 551–559. [https://doi.org/10.1016/S0022-3999\(96\)00228-0](https://doi.org/10.1016/S0022-3999(96)00228-0)
- Brink, P. J. (1991). Issues of reliability and validity. *Qualitative Nursing Research: A Contemporary Dialogue*, 164–186.
- British Psychological Society, Ethics Committee, & British Psychological Society. (2018). *Code of ethics and conduct*.
- Brody, L. (2022). Gender, emotion, and the family. In *Gender, Emotion, and the Family*. Harvard University Press.
- Brooks, J., McCluskey, S., Turley, E., & King, N. (2015). The utility of template analysis in qualitative psychology research. *Qualitative Research in Psychology*, 12(2), 202–222.
- Brown, T. A., Chorpita, B. F., Korotitsch, W., & Barlow, D. H. (1997). Psychometric properties of the Depression Anxiety Stress Scales (DASS) in clinical samples. *Behaviour Research and Therapy*, 35(1), 79–89.
- Bussing, R., Gary, F. A., Mason, D. M., Leon, C. E., Sinha, K., & Garvan, C. W. (2003). Child temperament, ADHD, and caregiver strain: Exploring relationships in an epidemiological sample. *Journal of the American Academy of Child & Adolescent Psychiatry*, 42(2), 184–192.
- Cameron, K., Ogrodniczuk, J., & Hadjipavlou, G. (2014). Changes in alexithymia following psychological intervention: A review. *Harvard Review of Psychiatry*, 22(3), 162–178.
- Caracelli, V. J., & Greene, J. C. (1993). Data analysis strategies for mixed-method evaluation designs. *Educational Evaluation and Policy Analysis*, 15(2), 195–207.
- Carlson, E. B., & Putnam, F. W. (1993). An update on the dissociative experiences scale. *Dissociation: Progress in the Dissociative Disorders*, 6, 16-27.

- Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989). Assessing coping strategies: A theoretically based approach. *Journal of Personality and Social Psychology*, 56(2), 267.
- Chaplin, T. M. (2015). Gender and emotion expression: A developmental contextual perspective. *Emotion Review*, 7(1), 14–21.
- Chaplin, T. M., & Aldao, A. (2013). Gender differences in emotion expression in children: A meta-analytic review. *Psychological Bulletin*, 139(4), 735.
- Cho, J. Y., & Lee, E.-H. (2014). Reducing confusion about grounded theory and qualitative content analysis: Similarities and differences. *Qualitative Report*, 19(32).
- Ciarrochi, J., Chan, A. Y. C., & Bajgar, J. (2001). Measuring emotional intelligence in adolescents. *Personality and Individual Differences*, 31(7), 1105–1119.  
[https://doi.org/10.1016/S0191-8869\(00\)00207-5](https://doi.org/10.1016/S0191-8869(00)00207-5)
- Clara, I. P., Cox, B. J., & Enns, M. W. (2001). Confirmatory factor analysis of the Depression–Anxiety–Stress Scales in depressed and anxious patients. *Journal of Psychopathology and Behavioral Assessment*, 23(1), 61–67.
- Clark, V. L. P., & Creswell, J. W. (2005). *Student study guide to accompany Creswell's educational research: Planning, conducting, and evaluating quantitative and qualitative research*. Merrill.
- Clarkson, P. (1998). Counselling psychology. *Counselling Psychology: Integrating Theory, Research, and Supervised Practice*, 1.
- Cleland, C., Magura, S., Foote, J., Rosenblum, A., & Kosanke, N. (2005). Psychometric properties of the Toronto Alexithymia Scale (TAS-20) for substance users. *Journal of Psychosomatic Research*, 58(3), 299–306.
- Cohen, J. (2013). *Statistical power analysis for the behavioral sciences*. Academic press.
- Constantinou, E., Panayiotou, G., & Theodorou, M. (2014). Emotion processing deficits in alexithymia and response to a depth of processing intervention. *Biological Psychology*, 103, 212–222. <https://doi.org/10.1016/j.biopsycho.2014.09.011>
- Crawford, J. R., & Henry, J. D. (2003). The Depression Anxiety Stress Scales (DASS): Normative data and latent structure in a large non-clinical sample. *British Journal of Clinical Psychology*, 42(2), 111–131.
- Creswell, J. W. (2013). *Steps in conducting a scholarly mixed methods study*. DEBR Speaker series, University of Nebraska.
- Creswell, J. W., & Clark, V. L. P. (2017). *Designing and conducting mixed methods research*. Sage publications.

- Creswell, J. W., Plano Clark, V. L., Gutmann, M. L., & Hanson, W. E. (2003). An expanded typology for classifying mixed methods research into designs. *A. Tashakkori y C. Teddlie, Handbook of Mixed Methods in Social and Behavioral Research*, 209–240.
- Cromby, J., Harper, D., & Reavey, P. (2017). *Psychology, mental health and distress*. Bloomsbury Publishing.
- Davydov, D. M., Luminet, O., & Zech, E. (2013). An externally oriented style of thinking as a moderator of responses to affective films in women. *International Journal of Psychophysiology*, 87(2), 152–164.
- Davydov, D. M., Stewart, R., Ritchie, K., & Chaudieu, I. (2010). Resilience and mental health. *Clinical Psychology Review*, 30(5), 479–495.
- De Gucht, V., Fischler, B., & Heiser, W. (2004). Neuroticism, alexithymia, negative affect, and positive affect as determinants of medically unexplained symptoms. *Personality and Individual Differences*, 36(7), 1655–1667.
- De Gucht, V., & Heiser, W. (2003). Alexithymia and somatisation: A quantitative review of the literature. *Journal of Psychosomatic Research*, 54(5), 425–434.
- De Vente, W., Kamphuis, J. H., & Emmelkamp, P. M. G. (2006). Alexithymia, risk factor or consequence of work-related stress? *Psychotherapy and Psychosomatics*, 75(5), 304–311.
- Deborde, A.-S., Miljkovitch, R., Roy, C., Dugré-Le Bigre, C., Pham-Scottez, A., Speranza, M., & Corcos, M. (2012). Alexithymia as a mediator between attachment and the development of borderline personality disorder in adolescence. *Journal of Personality Disorders*, 26(5), 676–688.
- Decety, J., & Jackson, P. L. (2004). The functional architecture of human empathy. *Behavioral and Cognitive Neuroscience Reviews*, 3(2), 71–100.
- Degenova, M. K., Patton, D. M., Jurich, J. A., & MacDermid, S. M. (1994). Ways of coping among HIV-infected individuals. *The Journal of Social Psychology*, 134(5), 655–663.
- Demitrack, M. A., Putnam, F. W., Brewerton, T. D., Brandt, H. A., & Gold, P. W. (1990). To Dissociative Phenomena in Eating Disorders. *The American Journal of Psychiatry*, 147, 1184–1188.
- Denzin, N. K. (2012). Triangulation 2.0. *Journal of Mixed Methods Research*, 6(2), 80–88.
- Denzin, N. K., Lincoln, Y. S., & Giardina, M. D. (2006). Disciplining qualitative research. *International Journal of Qualitative Studies in Education*, 19(6), 769–782.



- Dere, J., Tang, Q., Zhu, X., Cai, L., Yao, S., & Ryder, A. G. (2013). The cultural shaping of alexithymia: Values and externally oriented thinking in a Chinese clinical sample. *Comprehensive Psychiatry*, *54*(4), 362–368.
- Di Schiena, R., Luminet, O., & Philippot, P. (2011). Adaptive and maladaptive rumination in alexithymia and their relation with depressive symptoms. *Personality and Individual Differences*, *50*(1), 10–14.
- Douglas, B., Kasket, E., Strawbridge, S., & Woolfe, R. (2016). The handbook of counselling psychology. *The Handbook of Counselling Psychology*, 1–696.
- Drew, P., Chatwin, J., & Collins, S. (2001). Conversation analysis: A method for research into interactions between patients and health-care professionals. *Health Expectations*, *4*(1), 58–70.
- Duarte, J., & Pinto-Gouveia, J. (2017). Correlates of psychological inflexibility mediate the relation between alexithymic traits and positive emotions. *Journal of Contextual Behavioral Science*, *6*(1), 96–103. <https://doi.org/10.1016/j.jcbs.2016.12.002>
- Durbin, J., & Watson, G. S. (1950). Testing for serial correlation in least squares regression: I. *Biometrika*, *37*(3/4), 409–428.
- Eichhorn, S., Brähler, E., Franz, M., Friedrich, M., & Glaesmer, H. (2014). Traumatic experiences, alexithymia, and posttraumatic symptomatology: A cross-sectional population-based study in Germany. *European Journal of Psychotraumatology*, *5*(1), 23870.
- Eisen, S. V., Grob, M. C., & Klein, A. A. (1986). BASIS: The development of a self-report measure for psychiatric inpatient evaluation. *Psychiatric Hospital*, *17*(4), 165-171.
- Emmel, N. (2013). *Sampling and choosing cases in qualitative research: A realist approach*. Sage.
- Erbas, Y., Ceulemans, E., Lee Pe, M., Koval, P., & Kuppens, P. (2014). Negative emotion differentiation: Its personality and well-being correlates and a comparison of different assessment methods. *Cognition and Emotion*, *28*(7), 1196–1213.
- Evren, C., Cagil, D., Ulku, M., Ozcetinkaya, S., Gokalp, P., Cetin, T., & Yigiter, S. (2012). Relationship between defense styles, alexithymia, and personality in alcohol-dependent inpatients. *Comprehensive Psychiatry*, *53*(6), 860–867.
- Fenigstein, A., Scheier, M. F., & Buss, A. H. (1975). Public and private self-consciousness: Assessment and theory. *Journal of Consulting and Clinical Psychology*, *43*(4), 522.

- Fernández-Berrocal, P., Cabello, R., Castillo, R., & Extremera, N. (2012). Gender differences in emotional intelligence: The mediating effect of age. *Behavioral Psychology, 20*(1), 77–89.
- Field, A. (2013). *Discovering statistics using IBM SPSS statistics*. Sage.
- Fishman, D. (1999). *The case for pragmatic psychology*. New York University Press.
- Forman, J., & Damschroder, L. (2007). Qualitative content analysis. In *Empirical methods for bioethics: A primer*. Emerald Group Publishing Limited.
- Fossati, A., Acquarini, E., Feeney, J. A., Borroni, S., Grazioli, F., Giarolli, L. E., Franciosi, G., & Maffei, C. (2009). Alexithymia and attachment insecurities in impulsive aggression. *Attachment & Human Development, 11*(2), 165–182.
- Fowler Jr, F. J., & Fowler, F. J. (1995). *Improving survey questions: Design and evaluation*. Sage.
- Franz, M., Popp, K., Schaefer, R., Sitte, W., Schneider, C., Hardt, J., Decker, O., & Braehler, E. (2008). Alexithymia in the German general population. *Social Psychiatry and Psychiatric Epidemiology, 43*(1), 54–62.
- Freud, S. (1958). Remembering, repeating and working-through (Further recommendations on the technique of psycho-analysis II). In *The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XII (1911-1913): The Case of Schreber, Papers on Technique and Other Works* (pp. 145–156).
- Frewen, P. A., Dozois, D. J., Neufeld, R. W., & Lanius, R. A. (2008). Meta-analysis of alexithymia in posttraumatic stress disorder. *Journal of Traumatic Stress: Official Publication of the International Society for Traumatic Stress Studies, 21*(2), 243–246.
- Friman, P. C., Hayes, S. C., & Wilson, K. G. (1998). Why Behavior Analysts Should Study Emotion: The Example of Anxiety. *Journal of Applied Behavior Analysis, 31*(1), 137–156. <https://doi.org/10.1901/jaba.1998.31-137>
- Frischholz, E. J., Braun, B. G., Sachs, R. G., & Hopkins, L. (1990). The Dissociative Experiences Scale: Further replication and validation. *Dissociation: Progress in the Dissociative Disorders, 3*, 151-153.
- Fritz, M. S., & MacKinnon, D. P. (2007). Required Sample Size to Detect the Mediated Effect. *Psychological Science, 18*(3), 233–239. <https://doi.org/10.1111/j.1467-9280.2007.01882.x>
- Fugard, A. J., & Potts, H. W. (2015). Supporting thinking on sample sizes for thematic analyses: A quantitative tool. *International Journal of Social Research Methodology, 18*(6), 669–684.

- Furr, R. M. (2021). *Psychometrics: An introduction*. Sage.
- Gómez, W., Chmielewski, M., Kotov, R., Ruggero, C., Suzuki, N., & Watson, D. (2014). The Brief Experiential Avoidance Questionnaire: Development and initial validation. *Psychological Assessment, 26*, 35–45. <https://doi.org/10.1037/a0034473>
- Gómez, W., Chmielewski, M., Kotov, R., Ruggero, C., & Watson, D. (2011). Development of a measure of experiential avoidance: The Multidimensional Experiential Avoidance Questionnaire. *Psychological Assessment, 23*, 692–713. <https://doi.org/10.1037/a0023242>
- Gignac, G. E., Palmer, B. R., & Stough, C. (2007). A confirmatory factor analytic investigation of the TAS–20: Corroboration of a five-factor model and suggestions for improvement. *Journal of Personality Assessment, 89*(3), 247–257.
- Gilbert, P. (2009). Introducing compassion-focused therapy. *Advances in Psychiatric Treatment, 15*(3), 199–208.
- Goldberg, D. P., & Hillier, V. F. (1979). A scaled version of the General Health Questionnaire. *Psychological Medicine, 9*(1), 139–145.
- Goldner, E. M., Cockhill, L. A., Bakan, R., & Birmingham, C. L. (1991). Dissociative experiences and eating disorders. *American Journal of Psychiatry, 148*(9), 1274.
- Good, G. E., Robertson, J. M., Fitzgerald, L. F., Stevens, M., & Bartels, K. M. (1996). The relation between masculine role conflict and psychological distress in male university counseling center clients. *Journal of Counseling & Development, 75*(1), 44–49.
- Good, G. E., Thomson, D. A., & Brathwaite, A. D. (2005). Men and therapy: Critical concepts, theoretical frameworks, and research recommendations. *Journal of Clinical Psychology, 61*(6), 699–711.
- Good, G. E., & Wood, P. K. (1995). Male gender role conflict, depression, and help seeking: Do college men face double jeopardy? *Journal of Counseling & Development, 74*(1), 70–75.
- Gratz, K. L., & Roemer, L. (2004). Multidimensional assessment of emotion regulation and dysregulation: Development, factor structure, and initial validation of the difficulties in emotion regulation scale. *Journal of Psychopathology and Behavioral Assessment, 26*(1), 41–54.
- Greco, L. A., Murrell, A., & Coyne, L. (2005). Avoidance and fusion questionnaire for youth (AFQ-Y). *Acceptance and Commitment Therapy. Measures Package, 141*.
- Greene, J. C., & Caracelli, V. J. (1997). *Advances in mixed-method evaluation: The challenges and benefits of integrating diverse paradigms*. Jossey-Bass.

- Greene, J. C., Caracelli, V. J., & Graham, W. F. (1989). Toward a conceptual framework for mixed-method evaluation designs. *Educational Evaluation and Policy Analysis, 11*(3), 255–274.
- Groth-Marnat, G. (2009). *Handbook of psychological assessment*. John Wiley & Sons.
- Guba, E. G. (1987). What have we learned about naturalistic evaluation? *Evaluation Practice, 8*(1), 23–43.
- Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field Methods, 18*(1), 59–82.
- Güleç, M. Y., Altıntaş, M., İnanç, L., Bezgin, Ç. H., Koca, E. K., & Güleç, H. (2013). Effects of childhood trauma on somatization in major depressive disorder: The role of alexithymia. *Journal of Affective Disorders, 146*(1), 137–141.
- Gustavson, K., von Soest, T., Karevold, E., & Røysamb, E. (2012). Attrition and generalizability in longitudinal studies: Findings from a 15-year population-based study and a Monte Carlo simulation study. *BMC Public Health, 12*(1), 1–11.
- Guyon, H., Kop, J.-L., Juhel, J., & Falissard, B. (2018). Measurement, ontology, and epistemology: Psychology needs pragmatism-realism. *Theory & Psychology, 28*(2), 149–171.
- Habermas, J. (1985). *The theory of communicative action: Volume 1: Reason and the rationalization of society* (Vol. 1). Beacon press.
- Haslam, N., Holland, E., & Kuppens, P. (2012). Categories versus dimensions in personality and psychopathology: A quantitative review of taxometric research. *Psychological Medicine, 42*(5), 903–920.
- Hayes, A. F. (2012). *PROCESS: A versatile computational tool for observed variable mediation, moderation, and conditional process modeling*. University of Kansas.
- Hayes, A. F. (2017). *Introduction to mediation, moderation, and conditional process analysis: A regression-based approach*. Guilford publications.
- Hayes, S. C. (1991). A relational control theory of stimulus equivalence. *Dialogues on Verbal Behavior, 1*.
- Hayes, S. C. (1993). *Analytic goals and the varieties of scientific contextualism*. Context Press.
- Hayes, S. C. (1994). Relational frame theory: A functional approach to verbal behavior. *Behavior Analysis of Language and Cognition, 11–30*.

- Hayes, S. C. (2019). Acceptance and commitment therapy: Towards a unified model of behavior change. *World Psychiatry, 18*(2), 226–227.  
<https://doi.org/10.1002/wps.20626>
- Hayes, S. C., & Gifford, E. V. (1997). The Trouble with Language: Experiential Avoidance, Rules, and the Nature of Verbal Events. *Psychological Science, 8*(3), 170–173.  
<https://doi.org/10.1111/j.1467-9280.1997.tb00405.x>
- Hayes, S. C., & Gregg, J. (2001). Functional contextualism and the self. In J.C.Muran (Ed.), *Self-relations in the psychotherapy process*. Washington: American Psychological Association.
- Hayes, S. C., Hayes, L. J., & Reese, H. W. (1988). Finding the philosophical core: A review of Stephen C. Pepper's World Hypotheses: A Study in Evidence. *Journal of the Experimental Analysis of Behavior, 50*(1), 97.
- Hayes, S. C., & Strosahl, K. D. (2005). *A practical guide to acceptance and commitment therapy*. Springer Science Business Media.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (2005). *Acceptance and commitment therapy: An experiential approach to behavior change*. New York: Guilford.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (2009). *Acceptance and commitment therapy*. American Psychological Association Washington, DC.
- Hayes, S. C., Strosahl, K., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behaviour change*. New York, NY: Guilford Press.
- Hayes, S. C., Strosahl, K., Wilson, K. G., Bissett, R. T., Pistorello, J., Toarmino, D., Polusny, M. A., Dykstra, T. A., Batten, S. V., & Bergan, J. (2004). Measuring experiential avoidance: A preliminary test of a working model. *The Psychological Record, 54*(4), 553–578.
- Hayes, S. C., & Wilson, K. G. (1994). Acceptance and commitment therapy: Altering the verbal support for experiential avoidance. *The Behavior Analyst, 17*(2), 289–303.
- Hayes, S. C., Wilson, K. G., Gifford, E. V., Follette, V. M., & Strosahl, K. (1996). Experiential avoidance and behavioral disorders: A functional dimensional approach to diagnosis and treatment. *Journal of Consulting and Clinical Psychology, 64*(6), 1152.
- Heesacker, M., & Prichard, S. (1992). In a different voice, revisited: Men, women, and emotion. *Journal of Mental Health Counseling, 14*, 274-290.

- Henry, J. D., & Crawford, J. R. (2005). The short-form version of the Depression Anxiety Stress Scales (DASS-21): Construct validity and normative data in a large non-clinical sample. *British Journal of Clinical Psychology, 44*(2), 227–239.
- Herman, J. L., Perry, J. C., & Van der Kolk, B. A. (1989). Childhood trauma in borderline personality disorder. *The American Journal of Psychiatry, 146*, 490-495.
- Holahan, C. J., Moos, R. H., Holahan, C. K., Brennan, P. L., & Schutte, K. K. (2005). Stress generation, avoidance coping, and depressive symptoms: A 10-year model. *Journal of Consulting and Clinical Psychology, 73*(4), 658.
- Honkalampi, K., Hintikka, J., Tanskanen, A., Lehtonen, J., & Viinamäki, H. (2000). Depression is strongly associated with alexithymia in the general population. *Journal of Psychosomatic Research, 48*(1), 99–104. [https://doi.org/10.1016/S0022-3999\(99\)00083-5](https://doi.org/10.1016/S0022-3999(99)00083-5)
- Howe, K. R. (1988). Against the quantitative-qualitative incompatibility thesis or dogmas die hard. *Educational Researcher, 17*(8), 10–16.
- Hull, C. L. (1943). *Principles of behavior* (Vol. 422). Appleton-century-crofts New York.
- Ihme, K., Dannlowski, U., Lichev, V., Stuhrmann, A., Grotegerd, D., Rosenberg, N., Kugel, H., Heindel, W., Arolt, V., & Kersting, A. (2013). Alexithymia is related to differences in gray matter volume: A voxel-based morphometry study. *Brain Research, 1491*, 60–67.
- Iskric, A., Ceniti, A. K., Bergmans, Y., McInerney, S., & Rizvi, S. J. (2020). Alexithymia and self-harm: A review of nonsuicidal self-injury, suicidal ideation, and suicide attempts. *Psychiatry Research, 288*, 112-124.
- Ivankova, N. V., Creswell, J. W., & Stick, S. L. (2006). Using mixed-methods sequential explanatory design: From theory to practice. *Field Methods, 18*(1), 3–20.
- James, L. R., & Brett, J. M. (1984). Mediators, moderators, and tests for mediation. *Journal of Applied Psychology, 69*(2), 307.
- Jick, T. D. (1979). Mixing qualitative and quantitative methods: Triangulation in action. *Administrative Science Quarterly, 24*(4), 602–611.
- Johnson, R. B., & Onwuegbuzie, A. J. (2004). Mixed methods research: A research paradigm whose time has come. *Educational Researcher, 33*(7), 14–26.
- Joukamaa, M., Kokkonen, P., Veijola, J., Läksy, K., Karvonen, J. T., Jokelainen, J., & Järvelin, M.-R. (2003). Social situation of expectant mothers and alexithymia 31 years later in their offspring: A prospective study. *Psychosomatic Medicine, 65*(2), 307–312.

- Judd, C. M., & Kenny, D. A. (1981). Process analysis: Estimating mediation in treatment evaluations. *Evaluation Review*, 5(5), 602–619.
- Karekla, M., Forsyth, J. P., & Kelly, M. M. (2004). Emotional avoidance and panicogenic responding to a biological challenge procedure. *Behavior Therapy*, 35(4), 725–746. [https://doi.org/10.1016/S0005-7894\(04\)80017-0](https://doi.org/10.1016/S0005-7894(04)80017-0)
- Karekla, M., & Michaelides, M. P. (2017). Validation and invariance testing of the Greek adaptation of the Acceptance and Action Questionnaire-II across clinical vs. Nonclinical samples and sexes. *Journal of Contextual Behavioral Science*, 6(1), 119–124.
- Karukivi, M., Joukamaa, M., Hautala, L., Kaleva, O., Haapasalo-Pesu, K.-M., Liuksila, P.-R., & Saarijärvi, S. (2011). Does perceived social support and parental attitude relate to alexithymia? A study in Finnish late adolescents. *Psychiatry Research*, 187(1–2), 254–260.
- Kashdan, T. B., Barrett, L. F., & McKnight, P. E. (2015). Unpacking emotion differentiation: Transforming unpleasant experience by perceiving distinctions in negativity. *Current Directions in Psychological Science*, 24(1), 10–16.
- Kashdan, T. B., Barrios, V., Forsyth, J. P., & Steger, M. F. (2006). Experiential avoidance as a generalized psychological vulnerability: Comparisons with coping and emotion regulation strategies. *Behaviour Research and Therapy*, 44(9), 1301–1320. <https://doi.org/10.1016/j.brat.2005.10.003>
- Kauhanen, J., Kaplan, G. A., Cohen, R. D., Julkunen, J., & Salonen, J. T. (1996). Alexithymia and risk of death in middle-aged men. *Journal of Psychosomatic Research*, 41(6), 541–549.
- Kauhanen, J., Kaplan, G. A., Julkunen, J., Wilson, T. W., & Salonen, J. T. (1993). Social factors in alexithymia. *Comprehensive Psychiatry*, 34(5), 330–335.
- Kazdin, A. E. (2007). Mediators and mechanisms of change in psychotherapy research. *Annual Review Clinical Psychology*, 3, 1–27.
- Keefer, K. V., Taylor, G. J., Parker, J. D. A., & Bagby, R. M. (2019). Taxometric Analysis of the Toronto Structured Interview for Alexithymia: Further Evidence That Alexithymia Is a Dimensional Construct. *Assessment*, 26(3), 364–374. <https://doi.org/10.1177/1073191117698220>
- Kelly, G. (1955). Personal construct psychology. *Nueva York: Norton*.
- Kench, S., & Irwin, H. J. (2000). Alexithymia and childhood family environment. *Journal of Clinical Psychology*, 56(6), 737–745.

- King, N. (2008). What will hatch? A constructivist autobiographical account of writing poetry. *Journal of Constructivist Psychology*, 21(4), 274–287.
- King, N. (2012). Doing template analysis. *Qualitative Organizational Research: Core Methods and Current Challenges*, 426, 77–101.
- Kirmayer, L. J. (1987). Languages of suffering healing: Alexithymia as a social and cultural process. *Transcultural Psychiatric Research Review*, 24(2), 119–136.
- Knapp, T. R. (1978). Canonical correlation analysis: A general parametric significance-testing system. *Psychological Bulletin*, 85(2), 410.
- Kooiman, C. G., Spinhoven, P., & Trijsburg, R. W. (2002). The assessment of alexithymia: A critical review of the literature and a psychometric study of the Toronto Alexithymia Scale-20. *Journal of Psychosomatic Research*, 53(6), 1083–1090.
- Kosten, T. R., Krystal, J. H., Giller, E. L., Frank, J., & Dan, E. (1992). Alexithymia as a predictor of treatment response in post-traumatic stress disorder. *Journal of Traumatic Stress*, 5(4), 563–573.
- Kraemer, H. C., Stice, E., Kazdin, A., Offord, D., & Kupfer, D. (2001). How do risk factors work together? Mediators, moderators, and independent, overlapping, and proxy risk factors. *American Journal of Psychiatry*, 158(6), 848–856.
- Kraemer, H. C., Wilson, G. T., Fairburn, C. G., & Agras, W. S. (2002). Mediators and moderators of treatment effects in randomized clinical trials. *Archives of General Psychiatry*, 59(10), 877–883.
- Kroenke, K., Spitzer, R. L., & Williams, J. B. (2001). The PHQ-9: Validity of a brief depression severity measure. *Journal of General Internal Medicine*, 16(9), 606–613.
- Kroenke, K., Spitzer, R. L., & Williams, J. B. (2002). The PHQ-15: Validity of a new measure for evaluating the severity of somatic symptoms. *Psychosomatic Medicine*, 64(2), 258–266.
- Krystal, H. (1979). Alexithymia and psychotherapy. *American Journal of Psychotherapy*, 33(1), 17–31.
- Lance, C. E., Butts, M. M., & Michels, L. C. (2006). The sources of four commonly reported cutoff criteria: What did they really say? *Organizational Research Methods*, 9(2), 202–220.
- Landstra, J. M., Ciarrochi, J., Deane, F. P., & Hillman, R. J. (2013). Identifying and describing feelings and psychological flexibility predict mental health in men with HIV. *British Journal of Health Psychology*, 18(4), 844–857.



- Legg, C., & Hookway, C. (2008). Pragmatism. In E. N. Zalta (Ed.), *The Stanford encyclopedia of philosophy*. Stanford University Press.
- Lennartsson, A.-K., Horwitz, E. B., Theorell, T., & Ullén, F. (2017). Creative artistic achievement is related to lower levels of alexithymia. *Creativity Research Journal*, 29(1), 29–36.
- Levant, R. F. (1992). Toward the reconstruction of masculinity. *Journal of Family Psychology*, 5(3–4), 379.
- Levant, R. F., Allen, P. A., & Lien, M.-C. (2014). Alexithymia in men: How and when do emotional processing deficiencies occur? *Psychology of Men & Masculinity*, 15(3), 324.
- Levant, R. F., Good, G. E., Cook, S. W., O’Neil, J. M., Smalley, K. B., Owen, K., & Richmond, K. (2006). The normative Male Alexithymia Scale: Measurement of a gender-linked syndrome. *Psychology of Men & Masculinity*, 7(4), 212.
- Levant, R. F., Hall, R. J., Williams, C. M., & Hasan, N. T. (2009). Gender differences in alexithymia. *Psychology of Men & Masculinity*, 10(3), 190.
- Levant, R. F., Hayden, E. W., Halter, M. J., & Williams, C. M. (2009). The efficacy of alexithymia reduction treatment: A pilot study. *The Journal of Men’s Studies*, 17(1), 75–84.
- Levant, R. F., & Richmond, K. (2008). A review of research on masculinity ideologies using the Male Role Norms Inventory. *The Journal of Men’s Studies*, 15(2), 130–146.
- Levant, R. F., Richmond, K., Majors, R. G., Inclan, J. E., Rossello, J. M., Heesacker, M., Rowan, G. T., & Sellers, A. (2003). A multicultural investigation of masculinity ideology and alexithymia. *Psychology of Men & Masculinity*, 4(2), 91.
- Levin, M. E., MacLane, C., Daflos, S., Seeley, J. R., Hayes, S. C., Biglan, A., & Pistorello, J. (2014). Examining psychological inflexibility as a transdiagnostic process across psychological disorders. *Journal of Contextual Behavioral Science*, 3(3), 155–163. <https://doi.org/10.1016/j.jcbs.2014.06.003>
- Levitt, H. M., Motulsky, S. L., Wertz, F. J., Morrow, S. L., & Ponterotto, J. G. (2017). Recommendations for designing and reviewing qualitative research in psychology: Promoting methodological integrity. *Qualitative Psychology*, 4(1), 2.
- Leweke, F., Leichsenring, F., Kruse, J., & Hermes, S. (2012). Is alexithymia associated with specific mental disorders. *Psychopathology*, 45(1), 22–28.

- Li, S., Zhang, B., Guo, Y., & Zhang, J. (2015a). The association between alexithymia as assessed by the 20-item Toronto Alexithymia Scale and depression: A meta-analysis. *Psychiatry Research*, 227(1), 1–9.
- Lincoln, Y. S., Lynham, S. A., & Guba, E. G. (2011). Paradigmatic controversies, contradictions, and emerging confluences, revisited. *The Sage Handbook of Qualitative Research*, 4, 97–128.
- Linehan, M. M. (1994). Acceptance and change: The central dialectic in psychotherapy. *Acceptance and Change: Content and Context in Psychotherapy*, 73–86.
- Linehan, M. M. (2018). *Cognitive-behavioral treatment of borderline personality disorder*. Guilford Publications.
- Lovibond, P. F., & Lovibond, S. H. (1995). The structure of negative emotional states: Comparison of the Depression Anxiety Stress Scales (DASS) with the Beck Depression and Anxiety Inventories. *Behaviour Research and Therapy*, 33(3), 335–343. [https://doi.org/10.1016/0005-7967\(94\)00075-U](https://doi.org/10.1016/0005-7967(94)00075-U)
- Luminet, O., Vermeulen, N., Demaret, C., Taylor, G. J., & Bagby, R. M. (2006). Alexithymia and levels of processing: Evidence for an overall deficit in remembering emotion words. *Journal of Research in Personality*, 40(5), 713–733. <https://doi.org/10.1016/j.jrp.2005.09.001>
- Lumley, M. A. (2000). *Alexithymia and negative emotional conditions*. *J Psycho-som Res* 2000, 49, 51-54.
- Lysenko, N. E., & Davydov, D. M. (2011a). Cardiovascular reactivity to emotional texts in subjects with low and high level of psychoticism. *Zhurnal Vyshei Nervnoi Deiatelnosti Imeni IP Pavlova*, 61(4), 423–434.
- Lysenko, N. E., & Davydov, D. M. (2011b). Rating of textual descriptions of violence scenes subject to psychotizm and sex differences. *Psikhologicheskii Zhurnal*, 32(3), 114–127.
- Lysenko, N. E., & Davydov, D. M. (2011c). The role of psychoticism and sex differences in the evaluation of the textual descriptions of scenes of violence. *Psychol J High Sch Econ*, 8, 110–119.
- Magee, J. C., Harden, K. P., & Teachman, B. A. (2012). Psychopathology and thought suppression: A quantitative review. *Clinical Psychology Review*, 32(3), 189–201.
- Malicki, S., & Ostaszewski, P. (2014). Experiential avoidance as a functional dimension of a transdiagnostic approach to psychopathology. *Postępy Psychiatrii i Neurologii*, 23(2), 61–71.

- Martínez-Sánchez, F., Ato-García, M., & Ortiz-Soria, B. (2003). Alexithymia—State or trait? *The Spanish Journal of Psychology*, *6*(1), 51–59.
- Mattila, A. K., Keefer, K. V., Taylor, G. J., Joukamaa, M., Jula, A., Parker, J. D., & Bagby, R. M. (2010). Taxometric analysis of alexithymia in a general population sample from Finland. *Personality and Individual Differences*, *49*(3), 216–221.
- Mattila, A. K., Salminen, J. K., Nummi, T., & Joukamaa, M. (2006). Age is strongly associated with alexithymia in the general population. *Journal of Psychosomatic Research*, *61*(5), 629–635.
- Maxcy, S. J. (2003). The new pragmatism and social science and educational research. In *Ethical foundations for educational administration* (pp. 155–177). Routledge.
- Mayer, J. D., Caruso, D. R., & Salovey, P. (1999). Emotional intelligence meets traditional standards for an intelligence. *Intelligence*, *27*(4), 267–298.  
[https://doi.org/10.1016/S0160-2896\(99\)00016-1](https://doi.org/10.1016/S0160-2896(99)00016-1)
- McGillivray, L., Becerra, R., & Harms, C. (2017). Prevalence and demographic correlates of alexithymia: A comparison between Australian psychiatric and community samples. *Journal of Clinical Psychology*, *73*(1), 76–87.
- Meganck, R., Inslegers, R., Vanheule, S., & Desmet, M. (2011). The convergence of alexithymia measures. *Psychologica Belgica*, *51*(3–4), 237–250.
- Meganck, R., Vanheule, S., & Desmet, M. (2008). Factorial validity and measurement invariance of the 20-item Toronto Alexithymia Scale in clinical and nonclinical samples. *Assessment*, *15*(1), 36–47.
- Mertens, D. M., & Tarsilla, M. (2015). Mixed methods evaluation. In S. Nagy Hesse-Biber & R. B. Johnson (Eds.), *The Oxford handbook of multimethod and mixed methods research inquiry*, Part 3, Chapter 4. Oxford University Press.
- Messina, A., Beadle, J. N., & Paradiso, S. (2014). Towards a classification of alexithymia: Primary, secondary and organic. *Journal of Psychopathology*, *20*, 38–49.
- Meza-Concha, N., Arancibia, M., Salas, F., Behar, R., Salas, G., Silva, H., & Escobar, R. (2017). Towards a neurobiological understanding of alexithymia. *Medwave*, *17*(4), 6960.
- Monestès, J.-L., Karekla, M., Jacobs, N., Michaelides, M. P., Hooper, N., Kleen, M., Ruiz, F. J., Miselli, G., Presti, G., Luciano, C., Villatte, M., Bond, F. W., Kishita, N., & Hayes, S. C. (2016). Experiential Avoidance as a Common Psychological Process in European Cultures. *European Journal of Psychological Assessment*, *34*(4), 247–257.  
<https://doi.org/10.1027/1015-5759/a000327>

- Morgan, D. L. (2007). Paradigms lost and pragmatism regained: Methodological implications of combining qualitative and quantitative methods. *Journal of Mixed Methods Research, 1*(1), 48–76.
- Moriguchi, Y., Decety, J., Ohnishi, T., Maeda, M., Mori, T., Nemoto, K., Matsuda, H., & Komaki, G. (2007). Empathy and judging other's pain: An fMRI study of alexithymia. *Cerebral Cortex, 17*(9), 2223–2234.
- Moroz, M., & Dunkley, D. M. (2019). Self-critical perfectionism, experiential avoidance, and depressive and anxious symptoms over two years: A three-wave longitudinal study. *Behaviour Research and Therapy, 112*, 18–27.
- Morrow, S. L. (2007). Qualitative research in counseling psychology: Conceptual foundations. *The Counseling Psychologist, 35*(2), 209–235.
- Morse, J. M. (1991). Approaches to qualitative-quantitative methodological triangulation. *Nursing Research, 40*(2), 120–123.
- Mowrer, O. (1947). On the dual nature of learning—A re-interpretation of "conditioning" and "problem-solving.". *Harvard Educational Review, 17*, 102-148.
- Müller, J., Bühner, M., & Ellgring, H. (2003). Is there a reliable factorial structure in the 20-item Toronto Alexithymia Scale?: A comparison of factor models in clinical and normal adult samples. *Journal of Psychosomatic Research, 55*(6), 561–568.
- Nemiah, J. C., & Sifneos, P. E. (1970). Psychosomatic illness: A problem in communication. *Psychotherapy and Psychosomatics, 18*(1–6), 154–160.
- NHS digital. (2021). *Psychological therapies: annual report on the use of IAPT services - England, 2020-21*. <https://digital.nhs.uk/data-and-information/publications/statistical/psychological-therapies-annual-reports-on-the-use-of-iapt-services>
- Obeid, S., Akel, M., Haddad, C., Fares, K., Sacre, H., Salameh, P., & Hallit, S. (2019). Factors associated with alexithymia among the Lebanese population: Results of a cross-sectional study. *BMC Psychology, 7*(1), 1–10.
- O'brien, R. M. (2007). A caution regarding rules of thumb for variance inflation factors. *Quality & Quantity, 41*(5), 673–690.
- O'connor, B. P. (2000). SPSS and SAS programs for determining the number of components using parallel analysis and Velicer's MAP test. *Behavior Research Methods, Instruments, & Computers, 32*(3), 396–402.

- Ogrodniczuk, J. S., Piper, W. E., & Joyce, A. S. (2011). Effect of alexithymia on the process and outcome of psychotherapy: A programmatic review. *Psychiatry Research, 190*(1), 43–48. <https://doi.org/10.1016/j.psychres.2010.04.026>
- O’Neil, J. M. (1981). Male sex role conflicts, sexism, and masculinity: Psychological implications for men, women, and the counseling psychologist. *The Counseling Psychologist, 9*(2), 61–80.
- O’Neil, J. M. (1981). Patterns of gender role conflict and strain: Sexism and fear of femininity in men’s lives. *The Personnel and Guidance Journal, 60*(4), 203–210.
- Onwuegbuzie, A. J., Johnson, R. B., & Collins, K. M. (2009). Call for mixed analysis: A philosophical framework for combining qualitative and quantitative approaches. *International Journal of Multiple Research Approaches, 3*(2), 114–139.
- Onwuegbuzie, A. J., & Leech, N. L. (2007). Sampling designs in qualitative research: Making the sampling process more public. *Qualitative Report, 12*(2), 238–254.
- Osman, A., Wong, J. L., Bagge, C. L., Freedenthal, S., Gutierrez, P. M., & Lozano, G. (2012). The depression anxiety stress Scales—21 (DASS-21): Further examination of dimensions, scale reliability, and correlates. *Journal of Clinical Psychology, 68*(12), 1322–1338.
- Packer, M. J., & Goicoechea, J. (2000). Sociocultural and constructivist theories of learning: Ontology, not just epistemology. *Educational Psychologist, 35*(4), 227–241.
- Page, A. C., Hooke, G. R., & Morrison, D. L. (2007). Psychometric properties of the Depression Anxiety Stress Scales (DASS) in depressed clinical samples. *British Journal of Clinical Psychology, 46*(3), 283–297.
- Panayiotou, G., Leonidou, C., Constantinou, E., Hart, J., Rinehart, K. L., Sy, J. T., & Björgvinsson, T. (2015). Do alexithymic individuals avoid their feelings? Experiential avoidance mediates the association between alexithymia, psychosomatic, and depressive symptoms in a community and a clinical sample. *Comprehensive Psychiatry, 56*, 206–216. <https://doi.org/10.1016/j.comppsy.2014.09.006>
- Panayiotou, G., Leonidou, C., Constantinou, E., & Michaelides, M. P. (2020). Self-Awareness in alexithymia and associations with social anxiety. *Current Psychology: A Journal for Diverse Perspectives on Diverse Psychological Issues, 39*(5), 1600–1609. <https://doi.org/10.1007/s12144-018-9855-1>
- Papadima, M. (2004). The doctor and the soul. *Psychology and Psychotherapy, 77*, 541.
- Parker, I. (1997). *Psychoanalytic culture: Psychoanalytic discourse in western society*. Sage.

- Parker, I. (1998). Constructing and deconstructing psychotherapeutic discourse. *The European Journal of Psychotherapy, Counselling & Health*, 1(1), 65–78.
- Parker, I. (2014a). Deconstructing diagnosis: Psychopathological practice. In *Psychology After Deconstruction* (pp. 68–76). Routledge.
- Parker, I. (2014b). *Psychology after deconstruction: Erasure and social reconstruction*. Routledge.
- Parker, J. D., Keefer, K. V., Taylor, G. J., & Bagby, R. M. (2008). Latent structure of the alexithymia construct: A taxometric investigation. *Psychological Assessment*, 20(4), 385.
- Parker, J. D., Taylor, G. J., & Bagby, R. M. (2001). The relationship between emotional intelligence and alexithymia. *Personality and Individual Differences*, 30(1), 107–115.
- Parker, J. D., Taylor, G. J., & Bagby, R. M. (2003). The 20-Item Toronto Alexithymia Scale: III. Reliability and factorial validity in a community population. *Journal of Psychosomatic Research*, 55(3), 269–275.
- Parker, J. D., Taylor, G. J., Bagby, R. M., & Thomas, S. (1991). Problems with measuring alexithymia. *Psychosomatics*, 32(2), 196–202.
- Pavlov, P. I. (1927). Conditioned reflexes: An investigation of the physiological activity of the cerebral cortex. *Annals of Neurosciences*, 17(3), 136.
- Peasley-Miklus, C. E., Panayiotou, G., & Vrana, S. R. (2016). Alexithymia predicts arousal-based processing deficits and discordance between emotion response systems during emotional imagery. *Emotion*, 16(2), 164–174. Scopus.  
<https://doi.org/10.1037/emo0000086>
- Pennato, T., Berrocal, C., Bernini, O., & Rivas, T. (2013). Italian Version of the Acceptance and Action Questionnaire-II (AAQ-II): Dimensionality, Reliability, Convergent and Criterion Validity. *Journal of Psychopathology and Behavioral Assessment*, 35(4), 552–563. <https://doi.org/10.1007/s10862-013-9355-4>
- Pinna, F., Sanna, L., & Carpiniello, B. (2015). Alexithymia in eating disorders: Therapeutic implications. *Psychology Research and Behavior Management*, 8, 1.
- Pinto-Gouveia, J., Gregório, S., Dinis, A., & Xavier, A. (2012). Experiential avoidance in clinical and non-clinical samples: AAQ-II Portuguese version. *International Journal of Psychology and Psychological Therapy*, 12(2), 139–156.
- Pleck, J. H. (1981). *The myth of masculinity*. MIT Press (MA).

- Pleck, J. H. (1995). The gender role strain paradigm: An update. In R.F. Levant, W.S. Pollack (Eds.), *A new psychology of men* (pp. 11-32), Basic Books, New York.
- Ponterotto, J. G. (2005a). Qualitative research in counseling psychology: A primer on research paradigms and philosophy of science. *Journal of Counseling Psychology*, 52(2), 126.
- Ponterotto, J. G. (2005b). Qualitative research in counseling psychology: A primer on research paradigms and philosophy of science. *Journal of Counseling Psychology*, 52(2), 126–136. <https://doi.org/10.1037/0022-0167.52.2.126>
- Povee, K., & Roberts, L. D. (2015). Attitudes toward mixed methods research in psychology: The best of both worlds? *International Journal of Social Research Methodology*, 18(1), 41–57.
- Praceres, N., Parker, D. A., & Taylor, G. J. (2000). Adaptação Portuguesa da Escala de Alexitimia de Toronto de 20 Itens (TAS-20). [Portuguese adaptation of the 20-item Toronto Alexithymia Scale (TAS-20).]. *Revista Iberoamericana de Diagnóstico y Evaluación Psicológica*, 9(1), 9–21.
- Preacher, K. J., & Kelley, K. (2011). Effect size measures for mediation models: Quantitative strategies for communicating indirect effects. *Psychological Methods*, 16(2), 93.
- Preacher, K. J., Rucker, D. D., & Hayes, A. F. (2007). Addressing Moderated Mediation Hypotheses: Theory, Methods, and Prescriptions. *Multivariate Behavioral Research*, 42(1), 185–227. <https://doi.org/10.1080/00273170701341316>
- Preece, D. A., Becerra, R., Allan, A., Robinson, K., Chen, W., Hasking, P., & Gross, J. J. (2020). Assessing alexithymia: Psychometric properties of the Perth Alexithymia Questionnaire and 20-item Toronto Alexithymia Scale in United States adults. *Personality and Individual Differences*, 166, 110-138.
- Preece, D. A., Becerra, R., Boyes, M. E., Northcott, C., McGillivray, L., & Hasking, P. A. (2020). Do self-report measures of alexithymia measure alexithymia or general psychological distress? A factor analytic examination across five samples. *Personality and Individual Differences*, 155, 109-121. <https://doi.org/10.1016/j.paid.2019.109721>
- Preece, D., Becerra, R., Allan, A., Robinson, K., & Dandy, J. (2017). Establishing the theoretical components of alexithymia via factor analysis: Introduction and validation of the attention-appraisal model of alexithymia. *Personality and Individual Differences*, 119, 341–352.

- Preece, D., Becerra, R., Robinson, K., Dandy, J., & Allan, A. (2018). The psychometric assessment of alexithymia: Development and validation of the Perth Alexithymia Questionnaire. *Personality and Individual Differences, 132*, 32–44.  
<https://doi.org/10.1016/j.paid.2018.05.011>
- Primer, A. P. (1992). Quantitative methods in psychology. *Psychological Bulletin, 112*(1), 155-159.
- Ridner, S. H. (2004). Psychological distress: Concept analysis. *Journal of Advanced Nursing, 45*(5), 536–545.
- Riessman, C. K. (2008). *Narrative methods for the human sciences*. Sage.
- Ripper, C. A., Boyes, M. E., Clarke, P. J., & Hasking, P. A. (2018). Emotional reactivity, intensity, and perseveration: Independent dimensions of trait affect and associations with depression, anxiety, and stress symptoms. *Personality and Individual Differences, 121*, 93–99.
- Rizzolatti, G., Fabbri-Destro, M., & Cattaneo, L. (2009). Mirror neurons and their clinical relevance. *Nature Clinical Practice Neurology, 5*(1), 24–34.
- Roberts, L. D., & Povee, K. (2014). A brief measure of attitudes toward mixed methods research in psychology. *Frontiers in Psychology, 5*, 13-21.
- Roche, B., Barnes-Holmes, Y., Barnes-Holmes, D., Stewart, I., & O’Hora, D. (2002). Relational frame theory: A new paradigm for the analysis of social behavior. *Behavior Analyst, 25*(1), 75–91. Scopus. <https://doi.org/10.1007/BF03392046>
- Ross, C. A., Joshi, S., & Currie, R. (1990). Dissociative experiences in the general population. *American Journal of Psychiatry, 147*(11), 1547–1552.
- Ross, C. A., Ryan, L., Anderson, G., & Ross, D. (1989). Dissociative experiences in adolescents and college students. *Dissociation: Progress in the Dissociative Disorders, 2*(4), 239-242.
- Rossmann, G. B., & Wilson, B. L. (1985). Numbers and words: Combining quantitative and qualitative methods in a single large-scale evaluation study. *Evaluation Review, 9*(5), 627–643.
- Rufer, M., Albrecht, R., Zaum, J., Schnyder, U., Mueller-Pfeiffer, C., Hand, I., & Schmidt, O. (2010). Impact of Alexithymia on Treatment Outcome: A Naturalistic Study of Short-Term Cognitive-Behavioral Group Therapy for Panic Disorder. *Psychopathology, 43*(3), 170–179. <https://doi.org/10.1159/000288639>
- Ruiz, F. J. (2010). A review of Acceptance and Commitment Therapy (ACT) empirical evidence: Correlational, experimental psychopathology, component and outcome



- studies. *International Journal of Psychology and Psychological Therapy*, 10(1), 125–162.
- Ryder, A. G., Sunohara, M., Dere, J., & Chentsova-Dutton, Y. E. (2018). The cultural shaping of alexithymia. In O. Luminet, R. M. Bagby, & G. J. Taylor (Eds.), *Alexithymia: Advances in research, theory, and clinical practice* (pp. 33-48), Cambridge University Press.
- Säkkinen, P., Kaltiala-Heino, R., Ranta, K., Haataja, R., & Joukamaa, M. (2007). Psychometric properties of the 20-item Toronto Alexithymia Scale and prevalence of alexithymia in a Finnish adolescent population. *Psychosomatics*, 48(2), 154–161.
- Saleh, A., & Bista, K. (2017). Examining factors impacting online survey response rates in educational research: Perceptions of graduate students. *Online Submission*, 13(2), 63–74.
- Sanders, B., & Giolas, M. H. (1991). Dissociation and childhood trauma in psychologically disturbed adolescents. *The American Journal of Psychiatry*, 148, 50-54.
- Schaub, M., & Williams, C. (2007). Examining the relations between masculine gender role conflict and men's expectations about counseling. *Psychology of Men & Masculinity*, 8(1), 40.
- Schmidt, A. F., & Finan, C. (2018). Linear regression and the normality assumption. *Journal of Clinical Epidemiology*, 98, 146–151.
- Selig, J. P., & Preacher, K. J. (2009). Mediation Models for Longitudinal Data in Developmental Research. *Research in Human Development*, 6(2–3), 144–164. <https://doi.org/10.1080/15427600902911247>
- Sharp, C., & Fonagy, P. (2008). The parent's capacity to treat the child as a psychological agent: Constructs, measures and implications for developmental psychopathology. *Social Development*, 17(3), 737–754.
- Shiota, M. N., Keltner, D., & John, O. P. (2006). Positive emotion dispositions differentially associated with Big Five personality and attachment style. *The Journal of Positive Psychology*, 1(2), 61–71.
- Sifneos, P. E. (1972). *Short-term psychotherapy and emotional crisis*. Harvard University Press.
- Sifneos, P. E., Apfel-Savitz, R., & Frankel, F. H. (1977). The phenomenon of 'alexithymia': Observations in neurotic and psychosomatic patients. *Psychotherapy and Psychosomatics*, 28(1/4), 47–57.

- Silani, G., Bird, G., Brindley, R., Singer, T., Frith, C., & Frith, U. (2008). Levels of emotional awareness and autism: An fMRI study. *Social Neuroscience*, 3(2), 97–112.
- Skinner, B. F. (1938). *The behavior of organisms: An experimental analysis*. Appleton-Century. Oxford, England.
- Slife, B. D., Williams, R. N., & Williams, R. N. (1995). *What's behind the research?: Discovering hidden assumptions in the behavioral sciences*. Sage.
- Smith, J. A., Flowers, P., & Larkin, M. (2021). *Interpretative phenomenological analysis: Theory, method and research*. Sage.
- Smith, J. K. (1983a). Quantitative versus interpretive: The problem of conducting social inquiry. *New Directions for Program Evaluation*, 1983(19), 27–51.
- Smith, J. K. (1983b). Quantitative versus qualitative research: An attempt to clarify the issue. *Educational Researcher*, 12(3), 6–13.
- Smith, J. K., & Heshusius, L. (1986). Closing down the conversation: The end of the quantitative-qualitative debate among educational inquirers. *Educational Researcher*, 15(1), 4–12.
- Solano, M. (2022). *Communicating Effectively: An Exploration of Communication Methods between Parents and Teachers with Mixed Methods*. West Chester University Doctoral Projects. 156.
- Speranza, M., Loas, G., Wallier, J., & Corcos, M. (2007). Predictive value of alexithymia in patients with eating disorders: A 3-year prospective study. *Journal of Psychosomatic Research*, 63(4), 365–371.
- Spitzer, R. L., Kroenke, K., Williams, J. B., & Löwe, B. (2006). A brief measure for assessing generalized anxiety disorder: The GAD-7. *Archives of Internal Medicine*, 166(10), 1092–1097.
- Staats, A. W., & Eifert, G. H. (1990). The paradigmatic behaviorism theory of emotions: Basis for unification. *Clinical Psychology Review*, 10(5), 539–566.
- Stewart, S. H., Zvolensky, M. J., & Eifert, G. H. (2002). The relations of anxiety sensitivity, experiential avoidance, and alexithymic coping to young adults' motivations for drinking. *Behavior Modification*, 26(2), 274–296.
- Stone, L. A., & Nielson, K. A. (2001). Intact physiological response to arousal with impaired emotional recognition in alexithymia. *Psychotherapy and Psychosomatics*, 70(2), 92–102.
- Tashakkori, A., & Teddlie, C. (2010). *Sage handbook of mixed methods in social & behavioral research*. Sage.

- Tashakkori, A., Teddlie, C., & Teddlie, C. B. (1998). *Mixed Methodology: Combining Qualitative and Quantitative Approaches*. Sage.
- Taylor, G. J., & Bagby, R. M. (2004). New trends in alexithymia research. *Psychotherapy and Psychosomatics*, *73*(2), 68–77.
- Taylor, G. J., & Bagby, R. M. (2013). Psychoanalysis and empirical research: The example of alexithymia. *Journal of the American Psychoanalytic Association*, *61*(1), 99–133.
- Taylor, G. J., Bagby, R. M., & Parker, J. D. A. (1999). *Disorders of Affect Regulation: Alexithymia in Medical and Psychiatric Illness*. Cambridge University Press.
- Taylor, G. J., Bagby, R. M., & Parker, J. D. A. (2003). The 20-Item Toronto Alexithymia Scale: IV. Reliability and factorial validity in different languages and cultures. *Journal of Psychosomatic Research*, *55*(3), 277–283. [https://doi.org/10.1016/S0022-3999\(02\)00601-3](https://doi.org/10.1016/S0022-3999(02)00601-3)
- Terry, G., Hayfield, N., Clarke, V., & Braun, V. (2017). Thematic analysis. *The Sage Handbook of Qualitative Research in Psychology*, 17–37.
- Thompson, B. L., & Waltz, J. (2010). Mindfulness and experiential avoidance as predictors of posttraumatic stress disorder avoidance symptom severity. *Journal of Anxiety Disorders*, *24*(4), 409–415.
- Thompson Jr, E. H., & Pleck, J. H. (1995). Masculinity ideologies: A review of research instrumentation on men and masculinities. In R. F. Levant & W. S. Pollack (Eds.), *The new psychology of men* (pp. 129–163). New York: Basic Books.
- Thorberg, F. A., Young, R. M., Sullivan, K. A., Lyvers, M., Hurst, C., Connor, J. P., & Feeney, G. F. (2010). A confirmatory factor analysis of the Toronto Alexithymia Scale (TAS-20) in an alcohol-dependent sample. *Psychiatry Research*, *178*(3), 565–567.
- Timoney, L. R., & Holder, M. D. (2013). Measurement of alexithymia. In *Emotional Processing Deficits and Happiness* (pp. 17–33). Springer.
- Tolmunen, T., Heliste, M., Lehto, S. M., Hintikka, J., Honkalampi, K., & Kauhanen, J. (2011). Stability of alexithymia in the general population: An 11-year follow-up. *Comprehensive Psychiatry*, *52*(5), 536–541.
- Tsaousis, I., Taylor, G., Quilty, L., Georgiades, S., Stavrogiannopoulos, M., & Bagby, R. M. (2010). Validation of a Greek adaptation of the 20-item Toronto Alexithymia Scale. *Comprehensive Psychiatry*, *51*(4), 443–448.

- Turner, S. F., Cardinal, L. B., & Burton, R. M. (2017). Research design for mixed methods: A triangulation-based framework and roadmap. *Organizational Research Methods, 20*(2), 243–267.
- Tyndall, I., Waldeck, D., Pancani, L., Whelan, R., Roche, B., & Dawson, D. L. (2019). The Acceptance and Action Questionnaire-II (AAQ-II) as a measure of experiential avoidance: Concerns over discriminant validity. *Journal of Contextual Behavioral Science, 12*, 278–284.
- Unger, R. K. (1990). Imperfect reflections of reality: Psychology constructs gender. *Making a Difference: Psychology and the Construction of Gender*, 102–149.
- University of East London. (2021). *Code of practice and research ethics*.  
<https://www.uel.ac.uk/about/governance/ethical-framework>
- Vaismoradi, M., Turunen, H., & Bondas, T. (2013). Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study. *Nursing & Health Sciences, 15*(3), 398–405.
- Van IJzendoorn, M. H., & Schuengel, C. (1996). The measurement of dissociation in normal and clinical populations: Meta-analytic validation of the Dissociative Experiences Scale (DES). *Clinical Psychology Review, 16*(5), 365–382.
- Vanheule, S., Desmet, M., Meganck, R., & Bogaerts, S. (2007). Alexithymia and interpersonal problems. *Journal of Clinical Psychology, 63*(1), 109–117.
- Vanheule, S., Vandenbergen, J., Verhaeghe, P., & Desmet, M. (2010). Interpersonal problems in alexithymia: A study in three primary care groups. *Psychology and Psychotherapy: Theory, Research and Practice, 83*(4), 351–362.
- Van't Riet, A., Berg, M., Hiddema, F., & Sol, K. (2001). Meeting patients' needs with patient information systems: Potential benefits of qualitative research methods. *International Journal of Medical Informatics, 64*(1), 1–14.
- Venta, A., Hart, J., & Sharp, C. (2013). The relation between experiential avoidance, alexithymia and emotion regulation in inpatient adolescents. *Clinical Child Psychology and Psychiatry, 18*(3), 398–410.  
<https://doi.org/10.1177/1359104512455815>
- Waller, E., & Scheidt, C. E. (2004). Somatoform disorders as disorders of affect regulation: A study comparing the TAS-20 with non-self-report measures of alexithymia. *Journal of Psychosomatic Research, 57*(3), 239–247.

- Watson, D., Clark, L. A., & Tellegen, A. (1988). Development and validation of brief measures of positive and negative affect: The PANAS scales. *Journal of Personality and Social Psychology*, *54*(6), 1063.
- Watson, D., Weber, K., Assenheimer, J. S., Clark, L. A., Strauss, M. E., & McCormick, R. A. (1995). Testing a tripartite model: I. Evaluating the convergent and discriminant validity of anxiety and depression symptom scales. *Journal of Abnormal Psychology*, *104*(1), 3.
- Watson, G. S., & Durbin, J. (1951). Exact tests of serial correlation using noncircular statistics. *The Annals of Mathematical Statistics*, 446–451.
- Watson, J. B., & Rayner, R. (1920). Conditioned emotional reactions. *Journal of Experimental Psychology*, *3*(1), 1.
- Watzlawick, P. (1993). *The language of change: Elements of therapeutic communication*. WW Norton & Company.
- Wegner, D. M. (1994). Ironic processes of mental control. *Psychological Review*, *101*(1), 34.
- Wegner, D. M., Schneider, D. J., Carter, S. R., & White, T. L. (1987). Paradoxical effects of thought suppression. *Journal of Personality and Social Psychology*, *53*(1), 5.
- Weiss, N. H., Gratz, K. L., & Lavender, J. M. (2015). Factor structure and initial validation of a multidimensional measure of difficulties in the regulation of positive emotions: The DERS-Positive. *Behavior Modification*, *39*(3), 431–453.
- Wen, Z., & Fan, X. (2015). Monotonicity of effect sizes: Questioning kappa-squared as mediation effect size measure. *Psychological Methods*, *20*(2), 193.
- White, M. (1993). *Deconstruction and therapy*. WW Norton & Co.
- Wiggins, S. (2016). *Discursive psychology: Theory, method and applications*. Sage.
- Willig, C. (2012). *Qualitative interpretation and analysis in psychology*. McGraw-Hill Education (UK).
- Willig, C. (2013). *Introducing qualitative research in psychology*. McGraw-hill education (UK).
- Wilson, K. G., Hayes, S., & Strosahl, K. (2003). *Acceptance and commitment therapy: An experiential approach to behavior change*. New York: Guilford Press.
- Wolgast, M. (2014). What does the Acceptance and Action Questionnaire (AAQ-II) really measure? *Behavior Therapy*, *45*(6), 831–839.
- Yadavaia, J. E., Hayes, S. C., & Vilaradaga, R. (2014). Using acceptance and commitment therapy to increase self-compassion: A randomized controlled trial. *Journal of Contextual Behavioral Science*, *3*(4), 248–257.

- Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology and Health, 15*(2), 215–228.
- Yardley, L. (2015). Demonstrating validity in qualitative psychology. *Qualitative Psychology: A Practical Guide to Research Methods, 3*, 257–273.
- Yelsma, P. (2007). Associations among alexithymia, positive and negative emotions, and self-defeating personality. *Psychological Reports, 100*(2), 575–584.
- Yin, T. S., Othman, A. R., Sulaiman, S., Mohamed-Ibrahim, M. I., & Razha-Rashid, M. (2016). Application of mean and standard deviation in questionnaire surveys: Construct validation. *Jurnal Teknologi, 78*(6–4).
- Zakiei, A., Ghasemi, S. R., Gilan, N. R., Reshadat, S., Sharifi, K., & Mohammadi, O. (2017). Mediator role of experiential avoidance in relationship of perceived stress and alexithymia with mental health. *Eastern Mediterranean Health Journal, 23*(5), 335–341. <https://doi.org/10.26719/2017.23.5.335>
- Zeitlin, S. B., & McNally, R. J. (1993). Alexithymia and anxiety sensitivity in panic disorder and obsessive-compulsive disorder. *The American Journal of Psychiatry, 150*, 658–660.
- Ziliak, S., & McCloskey, D. N. (2008). *The cult of statistical significance: How the standard error costs us jobs, justice, and lives*. University of Michigan Press.
- Zimmerman, M., & Mattia, J. I. (2002). *The Psychiatric diagnostic screening questionnaire manual*. Los Angeles: Western Psychological Services.
- Zimmermann, G., Quartier, V., Bernard, M., Salamin, V., & Maggiori, C. (2007). The 20-item Toronto Alexithymia Scale: Structural validity, internal consistency and prevalence of alexithymia in a Swiss adolescent sample. *L'encéphale, 33*(6), 941–946.

## Appendices

### Appendix A: Ethical Approval

## School of Psychology Research Ethics Committee Notice of Ethics Review Decision

**For research involving human participants**

**BSc/MSc/MA/Professional Doctorates in Clinical, Counselling and Educational Psychology**

**REVIEWER:** Andrea Giraldez Hayes

**SUPERVISOR:** Jeeda Alhakim

**STUDENT:** Rebecca O'Sullivan

**Course:** Prof Doc in Counselling Psychology

### **DECISION OPTIONS:**

1. **APPROVED:** Ethics approval for the above-named research study has been granted from the date of approval (see end of this notice) to the date it is submitted for assessment/examination.
2. **APPROVED, BUT MINOR AMENDMENTS ARE REQUIRED BEFORE THE RESEARCH COMMENCES** (see Minor Amendments box below): In this circumstance, re-submission of an ethics application is not required but the student must confirm with their supervisor that all minor amendments have been made before the research commences. Students are to do this by filling in the confirmation box below when all amendments have been attended to and emailing a copy of this decision notice to her/his supervisor for their records. The supervisor will then forward the student's confirmation to the school for its records.
3. **NOT APPROVED, MAJOR AMENDMENTS AND RE-SUBMISSION REQUIRED** (see Major Amendments box below): In this circumstance, a revised ethics application must be submitted and approved before any research takes place. The revised application will be reviewed by the same reviewer. If in doubt, students should ask their supervisor for support in revising their ethics application.

### **DECISION ON THE ABOVE-NAMED PROPOSED RESEARCH STUDY**

*(Please indicate the decision according to one of the 3 options above)*

Approved, but minor amendments are required before the research commences

**Minor amendments required (for reviewer):**

4.4. Data should be stored on the UEL cloud.  
3.6. All interviews should be via MS Teams, not Zoom.

**Major amendments required (for reviewer):**

**Confirmation of making the above minor amendments (for students):**

I have noted and made all the required minor amendments, as stated above, before starting my research and collecting data.

Student's name (*Typed name to act as signature*): Rebecca O'Sullivan  
Student number: U1931961

Date: 27.04.21

*(Please submit a copy of this decision letter to your supervisor with this box completed, if minor amendments to your ethics application are required)*

**ASSESSMENT OF RISK TO RESEACHER (for reviewer)**

Has an adequate risk assessment been offered in the application form?

YES

**Please request resubmission with an adequate risk assessment**

If the proposed research could expose the researcher to any of kind of emotional, physical or health and safety hazard? Please rate the degree of risk:

HIGH

**Please do not approve a high-risk application and refer to the Chair of Ethics. Travel to countries/provinces/areas deemed to be high risk should not be permitted and an application not approved on this basis. If unsure please refer to the Chair of Ethics.**

MEDIUM (**Please approve but with appropriate recommendations**)

LOW



**Reviewer comments in relation to researcher risk (if any).**

**Reviewer** (*Typed name to act as signature*):

Andrea Giraldez-Hayes

**Date:** 23<sup>rd</sup> April 2021

*This reviewer has assessed the ethics application for the named research study on behalf of the School of Psychology Research Ethics Committee*

**RESEARCHER PLEASE NOTE:**

For the researcher and participants involved in the above-named study to be covered by UEL's Insurance, prior ethics approval from the School of Psychology (acting on behalf of the UEL Research Ethics Committee), and confirmation from students where minor amendments were required, must be obtained before any research takes place.

For a copy of UEL's Personal Accident & Travel Insurance Policy, please see the Ethics Folder in the Psychology Noticeboard

## Appendix B: Change of Title Confirmation

### School of Psychology Ethics Committee

## REQUEST FOR TITLE CHANGE TO AN ETHICS APPLICATION

For BSc, MSc/MA and taught Professional Doctorate students

**Please complete this form if you are requesting approval for a proposed title change to an ethics application that has been approved by the School of Psychology**

By applying for a change of title request, you confirm that in doing so, the process by which you have collected your data/conducted your research has not changed or deviated from your original ethics approval. If either of these have changed, then you are required to complete an 'Ethics Application Amendment Form'.

### How to complete and submit the request

1	Complete the request form electronically.
2	Type your name in the 'student's signature' section (page 2).
3	Using your UEL email address, email the completed request form along with associated documents to Dr Jérémy Lemoine (School Research Ethics Committee Member): <a href="mailto:j.lemoine@uel.ac.uk">j.lemoine@uel.ac.uk</a>
4	Your request form will be returned to you via your UEL email address with the reviewer's decision box completed. Keep a copy of the approval to submit with your dissertation.

### Required documents

A copy of the approval of your initial ethics application.	<b>YES</b> <input checked="" type="checkbox"/>
--	---

### Details

<b>Name of applicant:</b>	Rebecca O'Sullivan
<b>Programme of study:</b>	Prof Doc in Counselling Psychology
<b>Title of research:</b>	An Explanatory Sequential Mixed Methods Study Looking at the Effect of Experiential Avoidance on the Relationship Between Alexithymia and Psychological Distress

Name of supervisor:	Jeeda Alhakim	
<b>Proposed title change</b>		
<b>Briefly outline the nature of your proposed title change in the boxes below</b>		
Old title:	An Explanatory Sequential Mixed Methods Study Looking at the Effect of Experiential Avoidance on the Relationship Between Alexithymia and Psychological Distress	
New title:	A Mixed Method Study Investigating the Mediating Effect of Experiential Avoidance on the Relationship Between Alexithymia and Psychological Distress	
Rationale:	More reader friendly. No need for 'explanatory sequential' part. Addition of 'mediation' is more specific to what the study examined.	

<b>Confirmation</b>		
Is your supervisor aware of your proposed change of title and in agreement with it?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Does your change of title impact the process of how you collected your data/conducted your research?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>

<b>Student's signature</b>	
Student: (Typed name to act as signature)	<i>Rebecca O'Sullivan</i>
Date:	22/07/2022

<b>Reviewer's decision</b>		
Title change approved:	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Comments:	The new title is more specific and clearer and will not impact the process of how the data are collected or how the research is conducted.	
Reviewer: (Typed name to act as signature)	Dr J�r�my Lemoine	
Date:	28/07/2022	

## Appendix C: Survey Invitation Letter



### **PARTICIPANT INVITATION LETTER**

You are being invited to participate in a research study. Before you agree it is important that you understand what your participation would involve. Please take time to read the following information carefully.

#### **Who am I?**

I am a postgraduate student in the School of Psychology at the University of East London and am studying for a Doctorate in Counselling Psychology. As part of my studies, I am conducting the research you are being invited to participate in.

#### **What is the research?**

The title of this research is: An Explanatory Sequential Mixed Methods Study Looking into the Mediating Effects of Experiential Avoidance on the Relationship Between Alexithymia and Psychological Distress.

What this means, is that I am conducting research into whether the deliberate avoidance of negative internal states (known as Experiential Avoidance, and refers to feelings, thoughts, emotions etc) may lead to an inability to consciously recognise these internal states (known as Alexithymia), and whether this avoidance may explain a known link between Alexithymia and mental ill health. This has led to my main research question of: does experiential avoidance mediate the relationship between alexithymia and psychological distress?

My research has been approved by the School of Psychology Research Ethics Committee. This means that the Committee's evaluation of this ethics application has been guided by the standards of research ethics set by the British Psychological Society.

### **Why have you been asked to participate?**

You have been invited to participate in my research as someone who fits the kind of individual I am looking for to help me explore my research topic. I am looking to involve people that are over 18 years of age, and currently reside in the UK.

I want to emphasise that I am not looking for ‘experts’ on the topic I am studying. You will not be judged or personally analysed in any way, and you will always be treated with respect.

You are free to decide whether or not to participate and should not feel coerced.

### **What will your participation involve?**

If you agree to participate you will be asked to fill in a series of online questionnaires using a platform called Qualtrics. You will be able to access this website on any device that has access to the internet, and this process should take approximately 15 minutes to complete. The questionnaires will include a general demographic questionnaire, followed by a survey asking about any dissociative experiences to gauge suitability for the study. Next, you will be asked about your experiences of any conscious avoidance of personal states, any difficulties in identifying personal internal states, and finally about your current experiences of any low mood, anxiety, and stress.

At the end of the questionnaire, you will have the opportunity to leave an email address if you would be happy to be contacted in the future for a follow up interview.

The interview would be an informal chat via Microsoft Teams to discuss the experiences you detailed in your questionnaire results. This will include questions around your experiences of avoiding private experiences and/or of being unable to access these experiences at all, and how this may link to your experience of mental health. It is anticipated the interview would last between 30 to 60 minutes. As part of the study, all interviews will be recorded.

Please note that I will not be able to pay you for participating in my research, but your participation is very valuable in helping to develop knowledge and understanding in my research area.

### **Your taking part will be safe and confidential**

Your privacy and safety will be respected at all times. This means that:

- You will **not** be identifiable by any of the data collected, or in any presentation of the research results.
- You do **not** have to answer all the questions asked of you.
- You may stop your participation at any time.

- If you do agree to leave your email address in the case of a follow up interview, this information will be kept separately and securely from the research data and will only be accessed in the case of offering an interview.

### **What will happen to the information that you provide?**

The security and privacy of your data is of the utmost importance, and as such the following measures will be taken:

- As stated above, any contact details will be stored securely and separately to the research data, and only the researcher will have access to this.
- All data collected (whether questionnaires or interviews) will be anonymised. This means that all names and identifying details will be removed.
- This anonymised data may be viewed by the following: my supervisor, examiner.
- Upon completion of the qualification, the anonymised data contained in the final write up may be published in academic journals.
- Once the study is completed, the anonymised questionnaire data will be stored in UEL's Research Repository in the case of future publications or research.
- Interview recordings and transcripts will be destroyed after the completion of the Doctorate.

### **What if you want to withdraw?**

You are free to withdraw from the research study at any time without explanation, disadvantage, or consequence. Separately, you may also request to withdraw your data even after you have participated data, provided that this request is made within 3 weeks of the data being collected (after which point the data analysis will begin, and withdrawal will not be possible).

### **Contact Details**

If you would like further information about my research or have any questions or concerns, please do not hesitate to email me, Rebecca O'Sullivan, at [u1931961@uel.ac.uk](mailto:u1931961@uel.ac.uk) .

If you have any questions or concerns about how the research has been conducted please contact the research supervisor Jeeda Alhakim.

School of Psychology, University of East London, Water Lane, London E15 4LZ.

Email: [j.alhakim@uel.ac.uk](mailto:j.alhakim@uel.ac.uk)

**or**

Chair of the School of Psychology Research Ethics Sub-committee: Dr Tim Lomas, School of Psychology, University of East London, Water Lane, London E15 4LZ.

(Email: [t.lomas@uel.ac.uk](mailto:t.lomas@uel.ac.uk))

**Appendix D: Participant Consent Form**



**UNIVERSITY OF EAST LONDON**

**Consent to participate in a research study**

**“A Sequential Explanatory Mixed Method Study Looking at the Mediating Effects of Experiential Avoidance on the Relationship Between Alexithymia and Psychological Distress”**

I have read the information sheet relating to the above research study and have been given a copy to keep. The nature and purposes of the research have been explained to me, and I have had the opportunity to discuss the details and ask questions about this information. I understand what is being proposed and the procedures in which I will be involved have been explained to me.

I understand that my involvement in this study, and particular data from this research, will remain strictly confidential. Only the researcher(s) involved in the study will have access to identifying data. It has been explained to me what will happen once the research study has been completed.

I hereby freely and fully consent to participate in the study which has been fully explained to me. Having given this consent I understand that I have the right to withdraw from the study at any time without disadvantage to myself and without being obliged to give any reason. I also understand that should I withdraw; the researcher reserves the right to use my anonymous data after analysis of the data has begun.

Participant’s Name (BLOCK CAPITALS)

.....

Participant’s Signature

.....

Researcher's Name (BLOCK CAPITALS)  
REBECCA O'SULLIVAN

.....

Researcher's Signature

.....

Date: .....



## Appendix E: Survey Debrief Letter



### **SURVEY DEBRIEF LETTER**

Thank you for participating in my research study looking into whether the conscious avoidance of internal events (thoughts, feelings, sensations etc) has an effect on the known link between an ability to identify internal states and mental ill health. This letter offers information that may be relevant considering you have now taken part in the survey.

#### **What will happen to the information that you have provided?**

The following steps will be taken to ensure the confidentiality and integrity of the data you have provided:

- If you provided me with an email address as you are happy to be contacted for a future follow up interview, this information will be kept securely and separately from the research data.
- Your questionnaire results (which were anonymised at the point of entry) will be stored on the UEL's secure OneDrive system.
- The anonymised data may be viewed by my supervisory team and examiners and may be published in academic journals.
- After the study is completed, all contact details will be destroyed. Anonymised questionnaire data will be stored on the UEL Research Repository in the case of future research or publications.
- If you would like to withdraw your data from the research, you may do so within 3 weeks of the completion of the questionnaires. After this, you will not be able to withdraw your data, as data analysis will have begun.

#### **What if you have been adversely affected by taking part?**

It is not anticipated that you will have been adversely affected by taking part in the research, and all reasonable steps have been taken to minimise potential harm. Nevertheless, it is still possible that your participation – or its after-effects – may have been challenging, distressing

or uncomfortable in some way. If you have been affected in any of those ways you may find the following resources/services helpful in relation to obtaining information and support:

- Your local GP
- Samaritans, providing confidential support for people experiencing feelings of distress or despair, available 24/7 at 116 123.
- Mind Infoline, providing information and signposting services. Open 9am to 6pm Monday to Friday (except bank holidays), 0300 123 3393.

You are also very welcome to contact me or my supervisor if you have specific questions or concerns.

### **Contact Details**

If you would like further information about my research or have any questions or concerns, please do not hesitate to contact me, Rebecca O'Sullivan, on [u1931961@uel.ac.uk](mailto:u1931961@uel.ac.uk).

If you have any questions or concerns about how the research has been conducted please contact the research supervisor Jeeda Alhakim. School of Psychology, University of East London, Water Lane, London E15 4LZ,  
Email: [j.alhakim@uel.ac.uk](mailto:j.alhakim@uel.ac.uk)

**or**

Chair of the School of Psychology Research Ethics Sub-committee: Dr Tim Lomas, School of Psychology, University of East London, Water Lane, London E15 4LZ.  
(Email: [t.lomas@uel.ac.uk](mailto:t.lomas@uel.ac.uk))

## **Appendix F: Interview Invitation Letter**



### **PARTICIPANT INVITATION LETTER**

You are being invited to participate in a research study. Before you agree it is important that you understand what your participation would involve. Please take time to read the following information carefully.

#### **Who am I?**

I am a postgraduate student in the School of Psychology at the University of East London and am studying for a Doctorate in Counselling Psychology. As part of my studies, I am conducting the research you are being invited to participate in.

#### **What is the research?**

The title of this research is: An Explanatory Sequential Mixed Methods Study Looking into the Mediating Effects of Experiential Avoidance on the Relationship Between Alexithymia and Psychological Distress.

What this means, is that I am conducting research into whether the deliberate avoidance of negative internal states (known as Experiential Avoidance, and refers to feelings, thoughts, emotions etc) may lead to an inability to consciously recognise these internal states (known as Alexithymia), and whether this avoidance may explain a known link between Alexithymia and mental ill health. This has led to my main research question of: does experiential avoidance mediate the relationship between alexithymia and psychological distress? This will be explored using a survey, followed by a set of interviews.

My research has been approved by the School of Psychology Research Ethics Committee. This means that the Committee's evaluation of this ethics application has been guided by the standards of research ethics set by the British Psychological Society.

### **Why have you been asked to participate?**

You have been invited to participate in the *interview stage* of my research as someone who fits the characteristics I am wanting to further explore in my overall investigation of the role of alexithymia on levels of psychological distress. Namely, I am looking to involve males, over the age of 18, that experience higher levels of ‘externally oriented thinking’ (a tendency to not focus on one’s emotions).

I want to emphasise that I am not looking for ‘experts’ on the topic I am studying. You will not be judged or personally analysed in any way, and you will always be treated with respect.

You are free to decide whether or not to participate and should not feel coerced.

### **What will your participation involve?**

If you agree to participate, you will be asked to sign an electronic consent form stating your understanding that your participation is voluntary and that you understand your rights. The primary researcher will then contact you to arrange a convenient time for an interview. You will be sent a link for an online interview on Microsoft Teams, this software is free, and a download link will be included. If you would prefer a telephone interview, then this can be arranged.

Although part of a formal research process, the interview will be structured as an informal discussion guided by a series of exploratory questions designed to expand on your questionnaire results. This will include questions around your experiences of externally oriented thinking and how you process internal states. The interview process is expected to take 30 to 60 minutes. There will also be an opportunity for a 10-15 minute debrief following the interview. As part of the study, all interviews will be recorded.

Please note, I will not be able to pay you for participation in my research, but your participation would be very valuable in helping to develop knowledge and understanding in my research area.

### **Your taking part will be safe and confidential**

Your privacy and safety will be respected at all times. This means that:

- You will **not** be identifiable by any of the data collected, or in any presentation of the research results.
- You do **not** have to answer all the questions asked of you.
- You may stop your participation at any time.
- Contact details will be stored securely and separately to any research data.

## **What will happen to the information that you provide?**

The security and privacy of your data is of the utmost importance, and as such the following measures will be taken:

- As stated above, any contact details will be stored securely and separately to the research data, and only the researcher will have access to this.
- All data collected will be anonymised. This means that all names will be replaced with pseudonyms and identifying details will be removed.
- This anonymised data may be viewed by the following: my supervisor, examiners.
- Upon completion of the qualification, the anonymised data contained in the final write up (excerpts of transcripts) may be published in academic journals.
- Interview recordings and transcripts will be destroyed after the completion of the Doctorate.

## **What if you want to withdraw?**

You are free to withdraw from the research study at any time without explanation, disadvantage, or consequence. Separately, you may also request to withdraw your data even after you have participated, provided that this request is made within 3 weeks of the data being collected (after which point the data analysis will begin, and withdrawal will not be possible).

## **Contact Details**

If you would like further information about my research or have any questions or concerns, please do not hesitate to email me, Rebecca O’Sullivan, at [u1931961@uel.ac.uk](mailto:u1931961@uel.ac.uk) .

If you have any questions or concerns about how the research has been conducted please contact the research supervisor Jeeda Alhakim.

School of Psychology, University of East London, Water Lane, London E15 4LZ.

Email: [j.alhakim@uel.ac.uk](mailto:j.alhakim@uel.ac.uk)

**or**

Chair of the School of Psychology Research Ethics Sub-committee: Dr Tim Lomas, School of Psychology, University of East London, Water Lane, London E15 4LZ.

(Email: [t.lomas@uel.ac.uk](mailto:t.lomas@uel.ac.uk))

## Appendix G: Interview Debrief Letter



### **INTERVIEW DEBRIEF LETTER**

Thank you for participating in my research study looking into whether the conscious avoidance of internal events (thoughts, feelings, sensations etc) has an effect on the known link between an ability to identify internal states and mental ill health. This letter offers information that may be relevant in light of you having now taken part in the follow up interview.

#### **What will happen to the information that you have provided?**

The following steps will be taken to ensure the confidentiality and integrity of the data you have provided:

- The recording of the interview is saved on Microsoft Stream Library by default, and a copy will also be saved separately on a secure computer.
- Only the researcher will have access to the original interview. No other person will view this interview.
- The interview will now be transcribed. At which point, all identifying information will be anonymised, which includes removing any identifying information and the use of pseudonyms were necessary.
- These anonymised transcripts will be viewed by my supervisory team, examiners, and may be published in academic journals.
- Once the study is completed and the doctorate has been awarded, all interview recordings and transcripts will be deleted.
- If you would like to withdraw your data from the research, you may do so within 3 weeks of the completion of the questionnaires. After this, you will not be able to withdraw your data, as data analysis will have begun.

#### **What if you have been adversely affected by taking part?**

It is not anticipated that you will have been adversely affected by taking part in the research, and all reasonable steps have been taken to minimise potential harm. Nevertheless, it is still

possible that your participation – or its after-effects – may have been challenging, distressing or uncomfortable in some way. If you have been affected in any of those ways you may find the following resources/services helpful in relation to obtaining information and support:

- Your local GP
- Samaritans, providing confidential support for people experiencing feelings of distress or despair, available 24/7 at 116 123.
- Mind Infoline, providing information and signposting services. Open 9am to 6pm Monday to Friday (except bank holidays), 0300 123 3393.

You are also very welcome to contact me or my supervisor if you have specific questions or concerns.

### **Contact Details**

If you would like further information about my research or have any questions or concerns, please do not hesitate to contact me, Rebecca O’Sullivan, on [u1931961@uel.ac.uk](mailto:u1931961@uel.ac.uk).

If you have any questions or concerns about how the research has been conducted please contact the research supervisor Jeeda Alhakim. School of Psychology, University of East London, Water Lane, London E15 4LZ,  
Email: [j.alhakim@uel.ac.uk](mailto:j.alhakim@uel.ac.uk)

**or**

Chair of the School of Psychology Research Ethics Sub-committee: Dr Tim Lomas, School of Psychology, University of East London, Water Lane, London E15 4LZ.  
(Email: [t.lomas@uel.ac.uk](mailto:t.lomas@uel.ac.uk))

## Appendix H: Original Demographic Questionnaire

### Demographic Questionnaire

*Please complete the following questions to the best of your ability. Please note, you do not need to answer all questions.*

---

Do you currently reside in the UK?

Yes

No

Do you have a diagnosis of Autism Spectrum Disorder?

Yes

No

Prefer not to say

What best describes the gender you identify with the most?

Male

Female

Non-binary / third gender

Transgender

Prefer not to say

What is your age?

What best describes your sexuality?

Straight/Heterosexual

Gay/Lesbian

Bi-Sexual

Other

Prefer not to say



What best describes your race/ethnicity?

- Asian or Pacific Islander
- Black or African American
- Hispanic or Latino
- Native American or Alaskan Native
- White or Caucasian
- Multiracial or Biracial
- A race/ethnicity not listed here

Do you have any physical disabilities?

- Yes
- No
- Prefer not to say

Do you have any long-term health conditions, such as asthma or diabetes?

- Yes
- No
- Prefer not to say

What is your current employment status?

- Full-time employment
- Part-time employment
- Unemployed
- Self-employed
- Student
- Retired

What is your highest level of education?

- GCSE's, or equivalent (e.g., NVQ levels 1 and 2)
- A levels, or equivalent (e.g., NVQ level 3, advanced apprenticeships)

Bachelor's degree, or equivalent (e.g., graduate diploma/certificate, NVQ level 6)

Master's degree, or equivalent (e.g., integrated master's, PGCE, NVQ level 7)

Doctorate or PhD, or equivalent (e.g., level 8 awards, diplomas and certificates)

Do you currently suffer with any long-term mental health conditions?

Yes

No

Prefer not to say

## Appendix I: Perth Alexithymia Questionnaire

# PAQ

Name:

Date:

This questionnaire asks about how you perceive and experience your emotions. Please score the following statements according to **how much you agree or disagree that the statement is true of you**. Circle one answer for each statement.

Some questions mention *bad* or *unpleasant* emotions, this means emotions like sadness, anger, or fear. Some questions mention *good* or *pleasant* emotions, this means emotions like happiness, amusement, or excitement.

		Strongly disagree	---	---	Neither agree nor disagree	---	---	Strongly agree
1	When I'm feeling <i>bad</i> (feeling an unpleasant emotion), I can't find the right words to describe those feelings.	1	2	3	4	5	6	7
2	When I'm feeling <i>bad</i> , I can't tell whether I'm sad, angry, or scared.	1	2	3	4	5	6	7
3	I tend to ignore how I feel.	1	2	3	4	5	6	7
4	When I'm feeling <i>good</i> (feeling a pleasant emotion), I can't find the right words to describe those feelings.	1	2	3	4	5	6	7
5	When I'm feeling <i>good</i> , I can't tell whether I'm happy, excited, or amused.	1	2	3	4	5	6	7
6	I prefer to just let my feelings happen in the background, rather than focus on them.	1	2	3	4	5	6	7
7	When I'm feeling <i>bad</i> , I can't talk about those feelings in much depth or detail.	1	2	3	4	5	6	7
8	When I'm feeling <i>bad</i> , I can't make sense of those feelings.	1	2	3	4	5	6	7
9	I don't pay attention to my emotions.	1	2	3	4	5	6	7
10	When I'm feeling <i>good</i> , I can't talk about those feelings in much depth or detail.	1	2	3	4	5	6	7
11	When I'm feeling <i>good</i> , I can't make sense of those feelings.	1	2	3	4	5	6	7
12	Usually, I try to avoid thinking about what I'm feeling.	1	2	3	4	5	6	7

		Strongly disagree	---	---	Neither agree nor disagree	---	---	Strongly agree
13	When something <i>bad</i> happens, it's hard for me to put into words how I'm feeling.	1	2	3	4	5	6	7
14	When I'm feeling <i>bad</i> , I get confused about what emotion it is.	1	2	3	4	5	6	7
15	I prefer to focus on things I can actually see or touch, rather than my emotions.	1	2	3	4	5	6	7
16	When something <i>good</i> happens, it's hard for me to put into words how I'm feeling.	1	2	3	4	5	6	7
17	When I'm feeling <i>good</i> , I get confused about what emotion it is.	1	2	3	4	5	6	7
18	I don't try to be 'in touch' with my emotions.	1	2	3	4	5	6	7
19	When I'm feeling <i>bad</i> , if I try to describe how I'm feeling I don't know what to say.	1	2	3	4	5	6	7
20	When I'm feeling <i>bad</i> , I'm puzzled by those feelings.	1	2	3	4	5	6	7
21	It's not important for me to know what I'm feeling.	1	2	3	4	5	6	7
22	When I'm feeling <i>good</i> , if I try to describe how I'm feeling I don't know what to say.	1	2	3	4	5	6	7
23	When I'm feeling <i>good</i> , I'm puzzled by those feelings.	1	2	3	4	5	6	7
24	It's strange for me to think about my emotions.	1	2	3	4	5	6	7

© Preece, Becerra, Robinson, Dandy & Allan (2018)

## Appendix J: Brief Experiential Avoidance Questionnaire

### Appendix Brief Experiential Avoidance Questionnaire

Please indicate the extent to which you agree or disagree with each of the following statements

1	2	3	4	5	6
strongly disagree	moderately disagree	slightly disagree	slightly agree	moderately agree	strongly agree

1	The key to a good life is never feeling any pain	1	2	3	4	5	6
2	I'm quick to leave any situation that makes me feel uneasy	1	2	3	4	5	6
3	When unpleasant memories come to me, I try to put them out of my mind	1	2	3	4	5	6
4	I feel disconnected from my emotions	1	2	3	4	5	6
5	I won't do something until I absolutely have to	1	2	3	4	5	6
6	Fear or anxiety won't stop me from doing something important	1	2	3	4	5	6
7	I would give up a lot not to feel bad	1	2	3	4	5	6
8	I rarely do something if there is a chance that it will upset me	1	2	3	4	5	6
9	It's hard for me to know what I'm feeling	1	2	3	4	5	6
10	I try to put off unpleasant tasks for as long as possible	1	2	3	4	5	6
11	I go out of my way to avoid uncomfortable situations	1	2	3	4	5	6
12	One of my big goals is to be free from painful emotions	1	2	3	4	5	6
13	I work hard to keep out upsetting feelings	1	2	3	4	5	6
14	If I have any doubts about doing something, I just won't do it	1	2	3	4	5	6
15	Pain always leads to suffering	1	2	3	4	5	6

*Note.* To score, first reverse key Item 6 (i.e., subtract the value from 7), then sum all items.

Received March 12, 2012  
Revision received July 22, 2013  
Accepted August 6, 2013 ■

## Appendix K: Depression Anxiety and Stress Scale

### Depression, Anxiety and Stress Scale (DASS21)

For each statement below, please circle the number in the column that best represents how you have been feeling in the last week.

Statement	Did not apply to me at all	Applied to me to some degree or some of the time	Applied to me a considerable degree or a good part of the time	Applied to me very much or most of the time
1. I found it hard to wind down	0	1	2	3
2. I was aware of dryness of my mouth	0	1	2	3
3. I couldn't seem to experience any positive feeling at all	0	1	2	3
4. I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5. I found it difficult to work up the initiative to do things	0	1	2	3
6. I tended to over-react to situations	0	1	2	3
7. I experienced trembling (eg, in the hands)	0	1	2	3
8. I felt that I was using a lot of nervous energy	0	1	2	3
9. I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
10. I felt that I had nothing to look forward to	0	1	2	3
11. I found myself getting agitated	0	1	2	3
12. I found it difficult to relax	0	1	2	3
13. I felt down-hearted and blue	0	1	2	3
14. I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
15. I felt I was close to panic	0	1	2	3
16. I was unable to become enthusiastic about anything.	0	1	2	3
17. I felt I wasn't worth much as a person	0	1	2	3
18. I felt that I was rather touchy	0	1	2	3
19. I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)	0	1	2	3
20. I felt scared without any good reason.	0	1	2	3
21. I felt that life was meaningless	0	1	2	3

Lovibond, S.H. & Lovibond, P.F. (1995). Manual for the Depression Anxiety Stress Scales. (2nd. Ed.) Sydney: Psychology Foundation

## Appendix L: Dissociative Experiences Scale

### Dissociative Experiences Scale - II

**Instructions:** This questionnaire asks about experiences that you may have in your daily life. We are interested in how often you have these experiences. It is important, however, that your answers show how often these experiences happen to you when you **are not** under the influence of alcohol or drugs. To answer the questions, please determine to what degree each experience described in the question applies to you, and circle the number to show what percentage of the time you have the experience.

For example: 0% (Never) 10 20 30 40 50 60 70 80 90 100% (Always)

There are 28 questions. These questions have been designed for adults. Adolescents should use a different version.

**Disclaimer:** This self-assessment tool is not a substitute for clinical diagnosis or advice.

1. Some people have the experience of driving or riding in a car or bus or subway and suddenly realizing that they don't remember what has happened during all or part of the trip. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

2. Some people find that sometimes they are listening to someone talk and they suddenly realize that they did not hear part or all of what was said. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

3. Some people have the experience of finding themselves in a place and have no idea how they got there. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

4. Some people have the experience of finding themselves dressed in clothes that they don't remember putting on. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

5. Some people have the experience of finding new things among their belongings that they do not remember buying. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

6. Some people sometimes find that they are approached by people that they do not know, who call them by another name or insist that they have met them before. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

7. Some people sometimes have the experience of feeling as though they are standing next to themselves or watching themselves do something and they actually see themselves as if they were looking at another person. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

8. Some people are told that they sometimes do not recognize friends of family members. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

9. Some people find that they have no memory for some important events in their lives (for example, a wedding or graduation). Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

10. Some people have the experience of being accused of lying when they do not think that they have lied. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

11. Some people have the experience of looking in a mirror and not recognizing themselves. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

12. Some people have the experience of feeling that other people, objects, and the world around them are not real. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

13. Some people have the experience of feeling that their body does not seem to belong to them. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

14. Some people have the experience of sometimes remembering a past event so vividly that they feel as if they were reliving that event. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

15. Some people have the experience of not being sure whether things that they remember happening really did happen or whether they just dreamed them. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

16. Some people have the experience of being in a familiar place but finding it strange and unfamiliar. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

17. Some people find that when they are watching television or a movie they become so absorbed in the story that they are unaware of other events happening around them. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%



18. Some people find that they become so involved in a fantasy or daydream that it feels as though it were really happening to them. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

19. Some people find that they sometimes are able to ignore pain. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

20. Some people find that they sometimes sit staring off into space, thinking of nothing, and are not aware of the passage of time. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

21. Some people sometimes find that when they are alone they talk out loud to themselves. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

22. Some people find that in one situation they may act so differently compared with another situation that they feel almost as if they were two different people. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

23. Some people sometimes find that in certain situations they are able to do things with amazing ease and spontaneity that would usually be difficult for them (for example, sports, work, social situations, etc.). Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

24. Some people sometimes find that they cannot remember whether they have done something or have just thought about doing that thing (for example, not knowing whether they have just mailed a letter or have just thought about mailing it). Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

25. Some people find evidence that they have done things that they do not remember doing. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

26. Some people sometimes find writings, drawings, or notes among their belongings that they must have done but cannot remember doing. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

27. Some people sometimes find that they hear voices inside their head that tell them to do things or comment on things that they are doing. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

28. Some people sometimes feel as if they are looking at the world through a fog, so that people and objects appear far away or unclear. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

Total:

DES Score: \_\_\_\_\_  
(Total divided by 28)

## Appendix M: Interview Schedule

### Interview schedule

#### *Setting the Scene*

- Introductions
- Checking in
- What to expect in the interview (length of time, are they free to speak, somewhere private, won't be disturbed)
- Introduce the idea of externally oriented thinking (tendency to not focus on one's emotions) and that I will be asking questions around this.
- Start the recording

Thank you for agreeing to discuss your personal experience of having an externally oriented style of thinking with me (a tendency to not focus on one's feelings). I will be asking you some questions on the topic, but first would like to emphasise that I am not looking for any expertise, nor are there any right or wrong answers, my interest is in your subjective experience in whatever form that takes.

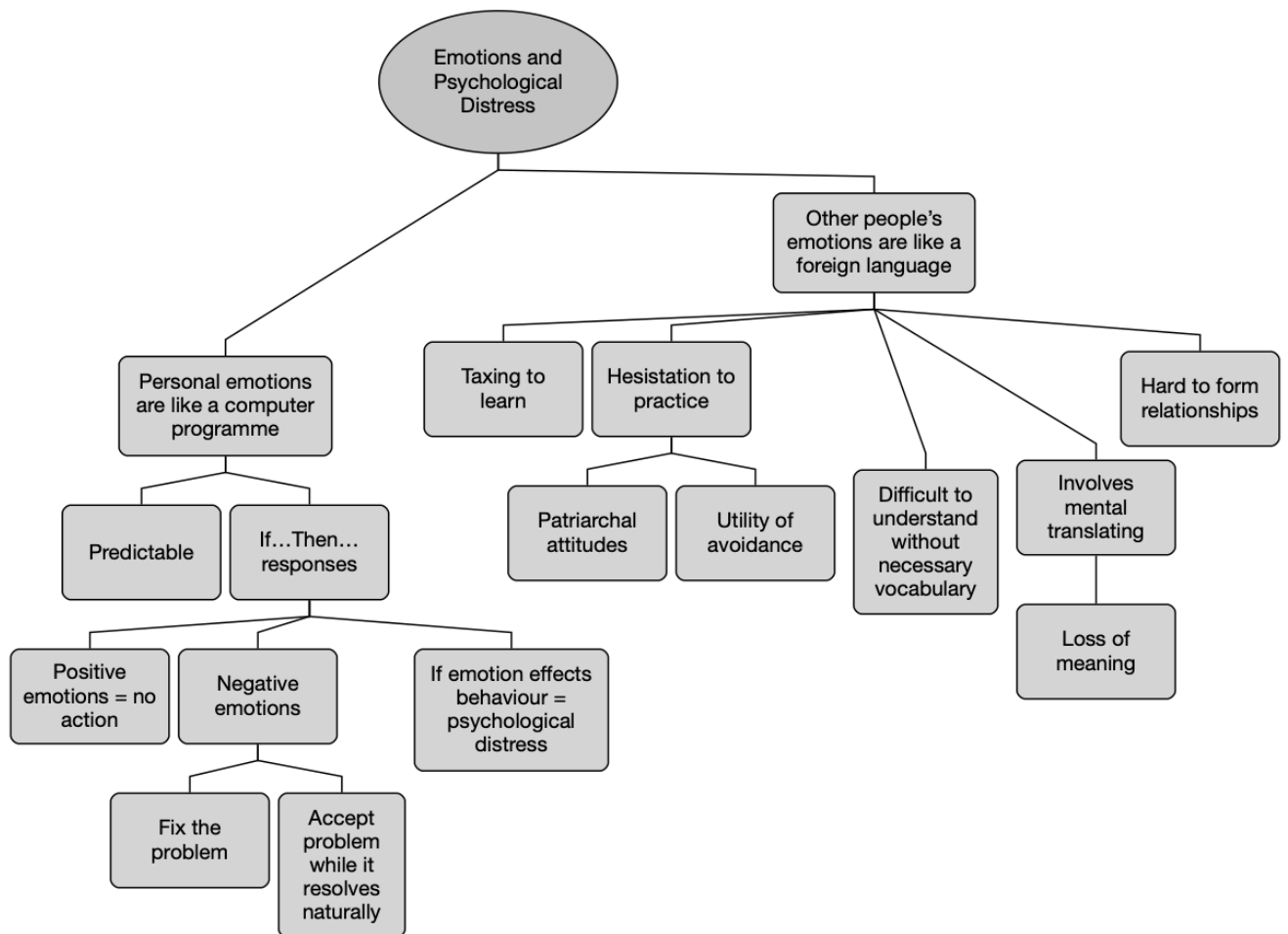
I expect that the interview will take between 30–60 minutes. You are welcome to have breaks whenever you need them, and you are welcome to stop at any time. Please be aware of your physical comfort during this interview e.g., posture, temperature, screen brightness etc. Moreover, please ensure that you are somewhere private with minimal disruptions so that you may continue to feel unreserved about speaking freely. Do you have any questions before we begin? I am going to start the recording now.

#### *Main Focus*

- What attracted you to leave your email to be contacted for an interview?
- Some individuals may refer to 'feelings' or 'emotions', what do these mean to you?
- In your questionnaire you scored highly on tending to not focus on your feelings, will you tell me more about your experience of this?
  - o Would you be able to give me an example of a situation when you decided to not concentrate on how you were feeling? (Prompts: thoughts, feelings, behaviours, physical symptoms).
  - o What do you think are the benefits of that?

- What do you think are the costs of that?
  - What is your earliest memory of using this strategy?
- How would you define psychological distress?
- Will you tell me about your experience of psychological distress?
  - What would have helped?
- Reflecting on all that we have spoken about today, do you think any of these topics are related to gender? Why? Why not?

## Appendix N: Initial Coding Template



## **Appendix O: Data Summary of Parametric Testing Results**

Prior to the reported statistical analyses, an assessment of the following relevant parametric assumptions were conducted:

### **1. Multicollinearity**

Firstly, Pearson's correlation coefficients were checked between all key study variables, which indicated no correlations exceeding  $r = .80$ . This indicates no multicollinearity (Alin, 2010). Next, tests were conducted which produced a variance inflation factor (VIF) value of 1.297 with a tolerance of .771 (which indicates that 77.1% of the variance is predicted by specific variables, rather than others included in the study). As the VIF value was well below 10, and the tolerance much greater than .2, this also suggested no multicollinearity (O'brien, 2007). Finally, eigenvalues were distributed across the model which provides the final piece of evidence suggesting no multicollinearity (O'connor, 2000).

### **2. Independence of Residuals**

The Durban Watson test was utilised to test independence of residuals (also known as errors), which suggests that a corresponding value between 1.5 and 2.5 (from a possible range of 0 to 4) would indicate that the residuals within the model are not correlated serially from one observation to the next (Durbin & Watson, 1950; 1951). The study value was 1.73, which indicates an independence of errors. However, as this test is dependent on the order in which the cases are listed (Akter, 2014), it is not used in isolation but rather in conjunction with the scatter plot as seen in Figure O1. Ideally, this would represent a rectangle with the points evenly distributed between 3 and -3. Although there is a slight absence of data in the negative values, overall, the distribution is satisfactory.

### **3. Normality of Residuals**

A critical assumption of a variety of statistical tests (e.g., regression analyses) is that the residuals within the model are normally distributed. Commonly, tests of normality are based on null hypothesis significance testing (Field, 2013), whereby a certain statistical probability (e.g.,  $p < .05$ ) would indicate that we could either accept or reject the hypothesis of normally distributed data. The difficulty with this type of testing is that it can generate significance for small and unimportant effects in larger samples (e.g., where the number of observations per variable is  $>10$ ) and lack the power to detect effects in small samples (Ziliak & McCloskey, 2008). As normality calculations are based on theoretical values, they are

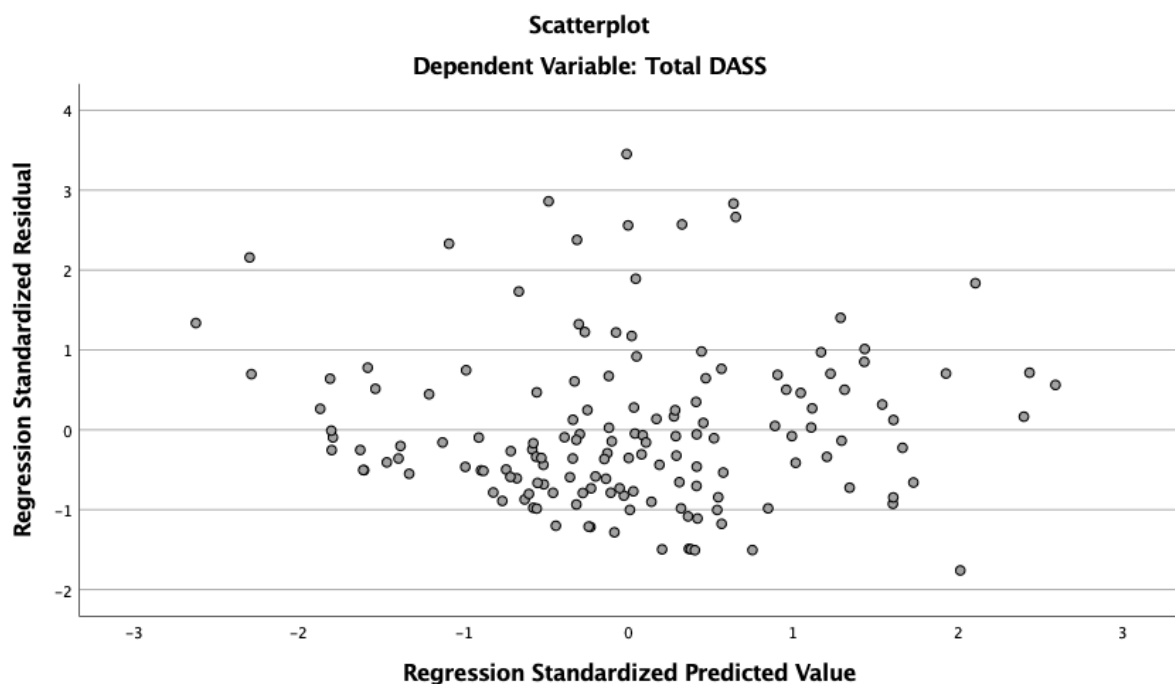
commonly rejected in studies utilising larger sample sizes as sampling distributions tend to be normal regardless of the population (Field, 2013). In fact, even when assumptions of normality are violated in large samples, it does not often noticeably impact results (Schmidt & Finan, 2018). Therefore, due to the large number of samples that was then further enhanced by the employment of the Bootstrap statistical method (set to 5,000 samples at a 95% confidence interval), this research has chosen to represent normality visually – as seen in figures N1, N2, and N3 - rather than statistically.

#### 4. Homoscedasticity

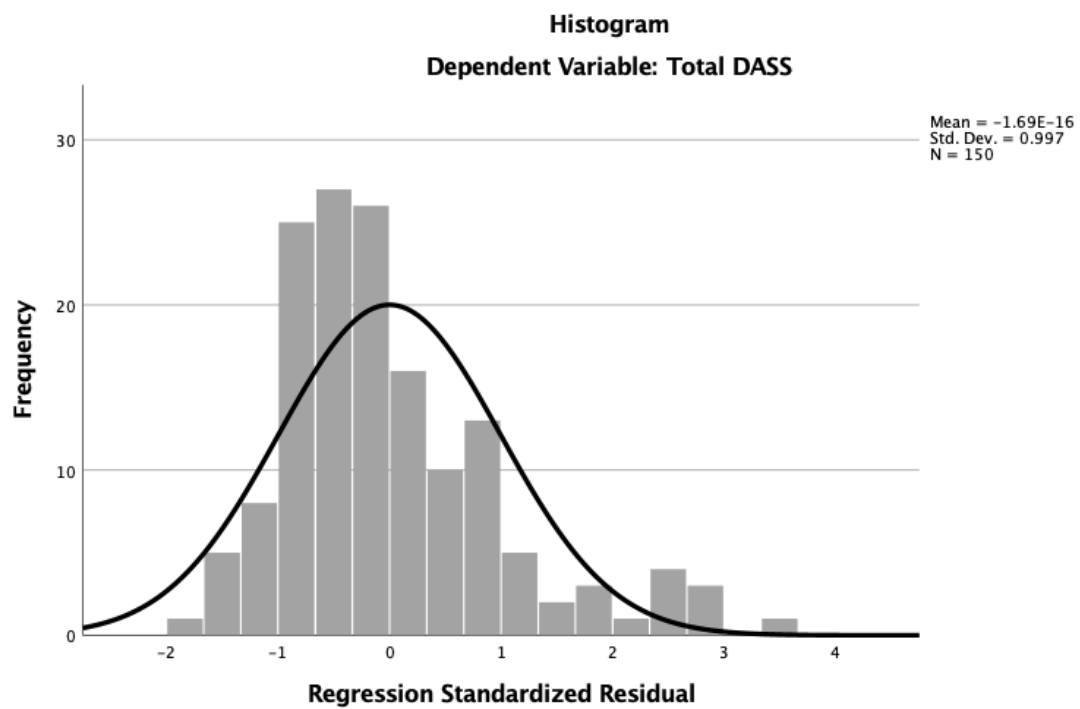
The assumption of homoscedasticity states that the variance of residuals must be constant across the model. The histogram shown in Figure O2 demonstrates a normal distribution, bar a small number of upper bound outliers. The limited effects of which have been discussed when considering normality of residuals, and can be further explored by reading Schmidt and Finan (2018). This is further supported by the linear nature of the P-Plot seen in Figure O3, which further suggests the assumption that residuals are largely normally distributed.

**Figure O1**

*Scatter Plot Showing Standardised Residuals Against Predicted Values for Key Variables on Total DASS Score*



**Figure O2**  
*Histogram Showing Distribution of Residuals*



**Figure O3**  
*P-Plot of Residuals*

