

**Attachment Avoidance, Alexithymia and Cultural Orientation:
Examining their Associations with Distress Disclosure**

CATHERINE BUTTERFIELD

Student Number: U1935911

A thesis submitted in partial fulfilment of the requirements of the University of East London
for the degree of Professional Doctorate in Counselling Psychology

AUGUST 2022

Abstract

Verbal expression of distress is key in psychotherapeutic practice (Freud, 1913). Developing a greater understanding of the cognitive, developmental and societal factors which may have an affect an individual's ability to discuss psychologically distressing material is thus of direct relevance to Counselling Psychology in practice and theory.

This research examined the associations between attachment avoidance, alexithymia, cultural orientation and distress disclosure. Three hundred and eighty-four participants completed five internet-based questionnaires relevant to demographics, attachment avoidance (Experiences in Close Relationship Scale – Revised; ECR-R; Fraley, Waller, et al., 2000), alexithymia (Toronto Alexithymia Scale; TAS-20; Bagby et al., 1994), distress disclosure (Distress Disclosure Index; DDI; Kahn & Hessling, 2001). and cultural orientation (Individualism-Collectivism Scale also called Culture Orientation Scale; HVIC; Triandis & Gelfand, 1998). A mediation analysis was performed investigating the relationship between attachment avoidance, alexithymia and distress disclosure; moderated mediation analyses were performed investigating the associations between attachment avoidance, alexithymia cultural orientations and distress disclosure. Results indicated that alexithymia mediated the relation between attachment avoidance and distress disclosure; vertical collectivism (but not horizontal collectivism or vertical individualism) strengthened the relationship between attachment avoidance and alexithymia. The expected result that horizontal individualism would moderate the relationship between attachment avoidance and alexithymia, partially explaining the relationship to distress disclosure was not found. Results are discussed in the context of the literature, together with their relevance to Counselling Psychology theory, practice and research. Some limitations of the study and ideas for future research are suggested.

Contents

Title.....	i
Abstract.....	ii
List of Tables and Figures.....	vi
Acknowledgements.....	vii
Chapter 1: Introduction.....	1
Identifying a Gap in the literature.....	1
Relevance to Counselling Psychology.....	3
Structure of the Thesis.....	4
Chapter 2. Literature Review.....	5
Introduction to the Literature Review.....	5
Research Paradigms for Counselling Psychology.....	6
Epistemological Stance in the Literature.....	9
Distress Disclosure.....	11
Cultural Orientation.....	17
Attachment Avoidance.....	23
Alexithymia.....	30
Attachment Avoidance, Alexithymia and Distress Disclosure.....	39
Overall Limitations in the Literature.....	40
The Present Study.....	44

Chapter 3 Methodology	50
Epistemological, Methodological and Personal Reflexion.....	50
Design	57
Method	59
Data Analysis	62
Chapter 4 Results	62
Demographics and Preliminary Analysis.....	62
Data Analysis: Assessing and Addressing Bias in the Data	65
Data Analysis: Mediation Model and Moderated- Mediation Model.....	66
Results.....	67
Chapter 5 Discussion	74
Findings	74
Limitations	84
Future Research	86
Implications of the Current Study.....	88
Implications for Counselling Psychology Theory and Practice.....	91
Implications for Counselling Psychology Research	96
Summary and Conclusion	98
References.....	102
Appendix A.....	128
Appendix B	131

Appendix C	140
Appendix D	151
Appendix E	154
Appendix F	156
Appendix G	157
Appendix H	159
Appendix I	163
Appendix J	166

List of Tables and Figures

Table 1	20
Table 2	63
Table 3	64
Table 4	71
Table 5	154
Table 6	154
Table 7	154
Table 8	154
Table 9	155
Table 10	155
Figure 1	48
Figure 2	48
Figure 3	49
Figure 4	68
Figure 5	70
Figure 6	72
Figure 7	163
Figure 8	164
Figure 9	165

Acknowledgements

The biggest contribution to this work is from the participants. I hope that I have honoured their involvement by producing something of benefit.

I would like to acknowledge the contributions of my supervisors Dr. Cristina Harnagea, Dr George Georgiou, Dr. Lydia Tan.

I offer so much thanks and gratitude to my friends, family and cohort who have supported me through an extraordinary time. I literally could not have completed this thesis without the practical, academic and emotional support that they have given.

Chapter 1: Introduction

Identifying a Gap in the literature

As a trainee undertaking placement and training in psychodynamic theory and practice, the researcher was particularly drawn to Attachment-Theory-informed Psychodynamic Therapy (Holmes & Slade, 2018). Attachment theory (Ainsworth et al., 1978, 1971; Bowlby, 1980, 1988a) proposes that an infant develops an internal working model of attachment based on their experience of the care and attention they receive from their primary caregiver. If this caregiver provides a secure base from which to explore and a safe haven to which they can return, the infant may develop a secure attachment pattern which they carry to other relationships and into adulthood (Bartholomew & Horowitz, 1991; Bowlby, 1988a; Brennan et al., 1998; Fraley, 2002; Fraley, Waller, et al., 2000). Avoidant attachment, which may be the result of early childhood neglect (Bowlby, 1988a), can present with avoidance of negative affect (Holmes & Slade, 2018), which could be a barrier to the distress disclosure which is foundational to therapeutic practice (Freud, 1913).

Of particular interest to practitioner psychologists is what other variables may contribute to this negative relationship between attachment avoidance and the expression of negative affect which has been proposed theoretically (Bartholomew & Horowitz, 1991; Bowlby, 1988a; Main & Solomon, 1990) and supported in the literature (Garrison et al., 2012, 2014; Wei et al., 2005). Alexithymia, an inability to identify and describe emotions, combined with externally-orientated thinking (Bagby et al., 1994), which has been linked to negative outcomes in psychotherapy (Ogrodniczuk et al., 2008, 2011), may explain a tendency not to disclose distress (O'Loughlin et al., 2018). Alexithymia, like attachment insecurity, has been linked to adverse childhood environments. Evidence indicates the impact of this poor early environment in the development of both alexithymia and attachment insecurity (Mikulincer & Shaver, 2016; Taylor & Bagby, 2004). There is emerging theory (Mikulincer & Shaver, 2019;

Taylor & Bagby, 2013) and evidence (Barbasio & Granieri, 2013; Gilbert et al., 2014; Keating et al., 2013; Romeo et al., 2020) that the neglectful early childhood relationship with the primary caregiver that results in an avoidant attachment style may share this developmental aetiology with alexithymia. Additionally, alexithymia has been shown to partially mediate the relation between attachment avoidance and distress disclosure. Furthermore, it has been indicated that gender role socialisation towards masculinity strengthened this mediation effect (O'Loughlin et al., 2018).

Cultural orientation towards individualism and collectivism has been indicated to be an individual difference which affects suppression of emotional expression and distress disclosure. The evidence however is inconclusive (Tsai & Lu, 2018) and has focused largely on comparing samples from South-East Asian cultures to samples from North American European cultures. Not only has this focus been narrow, but collectivism and individualism have been assumed based on ethnicity or nationhood, despite evidence from international studies and a meta-analysis that there may be more variation inter-ethnically or internationally than there is intra-ethnically or intra-nationally (Chiou, 2001; Vargas & Kimmelmeier, 2013). In addition, some researchers have suggested that individualism and collectivism are dimensions which are more orthogonal than unidimensional (Singelis et al., 1995; Triandis, 1995; Triandis & Gelfand, 1998). These researchers suggest that individualism or collectivism interacts with valuing hierarchy or egalitarianism and that this is useful to measure on an individual level to aid understanding motivations, behaviour and personality (Shavitt et al., 2010; Singelis et al., 1995; Triandis & Gelfand, 1998). Cultural orientation has been indicated to have an effect on attachment avoidance (Agishtein & Brumbaugh, 2013; van IJzendoorn & Bakermans-Kranenburg, 2010), alexithymia (Aival-Naveh et al., 2019) and distress disclosure (e.g., Kahn et al., 2017; Wei et al., 2013). The effect of cultural orientation on the associations

between attachment avoidance, alexithymia and distress disclosure, however, has not been previously investigated.

Relevance to Counselling Psychology

It is part of the profession of Counselling Psychology to undertake research which is relevant to practice (Kasket, 2013). This study is of relevance to the theory and practice of Counselling Psychology as it intended to add to the knowledge base on the associations between attachment avoidance, alexithymia, cultural orientation and distress disclosure. Thus, the focus is on cognitive, developmental and societal factors which could affect distress disclosure, a construct deemed foundational to psychotherapeutic work (Freud, 1913).

As distress disclosure is so fundamental in talking psychological therapies (Freud, 1913), understanding what individual aspects may impact on a client's tendency to disclose distress is relevant to the helping professions. The current research is of relevance to the Counselling Psychology profession specifically, as it adheres to the Counselling Psychology values of considering the client from a plurality of perspectives (Orlans, 2013), recognising that more than one aspect of their individual construction can contribute to distress disclosure and that aspects may interact to have a combined impact, in addition to having an individual impact. Therefore, this study is of relevance to Counselling Psychology theory and practice as it was borne out of practice and aims to have an impact on practice. The research is therefore of value to the Counselling Psychologist in the role of scientist practitioner, as the current study is practice-based evidence which is aimed at being applied back into practice and may ultimately be the basis of evidence-based practice (Kasket, 2013). In the use of the findings to inform theory and practice the Counselling Psychologist holds the findings lightly in mind and works phenomenologically, while adhering to the values of the profession (Swanepoel, 2013). While eschewing labels and diagnoses (Cooper, 2009), bringing an understanding of the factors

which may be barriers to an individual's ability to talk about what is distressing them. The client and Counselling Psychologist can collaborate to create meaning in order to understand what the barriers to client distress disclosure are. The client brings with them an understanding of themselves to which they may have limited access as there may be subconscious or unconscious elements at work. The practitioner brings their knowledge of the theory with regard to the elements identified here as having an impact on a client's tendency to disclose emotionally difficult material.

The aim of this research is to add to the theoretical knowledge base for the profession, which allows the Counselling Psychologist to be more skilled, flexible and competent and therefore indirectly facilitate the individual client to realise their potential (Kasket, 2013). Unlike other applied psychologists (Swanepoel, 2013), Counselling Psychologists work more reflexively and intersubjectively. That is, a Counselling Psychologist will hypothesise and formulate on the basis of theory and the knowledge borne from the relationship with the client, with the aim of facilitating the individual living to their full potential (Swanepoel, 2013). The results found here will, therefore, contribute to the knowledge base for all applied psychologists, in that it will contribute to the theory of individual differences in distress disclosure tendencies which may affect client presentations. The relevance to Counselling Psychology is in how a Counselling Psychologist would apply the results from the current study, working phenomenologically in collaboration with the client, considering a client's unique context in a holistic manner while holding the findings in mind (Swanepoel, 2013).

Structure of the Thesis

Chapter 2 follows on from this section. The current study is positioned within the context of methodological and epistemological choices available and the existing literature on the topic. Psychological studies on distress disclosure; attachment avoidance; alexithymia;

attachment avoidance and alexithymia; and how these variables interact with cultural orientation are presented, including a review of the strengths and limitations of these studies in the context of the literature and in the context of relevance to Counselling Psychology theory and practice. At the end of this chapter there is a presentation of the current study, including the hypotheses.

Chapter 3 presents the epistemological and methodological choices in the current study, focusing on the choice of a quantitative methodology in the context of Counselling Psychology research. Following this is a presentation of the procedure, including ethical considerations and data management.

Chapter 4 presents the statistical analyses and results, including descriptive statistics and correlations produced through SPSS analysis and mediation and moderated mediation analyses produced through PROCESS (Hayes, 2017).

Chapter 5 compares the results to the hypotheses. There is then a discussion in the context of existing literature offering explanations of the findings based on either how they are congruent with previous results or suggesting why the expected results were not found. Implications for theory, research and practice are considered, particularly in the context of relevance to the profession of Counselling Psychology. Limitations and suggestions for future research are presented before a final conclusion.

Chapter 2. Literature Review

Introduction to the Literature Review

This chapter reviews the literature pertinent to the present study, assessing its contribution to the field of study and the profession of Counselling Psychology. Methodological and epistemological value brought by the existing literature is examined. Initially, research paradigms in Counselling Psychology are presented, followed by an

introduction to the epistemological stance in the literature. Following this is a review of the literature pertaining to distress disclosure, attachment avoidance, and alexithymia, including how these variables interact and how cultural orientation may affect each variable and each interaction of variables. Methodological and epistemological limitations of the literature are presented, along with an assessment of contribution to the Counselling Psychology profession. Included will be a critical evaluation of how cultural orientation has been assessed, leading to a conclusion of how it was assessed in this study. Finally, the research hypotheses are presented.

Research Paradigms for Counselling Psychology

The paradigms for Counselling Psychology research move from the more traditional, quantitative, positivist and post-positivist paradigms through to the more subjective, qualitative constructivist-interpretivist and critical-ideological paradigms towards the more practical, mixed methods pragmatic paradigms (Ponterotto, 2005). The positivist and post-positivist paradigms are rooted in realism and assume an objective reality. A positivist paradigm posits an ontological stance (i.e., a stance on the nature of reality) of an objective reality which can be known, while a post-positivist paradigm posits an objectively reality which can only be imperfectly understood. This ideal of objective reality, epistemologically (with regard to the philosophy of knowledge) while being attainable in a positivistic paradigm is understood as an ideal which can only imperfectly be understood in a post-positivist paradigm. Axiologically (with regard to the role of values), the researcher's values are understood to have an impact on research in a post-positivist paradigm, while assumed to be completely independent of the work in a positivist paradigm (Betz & Fassinger, 2012; Ponterotto, 2005). Methodologically, positivism and post-positivism are quantitative.

These paradigms are viewed as scientific and about investigating objectively measurable hypotheses, to contribute to the theoretical base (Betz & Fassinger, 2012). In line with the Counselling Psychology stance as scientist-practitioner (BPS, n.d.), these paradigms had been viewed as the most appropriate for undertaking Counselling Psychology research (Ponterotto, 2005). However, there has been a movement to more qualitative research paradigms, as they can include the subjectivity and intersubjectivity which are viewed as important in Counselling Psychology (Kasket, 2013, 2016). The paradigms for a qualitative methodology include constructivism-interpretivism, which is an approach of critical realism, and critical-ideological paradigms, which are relativistic approaches (Ponterotto, 2005).

Constructivism-interpretivism, in contrast to positivism and post-positivism, ontologically assumes an entirely subjective reality. Both the researcher and participant construct an individual reality based on their social, cultural and historical context. Through reflection they jointly and experientially construct a shared reality. Epistemologically, they jointly construct any knowledge. Axiologically, the researcher attempts to “bracket” their stance to avoid exerting undue influence on the co-constructed outcome. Methodologically, this paradigm is qualitative (Betz & Fassinger, 2012; Ponterotto, 2005). Building on this is the critical-ideological paradigm (also called participatory action; Kaushik & Walsh, 2019; or transformative; Creswell & Creswell, 2018) which seeks to critique and transform the status quo. The focus of such research tends to be marginalised or oppressed populations. The researcher is an advocate and participants may contribute to the processes of producing the research. Ontologically, while assuming a constructed subjective reality, it is assumed that this is shaped by power structures which oppress and marginalise. The researcher seeks to dismantle these power structures through their work. The epistemological position of this paradigm includes an expectation of empowerment and transformation of the oppressed. Where, in other approaches there is an expectation of minimising the axiological stance of the

researcher, with this approach the researcher's values are viewed as foundational to the expected transformative nature of the work. Methodologically, qualitative approaches would be used (Betz & Fassinger, 2012; Ponterotto, 2005).

Pragmatism as a research paradigm involves focusing on any method which would allow the research question to be answered, allowing the researcher to be pluralistic in their approach (Kasket, 2013). Ontologically, the approach recognises an objective reality but a plurality of perceptions of it. A choice of reality is made based on which is anticipated to produce the desired outcome. Epistemologically, in this paradigm knowledge is rooted in experience both individually and socially. Knowledge is constructed to enable an individual's existence in the world. Axiologically, both objective and the subjective values are important in the interpretation of results. Methodologically, this approach uses methods which are anticipated to facilitate answering the research question. That is, qualitative, quantitative or mixed methods can be utilised (Creswell & Creswell, 2018; Kaushik & Walsh, 2019).

A core value of Counselling Psychology is being a reflective scientist-practitioner (BPS, n.d., 2018). This entails a commitment to critically evaluate emerging evidence and contribute to the knowledge base of psychotherapeutic practice (Swanepoel, 2013). Traditionally, the positivist or post-positivist paradigms of quantitative research have been viewed as the most appropriate to a scientist-practitioner model of contributing to the evidence base. The main focus has been on objectivity, measuring and identifying causal links (Maree, 2020). In Counselling Psychology in particular, there has been a movement towards engaging in more qualitative methods of constructivist-interpretivist and critical-ideologist paradigms (Ponterotto, 2005) and mixed methods of a pragmatic (Creswell & Creswell, 2018) paradigm. The more subjective experience brought to constructivism-interpretivism and critical-ideological paradigms and the more practical approach of the pragmatic paradigm could be

viewed as more aligned with the professional and research values of Counselling Psychology of placing importance on the subjective and intersubjective (Ponterotto, 2005).

The move away from quantitative research towards the subjectivity of these more qualitative methodologies has been apparent in Counselling Psychology training in the UK, to such an extent that a feedback loop may have developed. Trainees are encouraged to undertake qualitative research to redress the balance of a quantitative dominance and to incorporate the subjectivity which is valued in Counselling Psychology. When they are qualified, this is not only what they pass on to the next generation of trainees but also the type of research they undertake, as this is what they have been trained in and have experience of (Kasket, 2016). However providing the research is carried out according to the values of Counselling Psychology, any research paradigm is acceptable, if it is appropriate to the research question (Kasket, 2013). The research practices aligned with Counselling Psychology include that of valuing pluralism (Kasket, 2013). Valuing pluralism means recognising the validity of divergent approaches available but focusing on the methodological approach which best fits the individual research question. In practice this could mean utilising a quantitative, a qualitative or a mixed methods methodology, depending on which is the best approach to answer the research question (Kasket, 2013). Every stance contains some tensions with Counselling Psychology values and no one epistemological or methodological stance is exclusively preferred by the profession (Kasket, 2013, 2016). In fact, given the profession's stance of valuing a plurality of perspectives and methodologies, quantitative contributions to the research base are of value.

Epistemological Stance in the Literature

Epistemologically, research in this field appears to have been predominantly post-positivist. There has been a strong focus on quantitative methodology both in research aimed

at Counselling Psychologists and that aimed at other professionals. Given the methodology and the lack of discussion on epistemological stance within journal articles presenting the work, an epistemological stance of post-positivism is assumed.

Congruent with Counselling Psychology values the studies reviewed here indicated a commitment to adding to the knowledge base and being applicable to professional practice; this was the case both for studies particular to Counselling Psychology and those that were not. There are some tensions between this stance and the research values of Counselling Psychology (Kasket, 2013). The literature reviewed here does not directly acknowledge that subjectivity and intersubjectivity may have had an effect on the research. If researchers engaged in personal, methodological or epistemological reflexivity they did not present it. There was, however, acknowledgement from researchers of the limitations of self-report measures - that the use of these instruments entails a subjectivity which may have an effect on results. There remains a striving towards an intersubjectivity which is imperfectly met. Each individual's subjective experience is separated from others' as they complete self-report measures.

Another tension between the research paradigms of the extant literature and the values of Counselling Psychology is that of valuing empowering and respecting the individual. It can be assumed that ethical considerations and protections have been afforded to participants who have taken part in a study published in a peer reviewed professional journal. This would imply a level of respect and care for participants. However, there remains a tension with the hierarchical power dynamic which may exist between researcher and participant. The studies reviewed here often included US university students who participated for course credit or payment, indicating a power position of the researchers. Furthermore, the studies covered here did not aim to empower participants through the research they participated in.

As is appropriate in assessing relationships among variables, the methodologies used in the literature on the topic are quantitative (Howitt & Cramer, 2005). Often in the presented

literature, moderation analysis has been used as it is appropriate when assessing if the relationship between two variables is dependent on the effect of a third variable. Mediation analysis, which is appropriate in investigating if a variable might explain the relationship between the independent and dependent variable, has also been used at times. Moderated mediation analysis has also been used occasionally, and is appropriate in assessing the conditional indirect effect of a moderating variable (Hayes, 2017).

Distress Disclosure

From the early stages of psychoanalysis, Freud identified that the client sharing innermost thoughts was essential to the process (Freud, 1913). Distress disclosure has been defined as the sharing of unpleasant personal thoughts, emotions and problems (Kahn et al., 2012). Particularly, disclosing distress, “the open expression of unpleasant feelings” (Coates & Winston, 1987, p. 229) may be viewed as the process through which positive outcomes are reached in therapy (Farber, 2003; Stiles, 1995). This sharing of “unpleasant feelings” is also indicated to have a positive effect on physical (Frattaroli, 2006; Lumley, 2004; Pepe et al., 2014; Tsai & Lu, 2018) and psychological well-being (Frattaroli, 2006; Kahn et al., 2012; Lumley, 2004; Pepe et al., 2014; Tsai & Lu, 2018) and improved functioning in everyday life (Frattaroli, 2006; Kahn & Cantwell, 2017). Furthermore, clients who have a tendency to disclose their distress have been found to value therapy (Genc & Kara, 2021) and rate their therapy as more effective (Kahn et al., 2001) than those who do not have that tendency. Indeed, research has indicated that concealing distress could ultimately have a negative effect on psychological wellbeing (Uysal et al., 2009). Openly exploring emotions in psychotherapy is indicated to be related to a deeper more impactful process outcome (Kahn et al., 2008) and a reduction in symptoms (Sloan & Kahn, 2005).

The putative benefits of distress disclosure were investigated in a meta-analysis (Frattaroli, 2006) of 146 studies examining experimental disclosure involving 10,994 participants. Fifty-two percent of the studies were published. The researcher focused on six outcome types: psychological health, physiological functioning, reported health, health behaviours, subjective impact of intervention and life outcomes. She also produced an overall figure representing all outcomes. Results indicated that experimental distress disclosure had significant beneficial effects for both clinical and non-clinical participants in five of the six areas of focus, the exception being health behaviours. Although the overall effect size was small (0.075; Cohen's $d = 0.151$), the researcher noted that eight studies which had the more optimal conditions (e.g., disclosures being kept private, more frequent and longer disclosure sessions and being specific with instructions) had a more substantial average effect size of 0.2. This meta-analysis, being methodologically sound and wide-ranging, lends substantial weight to the argument for the usefulness of disclosing distress. The focus, however, on experimental distress disclosure means that practical application of findings may be limited.

The literature pertaining to research in the area of disclosing distress in psychotherapy has indicated that while sharing emotionally distressing information can be emotionally overwhelming (Farber et al., 2014) and can lead to feelings of vulnerability in the client (Marks et al., 2019), it is also beneficial (Farber et al., 2014). Clients also recognise the need for salient distress disclosure (Farber, 2003) despite the potential psychological discomfort involved (Baumann & Hill, 2016; Farber et al., 2004). Farber and colleagues have extensively investigated self-disclosure in psychotherapy (Blanchard & Farber, 2020; Coren & Farber, 2019; Farber, 2003, 2020; Farber et al., 2004, 2014; Love & Farber, 2019). Farber has stated that although, in general, clients may be open and honest, they are more likely to conceal the extent of their distress, particularly if they are suicidal (Farber, 2020). In an online survey

(Farber et al., 2019) of 547 US adults focusing on the lies told in therapy, 62% responded that they minimised their distress.

Farber has undertaken research which has indicated the benefits of disclosure of distressing information in therapy (Farber et al., 2014). He and colleagues (2014) explored the self-reported effects of disclosure in a sample of female survivors of childhood sexual abuse who were receiving psychotherapeutic treatment. Participants were 98 women in a range of countries (Australia, China, India, Canada and the UK) but predominantly (71.5%) in the US. Results indicated relatively high levels of disclosure within the therapeutic relationship.

Participants reported the positive outcomes of disclosing as feeling relief at having disclosed, feeling like they had a better sense of themselves and their own complexities, were more authentic to themselves and felt seen, understood and closer to their therapist. The perceived negative consequences involved a fear of feeling overwhelmed, fear of vulnerability and fear of change. The researchers found that greater disclosure of abuse was related to both perceived negative and positive outcomes. They did not find significant correlations or effects, through regression analyses, of individual differences such as race or gender, which may have contributed towards disclosure. The authors concluded that the positive effects reported were congruent with the putative positive effects of therapy. They also concluded that the results highlighted the value of a strong therapeutic alliance within the work with survivors of childhood sexual abuse. The researchers acknowledged the limitations of the participants being self-selecting and predisposed to disclose (as the majority were therapists), that the sample was not representative as ethnic minorities were underrepresented and that some of the scales used had not been assessed for reliability and validity.

While this research goes further into understanding distress disclosure, assessing it from the view of clients in psychotherapy, with the aim of giving information to therapists in understanding the clients' positive and negative feelings around this type of disclosure, there

are issues with the lack of a valid instrument to ascertain the levels of disclosure. The results were not generalisable to the general population as the sample included an overrepresentation of psychotherapists and lacked diversity. Furthermore, as with his other work, the focus was on self-disclosure of specific distressing events which may not indicate whether individuals will share distress in other incidences. That is, the research focus is on state rather than trait distress disclosure. (Blanchard & Farber, 2020; Coren & Farber, 2019; Farber, 2003, 2020; Farber et al., 2004, 2014; Love & Farber, 2019).

Kahn and his colleagues have sought to bring focus specifically to verbal distress disclosure as a tendency (Cox et al., 2019; Kahn, Cox, et al., 2017; Kahn et al., 2001, 2001, 2002, 2008, 2012, 2021; Kahn, Wei, et al., 2017; Kahn & Cantwell, 2017; Kahn & Garrison, 2009, 2009; Kahn & Hessling, 2001). Their aim was to help with the understanding of this in the context of helping professions in general and Counselling Psychology in particular (Kahn et al., 2012). They have developed and validated a reliable instrument for assessing an individual's tendency towards disclosure of psychologically distressing material (Kahn & Hessling, 2001). The Distress Disclosure Index (DDI; Kahn & Hessling, 2001) is a unidimensional construct on a continuum from concealment to disclosure.

They found correlations between the DDI (Kahn & Hessling, 2001) and measures of self-concealment and self-disclosure. The construct differs from the concept of self-concealment in that this refers, in the literature, to concealing a specific secret or secrets rather than the general tendency captured by distress disclosure (King et al., 1992; Larson & Chastain, 1990). Distress disclosure also differs from self-disclosure in that it is limited to the disclosure of distress, where self-disclosure (Farber, 2020; Farber et al., 2019) may refer to non-distressing disclosures (Kahn & Hessling, 2001). Thus, they concluded that distress disclosure is a subset of self-disclosure concept and somewhat overlapping with the concept of self-concealment (Kahn & Hessling, 2001).

In support that the instrument measures a tendency, they found stable responses over time (two months). In support that this tendency measures talking to others about their distress, the researchers found a positive correlation with self-disclosure, social support and extraversion and a negative correlation with self-concealment. Alongside these conclusions they recognised the need for more research which compared the measure to behaviour and for repeating the measure over longer timespans to give weight to the DDI as a measurement of a stable individual difference (Kahn & Hessling, 2001).

Subsequent work has found that the measurement of the tendency to disclose distress is reflected in a concordant behaviour. Kahn and Garrison (2009), in a sample of US university students (N=153), found that self-reported sharing of an emotional event from the previous week was significantly positively correlated with earlier gathered distress disclosure tendency responses. They acknowledged that both distress disclosure tendency and specific event disclosure were self-reported from the same source (i.e., the participant). These researchers, however, had previously assessed (Kahn et al., 2002) the congruence between the individuals self-reported distress disclosure tendency and an observer's assessment of their distress disclosure with an interviewer after watching a distressing film. Involving 69 undergraduate US students, their results indicated that distress disclosure tendency was predictive of the level of participant acknowledgement of distress in the interview and the independent observer's assessment of levels of acknowledgment. This indicates that the distress disclosure index which measures the distress disclosure tendency is reflective of real-world distress disclosure.

More weight was added to the indications of validity of the DDI (Kahn & Hessling, 2001) by researchers who carried out a multitrait-multimethod validity study (Kahn et al., 2012). Participants were 153 US university students who, along with their individual peer observers, completed questionnaires. The researchers sought to compare trait measures of distress disclosure, suppression, reappraisal and ambivalence to event-specific behaviours as

self-reported and reported by a close peer observer. Convergent validity was supported by strong associations between the DDI (Kahn & Hessling, 2001) and self-reports of situational distress disclosure ($r = 0.55$) and a more moderate correlation between the DDI (Kahn & Hessling, 2001) to peer reports of disclosure ($r = 0.35$). Discriminant validity was indicated as distress disclosure did not relate to ambivalence towards emotional suppression or cognitive appraisal (i.e., alternative methods of dealing with distress distinct from disclosure). They did find a significant negative correlation between distress disclosure and emotional suppression ($r = -0.78$), concluding that they may be separate ways of avoiding negative affect that may be utilised in tandem (Kahn et al., 2012). They concluded the correlation between self-report and peer report of distress disclosure being moderate was in line with other self to peer correlations for emotions (Watson & Clark, 1991) and personality (Watson et al., 2000), indicating distress disclosure may not be highly observable. Furthermore, it may be explained by the individual sharing distress across a range of people rather than one individual (Kahn et al., 2012).

Kahn and colleagues (Kahn et al., 2001; Sloan & Kahn, 2005) have also linked distress disclosure tendency to positive outcomes in psychotherapy. Kahn and colleagues (2001) investigated the distress disclosure tendency captured by their measurement in a sample of psychotherapy clients. They found, in a sample of clients from a US university counselling service ($N = 45$) who had completed therapy, that a greater distress disclosure tendency measured at intake was related to more positive outcomes measured at the end of brief counselling (a reduction in self-reported symptoms and stress). A further study (Sloan & Kahn, 2005), again using a sample of US university students who had completed therapy ($N = 22$), indicated that greater distress disclosure tendency was associated with clients discussing topics relevant to their therapy goals in therapy sessions. While acknowledging the limitations of the small samples, these results imply that distress disclosure is beneficial to the counselling process.

Throughout the work focusing on the DDI, the researchers indicated the findings as relevant to the profession. These include indications of the utility and validity of the instrument for decisions related to treatment in Counselling Psychology practice (Kahn et al., 2002, 2012); that research in this area is valuable in understanding the process of counselling (Kahn et al., 2001, 2012); and in support of developing techniques to support distress disclosure as the research reconfirms distress disclosure as beneficial in counselling practice (Kahn et al., 2001; Kahn & Garrison, 2009; Sloan & Kahn, 2005). However, there were some limitations. In particular, the lack of diversity means results may not be generalisable.

Cultural Orientation

Cultural orientation may be described as a tendency towards cognitions, affect and behaviour which is determined by socialisation within a specific culture (Hofstede, 2011). A predominant construct which has been used in the assessment of the psychological effects of cultural orientation is that of individualism-collectivism (see Coon & Kimmelmeier, 2001; Oyserman et al., 2002; Vargas & Kimmelmeier, 2013 for meta analyses).

On a societal level, cultural orientation towards individualism is indicated by the prioritisation of independence and personal goals. Cultural orientation towards collectivism is indicated by the prioritisation of interdependence and ingroup goals (Hofstede, 2001; Hui & Triandis, 1986; Markus & Kitayama, 1991; Triandis, 1995, 2001). According to Triandis (1995), on the level of individual differences, collectivistic individuals prioritise the ingroup and behave according to the norms of the ingroup, whereas individualistic individuals prioritise the self and behave according to personal values. Collectivistic individuals tend towards sharing distress with their in-group whereas individualistic individuals tend towards not sharing their distress (Triandis, 1995).

Often, in the cross-cultural psychology literature cultural orientation to individualism-collectivism is assigned based on nationality or ethnicity. For example, individuals from South-East Asia and Central and South American cultures are assumed to value interdependence and are collectivistic, whereas individuals from European and North American cultures are viewed as valuing independence and are individualistic (Markus & Kitayama, 1991). In a review (Tsai & Lu, 2018) of cross-cultural effects of emotional disclosure on mental and physical health, researchers noted the heterogeneity of the cultures of South-East Asian countries which have at times been viewed as homogeneously interdependent and collectivistic. Meta-analyses also indicate greater variations intra-nationally than internationally on scales of collectivism and individualism (Chiou, 2001; Coon & Kimmelmeier, 2001; Oyserman et al., 2002; Triandis & Gelfand, 2011; Vargas & Kimmelmeier, 2013). As well as these issues inherent in assigning a research participant as individualistic or collectivistic, an additional issue is that a researcher assigning an individual's cultural orientation through labelling is contrary to the subjectivity valued in Counselling Psychology (Cooper, 2009).

Hofstede (2001) developed a cultural dimensions theory which included individualism-collectivism. Hofstede's dimensions (2001), rated on a country level, have been used extensively in communications, management and marketing research (Hofstede, 2001). Hofstede viewed the dimension as being on a spectrum from most individualistic to most collectivist culture by nation. The individualism-collectivism dimension has also often been used in cross-cultural psychological research as an indicator of participants' individualism or collectivism according to their nationality (e.g., Cheng & Kwan, 2008; Frías et al., 2014). There are noted to be issues with the validity and internal consistency (Gerlach & Eriksson, 2021) of the measure involved in scoring nations according to the dimensions. Assigning culture based on nationality or the ranking of a country on a scale does not reflect individual differences, a consideration which is foundational to Counselling Psychology. Individualism-collectivism

has been used as a construct by which to define, measure and explain cultural differences when investigating attachment avoidance (see Agishtein & Brumbaugh, 2013 for a cross cultural study and van IJzendoorn & Bakermans-Kranenburg, 2010 for a review), alexithymia (see Aival-Naveh et al., 2019 for a metaanalysis), emotional disclosure in general (see Tsai & Lu, 2018 for a review) and distress disclosure in particular (e.g., Kahn et al., 2017; Wei et al., 2013).

To assess cultural orientation as an individual difference, Triandis and Gelfand (1998) developed an orthogonal measurement of individualism and collectivism: the Individualism-Collectivism Scale, (HVIC; also called the Culture Orientation Scale). Triandis (1995) did not view the constructs as dichotomous as Hofstede had, but rather polythetic (none of the characteristics are essential to be defined on a dimension, although they may be commonly occurring for that dimension).

The categorisations used are based on the putative cultural constructs mentioned above, which are proposed to operate on a societal level (Hofstede, 2001; Markus & Kitayama, 1991). That is, in individualistic societies people are more independent and prioritise the self. In collectivistic societies, people are interdependent and prioritise the ingroup (Triandis, 2001). Both individualism and collectivism have been indicated to be further categorised as vertical (hierarchy is valued) or horizontal (egalitarianism is valued) to provide more nuanced information on the effects of culture (Triandis & Gelfand, 1998). Vertical collectivistic individuals and cultures are proposed to be motivated primarily by the needs of the in-group and hierarchical social structure (e.g., South-East Asian cultures; Shavitt et al., 2010; Triandis & Gelfand, 1998). This contrasts with horizontal collectivistic individuals and cultures, which value needs of the in-group and an egalitarian social structure (e.g., Mexico; Frías et al., 2014).

Self-reliance has been identified as a major motivational concern of horizontal individualism (Shavitt et al., 2010). These cultures and individuals value independence and an

egalitarian social structure (e.g., Australia; Shavitt et al., 2010). In contrast, status seeking is proposed to be prioritised over self-reliance as the motivator of vertical individualism (e.g., US; Triandis & Gelfand, 1998). This construct values independence and a hierarchical social structure (Shavitt et al., 2010; Triandis & Gelfand, 1998) (see Table 1 for typical characteristics associated with the four possible horizontal-vertical individualism-collectivism dimensions). While a society may tend towards individualism or collectivism (Hofstede, 2001), there may be variation on an individual level according to these orthogonal dimensions (Triandis, 2001).

A US meta-analysis (Vargas & Kimmelmeier, 2013) comparing African Americans, Asian Americans, Latinx and European Americans on the HVIC (Triandis & Gelfand, 1998) found little variation between ethnic groups in cultural orientation. They found more intracultural variations than intercultural variations. Over a 15-year period, they found decreasing differences between the groups, indicating convergence of values on this scale. These results were counter to previous meta-analyses (Coon & Kimmelmeier, 2001; Oyserman et al., 2002) which found greater (but still relatively small) variations between the ethnic groups. Furthermore, these previous meta-analyses had not looked specifically or exclusively at HVIC (Triandis & Gelfand, 1998).

Table 1

Attributes of Horizontal Vertical Individualism Collectivism

	Collectivism	Individualism
Vertical	Interdependence	Independence
	Deferring to the hierarchy	Seeking status within the hierarchy
	Social Harmony (motivated by duty and obligation)	Self-interest
	Deferring to those in authority	Self-reliance *
		Self-fulfilment

	Identify with the in-group Value hierarchy and duty Sacrifice self-interest for the in-group Accept inequality	Personal responsibility driven by competition Autonomy
Horizontal	Interdependence Egalitarianism Social responsibility Maintaining social harmony (motivated by desire for equity) Sharing among members Identify with the in-group Equality with other in-group members Anti-authority	Independence Egalitarianism Self-reliance * Individual rights Behaviour driven by personal choice

Note. Adapted from Shavitt et al., 2010. *Self-reliance is an indicator of individualism; however, self-interest is prioritised over self-reliance for vertical individualists

The authors proposed that another explanation of the differences may be a convergence of cultures in more recent years through people being more connected than ever via the internet.

In the extant cross-cultural literature regarding each of the variables involved in the present study (i.e., distress disclosure, attachment avoidance, alexithymia), the predominant cultural construct that is referred to is cultural orientation to individualism-collectivism. Throughout the present study “cultural orientation” refers to this construct.

Distress Disclosure and Cultural Orientation

Cross-cultural research has indicated that those from collectivistic cultures who value hierarchy and duty, suppress expression of emotions (e.g., those of South-East Asian heritage) more than those from more individualistic cultures (e.g., those of European heritage) (Huwaë & Schaafsma, 2018; Tsai & Lu, 2018). Black Americans (Wallace & Constantine, 2005) adhering to afri-centric values (i.e., the extent they adhered to a viewpoint which emphasises communalism, unity, harmony, spirituality, and authenticity), Asian Americans (Kim et al., 2001) and Asians (Wei et al., 2013) have been found to adhere to what is considered a cultural norm of distress concealment for the sake of interpersonal harmony (Mendoza et al., 2018; Tsai & Lu, 2018). However, the situation appears to be more nuanced than these findings imply. The literature indicates more intra- than inter-cultural differences. A meta-analysis found no significant differences between cultural groupings in the US with regard to endorsement of HVIC (Vargas & Kemmelmeier, 2013).

In two studies, samples from Chinese Taiwanese and European American university students were compared as a means of assessing cultural differences in distress disclosure (Kahn et al., 2017; Wei et al., 2013). Contrary to the view that as a collectivistic culture, Taiwanese were less likely to disclose distress compared to individualistic European Americans (Tsai & Lu, 2018), the studies found a similar level of distress disclosure in both samples. They did, however, find results indicating that individuals in a Taiwanese context, who did not conform to the cultural norms of avoiding emotional displays for the sake of social harmony (Wei et al., 2013) or those in the Taiwanese context who did not practise mindfulness (which involves dealing with distress in a way which avoids emotional displays; Kahn et al., 2017) had a greater tendency towards distress disclosure.

The researchers concluded that these results indicated that in collectivistic cultures, distress concealment is favoured in an effort to maintain social harmony (Wei et al., 2013).

Mindfulness may be a means of emotional regulation successfully used in the place of distress disclosure in such cultures (Kahn et al., 2017). Such a means may be used as it regulates emotion while not disrupting social harmony through a display of emotions which may be socially costly. The results are in line with the view that in individualistic European cultures, distress disclosure is the cultural norm and collectivist cultures, such as Asian cultures, emotional suppression is the cultural norm (Tsai & Lu, 2018).

These studies may be seen as cross-national rather than cross-cultural (Davis et al., 2012). The degree of homogeneity of culture in each national group is unclear. The researchers give no indication of how they assigned students as Taiwanese Chinese or European American, other than through geographical location. Assigning a cultural categorisation based on geography assumes an homogenous culture in each location, which may not be the case. This does not conform to the axiological stance of Counselling Psychology. While considering the participants within their cultural context may be appropriate, the researchers imposing their conception of cultural categorisation on the participants does not match the values of Counselling Psychology, where subjective experience is valued over objective labelling (Cooper, 2009). Furthermore, the use of a university sample rather than a community sample may have an effect on replicability and limits generalisability (Hanel & Vione, 2016).

Attachment Avoidance

Attachment avoidance is explained through attachment theory (Brennan et al., 1991). The theory proposes a bond between an infant and their primary caregiver (Bowlby, 1988b, 1988a). Infants develop an avoidant pattern of attachment behaviour in response to perceived consistent rejection from that caregiver. Expecting that their emotional needs will not be met, they cease asking as they believe they will be rejected (Ainsworth et al., 1971). The attachment

patterns formed in early childhood are theorised to continue into close relationships in adulthood (Bartholomew & Horowitz, 1991).

Attachment avoidance in adulthood is theorised to present as avoiding making emotional attachments, an aspect of which is suppressing emotional disclosure (Bartholomew & Horowitz, 1991; Bowlby, 1988a). This is supported in the literature. In a series of studies, using DDI (Kahn & Hessling, 2001) to measure distress disclosure and ECR (Experiences of Close Relationships Scale; Brennan et al., 1998) to measure attachment in samples of US university students, researchers found that higher attachment avoidance levels were related to a decreased tendency to disclose distress (Garrison et al., 2012, 2014; Wei et al., 2005). Furthermore, attachment style has been indicated to be related to self-disclosure in psychotherapy (Saypol & Farber, 2010). Assessing the association and understanding the relationship between attachment styles and disclosure is therefore of value to the field of Counselling Psychology.

In a study which casts light on the relationship between attachment styles and client disclosure in therapy, Saypol and Farber (2010), carried out online surveys using 117 adult participants who were receiving psychological therapy. Participants completed questionnaires which identified their attachment style (secure, fearful, preoccupied, dismissing; Bartholomew & Horowitz, 1991), an inventory of items disclosed to their therapist and a measure of their attachment to their therapist. The authors found a significant correlation between secure attachment to their therapist and self-disclosure; and a significant negative correlation between dismissing (i.e., high on the avoidance scale) attachment to therapist and disclosure. When controlling for length of time in therapy, these findings remained significant. Secure attachment to therapist also predicted improved levels of positive emotions and decreased levels of negative emotions following self-disclosure. This study, although providing evidence about disclosure in psychological therapy settings, examines disclosure in general rather than distress

disclosure in particular. Another limitation was the predominance of securely attached (to therapist) clients, affecting generalisability.

There is, however, a series of studies which consider the relationship between attachment avoidance and distress disclosure (Garrison et al., 2012, 2014; Wei et al., 2005). As part of a longitudinal study, Wei and colleagues (2005) investigated whether distress disclosure would mediate the relationship between attachment avoidance and feelings of loneliness leading to depression. They recruited a convenience sample in October from incoming first year students from a US midwestern university to complete an online survey. There was a follow-up online survey of the same cohort in March the following year. A total of 308 responses were complete and valid and therefore used in the analysis. In October, participants completed surveys to measure attachment (ECR; Brennan et al., 1998); distress disclosure (DDI; Kahn & Hessling, 2001); a measure of social self-efficacy; a loneliness measure and a depression scale. The depression scale was repeated in March of the following year.

They developed structural equation models, one of which examined the hypothesised mediation effect of distress disclosure on the relationship between attachment avoidance and loneliness leading to depression, when controlling for initial depression levels. They found results indicating that loneliness and subsequent depression were influenced by avoidant attachment style via being uncomfortable with sharing distressing information about themselves with others. The results are congruent with attachment theory, which would indicate that an avoidantly attached individual would deal with distress in ways other than sharing it and would feel very uncomfortable with sharing their distressing feelings with others.

They concluded that if freshman college students who are avoidantly attached could be encouraged to be more comfortable with talking about feelings of distress with others this may lead to reduction in loneliness and depression. The authors acknowledged the predominance of White, US university students and noted that other cultures may have different experiences and

expectations around sharing distressing aspects of the self and social harmony. They also recommended that future research include more data collection over a longer time span. They noted the impact of attrition rates and noted caveats around the use of self-report methods (Wei et al., 2005).

In a study investigating the interaction between distress disclosure, depression and adult attachment, researchers found evidence that attachment avoidance was negatively correlated with distress disclosure (Garrison et al., 2012). US university students (N= 121) completed a measure of adult attachment (ECR; Brennan et al., 1998); distress disclosure (DDI; Kahn & Hessling, 2001); and a measure of depression symptoms. Participants also completed an online daily diary sharing a distressing incident for seven days. Using regression analyses, the researchers found evidence that attachment avoidance negatively related to distress disclosure tendency and daily distress disclosure via diary.

They found that insecure attachment in general and attachment avoidance in particular explained the relationship between depression and disclosure. The authors concluded that this indicated that emotional regulation and interpersonal factors in depression are more relevant to distress disclosure than mood factors (Garrison et al., 2012).

As part of a wider study, researchers (Garrison et al., 2014) proposed that behavioural expression of distress may be used by those who are avoidantly attached in the moment the distress is experienced; thus, distress would be expunged in the moment before the need to disclose it after the fact (i.e., the association between attachment avoidance and distress disclosure may be weakened by behavioural expression of distress). Therefore, they investigated if emotional avoidance such as emotional suppression would act as a mediator between attachment avoidance and distress disclosure (i.e., the association between attachment avoidance and distress disclosure may be strengthened by emotional suppression). Participants were 116 US university students (73 female, 43 male). Seventy-eight percent identified as

European American. Participants completed the ECR (Brennan et al., 1998); DDI (Kahn & Hessling, 2001); Emotion Regulation Questionnaire (ERQ; Gross & John, 2003) and Ruminative Responses Scale (Treynor et al., 2003). They were also asked to keep a daily diary where they recorded an “unpleasant event” from their day. Using a single path model, the researchers found that attachment avoidance was associated with higher levels of expressive suppression, which was associated with lower levels of distress disclosure tendency. Their findings confirmed previous research that higher attachment avoidance is linked to lower distress disclosure (Garrison et al., 2012; Wei et al., 2005) and added to the literature through the finding that the relationship between attachment avoidance and distress disclosure was mediated by expressive suppression. They concluded that this is congruent with attachment theory. Avoidantly attached individuals, in an effort to reduce their distress, may suppress expression as a means of dealing with it as an alternative to disclosing to dissipate distress. The authors concluded that their results highlighted the need to consider the role of attachment avoidance in distress disclosure tendency.

These studies add to the evidence that distress disclosure tendency (as measured by the DDI; Kahn & Hessling, 2001) is reflective of real-world distress disclosure behaviour. That is, trait distress disclosure measured in the DDI (Kahn & Hessling, 2001) is reflected in state distress disclosure. The limitations indicated by the researchers included that the samples were taken from predominantly White US university students and the use of self-report measures. It can also be concluded that results have implications for Counselling Psychology theory and practice. The results indicate that theory should integrate attachment styles into distress disclosure theories. The implications for practice for Counselling Psychologists is that practitioners should consider how attachment avoidance and disclosure interact for clients (Garrison et al., 2012, 2014; Wei et al., 2005).

Attachment Avoidance and Cultural Orientation

Cultural orientation could help explain the relationship between attachment avoidance and distress disclosure. The suppression of emotional expression which has been associated with attachment avoidance (Bartholomew & Horowitz, 1991; Bowlby, 1988a) has also been associated with maintaining social harmony in collectivistic cultures (Tsai & Lu, 2018), particularly in the cultures of East Asia (Tsai & Lu, 2018) which are suggested to be vertical collectivistic (Triandis & Gelfand, 1998). The assertion that there are higher levels of attachment avoidance and attachment anxiety in Asian or collectivistic cultures is contentious. Although there is some support for this, a review concluded that the preponderance of evidence indicates that there are more intra-cultural variations than intercultural variations in adult attachment patterns (van IJzendoorn & Bakermans-Kranenburg, 2010).

Some cross-cultural studies have found no significant relationship between attachment avoidance and collectivism, for example, in a US college sample (N=475) where 67 countries of origin were identified (Agishtein & Brumbaugh, 2013), and in a cross-national study comparing a sample from the US and Mexico (Frías et al., 2014). The Experiences in Close Relationship Scale -Revised (Fraley, Waller, et al., 2000) was used to assess attachment style in the large scale study (Agishtein & Brumbaugh, 2013), while the original version was used in the US-Mexico study (ECR; Brennan et al, 1998). Collectivism was assigned by the researchers using the unidimensional ranking of countries scale (Hofstede, 2001).

Individualism or collectivism has been attributed more subjectively in other research. For example, Cheng and Kwan (2008) investigated the moderating effect of culture on the relationship between attachment styles and contingencies of self-worth. Contingencies of self-worth (CSW) are the standards by which individuals measure themselves; on meeting these standards, they assign self-worth (Crocker & Wolfe, 2001). Participants were 154 college students from three Hong Kong universities, one of which was an international university. Data

were collected pertaining to place of birth, nationality, ethnic background and countries the participants had lived in. Participants from the international university were assigned to a country based on where they had spent 66.7% of their lives and then assigned a collectivism score based on Hofstede's ranking (2001) of countries from individualism to collectivism. They found results confirming the hypothesised relationship and the hypothesised moderation effect of cultural orientation. That is, they found that cultural orientation to collectivism strengthened the negative relationship between attachment avoidance and support from friends and family. They concluded that as collectivists value interpersonal harmony above self-disclosure, seeking social support in such cultures has a greater social cost. They also concluded that avoidantly attached individuals depend on social support less frequently than those with other attachment styles. Therefore, avoidantly attached collectivists are less likely than avoidantly attached individualists to base their self-esteem on social support (Cheng & Kwan, 2008).

The researchers gave their conclusions with the caveat that they viewed the portion of their sample who were international students as not only individualistic but also heterogenous whereas they viewed the Hong Kong students as homogenously collectivistic. Again, this was an assumption assigned by the researchers. Their method of assigning dominant country could be viewed as more collaborative than the previous examples and therefore more in line with a pragmatic paradigm and an axiological stance of Counselling Psychology. The researchers acknowledged the limitation of them ultimately assigning cultural orientation after establishing country of origin, stating that a self-report instrument which measured this directly would provide more conclusive inferences on the relations between the variables (Cheng & Kwan, 2008).

Alexithymia

Alexithymia is a group of personality traits characterised by an inability to mentally represent affect, an inability to articulate feelings to others and an inability to understand the mental emotional states of self or others (Bagby et al., 1994; Taylor et al., 2016). It is conceptualised as a deficit in the cognitive processing of emotional experience (Ogrodniczuk et al., 2011). Psychotherapeutic practice is predicated on the client being able to identify, differentiate and verbalise emotions including distress. Higher levels of alexithymia, therefore, could present difficulties for the therapist (Ogrodniczuk et al., 2011).

Alexithymia is marked by the individual's lack of awareness of their own emotions (Lumley, 2004). An individual who is alexithymic is unable to identify feelings and may miscategorise psychological distress as physical. Because of this inability, they have difficulty articulating their emotional processes or understanding the emotional responses of others. They are aware that they feel bad but are not able to distinguish emotions or verbally communicate them (Lumley, 2004; Ogrodniczuk et al., 2011). Alexithymia may be the result of a deficiency in the cognitive processes of emotion (Taylor & Bagby, 2004). It has been proposed, that for individuals with high alexithymia, emotions are not cognitively characterised clearly, resulting in a focus on the physical responses to emotion and a subsequent misinterpretation of them as physical ill health (Taylor & Bagby, 2004).

Alexithymia is linked to poor counselling outcomes (da Silva et al., 2018; Ogrodniczuk et al., 2011; Taylor & Bagby, 2004). It creates difficulties for counselling psychologist in a practice, as exploring emotional processes is impeded by the client's inability to name or describe emotions. Being high in alexithymia may therefore act as a barrier to being able to fully engage in therapy (Ogrodniczuk et al., 2011). In a study assessing the effects of psychotherapeutic treatment of clients in an inpatient setting, Grabe et al., (2008) found that although therapy was beneficial for high alexithymic clients, they still had higher levels of

distress than non-alexithymic clients on discharge. Having such relatively higher residual symptoms has been indicated as a factor in relapse (Ogrodniczuk et al., 2011).

Alexithymia and Cultural Orientation

There is some indication in the literature that there may be a relationship between cultural orientation and alexithymia (Aival-Naveh et al., 2019). Aival-Naveh and colleagues (2019) included a meta-analysis of alexithymia as part of a systematic review examining mentalisation and barriers to mentalisation from a cross-cultural perspective. They included 112 published articles from peer reviewed journals which had a cultural focus and used the Toronto Alexithymia Scale (TAS-20; Bagby et al, 1994) to measure alexithymia. The TAS-20 is a 20-item scale which yields a total alexithymia score and three discrete subscales dimensions: Difficulty Identifying Feelings (DIF) which measures ability to identify emotions; Difficulty Describing Feelings (DDF) which measures ability to verbally communicate emotions; and Externally Oriented Thinking (EOT) which measures tendency towards externally oriented cognitive processes (Bagby et al., 1994). They found that healthy samples from collectivistic cultures were more alexithymic than those from individualistic cultures. In clinical collectivistic samples, a relationship between symptoms of poor mental health and alexithymia was indicated. They concluded that this higher level of alexithymia has been indicated to be the result of parental practices within collectivistic cultures around not verbalising emotions (Eisenberg et al., 1998; Le et al., 2002) and the cultural values viewed as inherent in vertical collectivism (e.g. hierarchical social structure (Lo, 2014) and the prioritisation of interpersonal harmony (Dere et al., 2012)). The authors noted the appropriateness of using the TAS-20 (Bagby et al., 1994) in cross cultural studies as it has been translated and validated across a number of cultures (Taylor et al., 2003) and established invariance (Dere, et al., 2012).

However, they also noted concerns around the low internal consistency of the external oriented thinking (EOT) subscale in collectivistic samples. That is the EOT subscale may be more representative of a cultural preference than a deficit linked to individuals socialised towards this cultural orientation (Ryder et al., 2018). There are also possible limitations in using self-report measures to assess alexithymia. Using self-report instruments requires the participant to have an awareness of their emotions and internal emotional life which alexithymic individuals may struggle with. Despite these concerns, the validity and reliability of the measure is supported in the literature including cross-culturally (Taylor et al., 2003) and correlation has been found between observer rated alexithymia and scores on TAS-20 (Bagby et al., 1994; Taylor et al., 2003). The results of this meta-analysis hold some relevance to the practice of Counselling Psychology, in that the authors conclude the findings indicate the importance of culturally sensitivity in psychotherapeutic work. The recommendation to consider the client holistically within their context while avoiding pathologising is also congruent with Counselling Psychology values (Cooper, 2009; Swanepoel, 2013). The findings of a meta-analysis holds more weight than the results of a single study. Adhering to this post-positivist paradigm therefore adds to the evidence base in a significant way.

Attachment Avoidance and Alexithymia

An association between attachment avoidance and alexithymia (measured using the TAS-20; Bagby et al., 1994) is indicated in the literature (Barbasio & Granieri, 2013; Besharat & Khajavi, 2013; Gilbert et al., 2014; Keating et al., 2013; Lyvers et al., 2019; Mallinckrodt & Wei, 2005; Obeid et al., 2019; O'Loughlin et al., 2018; Picardi et al., 2013; Romeo et al., 2020). Alexithymia is posited to be related to an inability to identify emotions whereas attachment avoidance is posited to be related to an unwillingness to do so (O'Loughlin et al., 2018). The inability is hypothesised to be linked to the impaired emotional processing capacities of

alexithymia. The unwillingness may be related to negative previous experiences of distress disclosure (Ogrodniczuk et al., 2011; O'Loughlin et al., 2018).

The shared root of both alexithymia and attachment avoidance may be that they are a shared consequence of poor childhood biological and social development, which could stem from an inadequate environment in infancy and early childhood (Mallinckrodt et al., 1998; O'Loughlin et al., 2018; Taylor & Bagby, 2004). It has further been indicated that alexithymia may partly be the process through which the relationship between attachment avoidance and distress disclosure operate (O'Loughlin et al., 2018).

A review (Taylor & Bagby, 2013) indicated that there is evidence to support the aetiology of alexithymia as being the result of a combination of genetic and environmental factors. Studies point to these environmental factors being largely adverse early childhood environmental factors (e.g., (Kench & Irwin, 2000; Mallinckrodt et al., 1998; Williams et al., 2019) particularly early emotional neglect (Aust et al., 2013) which are also proposed as the source of insecure attachment styles (Bowlby, 1980, 1988a).

In a study (Jørgensen et al., 2007) including a large population based sample of 8785 twin pairs from the Danish population, researchers found that genetic factors contributed to 30-33% of the variance in alexithymia (as measured by TAS-20; Bagby et al., 1994), 12-20% of the variance was explained by shared environmental factors and 50-56% by non-shared environmental factors. In another population-based twin study (Picardi et al., 2011) including a sample of 729 twins aged 23 and 24 drawn from the Italian population, researchers found that 42% of individual differences in alexithymia in their sample were accounted for by genetic factors and 67% was explained by non-shared environmental factors.

These findings together give weight to the indication that a combination of genetics and individual experiences contribute to the development of alexithymia. This is further supported by a meta-analysis exploring the strength of the relationship between alexithymia and parenting

style, which found an association between elements of alexithymia (as measured by TAS-20; Bagby et al., 1994) and maternal care (Thorberg et al., 2011). This indicated support for the theory that inadequate care from a primary caregiver in early childhood is linked to the development of alexithymia (Thorberg et al., 2011). The researchers found that perceptions of neglect and poor maternal care were moderately associated with alexithymia and DDF and DIF scales and correlated to EOT with a small effect size. The effect sizes reflected a weaker association between perceptions of maternal overprotection and alexithymia, DDF and DIF. The relationship with EOT was non-significant. The researchers concluded that congruent with the attachment theory tenet that the relationship with a primary caregiver is the basis of internal working models of emotion regulation, interpersonal relationships and communication (Bowlby, 1988a), the experience of poor maternal sensitivity in early childhood could result in adult alexithymia, particularly in deficits in identifying and describing feelings (Thorberg et al., 2011).

These findings together support the theory of the shared aetiology of attachment avoidance and alexithymia, through an indication of the importance of individual early developmental environmental factors for alexithymia (Jørgensen et al., 2007; Picardi et al., 2011) which is congruent with attachment theory (Bowlby, 1980) and findings in research (Ainsworth et al., 1971; Mikulincer & Shaver, 2016) and linked to insecure attachment styles (Thorberg et al., 2011). The use of the methodologies of large population-based studies and a meta-analysis gives more weight to the findings. However, some limitations should be noted. Picardi and colleagues (2011) noted the narrow age range (23- and 24-year-olds) and homogeneity of education levels in their sample, which while minimising confounding variables related to age, stage of life and socioeconomic status also made the results less generalisable. The population based studies noted the moderate participation rate and the skew towards female participants (Jørgensen et al., 2007; Picardi et al., 2011).

Again, the limitations of the self-report measures for alexithymia should be noted. A person with traits of alexithymia may have difficulties accessing, not only their emotions, but also historical emotional experiences relevant to their childhood. The population-based studies concluded that findings indicated that early childhood environment was important in the aetiology of alexithymia. However, they indicated that their results made no implications about the aspects of that environment which may contribute to the development of alexithymia (Jørgensen et al., 2007; Picardi et al., 2011). However results from the meta-analysis indicate the specificity of link with attachment insecurity (Thorberg et al., 2011). A major implication that they noted was that the results indicate the importance of adopting an attachment theoretical framework in alexithymia research (Thorberg et al., 2011). It could also be concluded that the findings suggest that adopting such a framework could be useful in alexithymia treatment.

While not directly perspective of Counselling Psychology, the focus on the development of emotional regulation processes indicate the findings are particularly of relevance to the theory and practice of the profession. Such processes have been linked to psychological wellbeing and psychosomatic disorders (Jørgensen et al., 2007; Picardi et al., 2011; Thorberg et al., 2011). The findings are of value to Counselling Psychology theory and practice in that, the high impact of individual environmental factors indicates, that environmental interventions may address alexithymia. The finding that there is a significant genetic component indicates that identification of that component can be used to identify high risk population groups where environmental interventions may be targeted (Picardi et al., 2011). The implications for theory and practice related to adopting an attachment framework also indicate relevance to the profession (Thorberg et al., 2011).

These studies form the basis of further studies which indicate an association between alexithymia and insecure attachment in general (see Taylor & Bagby, 2004, 2013 for reviews)

and avoidant attachment in particular (Mikulincer & Shaver, 2016, 2019; O'Loughlin et al., 2018). The evidence suggesting a link between attachment insecurity and alexithymia includes a study (Peñacoba et al., 2018) investigating the relationships between attachment styles, pain and specific emotional variables including alexithymia in Spanish women suffering from fibromyalgia (N= 146) compared to a healthy control group (N=122). The researchers found higher levels of alexithymia in participants with insecure attachment styles regardless of whether they had fibromyalgia or not. In a cross-sectional observational study of 789 participants in Lebanon, researchers found alexithymia negatively correlated with secure attachment and positively correlated with each of the insecure attachment styles (Obeid et al., 2019). Furthermore, in a study (Lyvers et al., 2019) using an Australian sample of 286 alcohol users, researchers proposed a developmental model of alcohol-related risk. Results indicated that poor maternal bonding in early childhood led to insecure attachment in adulthood, which in turn links to alexithymia, which increases the risk of problematic alcohol consumption as a means of regulating distressing emotions.

The findings of these studies together indicate that negative early developmental experiences may be the roots of, not only insecure attachment styles, but also alexithymia, leading on to maladaptive responses. There is also evidence to support the association between alexithymia and attachment avoidance in particular. In a study (Romeo et al., 2020) in Italy investigating the associations between attachment styles, parental bonding, and alexithymia, among women with fibromyalgia (N= 100) and a control group (N=107), results of logistic regression models indicated high levels of alexithymia was a predictor of having fibromyalgia and that attachment avoidance was a significant predictor of high alexithymia. Another study (Gilbert et al., 2014), involving 52 individuals under the care of a Community Mental Health Team, found that alexithymia was significantly correlated with a factor indicative of attachment avoidance but not with other forms of insecure or secure attachment. Finally, forty females

with systemic lupus erythematosus took part in a study which found that attachment avoidance was associated with alexithymia in this patient group (Barbasio & Granieri, 2013). These findings together provide evidence of a positive correlation between attachment avoidance and alexithymia that is, the results indicate that when an individual has more of an avoidant attachment pattern, they tend to also be higher on the scale for alexithymia. Finally, in a study (Keating et al., 2013) of women treated for eating disorders (N=300), researchers found that alexithymia mediated the negative relationship between attachment avoidance and body esteem. This indicated that alexithymia partly explained why an attachment avoidant individual may tend towards poor body esteem.

Methodologically, the authors noted limitations inherent in using self-report measures, particularly with reference to alexithymia. In the case of study by Obeid and colleagues (2019) the self-report measures had not been validated for the population. Although the authors do not address the research from the perspective of Counselling Psychology, they offered conclusions relevant to Counselling Psychology theory and practice. For example, in the study by Lyvers and colleagues (2019), viewing alexithymia and alcohol risk through the hypothesised developmental model and suggesting therapeutic goals and specific interventions to reduce risk of developing psychological ill health and addressing alexithymia (Lyvers et al., 2019). Similarly, Gilbert et al., (2014) offered suggestions around interventions aimed at producing more functional emotion regulation. Barbasio and Granieri, (2013) offered suggestions around interventions promoting emotion regulation particularly through verbal expression of distressing emotions. Keating and colleagues (2013) concluded that an implication for clinical practice was to work through an attachment-oriented therapy to mitigate the effects of the internal working model of attachment avoidance.

Attachment Avoidance, Alexithymia and Cultural Orientation

Considering cultural orientation may provide more understanding of the association between attachment avoidance and alexithymia. Given the definitions of HVIC (Triandis & Gelfand, 1998) plausible consequences of being socialised towards such views can be proposed with regard to distress disclosure. Focusing on the self and own emotional wellbeing through open articulation of needs including emotional needs is endorsed by individualists (Diener & Diener, 1995; Oyserman et al., 2002). Plausibly this level of self-interest could be mitigated by socialisation towards horizontal individualism, where self-reliance is valued over self-interest as self-interest may be tempered by the importance of equity and equality. Collectivists are indicated to suppress emotional expression for the sake of social harmony (Tsai & Lu, 2018). Those who endorse a vertical collectivism stance may do so as duty and obligation in deference to the hierarchy of the in-group is valued (Shavitt et al., 2010). Whereas those who endorse horizontal collectivism are not bound by this duty to not disrupt social harmony by sharing distress and rather may avail of the emotional support offered by the in-group by disclosing emotional material including their distress. Those high in attachment avoidance who are socialised as vertical collectivists or horizontal individualists (i.e., to suppress emotions or be self-reliant respectively) may have their early attachment learning consolidated such that they are not encouraged to feel their emotions or understand or express them. Thus, the relationship between attachment avoidance and alexithymia is strengthened. In contrast, those high in attachment avoidance who are socialised as horizontal collectivist or vertical individualist, where there is no motivation to conceal their distress, the relationship between attachment avoidance and alexithymia would not be strengthened. Therefore, socialisation towards vertical collectivism and horizontal individualism could plausibly strengthen the relationship between attachment avoidance and alexithymia. Socialisation towards horizontal collectivism and vertical individualism may not have such a strengthening effect on the relationship.

Attachment Avoidance, Alexithymia and Distress Disclosure

A literature search did not identify any studies investigating an association between attachment avoidance, alexithymia, cultural orientation and distress disclosure. However, a recent study investigated attachment avoidance, alexithymia and gender, and the effect these variables have on distress disclosure (O'Loughlin et al., 2018). The researchers hypothesised that the association between attachment avoidance and alexithymia would be stronger in men than women, and that alexithymia would mediate the relation between attachment avoidance and distress disclosure; they also examined if gender would moderate the relation between attachment avoidance and distress disclosure and between alexithymia and distress disclosure.

The authors recruited 178 participants (88 women, 90 men) via an internet survey platform and used the avoidance subscale of ECR, (Brennan et al., 1998) to measure attachment avoidance; TAS-20, (Bagby et al., 1994) to measure alexithymia; and DDI (Kahn & Hessling, 2001) to measure distress disclosure tendencies. They found that gender moderated the link between attachment avoidance and alexithymia; the association was stronger for men than for women. They also found that alexithymia partially mediated the association between attachment avoidance and distress disclosure tendencies. This supports the hypothesised shared aetiology of attachment avoidance and alexithymia (Taylor & Bagby, 2004). Alexithymia was a stronger mediator of the relation between attachment avoidance and distress disclosure tendencies in men than in women. The authors concluded gender role socialisations may lead to avoidantly attached women learning to identify and articulate their emotions, weakening the relation with alexithymia. Using an internet survey platform, participants were drawn from a community sample making the results more generalisable (Hanel & Vione, 2016).

The authors noted some limitations including the relatively homogenously White sample with ease of access to the internet and the lack of assessment of culture as a limiting

factor. The inclusion of self-report measures and use of cross-sectional design were also noted as limitations. Particular concerns about the use of the TAS-20 (Bagby et al., 1994) have been noted previously. The researchers here also noted the assumptions they made around gender role socialisation and recommended that future research include a more direct assessment of adherence to gender role.

While using a post-positivist paradigm, they engaged in the research adopting the axiological perspective of the profession of Counselling Psychology. They indicated findings were contributing to the theory on variables which may affect distress disclosure in Counselling Psychology practice. The researchers also included clinical implications involving incorporating attachment theory oriented interventions into treatment for alexithymia and focusing on mitigating the effects of gender role socialisation on distress disclosure in men (O'Loughlin et al., 2018).

Overall Limitations in the Literature

The extant literature is dominated by the use of a post-positivist paradigm. The use of a post-positivist paradigm did not preclude the relevance to Counselling Psychology of these studies, which frequently considered the clinical implications to the profession in practice and how the research contributes to the theory. While the work was frequently not aimed at Counselling Psychologists and therefore did not adopt that axiological perspective much of the time, the results were still pertinent to the profession (e.g., Cheng & Kwan, 2008 and the cross-cultural meta-analyses, Agishtein & Brumbaugh, 2013; van IJzendoorn & Bakermans-Kranenburg, 2010); Aival-Naveh et al., 2019 and the literature on alexithymia). In the case of the DDI (Kahn & Hessling, 2001) and work related to this instrument by Kahn and colleagues (Garrison et al., 2012, 2014; Wei et al., 2005), researchers adhered to an axiological perspective of Counselling Psychology and frequently linked the work to Counselling Psychology values

and indicated the research's value to the profession. Whether the research was linked directly to the profession and its values or not, there remains a tension between the use of a post-positivist paradigm and the importance of working collaboratively to empower participants which are key values in Counselling Psychology research (Kasket, 2013).

Throughout the literature reviewed here, methodologically, it could be concluded that researchers have addressed the research questions appropriately through the use of self-report measures and types of statistical analysis used (including correlations, moderations and mediations). A quantitative methodology is most appropriate when assessing relationships between variables covered in the literature (Howitt & Cramer, 2005). These measures and analyses met the needs of the post-positivist paradigm of examining variations between variables. However, there are some limitations involved in the use of self-report measures which depend on personal interpretation and may illicit socially desirable responses. As covered in more detail previously, the limitations associated with self-report measures are particularly pertinent in the case of the TAS-20 (Bagby et al., 1994).

There is a marked lack of diversity in the samples used in the extant literature with participants being predominantly white US university students. In the case of cross-cultural research, that has been dominated by comparisons between European American (i.e., white) and Asian/Asian American university students (Aival-Naveh et al., 2019; Tsai & Lu, 2018). Research focused on the DDI (Kahn & Hessling, 2001) used samples from the same large mid-western US university (Garrison et al., 2012, 2014; Wei et al., 2005). Farber and colleagues research, focused on well-educated white women in psychotherapy (Blanchard & Farber, 2020; Coren & Farber, 2019; Farber, 2003, 2020; Farber et al., 2004, 2014; Love & Farber, 2019; Saypol & Farber, 2010). The relative homogeneity and lack of diversity of these samples indicates that caution should be exercised when making any conclusions about the generalisability of results.

With regard to research design, the literature is dominated by cross-sectional research which the researchers have recognised as a limitation. Using a longitudinal rather than a cross sectional design may be more beneficial as it would address measurement error and bring greater understanding to the relationships between variables by providing more direct evidence of causality (Hayes, 2017).

Attachment Avoidance, Alexithymia, Distress Disclosure and Cultural Orientation

The relationship between attachment avoidance, alexithymia and distress disclosure may be explained further by considering cultural orientation. There is evidence indicating a relationship between cultural orientation and each of the variables individually: attachment avoidance (Agishtein & Brumbaugh, 2013; van IJzendoorn & Bakermans-Kranenburg, 2010), alexithymia (Aival-Naveh et al., 2019) and distress disclosure (e.g., Kahn et al., 2017; Wei et al., 2013).

The literature indicates there are more differences in attachment avoidance intra- than inter-culturally, when assessing attachment on a societal basis (Agishtein & Brumbaugh, 2013; van IJzendoorn & Bakermans-Kranenburg, 2010). However, interpretation of results has been limited by the differentiating dimension of individualism and collectivism being viewed as unidimensional and assigned by the researchers rather than self-described by the participants (Agishtein & Brumbaugh, 2013; Cheng & Kwan, 2008; Frías et al., 2014).

In the literature assessing cultural differences in alexithymia, collectivistic cultures have been identified as having a greater prevalence of alexithymia in the general population, than individualistic cultures (Aival-Naveh et al., 2019). Again, culture was identified by the researchers on a societal or national level rather than by participants on an individual level.

Distress disclosure research focusing on cross-cultural differences has found minimal variance in distress disclosure internationally (i.e., in European Americans compared to Asians

or Asian Americans; Kahn et al., 2017; Tsai & Lu, 2018; Wei et al., 2013). Research indicated greater variances when looking at the pattern of distress disclosure within each national group.

These results of cultural orientation in relation to each variable taken together indicate cultural orientation's relationship to these variables is more complex and nuanced than previously theorised. The Culture Orientation Scale (HVIC; Triandis & Gelfand, 1998) may provide a framework for this more nuanced view of cultural orientation and how it may affect each of the variables. Assessing cultural orientation to consider the importance of social hierarchy/ egalitarianism (i.e., on the horizontal/vertical dimension of HVIC) as well as individualism/collectivism could address the associations between variables in this more nuanced way which is absent from the extant literature.

The evidence base indicates no clear relationship between all the variables. However, the O'Loughlin et al (2018) study discussed previously, provides support for a moderated mediation model of the associations between attachment avoidance, alexithymia, gender and distress disclosure. A similar moderated mediation model may explain the relationships between attachment avoidance, alexithymia, cultural orientation and distress disclosure.

Socialisation towards cultural orientation could plausibly have an effect on the relationship between attachment avoidance and alexithymia affecting distress disclosure. Individuals who have developed an avoidant attachment pattern and subsequently are socialised to suppress the expression of negative emotional material in deference to social hierarchy (i.e., socialised towards vertical collectivism) may develop more alexithymic traits which in turn has a negative effect on distress disclosure. That is the avoidance of negative emotions inherent in attachment avoidance is consolidated by being socialised to avoid expression of negative emotion which may lead to deficits in understanding one's own emotional world (and that of others), which in turn becomes a barrier to articulating distress to others.

Similarly, those who are socialised towards the self-reliance associated with horizontal individualism (Triandis & Gelfand, 1998) may produce a similar pattern of interactions. Thus, the avoidantly attached individual who is socialised to self-reliance (i.e., horizontal individualism) without enough support and learning from others, may not develop the ability to identify and articulate their emotions or may attribute emotional responses to another source (i.e., may develop alexithymic traits) making it difficult to then disclose distress to others. Although the lack of emotional disclosure develops from self-reliance rather than suppression of emotion in this case.

Those individuals who are socialised to prioritise the self (vertical individualists) and those socialised to feel all are equal within the collective (horizontal collectivists) may have no socialised suppression of negative emotions and therefore may not strengthen the effects of attachment avoidance creating a barrier to distress disclosure via alexithymia.

The Present Study

Given the relevance of distress disclosure to Counselling Psychology in practice, understanding barriers and contributors to such disclosure is of relevance to the theory and research of Counselling Psychology. Extant research has investigated attachment avoidance, alexithymia and their association and how that affected distress disclosure. While gender role socialisation has been investigated (O'Loughlin et al., 2018), a literature search has revealed no previous research investigating the role of cultural orientation in distress disclosure. As discussed previously, being socialised towards a cultural orientation which values suppressing expression of negative affect (i.e., vertical collectivism or horizontal individualism) may lead to avoidantly attached individuals consolidating their learning from early childhood to not sharing distressing emotions, thus strengthening the relation with alexithymia for such individuals. This in turn may then strengthen the mediation effect of alexithymia in the relation

between attachment avoidance and distress disclosure tendencies in individuals socialised towards these cultural orientations.

The aim of the present study was to bring greater understanding to the relationships between attachment avoidance, alexithymia, cultural orientation and distress disclosure. Consistent with previous research, a quantitative research methodology was used. This could be viewed as post-positivist but an imperfectly understood objective reality was not assumed. Rather, epistemologically, this could be understood as a pragmatic paradigm, as the methodology most appropriate to addressing the gap in the literature was used. Furthermore, the hypotheses were viewed from a plurality of perspectives and these perspectives are presented here. Axiologically, while valuing an objective reality noting not only the subjective perspective of the researcher as a Counselling Psychologist in training, but also the subjective individual experience of the participants, is acknowledged in how the research process was engaged with through the interpretation of results.

The variables were investigated using a cross-sectional design. In assessing the variables of interest, the literature indicated consistent use of particular instruments. In assessing distress disclosure tendency, the Distress Disclosure Index (DDI; Kahn & Hessling, 2001) is indicated to be valid and reliable in a variety of contexts (see Kahn et al., 2012 for a review), including cross-cultural studies (Kahn et al., 2017; Wei et al., 2013) and a study investigating the relationships between attachment avoidance, alexithymia, distress disclosure (O'Loughlin et al., 2018). In assessing attachment styles in general, and attachment avoidance in particular, Experiences of Close Relationship Scale- Revised (ECR-R; Fraley, Waller, et al., 2000) is indicated to be valid and reliable in contexts including investigating the relationships between attachment avoidance and cultural orientation (Agishtein & Brumbaugh, 2013). In measuring alexithymia, although possible issues with cultural differences and reverse scoring in the EOT subscale have been noted (Ryder et al., 2018), the Toronto Alexithymia Scale

(TAS-20; Bagby et al., 1994) is overall indicated to be reliable and valid in cross-cultural contexts (see Aival-Naveh et al., 2019 for a metaanalysis, Taylor et al., 2003). As previous researchers have noted the issues inherent in assuming socialisations based on culture (Tsai & Lu, 2018), socialisation towards cultural orientation will be assessed directly through use of the Individualism Collectivism Scale also called the Culture Orientation Scale (HVIC; Triandis & Gelfand, 1998). Robust reliability and validity of the HVIC has been indicated in the measuring of cultural orientation. It has been utilised in a variety of settings (see Vargas & Kemmelmeier, 2013 for a meta-analysis) and has been indicated as appropriate for examining unique culture patterns in an individual multicultural, multi-ethnic society (Komarraju & Cokley, 2008; Vargas & Kemmelmeier, 2013).

To facilitate understanding of possible moderating effects of different cultural orientations on associations between attachment avoidance and alexithymia and the mediation effect of alexithymia on distress disclosure moderation and mediation models were considered. In line with previous research which examined the association between attachment avoidance, alexithymia, distress disclosure and gender (O'Loughlin et al., 2018), a mediation model examining the relations between attachment voidance and distress disclosure via alexithymia was carried out. Further, moderated mediation models were tested to examine the relations between attachment avoidance, alexithymia and distress disclosure tendencies for each of the subscales of cultural orientation.

The hypotheses for the current study were:

Hypothesis one - Alexithymia will mediate the association between attachment avoidance and distress disclosure tendencies (Figure 1).

Hypothesis two - Vertical collectivism (but not horizontal collectivism) will strengthen the relationship between attachment avoidance and alexithymia partially explaining the relationship to distress disclosure (Figure 2).

Hypothesis three - Horizontal individualism (but not vertical individualism) will strengthen the relationship between attachment avoidance and alexithymia partially explaining the relationship to distress disclosure (Figure 3).

Figure 1

Hypothesised Mediation Model

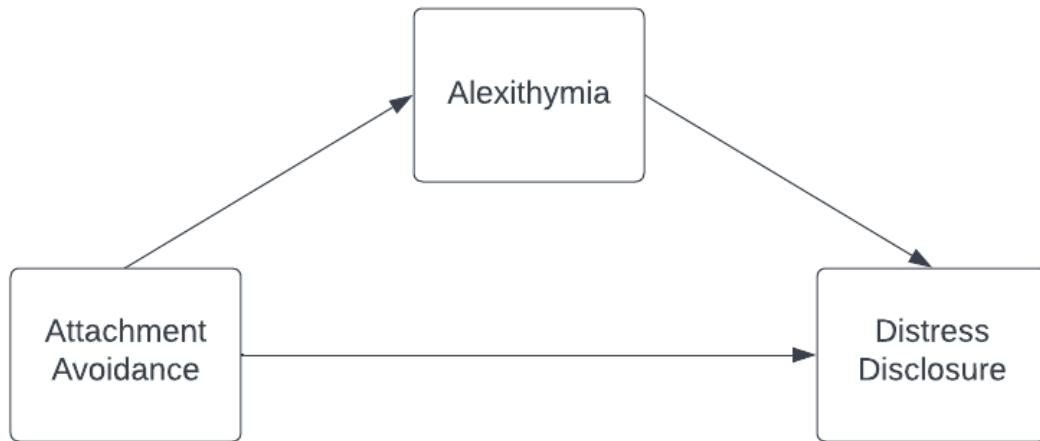


Figure 2

Hypothesised Moderated Mediation Model (Vertical Collectivism)

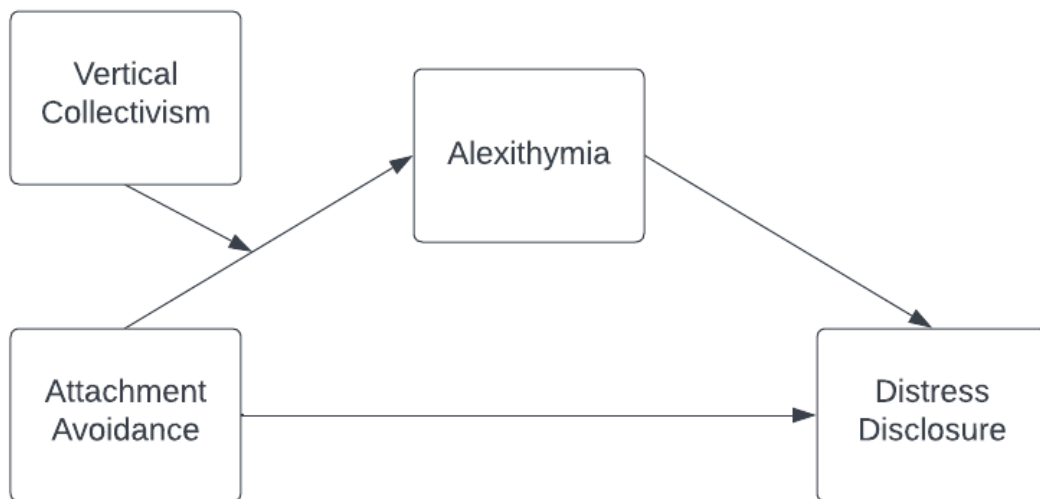
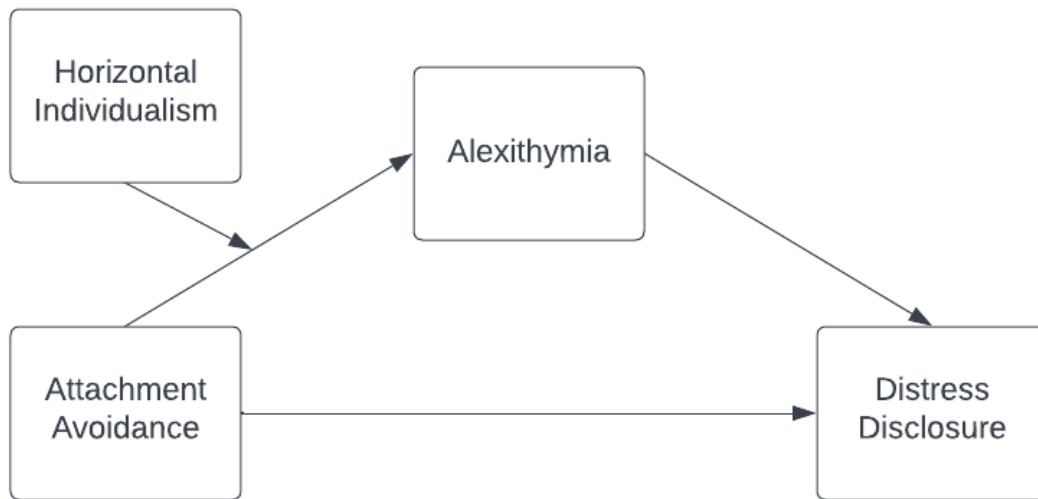


Figure 3

Hypothesised Moderated Mediation Model (Horizontal Individualism)



Chapter 3 Methodology

Epistemological, Methodological and Personal Reflexion

Epistemological Reflexion

Methodologically, the current study was quantitative. The axiological stance assumed was pragmatic in that results were interpreted through the lens of assuming an objective reality and the subjective stance of a phenomenological Counselling Psychology trainee scientist-practitioner. The ontological stance taken was understanding an objective reality which is understood subjectively from a plurality of perspectives. Thus, epistemologically a pragmatic paradigm could be understood to have been adopted. Methodologically, the work is indicative of a positivist or post-positivist paradigm, while axiologically and ontologically it could be viewed as a pragmatic paradigm, therefore there is a tension between this epistemological stance and the methodological, axiological and ontological stances.

Although the methodology is quantitative and therefore post-positivist by definition (Creswell & Creswell, 2018), the aim was to take the stance of pragmatism of acknowledging the subjective experiences of the participants, drawn from the individual responses to the self-report questionnaires, towards more general patterns and more universal understandings (Creswell & Creswell, 2018; Kaushik & Walsh, 2019). This mix of the quantitative measures from a pragmatic view and the axiological stance of a phenomenological Counselling Psychologist approaching the research with a sense of curiosity, could be seen as pragmatic. Also, in line with a pragmatic paradigm, the research is aimed at giving awareness to individual differences as a means of promoting equity in treatment and respecting the diversity of clients, with regards to cultural orientation, attachment style and cognitive processing (Creswell & Creswell, 2018). Furthermore, the method is in line with the key stance of the pragmatic paradigm of being most appropriate for the research problem being investigated (Kaushik & Walsh, 2019; Tashakkori & Teddlie, 1998).

There is a tension between using a purely quantitative methodology and the pragmatic epistemological underpinnings of the researcher. There is also a tension between these pragmatic epistemological underpinnings and using one method (quantitative) rather than embracing the pluralism inherent in a pragmatic stance and using a mixed methodology. Although a post-positivist approach is the most appropriate, it should be acknowledged that there is a tension with the phenomenological Counselling Psychology axiological stance. The post-positivist paradigm means the exclusion of data of the purely subjective experience achieved through adopting a qualitative methodology. This lack of qualitative data means the absence of the depth and richness of that data (Creswell & Creswell, 2018). According to a post-positivist paradigm, objective reality is not something that we can fully grasp the meaning of (Betz & Fassinger, 2012; Ponterotto, 2005).

The stance of Counselling Psychology involves considering the participant holistically within the context of their cultural and developmental socialisation. Therefore, there is this tension between this more subjective stance, which tends more towards a pragmatic paradigm, and the assumed objectivity of the post-positivist paradigm indicated by quantitative measures. Furthermore, there is a tension between the pragmatic and post-positivist in the use of self-report measures. Self-report questionnaires are by definition a subjective form of quantitative measurement. However, they are the most accessible and objective method of understanding attitudes and behaviours, while understanding the social constructs inherent in questionnaires (Romm, 2013). Acknowledging these tensions allows reflexivity and self-awareness while undertaking the work. Holding tensions in mind, allows a more pragmatic, Counselling Psychology stance than initially appears possible given the quantitative, post-positivist methodology (Kasket, 2013).

While examining the literature and considering the methodology most appropriate for the research topic this tension was acknowledged and considered. Ultimately a purely

quantitative approach was adopted despite this tension as it was deemed most appropriate to the research question given the extant literature examining similar questions around these relationships and the expectation that this type of question (assessing relationships between variables) be most appropriately addressed through a quantitative method (Creswell & Creswell, 2018).

Methodological Reflexion

The extant literature on this topic indicates the use of a positivist or post-positivist paradigm and a quantitative methodology. The topic investigated aimed to bring understanding to the individual in context. Such understanding is foundational to Counselling Psychology practice (Creswell & Creswell, 2018). The study investigated how cultural orientation, attachment style and alexithymic context affects the tendency to disclose distress. The methodology of choice for assessing relationships between variables (i.e., addressing the current research question) would be a quantitative method (Creswell & Creswell, 2018). The research built on existing studies which have quantified relationships among variables which may affect distress disclosure (e.g. Garrison et al., 2012, 2014; O’Loughlin et al., 2018). A cross-sectional correlational research design was used as this type of design has consistently been used to assess the relationships of various individual differences with each other and distress disclosure (e.g. Garrison et al., 2012, 2014; O’Loughlin et al., 2018). In order to add to the knowledge base, the same methodology of a correlational research design using the survey method was undertaken in this study. The research aimed to investigate the associations between attachment avoidance, alexithymia, cultural orientation and distress disclosure. A moderated mediation analysis was appropriate as the aim was to assess the size and direction of the indirect effect of alexithymia on the relation between attachment avoidance and distress disclosure (i.e., the mediation; Wolf et al., 2013) in conjunction with assessing the strength and

direction of the effect of cultural orientation on the relationship between attachment avoidance and alexithymia. (i.e., the moderation; Creswell & Creswell, 2018). O'Loughlin and colleagues (2018) used the same methodology to assess the effects of gender on the relations between attachment avoidance alexithymia and distress disclosure, giving further indication of its appropriate use in this case. Counselling Psychology's axiological stance recognises that completely knowing the individual in their context is not possible, and that the individual should be viewed as something beyond their labels and categorisations. This is in tension with the use of psychometric questionnaires. However, labels and categorisations can be useful and research which contributes to the knowledge base on these allows an expression of the individual within their context (Cooper, 2009). That use comes in holding on to knowledge pertinent to the individual's labels without that being the driving force of Counselling Psychology (Cooper, 2009).

The majority of the extant research has used a student sample, including the studies reviewed here. The proposed study used a community sample. Research which investigated whether student samples were representative of the general population concluded that students' responses vary from that of the general public (Hanel & Vione, 2016). A study including 59 countries and 12 attitudinal and personality variables concluded that because of random variations across countries and variables, it was not possible to generalise results from student samples to the general population (Hanel & Vione, 2016). Based on this and drawing from the example of a recent study of the relationships among attachment avoidance, alexithymia, gender and distress disclosure whose participants were from the general population (O'Loughlin et al., 2018), a community sample was accessed via an internet survey. There is a tension between the intersubjectivity valued by Counselling Psychology and the remoteness between the researcher and participant inherent in the use of this methodology. However, in line with the pragmatic paradigm, this is the most appropriate method to address the research

questions and produce generalisable results, although the tension should be acknowledged and held in mind.

Personal Reflexion

Holding a phenomenological stance within Counselling Psychology values while undertaking a quantitative research project involves some tension which remains unresolved. The phenomenological values of Counselling Psychology involves reflexively taking a non-hierarchical, ethical, pluralistic approach to understanding the individual within their context in order co-create meaning and relationships, with the ultimate aim of improving professional practice (BPS, n.d., 2020; Orlans, 2013). While recognising that understanding participants fully within their context is recognised as not possible from a phenomenological perspective, is not achievable from a practical perspective given the use of an anonymous internet survey with 384 participants. However, being reflexive in taking the curious stance to understand myself and the process has been possible.

Reflecting on the process, it has been enormously challenging to complete a professional doctorate during a global pandemic. A lot has been lost, specifically around connection with others. I spent much of the last three years reflecting on this loss of connection and how that mirrored loss of connection I was investigating in my research. The pandemic seemed to have enhanced loss of connection through avoidance and how we are socialised; and highlighted inabilities to connect as a result of deficits in cognitive processes. Ultimately there was a loss of connection through being unable or unwilling to disclose our distress to others. I have done a lot of reflecting not just on the topic but the methodology. Using a quantitative methodology aligns with my personal professional values as a scientist practitioner. Initially, I did not realise how counter to the culture of Counselling Psychology using quantitative methods was. As I came to understand the propensity for more qualitative methods within the profession, I was simultaneously developing my personal professional stance more towards

that of a phenomenological practitioner scientist. I spent much time considering the tension between these two stances and discussing with classmates, placement supervisors, lecturers and research supervisors. At times I was adamant I was adhering to a post-positivist paradigm; at others I was adamant I was coming solely from a phenomenological standpoint. Through the process I have come to recognise that my values as a Counselling Psychologist are the encapsulation of the tension between a quantitatively driven scientist practitioner and a phenomenologically driven practitioner scientist. I have also accepted this duality rather than feel I have to be one or the other. I can be both.

Through this reflexivity I have found strategies to question my own attitudes, thought processes, values, assumptions, prejudices and habitual actions, to strive to understand my complex roles in relation to others, including my participants. I held the tension between a phenomenological stance and quantitative methodology in that I held expectations about results in the form of the hypotheses. However, I did not have any expectation of interpreting findings as causal, instead I view the findings as a way to describe the relationships. As Hayes says:

Human behavior is too complicated to be reduced to a mathematical model, and no model we could ever imagine, much less estimate or test, would be complete and accurate (Hayes, 2017, p. 394)

As there was no direct personal interaction with participants at the point of data collection, I held this tension of trying to remove myself from the methodology while also acknowledging my immersion in it and allowing that to be part of the process too. I did this through my participant recruitment process. This involved connecting with every professional and personal network I had access to and creating access to some I did not. Approaching this process with curiosity about what was possible and learning new skills in creating TikToks; Instagram reels, posts and stories; and using Reddit. Approaching new and existing connections with a curiosity about what we could co-create to get more participants. At the other end of the process, the

knowledge gained, although statistical and numbers based, is held lightly in mind while considering and acknowledging that there may be multiple perspectives in a world which is socially constructed (Orlans, 2013). In practice, I maintain a sense of unknowingness about the findings, which I can be curious about. I would not automatically apply these to an individual client although, again, I may hold them lightly in mind (Kasket, 2016).

I often was reflexive on the topic of how a qualitative methodology would have generated such different knowledge. However, at a certain stage I understood that I must hold this tension between the possibility of other methodologies and the actuality of the methodology which I had chosen based on the gap in the literature and research questions. I could only do my research in a way that held my personal professional duality of adhering to both a phenomenological and quantitative stance. Examining the findings involved embracing cultural diverse views on health, change and wellbeing (Cooper & McLeod, 2007). And through a phenomenological stance approaching with a curiosity and unknowingness that the moderation results found, may not indicate deficits attached to socialisation towards a cultural orientation, but may be instead, a cultural preference (Ryder et al., 2018).

Undertaking research during a global pandemic could have been quite anxiety provoking, however using an internet-based survey to gather data made the process more straightforward. The fact that prospective participants may have been accustomed to engaging in activities on-line after 18 months of doing everything in that context may have helped with barriers to engaging. It is difficult to know what impact the pandemic had on the process and on the results as there is no basis for comparison. I do not know how it could have been different.

In conclusion to these epistemological, methodological and personal reflexions, although the research adheres to a post-positivistic quantitative methodology, ontologically and

axiologically the process adhered more towards my own personal professional phenomenological stance of a Counselling Psychologist in training, therefore it may be considered as closer to a pragmatic epistemological paradigm.

Design

The study was a cross-sectional correlational study. Given the correlational design, effect sizes would be expected to be small (Regorz, n.d.). A minimum sample size of 377 has been identified as appropriate for a moderated mediation model where the effect sizes on each path would be estimated as small (Fritz & MacKinnon, 2007).

Inclusion Criteria

Participants were required to be UK residents, aged 18-65 and not under the care of a Community Mental Health Team. The aim was to gather data from members of the general population while avoiding responses from specialist or clinical populations, which may have skewed results.

Ethics

The research adhered to the codes and standards of ethics from the Health and Care Professionals Council (HCPC, n.d., 2016); the British Psychological Society (BPS et al., 2018; British Psychological Society, 2014); and University of East London (UEL, 2018, 2020). Ethical approval was sought from UEL following these guidelines. Research commenced once ethical approval (Appendix A) was given (UEL, 2018). Participants were given information on the research before being asked for consent to participate and have their data used. They had the right to withdrawal at any time. After taking part, participants were debriefed. In line with recommendations for internet surveys (BPS, 2017), a consent tick box was provided at the

beginning and end of the survey. A “withdraw” button was on each page (Qualtrics, n.d.). Participants were issued an identifying code to be used in the event they wanted to withdraw their data retroactively (BPS, 2017).

Data Protection

Data was anonymised. Identifying data such as name or contact information was not collected. Data was securely stored, in line with government and UEL data protection policies. (GOV.UK, n.d.; UEL, n.d.). There are specific issues to consider in data protection when collecting online data. Secure survey links were used with all data being password protected and stored on a server (Qualtrics, n.d.). Data transferred and analysed via SPSS was stored UEL’s online research repository. Access to collected data was only by the researcher. Data will be retained on UEL’s research repository for three years in the case of future research or publications.(GOV.UK, n.d.; Qualtrics, n.d.; UEL, n.d.). Risk to participants was assessed as low, however support information was provided to all participants at debrief. There are additional risks with online research (BPS, 2017). The lack of researcher control (BPS, 2017) inherent in online research necessitates taking additional steps to ensure that only those who meet inclusion criteria take part. Participants were asked for their age with those under 18 and over 65 being excluded. Participants were also asked if they are currently under the care of a Community Mental Health Team. Those who were, were also excluded. Those who were excluded were debriefed. The steps mentioned above (valid informed consent, right to and methods of withdrawal, control over exclusion criteria) should have effectively minimised harm to the participants while maximising benefits to the profession through ensuring the scientific value of the work (BPS, 2017).

Method

Recruitment

Participants were recruited by sharing the Qualtrics survey link¹ via the researcher's personal social media platforms: Reddit, Facebook, Twitter, Instagram and TikTok. The researcher joined survey swapping groups (e.g., Survey Circle) and shared the survey on social media forums aimed at Counselling Psychologists, psychology research and research in general. The survey was also shared through relevant current and previous employment and educational networks.

Participants

Four hundred and fifty-seven participants consented to participate. Seventy-three of these were excluded from analysis as they provided incomplete responses. Therefore, 384 participants were included in the analysis: 24.2% identified as male; 74.2% identified as female and 1.6% identified as non-binary/third gender. Seventy-nine-point seven percent (79.7%) identified their ethnicity as White; 9.1% as Asian; 4.7% as mixed; 3.9% as Black; and 2.6% as other (this approximates UK ethnic breakdown, ONS, 2011). The mean age of participants was 33.6. See Appendix E.

Procedure

Information on the research was provided and informed consent (Appendix B) sought and received. Prospective participants were then asked to verify that they met the inclusion criteria before completing five questionnaires.

Measures

A demographic questionnaire and questionnaires to assess attachment avoidance, alexithymia, cultural orientation and distress disclosure were administered (Appendix C).

¹ https://uelpsych.eu.qualtrics.com/jfe/form/SV_9HPGtBgkgvwovC6

1. Demographic information

This included age, gender, national identity, country of residence within the UK, ethnicity (as delineated by the ONS, 2011), household income bracket, highest educational achievement.

2. Experiences in Close Relationship Scale – Revised (ECR-R; Fraley, Waller, et al., 2000). Attachment avoidance questions only. An 18-item subscale.

The ECR-R is a revised version of the ECR (Brennan et al., 1998) with questions drawn from the same item pool. It is a self-report measure of adult attachment on two subscales: Attachment Anxiety and Attachment Avoidance (Bartholomew, 1990). The avoidance subscale assesses tendency to emotionally distance during close relationships. The measure includes statements such as “I feel comfortable sharing thoughts and feelings with my partner”. Participants are asked to rate how much they agree with a statement on a 7-point Likert scale from “strongly disagree” to “strongly agree”. It has been found to be reliable and valid (Sibley et al., 2005). Results from a meta-analysis of longitudinal studies incorporating this scale, indicated that attachment patterns remained moderately stable from infancy into adulthood (Fraley, 2002). It has been used in assessing the link between attachment avoidance and cultural orientation (Agishtein & Brumbaugh, 2013).

3. Distress Disclosure Index (DDI; Kahn & Hessling, 2001). A 12-item scale.

The DDI is a brief self-report measure designed to assess clients’ tendency to disclose personally distressing information in therapy. The measure includes statements such as “I prefer not to talk about my problems”. Participants are asked to rate how much they agree with a statement on a 5-point Likert scale from “strongly disagree” to “strongly agree”. Validity and reliability have been indicated in a variety of a contexts (see Kahn

et al., 2012 for a review). It has previously been used in studies which assess cultural differences (Kahn et al., 2017; Wei et al., 2013).

4. Toronto Alexithymia Scale (TAS-20; Bagby et al., 1994). A 20-item scale.

The TAS-20 is a brief self-report measure designed to assess alexithymia in three domains: *difficulty identifying feelings, difficulty describing feelings and externally oriented thinking*. The negative effects of alexithymia are indicated to be represented in these subscales combined. An effect which may be weakened when individual subscales are considered in isolation (Bagby et al., 2020). Participants are asked to rate how much they agree with a statement on a 5-point Likert scale from “strongly disagree” to “strongly agree”. Validity and reliability have been indicated in a variety of contexts (see Bagby et al., 2020 for a review). It has previously been used in studies which assess cultural differences (Aival-Naveh et al., 2019).

5. Individualism-Collectivism Scale also called Culture Orientation Scale (HVIC; Triandis & Gelfand, 1998). A 16-item scale.

The scale is a brief self-report measure designed to measure four dimensions of collectivism and individualism: Vertical Collectivism valuing interdependence and hierarchy; Vertical Individualism valuing independence and hierarchy; Horizontal Collectivism valuing interdependence and egalitarianism; Horizontal Individualism valuing independence and egalitarianism. Participants are asked to rate how much they agree with a statement on a 9-point Likert scale from “never or definitely no” to “always or definitely yes”. Validity has been tested (Triandis & Gelfand, 1998) and its validity is indicated in a variety of settings (Triandis & Gelfand, 2012).

Questionnaire order (and question order within the HVIC; Triandis & Gelfand, 1998) were randomised to counter order effects. Participants were required to answer all questions in each

questionnaire before they could continue to the next page of the survey. Participants could choose to withdraw at any time via a button on each page of the survey.

On completion of all questionnaires, the participant was presented with a debrief sheet (Appendix D) and a randomly assigned number, which could be used in case the participant wanted to withdraw from the research in the subsequent three weeks.

Data Analysis

When all data were collected, they were exported from Qualtrics to SPSS. Four hundred and fifty-eight responses were recorded. Seventeen participants provided consent but did not meet inclusion criteria. These were excluded from further analysis. A further 57 gave incomplete responses. These were excluded from further analysis. The remaining 384 responses were included in the analysis.

Chapter 4 Results

Demographics and Preliminary Analysis

Participants identified 41 countries of origin. The majority (n=254, 66.1%) identified the UK as their country of origin. Three hundred and thirty-two (86.5%) identified England as their country of residence; 24 (6.3%) resided in Scotland; 16 (4.2%) in Northern Ireland and 12 (3.1%) resided in Wales. This is roughly analogous to UK population densities (ONS, n.d.-b). The participants were more highly educated than the general population, with 79.1% reporting an undergraduate degree or higher (the UK figure is 35% (Onaverage, n.d.)). The participants also reported higher than average household incomes. Participants reported a median household income of £40,000 to £49,000; the median UK household income is reported as £29,900 (ONS, 2020). See Appendix E for details.

Checks for biases in the data and normality checks were undertaken before preliminary analysis of the data was undertaken (see Appendix F).

Means, standard deviations, bivariate correlations for variables

Table 2 shows the correlations, means and standard deviations of all variables.

Table 2

Means, standard deviations, bivariate correlations for variables

	1	2	3	4	5	6	7	M	SD
1. Attachment avoidance	---							3.085	1.246
2. Alexithymia	0.465**	---						46.677	12.364
3. Distress disclosure	-0.499**	-0.437**	---					37.578	10.973
4. Horizontal individualism	0.228**	0.075	-0.331**	---				26.570	5.431
5. Vertical individualism	0.055	0.194**	-0.112*	0.142**	---			17.464	6.085
6. Horizontal collectivism	-0.330**	-0.225**	0.293**	-0.054	-0.076	---		26.971	5.043
7. Vertical collectivism	-0.091	0.026	0.013	0.070	0.165**	0.373**	---	23.281	5.530

Note. ** Correlation is significant at the 0.01 level (2-tailed). * Correlation is significant at the 0.05 level (2-tailed). M= mean SD = Standard deviation

Consistent with expectations, attachment avoidance ($M= 3.085$, $SD = 1.246$) and alexithymia ($M = 46.677$, $SD = 12.364$) were significantly correlated ($r = 0.465$, $p < 0.001$); attachment avoidance and distress disclosure ($M = 37.578$, $SD = 10.973$) were significantly negatively correlated ($r = -0.499$, $p < 0.001$); and alexithymia and distress disclosure were significantly negatively correlated ($r = -0.437$, $p < 0.001$). Attachment avoidance and horizontal collectivism ($M = 26.971$, $SD = 5.043$) were significantly negatively correlated ($r = -0.330$, $p < 0.001$); and attachment avoidance and horizontal individualism ($M = 26.570$, $SD = 5.431$) were significantly positively correlated ($r = 0.228$, $p < 0.001$). Alexithymia and horizontal

collectivism were significantly negatively correlated ($r = -0.225, p < 0.001$); alexithymia and vertical individualism ($M = 17.468, SD = 6.085$) were significantly positively correlated ($r = 0.194, p < 0.001$). Distress disclosure was significantly negatively correlated to horizontal individualism ($r = -0.331, p < 0.001$) and vertical individualism ($r = -0.112, p < 0.05$); and significantly positively correlated to horizontal collectivism ($r = 0.293, p < 0.001$). Some intercorrelation between the scales on the individualism and collectivism scale have been indicated to be expected. During development of the scale, intercorrelation was recognised (Singelis et al., 1995).

TAS-20 subscales: Means, standard deviations, bivariate correlations and Coefficient α

The means, standard deviations, bivariate correlations and coefficient alphas for the subscales of the TAS-20 (Bagby et al., 1994) are represented in Table 3. As internal consistency has been indicated to be an issue with the EOT subscale of the TAS-20 (Bagby et al., 1994), coefficient alphas were produced for the subscales of the TAS-20 (Bagby et al., 1994). While the result for the EOT is relatively low it remains within acceptable level (Taber, 2018).

Table 3

TAS-20 subscales: Means, standard deviations, bivariate correlations and Coefficient α

	1	2	3	M	SD	α
1. DIF	---			16.345	6.008	0.852
2. DDF	0.672**	---		12.578	4.491	0.794
3. EOT	0.318**	0.463**	---	17.724	4.698	0.654

Note. ** Correlation is significant at the 0.01 level (2-tailed). * Correlation is significant at the 0.05 level (2-tailed). M= mean SD = Standard deviation α = Coefficient alpha

Data Analysis: Assessing and Addressing Bias in the Data

As a moderated mediation analysis is a multiple regression, the data were checked to ensure assumptions for multiple regression were met before using PROCESS (Hayes, 2017). The variables were mean centred manually, interaction variables were generated, and the regressions recreated in SPSS.

Attachment avoidance, each of the subscales of cultural orientation and the interaction between attachment avoidance and each of the cultural orientation subscales were regressed onto distress disclosure. A second round of regressions, regressed alexithymia, each of the subscales of cultural orientation and the interaction between alexithymia and each of the cultural orientation subscales onto distress disclosure. This was repeated for each of the subscales of alexithymia.

Another round of regressions regressed attachment avoidance, each of the subscales of cultural orientation and the interaction between attachment avoidance and each of the cultural orientation subscales were regressed onto alexithymia. This was repeated for each of the subscales of alexithymia.

Linearity of the relationship between independent variables and dependent variables

Scatterplots between variables produced at the pre-analysis stage had indicated linear relationships between independent and dependent variables. Partial scatterplots produced in the regression analysis confirmed these linear relationships between variables.

Normal distribution of the residuals

Histograms and PP plots of residuals indicated normal distribution, skew and kurtosis.

Homoscedasticity of the residuals

Plots of regression studentised residuals against regression standardised predicted values indicated that the data met the assumptions of homoscedasticity.

Uncorrelatedness of the residuals

For each regression model the Durbin-Watson was close to 2 indicating uncorrelated residuals.

Absence of strong multicollinearity

The results indicated evidence of multicollinearity in only one model. The model of alexithymia, horizontal collectivism and the interaction between them regressed onto distress disclosure has a variance inflation factor (VIF) greater than 10 indicated strong multicollinearity. Further investigation indicated this was driven by the EOT subscale.

Appropriate scale properties

Cronbach's α indicated good internal consistency of each scale including subscales of the TAS-20 (Bagby et al., 1994). Each scale has been indicated to have robust reliability and validity (see measurements section of methodology).

Absence of extreme outliers

Casewise diagnostics indicated a small number (one, or in a single model, two) of extreme outliers in the models.

Given the large sample size and the central limit theorem the rare instances of biases within the data were deemed within acceptable limits (Wolf et al., 2013).

Data Analysis: Mediation Model and Moderated- Mediation Model

The hypothesised mediation model (see Figure 1) was tested using the PROCESS macro (Model 4) (Hayes, 2021) in SPSS version 28 (IBM, 2022). The model tested the relationship between attachment avoidance (i.e., the predictor) and distress disclosure (i.e., the outcome) via alexithymia (i.e., the mediator).

The hypothesised strengthening relationships between attachment avoidance and alexithymia for those who were more vertical collectivistic and more horizontal individualistic were tested using the PROCESS macro (Model 7) (Hayes, 2021) in SPSS version 28 (IBM, 2022) with bias-corrected 95% confidence intervals (n=10000). The moderated mediation analyses tested the conditional indirect effect of cultural orientation (i.e., the moderating variables) on the relationship between attachment avoidance (i.e., the predictor) and distress disclosure (i.e., the outcome) via alexithymia (i.e., the mediator). Four separate moderated mediations were carried out with each of the subscales of cultural orientation (horizontal individualism, vertical individualism, horizontal collectivism and vertical collectivism) as the moderator. To control for the effects of the 3 remaining subscales in each model, these were entered as covariates.

Ensuring the normality assumption was met, PROCESS uses bootstrapping. Bootstrapping is a robust method which produces an estimate of the indirect effect. The distribution was bootstrapped 10,000 times. To ensure the homoscedasticity assumption was met, robust standard errors were used. To ensure interpretable intercepts, the data were analysed using mean-centred variables (Field, 2017).

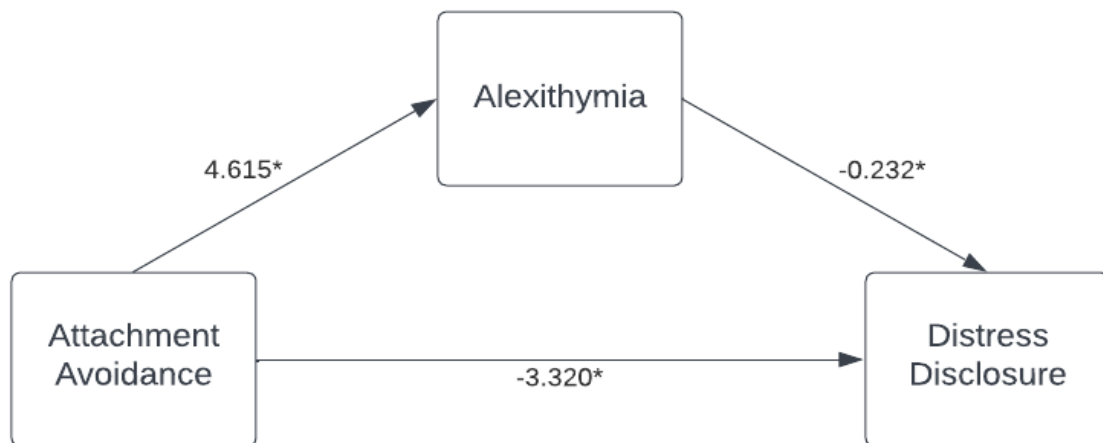
Results

Mediation Model

The hypothesised mediation (hypothesis 1) was tested using PROCESS (Model 4). This tested a model where alexithymia mediated the relationship between attachment avoidance and distress disclosure. There was a significant indirect effect of attachment avoidance on distress disclosure through alexithymia, $b = -1.072$, 95% BCa CI [-1.548, -0.654] (see Figure 4). See Appendix G.

Figure 4

Model of Attachment Avoidance as a Predictor of Distress Disclosure Mediated by Alexithymia



Note. The confidence interval for the indirect effect is BCa bootstrapped CI based on 10000 samples. * Indicates significance ($p < 0.001$).

Moderated Mediation Models

The hypothesised moderated mediation was tested using the PROCESS macro (model 7) which tested whether alexithymia mediated the relationship between attachment avoidance and distress disclosure and whether each of the subscales of cultural orientation moderated the direct effect of attachment avoidance on alexithymia within the model.

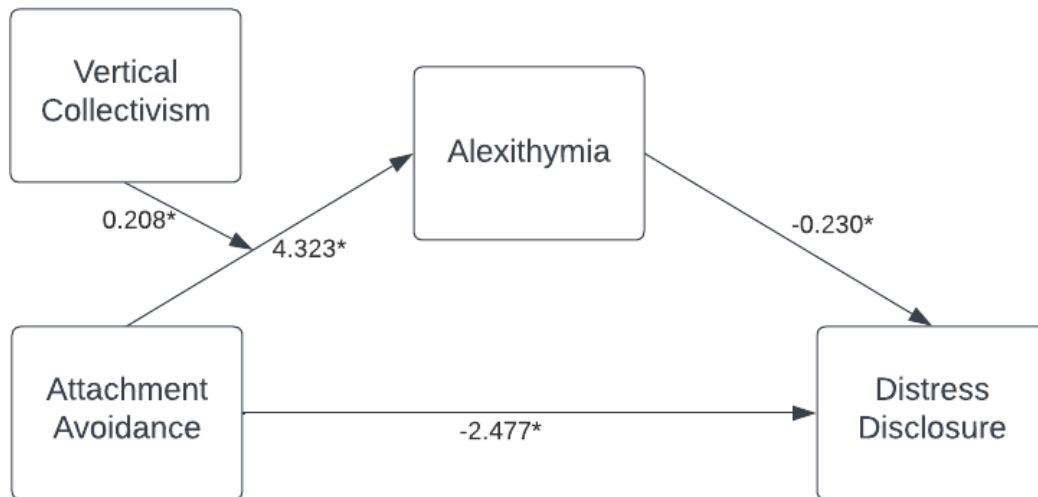
Vertical Collectivism. The index of moderated mediation was significant, $b = -0.048$, 95% CI [-0.102, -0.002], indicating that vertical collectivism significantly moderated the relationship between attachment avoidance and alexithymia within the mediated model when controlling for horizontal collectivism, horizontal individualism and vertical individualism.

The negative conditional indirect effect of attachment avoidance on distress disclosure mediated by alexithymia was significant at low levels of (- 1SD), $b = -0.729$, 95% CI [-1.199, -0.336], average (M) $b = -0.993$, 95% CI [-1.436, -0.600] and high levels (+ 1SD) $b = -1.257$ 95% CI [-1.855, -0.738] of vertical collectivism. This indicated significant negative relationships between attachment avoidance and distress disclosure through alexithymia which strengthened as levels of vertical collectivism increased.

For the a-path from attachment avoidance to alexithymia although there was a close to significant interaction between attachment avoidance and vertical collectivism, $b = 0.208$, $p = 0.057$ $\Delta R^2 = 0.272$, the bootstrapped results indicated significance $b = 0.208$, 95% BootCI [0.009, 0.398]. The conditional effect from attachment avoidance on alexithymia strengthened as values for vertical collectivism increased from low (-1 SD), $b = 3.174$, 95% CI [1.432, 4.916], to average (M) $b = 4.323$, 95% CI [3.247, 5.400] and to high levels (+1 SD), $b = 5.473$, 95% CI [4.025, 6.921]. The b-path from alexithymia to distress disclosure was significant, $b = -0.230$, $p < 0.001$. The direct effect from attachment avoidance to distress disclosure was also significant, $b = -2.477$, $p < 0.001$. See Appendix H for details.

Figure 5

A Moderated Mediation Model with Vertical Collectivism as Moderator



c1 (low) $b = -0.729$, 95% CI [-1.199, -0.336]; c2 (average) $b = -0.993$, 95% CI [-1.436, -0.600]
c3 (high) $b = -1.257$ 95% CI [-1.855, -0.738]; $b = t(378) = -5.358$, $p < 0.001$; $c' = t(378) = -5.426$, $p < 0.001$

Note. A moderated mediation model of the effects of attachment avoidance on distress disclosure mediated by alexithymia direct and indirect effects moderated by vertical collectivism. controlling for horizontal collectivism, horizontal individualism and vertical individualism. The confidence interval for the indirect effect is BCa bootstrapped CI based on 10000 samples. * significance indicated (zero was not within the bootstrapped CI range).

Table 4

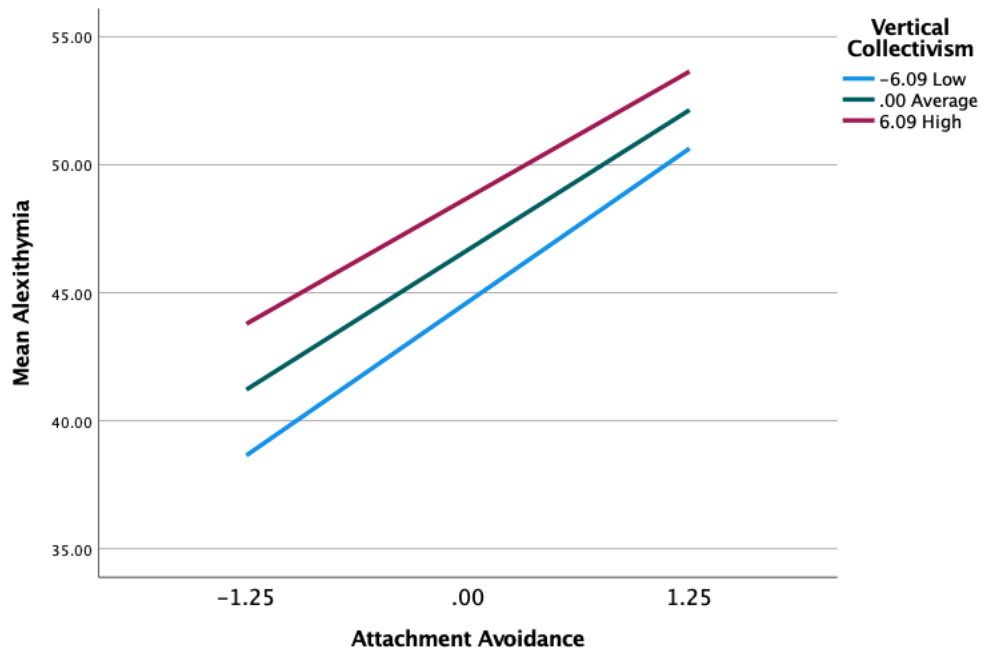
Regression Results for the a-path from Attachment Avoidance to Alexithymia and for the b-path from Alexithymia to Distress Disclosure

Variable	Model a-path			Model b/c'-path		
	<i>b</i>	<i>SE</i>	<i>p</i>	<i>b</i>	<i>SE</i>	<i>p</i>
Attachment avoidance	4.323	0.548	<0.001	-2.477	0.456	<0.001
Vertical collectivism	0.199	0.130	0.128			
Attach. Avoid. X Vert. coll.	0.208	0.109	0.057			
Alexithymia				-0.230	0.043	<0.001
Horizontal. Individualism	-0.140	0.106	0.189	-0.484	0.086	<0.001
Vertical individualism	0.309	0.099	0.002	-0.005	0.080	0.947
Horizontal collectivism	-0.292	0.139	0.036	0.279	0.097	0.004

Note: $N = 384$. Model for the a-path $R^2 = .272$, $F(6, 377) = 20.990$, $p < 0.001$, Model for b- and c'-path $R^2 = .371$, $F(5, 378) = 50.043$, $p < 0.001$

Figure 6

Simple Slopes of Attachment Avoidance Predicting Alexithymia for -1 SD, M and +Levels of Vertical Collectivism



Horizontal Individualism. The index of moderated mediation was not significant, $b = -0.010$, 95% CI [-0.050, 0.027], indicating that horizontal individualism did not significantly moderate the relationship between attachment avoidance and alexithymia within the mediated model when controlling for horizontal collectivism, vertical collectivism and vertical individualism.

Horizontal Collectivism. The index of moderated mediation was not significant, $b = -0.028$, 95% CI [-0.072, 0.022], indicating that horizontal collectivism did not significantly moderate the relationship between attachment avoidance and alexithymia within the mediated model when controlling for horizontal individualism, vertical collectivism and vertical individualism.

Vertical Individualism. The index of moderated mediation was not significant, $b = 0.016$, 95% CI [-0.020, 0.055], indicating that vertical individualism did not significantly moderate the relationship between attachment avoidance and alexithymia within the mediated model when controlling for horizontal individualism, vertical collectivism and horizontal collectivism.

See Appendix I for simple slopes describing the relationship between attachment avoidance and alexithymia for low, medium and high levels of horizontal individualism (Figure 7); horizontal collectivism (Figure 8); and vertical individualism (Figure 9).

To check what, if any of the subscales of the TAS-20 (Bagby et al., 1994) may be contributing to these results, these moderated mediation models were tested to ascertain whether each of alexithymia subscales mediated the relationship between attachment avoidance and distress disclosure and each of the subscales of cultural orientation moderated the direct effect of attachment avoidance on alexithymia subscales within the model. This produced no significant results (see Appendix J), indicating that the only significant effect was produced by vertical collectivism moderating the mediation relation between attachment

avoidance and distress disclosure via alexithymia. In this case there was only a significant moderating effect for alexithymia total not for each of the subscales.

Chapter 5 Discussion

Findings

The aim of the present study was to build on knowledge of the relationships between attachment avoidance, alexithymia, cultural orientation and distress disclosure. To this end, moderated mediation models were tested to examine how attachment avoidance, alexithymia and cultural orientation to horizontal-vertical, individualism-collectivism (HVIC; Triandis & Gelfand, 1998) influenced distress disclosure tendencies. Replicating previous findings, (O'Loughlin et al., 2018), results provide support for the hypothesis (Hypothesis One) that alexithymia mediates the relationship between attachment avoidance and distress disclosure. A novel finding is results supporting the hypothesis (Hypothesis Two) that vertical collectivism (but not horizontal collectivism) moderates the relationship between attachment avoidance and alexithymia. Expected results in support of the hypothesis (Hypothesis Three) that horizontal individualism would moderate the relationship between attachment avoidance and alexithymia were not found. While absence of a moderation effect of vertical individualism on the relationship was as expected. Thus, results indicate support for Hypothesis One and Hypothesis Two and partial support for Hypothesis Three.

The finding that alexithymia mediates the relationship between attachment avoidance and distress disclosure lends support to the theory of the importance of poor early developmental environmental conditions in the aetiology of both alexithymia and attachment avoidance. In population-based twin studies in Denmark (Jørgensen et al., 2007) and Italy (Picardi et al., 2011), the importance of individual early childhood environment to the aetiology

of alexithymia was supported, with the Italian study finding 58% of the individual differences in alexithymia was the result of unshared environmental factors and the Danish study finding 50-56% of the individual differences in alexithymia was the result of unshared environmental factors. The researchers concluded that this aspect of the aetiology was linked to the development of emotion regulation, which could be the result of poor early childhood environmental conditions (Jørgensen et al., 2007; Picardi et al., 2011).

These childhood environmental factors are linked to insecure attachment in general (Bowlby, 1980, 1988), which in turn has been linked to alexithymia (see Mikulincer & Shaver, 2016; Taylor & Bagby, 2004, 2013 for review). There is growing evidence of a link between alexithymia and both attachment avoidance and neglectful care in early childhood in particular (Barbasio & Granieri, 2013; Gilbert et al., 2014; Keating et al., 2013; Romeo et al., 2020). This importance of early childhood environment to the shared aetiology between attachment avoidance and alexithymia is also indirectly suggested by evidence that alexithymia is linked to dysfunctional care and neglect from primary caregivers (Aust et al., 2013; Kench & Irwin, 2000; Mallinckrodt et al., 1998; Williams et al., 2019). Longitudinal studies supporting the link between neglectful care in early childhood and attachment avoidance in adulthood include a study which found that avoidantly attached young adults were observed to have received less sensitive maternal care in infancy than those with other attachment classifications (Beckwith et al., 1999). In another longitudinal study, researchers found variation in attachment avoidance in early adulthood was primarily a function of changes in maternal sensitivity in early childhood (Fraley et al., 2013). An avoidant attachment pattern may develop such that a child ceases expressing their needs as they have an internal working model of attachment that their needs will not be met, theoretically as a result of maternal insensitivity (Beckwith et al., 1999; Fraley et al., 2013). Maternal insensitivity in early childhood is also associated with adult alexithymia in general and problems in identifying and describing emotions in particular

(Thorberg et al., 2011). Enacting the internal working model of attachment from childhood, attachment theory proposes that avoidantly attached individuals regulate emotion by suppressing, distracting from and inhibiting access to emotional cognitions and material (Mikulincer & Shaver, 2016). These strategies may result in emotional experiences not being adequately integrated into memory or utilised effectively in information processing (Mikulincer & Shaver, 2016).

The evidence indicates that avoidantly attached individuals favour pre-emptively suppressing and inhibiting cognitive processes related to emotion rather than post-emptively repressing previously processed emotional material (Fraley, Garner, et al., 2000). Avoidantly attached individuals have shown memory deficiencies in accessing implicit and explicit memories related to the death of a loved one (Fraley & Brumbaugh, 2007) and reduced access to negative emotional memories (Dykas et al., 2014; Edelstein et al., 2005; Mikulincer & Orbach, 1995). As attention to negative affect and memories is inhibited, these affect and memories may not be subsequently used in cognitive processing (Pereg & Mikulincer, 2004). The inhibition of cognitive processes and the lack of access to emotional memories could lead to a learning deficit in identifying and articulating emotion, which could have a negative effect on the integration of emotion schemas and development of cognitive processing of emotions, both of which are thought to contribute to alexithymia (Taylor & Bagby, 2004). One study found a negative priming effect in participants who were highly alexithymic. Despite these participants being primed with a relevant emotional situation they showed delayed cognitive processing of emotion words (Suslow & Junghanns, 2002). Another study found attention bias to physical rather than emotional stimuli (Lundh & Simonsson-Sarnecki, 2002). These findings indicate support for the theorised deficits in emotional schema integration. Developmental deficits in these areas are thought to be involved in the aetiology of alexithymia (Taylor & Bagby, 2004, 2013).

Furthermore, the results here indicate that the association between attachment avoidance and alexithymia was stronger for those who were socialised more towards vertical collectivism than those who endorsed this orientation less. This result may be explained by extant evidence showing that individuals who align with such a cultural orientation have been socialised to suppress expression of negative emotions for the sake of social harmony (Kahn et al., 2017; Triandis & Gelfand, 1998; Tsai & Lu, 2018; Wei et al., 2013). This socialisation may reinforce the emotional suppression learned through the internal working model of attachment avoidance, strengthening the relationship to alexithymia. Theoretically, through early childhood neglect the individual develops an avoidant attachment pattern which involves suppressing verbal expression of distressing emotions (Bowlby, 1988; Mikulincer & Shaver, 2016). As they are socialised to adopt a vertical collectivist cultural orientation, there is further learning to suppress emotions as, motivated by duty and obligation, social harmony is valued at the expense of emotional expression (Kahn et al., 2017; Wei et al., 2013). This consolidates the effects of the learning associated with the internal working model of attachment avoidance such that deficits in emotional learning and development of cognitive processes around emotion associated with attachment avoidance (Mikulincer & Shaver, 2016) are strengthened, in turn strengthening the relationship with alexithymia (Taylor & Bagby, 2004, 2013), impacting on distress disclosure.

This impact of being socialised towards vertical collectivism on how an individual may develop their tendency to disclose (or conceal) their distress is indicated in the literature. The literature has focused on comparing individualism and collectivism in cross-national studies between samples in a South-East Asian context and European Americans (see Tsai and Lu, 2018 for a review; Kahn et al., 2017, Wei et al., 2013). Emotional expression suppression is viewed as associated with collectivism and not individualism and distress disclosure is viewed as associated with individualism but not collectivism (Tsai & Lu, 2018). However, the

indications are that the reality is more nuanced than this. The failure to distinguish between horizontal and vertical dimensions may partly explain the mixed results of these studies (Tsai & Lu, 2018). Assessing individualism-collectivism with the vertical and horizontal dimensions in the present study may have provided more nuance to the results.

South-East Asian cultures in existing studies are considered to adopt or encourage a collectivist but hierarchical social structure (Tsai & Lu, 2018). This is congruent with the definition of vertical collectivism (Triandis & Gelfand, 1998). The majority of these studies focused on comparisons with European Americans (Kahn et al., 2017; Tsai & Lu, 2018; Wei et al., 2013) who were assumed to be individualistic. The US is assumed to be a highly individualistic culture (Coon & Kimmelmeier, 2001; Hofstede, 2001; Oyserman et al., 2002). Congruent with vertical individualism, US culture is assumed to combine this individualism with status seeking and hierarchical social structure (Triandis & Gelfand, 1998). Indeed, European Americans have been indicated to be the most individualistic and vertical individualistic ethnicity in the US context (for meta-analyses see Coon & Kimmelmeier, 2001; Oyserman et al., 2002; Vargas & Kimmelmeier, 2013). However, there is more complexity in the literature than this finding indicates. A study which investigated prevalence of the cultural orientations (HVIC; Triandis & Gelfand, 1998) among university students in US, Taiwan and Argentina found that the US students more frequently showed more horizontal individualism than vertical individualism even though they exhibited vertical individualism more than the cohorts from the other countries (Chiou, 2001). In the same study, Taiwanese students scored highest in vertical collectivism. These findings are congruent with findings elsewhere in the literature that university students from South-East Asian cultures tend towards adopting vertical collectivism and European American university students tend towards adopting horizontal individualism (Singelis et al., 1995; Triandis & Gelfand, 1998; Tsai & Lu, 2018).

The results in the current study indicate highest scores of horizontalism (both collectivism and individualism) in the sample, followed by vertical collectivism and lowest scores of vertical individualism. This is congruent with previous studies (Chiou, 2001; Vargas & Kimmelmeier, 2013). Previous studies in the cross-cultural literature on emotional expression suppression and distress disclosure which has predominantly used samples from South-East Asian university students and European American university students may have been comparing behaviour from those who tended towards vertical collectivism (in the South-East Asian samples) against those who tended towards horizontal individualism (in the European American samples). Furthermore, there is an assumption of homogeneity of cultural endorsements within the geographical contexts in these studies, whereas the reality again may be more nuanced. Although individuals in South-East Asian cultures may *tend* towards higher vertical collectivism and European Americans may *tend* towards higher individualism, research indicates more heterogeneity intra- than interculturally.

In a meta-analysis of HVIC (Triandis & Gelfand, 1998) across ethnic groups in the US, researchers found no variation between levels of vertical collectivism or horizontal collectivism in ethnic groups. They found European Americans scored higher on vertical individualism than African Americans and Latinx and European Americans scored lower on horizontal individualism than African Americans. The researchers concluded that the small magnitude and the small number of variations across all possibilities did not indicate a pattern of ethnic differences of this construct in a US setting (Vargas & Kimmelmeier, 2013). Furthermore, there appeared to be more convergence between cultures when looking at variations over time (Vargas & Kimmelmeier, 2013). That is, variation may be occurring more on an individual level as time passes, incorporating a holistic view of a person's family, extended family, sexuality, relationship style, relationship status, musical, religious, political cultures rather than solely a homogenous national or ethnic cultural level.

With regards to the impact of cultural orientation socialisation on alexithymia, the literature has indicated that being socialised in a collectivistic culture is associated with higher levels of alexithymia (Aival-Naveh et al., 2019; Ryder et al., 2018). Again, the research has focused on comparing South-East Asian and European American cultures, which as discussed may represent vertical collectivism and horizontal individualism respectively. There has been a concern that TAS-20 (Bagby et al., 1994) results driven by the EOT subscale may represent cultural preferences rather than emotional processing problems, particularly with regard to what could be considered a more vertical collectivist cultural orientation (i.e., collectivistic with duty and obligation motivating social harmony resulting in emotional expression suppression) (Ryder et al., 2018).

Results in the present study show that being socialised towards vertical collectivism strengthened a relationship between attachment avoidance and alexithymia. When each of the alexithymia subscales were assessed separately vertical collectivism was not found to significantly moderate the relationship between attachment avoidance and distress disclosure via each subscale. Additionally, results of moderated mediation models with each of the cultural orientations as moderators and each of the alexithymia subscales as mediators indicate no significant moderated mediation relationship between these variables. As none of the subscales affected the association between attachment avoidance and distress disclosure but overall alexithymia did, this indicates that the strengthening effect of vertical collectivism on the association between attachment avoidance and alexithymia did not solely affect externally oriented thinking. This indicates the results are due to emotional processing difficulties rather than cultural socialisation to vertical collectivism. This supports the validity of TAS-20 and the EOT subscale as it indicates measurement of emotional processing difficulties rather than representing being socialised according to cultural preferences (Ryder et al., 2018).

Vertical individualism and horizontal collectivism were found not to affect the association between attachment avoidance and distress disclosure via alexithymia. In contrast to being socialised towards vertical collectivism, being socialised towards vertical individualism or horizontal collectivism may not affect the relation between attachment avoidance and alexithymia. Being socialised as vertical individualistic is proposed to involve the prioritising of one's own needs above those of others and being socialised as horizontal collectivistic is viewed as egalitarian interdependence (Markus & Kitayama, 1991; Shavitt et al., 2010; Triandis & Gelfand, 1998). Being socialised towards these stances is not posited to either include or preclude expressing emotionally distressing material. For those who are socialised towards vertical individualism and horizontal collectivism, there may not be the suppression and repression of emotions resulting in the possible deficit in cognitive emotional processing indicated in both attachment avoidance (Mikulincer & Shaver, 2016) and alexithymia (Taylor & Bagby, 2004, 2013). Furthermore, with no inherent socialisation towards disclosing distress in either vertical individualism or horizontal collectivism any mitigation of the effects of attachment avoidance on alexithymia may be minimal for those who adopt these socialisations. Thus, the relationship between attachment avoidance and alexithymia may not be moderated by being socialised towards vertical individualism or horizontal collectivism. This is reflected in the results found here.

The expected moderating effect of horizontal individualism on the association between attachment avoidance and alexithymia was not found. An explanation of this could be that although self-reliance is noted as important in this cultural orientation, so too is interrelatedness (Triandis & Gelfand, 1998). As both values are endorsed it may be that the individual is socialised to develop the skills to be self-reliant while also having the autonomy to seek help by disclosing their distress where appropriate. In support of this, in an international study of parental behaviour related to their children's pain, parents who had a horizontal individualistic

stance adopted an authoritative parenting style (i.e., consistent, supportive, nurturing and encouraging of independence) were solicitous of their child's pain. The researchers concluded that the horizontal individualistic stance of valuing the individual and being egalitarian could manifest as supporting their child in their individuality and encouraging free expression of distressing emotion. However, they also found other cultural orientations had the same outcome and concluded that each orientation produced solicitousness in a different way (Kristjansdottir et al., 2018).

The correlations found in the present study provide some information on the relationships between horizontal individualism, attachment avoidance, alexithymia and distress disclosure. A significantly positive relationship was found between attachment avoidance and horizontal individualism and a significantly negative relationship between the variable and distress disclosure, and no significant relationship to alexithymia. This supports the idea that being socialised towards horizontal individualism buffers the relationship between attachment avoidance and alexithymia, such that for these individuals, distress disclosure is not explained by alexithymia. That is, highly avoidantly attached individuals who are socialised as horizontal individualists do not develop a link to alexithymia, but still do not disclose their distress. This could be because they are less inclined to disclose their distress, or it could be that being socialised to horizontal individualism is so adaptive that the individual experiences less distress.

There is some evidence to support this. In a study on illness intrusiveness in rheumatoid arthritis (RA) sufferers, the researchers found that horizontal individualism mitigated the effects of illness intrusiveness for young and middle aged RA sufferers, such that participants reported lower distress levels despite increased illness intrusiveness (Devins et al., 2009). They concluded that being socialised towards horizontal individualism may mean adapting to one's own needs of self-care without feeling obliged to accommodate others. This, Devins and

colleagues (2009) proposed, led to less distress, which may explain less distress disclosure tendencies in those who are socialised in this way, as there is less distress to disclose. In agreement with this, horizontal individualism was not found to be linked to psychological distress in Chinese students during the COVID-19 pandemic (Xiao, 2021). In a study of Black women attending a predominantly white US university, researchers found that horizontal individualism significantly positively correlated with a differentiated sense of self (i.e., the ability to remain connected to others in their lives while asserting their own rights) (Gushue & Constantine, 2003). This supports the idea that those who endorse horizontal individualism may be self-contained and psychologically healthy.

However, the findings are not consistent. Each of the cultural orientations have been shown to be associated with better psychological health over the others (e.g., Humphrey et al., 2020; Na et al., 2017; Nezlek & Humphrey, 2021; Oh et al., 2017; von Suchodoletz & Hepach, 2021) although there were many methodological differences in these studies, which could have accounted for such variations. It may also be, as Kristjansdottir et al., (2018) concluded, that the processes are different according to the cultural orientation but the outcome is the same. This may be so either as an alternative or in conjunction with the methodological variations producing inconsistent results. Despite these inconsistencies, it remains plausible that being socialised towards horizontal individualism is congruent with being securely attached in that autonomy and interconnectedness are valued.

There does not appear to have been an impact of COVID-19 on the results. The means and standard deviations across all variables were within expectations considering the normative data for the instruments (Chiou, 2001; Fraley, Waller, et al., 2000; Gtyörkös et al., 2013; Kahn & Hessling, 2001; Parker et al., 2003; Triandis & Gelfand, 1998). This further supports the reliability of the instruments used. It is plausible that increased psychological distress (Genc & Kara, 2021; Germani et al., 2020; Humphrey et al., 2020; Xiao, 2021) and social isolation

(Hwang et al., 2020; Pietrabissa & Simpson, 2020) as a result of the pandemic could affect the development of individual differences particularly in emerging adults (Humphrey et al., 2020; Padilla-Walker et al., 2022; Xiao, 2021). Emerging adulthood is a time where individual differences are being shaped by critical life events (De Vries et al., 2021). This is not reflected in the current study, although this could have been due to self-selection bias. That is, individuals who were not affected in this way engaged in the survey. Behaviour may have been affected in that there is more openness to engaging in activities on-line (e.g., Agostino et al., 2020; Dhawan, 2020; Genc & Kara, 2021) which may have benefited the study.

Limitations

There are limitations of the current study which should be reflected on. Firstly, the sample was somewhat homogenous as it comprised of mostly of White English females with higher-than-average education levels and higher-than-average income living in the UK. The sample drew from the portion of the population who had the awareness, time, motivation and facilities to complete the survey. The lack of variation limits the generalisability of the study as it is not necessarily representative of the UK population as a whole.

The lack of gender diversity limited the ability to assess the impact of gender, which in previous research had been indicated to be pertinent. The predominance of female participants may have influenced results such that any effects of culture of suppressing expression of emotions may have been mitigated by being socialised as female which is suggested to involve being encouraged to express rather than suppress emotions (O'Loughlin et al., 2018).

The study investigated individual differences in cultural orientations within one overarching culture (i.e., that of the UK). Although the UK is culturally and ethnically diverse, the results may not be generalisable to other national contexts. Such a lack of variation in the sample also made it difficult to perform analyses which may have investigated the effect of

gender or potential associations between cultural orientation and ethnicity or national identity. However, in general, the ethnic breakdown and country of residence within the UK were broadly representative of that of the UK population. Additionally, the relatively low level of heterogeneity may have had the benefit of reducing error variance, possibly allowing cultural variations to be more easily identified than if the sample was less homogenous. As the sample is more homogenous, the variances found are more likely to be due to the variables measured than a confounding demographic variable.

A second limitation is that the cross-sectional design limits interpretation of the association found between attachment avoidance and alexithymia. Although the findings replicate previous findings (O'Loughlin et al., 2018) and the interpretations presented are grounded in theory and previous research, including those with a longitudinal design, a causal direction of the association cannot be established.

Third, the use of self-report measures has limitations due to social desirability and acquiescence biases. Furthermore, there may be variation in participants' understanding of the questions. The questionnaires included Likert scales which may be influenced by individual tendencies to give middle or extreme responses to all questions. However, some of the effects of social desirability and acquiescence biases may have been alleviated by the survey being anonymous.

Fourth, the use of self-reports to assess alexithymia was a limitation. Alexithymia involves a difficulty identifying and describing emotions and understanding one's own internal processes. Thus, it may have been difficult for someone who has these issues to reflect adequately on this through self-report measures. This lack of introspection may also have had an impact when answering questions on other questionnaires in the survey. Furthermore, researchers have noted that the EOT subscale of the TAS-20 (Bagby et al., 1994) may lack internal consistency which is suggested as being as a result of the majority of the items being

reverse scored (Taylor et al., 2003). It has also been suggested that the EOT subscale may reflect a cultural preference rather than a deficit (Ryder et al., 2018). Nevertheless, the results found here indicate acceptable levels of internal consistency and validity in the current study.

Finally, with regards to Counselling Psychology professional and research values, there are some limitations as the quantitative methodology used holds tension with the values of pluralism of methodologies and perspectives, intersubjectivity and empowerment (Kasket, 2013). Despite a plurality of methodologies being considered a quantitative method was chosen which meant that the intersubjectivity of a personal relationship was not possible which in turn meant the participants were not empowered by the process. However, the choice of methodology also resulted in minimal negative impact on the participants as there was a non-hierarchical relationship and they were not required to engage intersubjectively for the benefit of the research. Although the methodology used was most relevant to the hypotheses, the pragmatic epistemology and Counselling Psychology axiology, these do not align completely with the imperfectly knowable objective reality implied with the use of a post-positivist methodology. Thus, there is a limitation in using this quantitative methodology as such use includes a loss of the richness, depth, empowerment and transformative possibilities of other methodologies, paradigms and epistemological stances.

Future Research

Following are suggestions which could address these limitations and build on the preliminary findings of the current research. Future research could include a more diverse sample with regards to gender, ethnicity, nationality and socio-economic status. Future studies could also be expanded to include international samples. This increased heterogeneity could produce more generalisable results. Furthermore, if a more gender-diverse sample is included, this would allow an examination of how gender and culture might interact to affect attachment avoidance, alexithymia and distress disclosure. Theory indicates that cultural socialisation is

gendered rather than homogenous across the genders (Best & Williams, 1994). An investigation of the interaction between culture and gender would therefore be of relevance to Counselling Psychology theory and practice to build of the findings of the current study in order to bring awareness and understanding to individual differences which may affect distress disclosure. A more culturally diverse sample could allow more robust comparisons across the variables by cultural orientation as measured by the HVIC (Triandis & Gelfand, 1998) and stated ethnicity. Such comparisons could be useful in their contribution to the knowledge base in developing a further understanding of the factors which affect an individual's ability to disclose their distress.

Undertaking longitudinal research would allow more certain interpretations around causality. The findings of the current cross-sectional study suggest a shared importance of a neglectful early childhood environment in the aetiology of both attachment avoidance and alexithymia and the contribution of socialisation to vertical collectivism to these dimensions. To build on the associations indicated in these analyses and in order to investigate possible causal relationships, future research using a longitudinal design is recommended. Future research which includes more observational data collected, either through direct behavioural observation or by gathering data through peer ratings could address issues inherent in relying solely on self-report measures. This could be particularly useful with regard to the assessment of alexithymia, where participants might lack awareness of their deficits with regards to identifying and describing their emotions. Additionally, replicating the preliminary results found in the current study would offer some reassurance given the debate over the validity of the EOT subscale (Taylor et al., 2003).

Incorporating a more constructivism- interpretivism or critical-ideological paradigm could be more congruent with Counselling Psychology values of considering the individual holistically within their context and focus on the intersubjectivity which is valued in the

profession. It would also add a richness and depth to the findings offered here. Building on these findings by replicating the cross-sectional survey design with the addition of a qualitative follow up, could give more information on experience and the meaning of some of the responses provided on an individual level. Such a mixed methods approach could provide useful answers with regard to a research question which focused on these aspects. Alternatively, a purely qualitative approach could be utilised to address such a research question. This could serve to allow the participants to discuss their individual experience on attachment, cultural orientation and difficulties around emotional processing and how these may interact and affect the tendency to disclose distress.

Implications of the Current Study

A foundational value of Counselling Psychology is considering the client holistically within their context. The results found here contribute to advancing the literature on individual differences and distress disclosure.

Theoretical and Empirical Contributions

The present findings support previous findings that alexithymia mediates the relationship between attachment avoidance and distress disclosure (O'Loughlin et al., 2018), thus strengthening credibility of these findings. The present research reaffirms the theory that alexithymia partly explains the relationship between attachment avoidance and a decreased tendency to disclose distress. Furthermore, it adds support to the idea that both attachment avoidance and alexithymia share an aetiology of a neglectful early childhood environment (Mikulincer & Shaver, 2019).

Being socialised in a collectivistic culture has been theorised to entail suppression of expression of emotionally distressing material (Kahn & Hessling, 2001; Tsai & Lu, 2018). Such suppression is further theorised to be motivated by social harmony being valued as it is rooted in duty and obligation to the in-group (Triandis & Gelfand, 1998). This definition of

collectivism is congruent with the vertical collectivism proposed by Triandis and his colleagues (Shavitt et al., 2010; Singelis et al., 1995; Triandis & Gelfand, 1998). Cultural orientation, furthermore, has been theorised to have an effect on attachment styles (Ainsworth et al., 1978; Cassidy & Shaver, 2008) and alexithymia (Ryder et al., 2018). The theoretical effect of socialisation to cultural orientation on attachment avoidance and alexithymia and how they may interact to affect distress disclosure has not been previously investigated. Thus, the findings here provide a unique contribution to the literature on the topic. Congruent with theory, these findings highlight the importance of having an awareness of how an individual's cultural orientation may affect their distress disclosure tendency.

Empirically, the results build on our knowledge base by demonstrating that vertical collectivism strengthens the relationship between attachment avoidance and alexithymia to have a negative effect on distress disclosure. The importance of this is in highlighting that it is specifically being socialised towards vertical collectivism that strengthens the relationship. Previous research had produced mixed outcomes on the effect of collectivism on these variables (e.g., Agishtein & Brumbaugh, 2013; Aival-Naveh et al., 2019; Tsai & Lu, 2018). However, previous research has not focused on the vertical-horizontal aspect of individualism-collectivism. The collapsing of horizontal and vertical collectivism in previous empirical research may have hidden opposing effects which offset each other on the horizontal- vertical axis. Furthermore, the existing literature on cross-cultural emotional expression has focused on South-East Asian and European American participants, assuming a homogenous collectivist culture in the former and a homogenous individualistic culture in the latter. Tsai and Lu (2018) did note, not only the heterogeneity of cultural orientations within cultural contexts, but also that South-East Asians' collectivism may be different from the collectivism of Latinx countries, for example. In a cultural context, Latinx countries are viewed as tending less towards vertical collectivism and more towards horizontal collectivism (Shavitt & Cho, 2016).

The findings in the current study empirically demonstrate that vertical collectivism but not horizontal collectivism is associated with attachment avoidance and alexithymia, leading to a negative impact on distress disclosure. Furthermore, while O’Loughlin and colleagues (2018) focused on the impact of gender, no empirical research has examined the impact of culture. The findings here advance research by highlighting the moderating role of vertical collectivism on the association between attachment avoidance and alexithymia.

The current findings with regard to the subscales of the TAS-20 (Bagby et al., 1994) make another empirical contribution to the knowledge base. Researchers have expressed concerns that the EOT subscale may represent a cultural preference, especially for those who may show vertical collectivism, rather than representing cognitive processing difficulties (Ryder et al., 2018). However, the results found here indicate congruence across all the subscales for those who strongly show vertical collectivism, indicating good reliability and internal consistency among the participants who took part in the current study.

Methodological Contributions

Reflecting a lack of engagement in cross-cultural research by UK-based Counselling Psychologists (Gordon & Hanley, 2013; Henton, 2019), a literature search indicated no UK-based cross-cultural studies of distress disclosure. The preponderance of studies in the existing literature are North-American-based analyses of those with European cultural roots compared to those with South-East Asian cultural roots or, alternatively, international studies comparing European Americans with South-East Asian participants (Tsai & Lu, 2018).

Evaluating culture as an individual difference rather than assigning a culture based on ethnicity or national identity is more congruent with Counselling Psychology values of eschewing labelling (Cooper, 2009). Additionally, assessing cultures by comparing them on a societal level may be less relevant than ever. There are indications that variations in socialisation to cultural orientation on this level may be becoming less divergent. It has been

suggested this may be as a result of globalisation (Vargas & Kemmelmeier, 2013). The UK is culturally diverse and becoming more culturally diverse (ONS, n.d., 2012). It is therefore important for Counselling Psychologists to understand what socialisation to cultural orientation means to a client, how this may be affecting a client's presentation and be able to adapt their practice accordingly.

A unique contribution to the literature is that the present study is the first to support the theorised strengthening effects of a vertical collectivistic socialisation on the relationship between attachment avoidance and alexithymia and how this association may affect distress disclosure. The current research contributes to the theory of individual differences, which a practitioner can consider when working with clients. Drawing on the present findings by having an awareness that being socialised to a cultural orientation may have an impact on attachment avoidance, alexithymia and distress disclosure and their associations may be useful for the Counselling Psychology practitioner. In line with the phenomenological values of the profession, the practitioner may lightly hold the findings in mind rather than adhering to them rigidly. That is to take the view that that being socialised towards hierarchical collectivism *may* affect client presentation or that there *may* be shared aetiology of alexithymia and attachment avoidance and being curious about what that means to the client and examining that meaning in collaboration with the client. In line with the pluralistic values of Counselling Psychology, the current findings raise awareness as to the importance of viewing the client from a plurality of perspectives: the attachment perspective, cultural perspective, alexithymic perspective and the perspective of tendency to disclose distress, in order to gain a more holistic understanding of the individual.

Implications for Counselling Psychology Theory and Practice

These findings are of importance to Counselling Psychology theory and practice as client distress disclosure is so foundational to practice (Kahn et al., 2001; Kahn & Garrison,

2009; Orlans, 2013; Sloan & Kahn, 2005). This contribution to the knowledge base in the area of distress disclosure research is therefore valuable in understanding the process of Counselling Psychology practice. Results indicate the need to integrate attachment, emotion regulation and cultural orientation into distress disclosure theory. The findings indicate the importance of developing interventions and techniques to address each of these barriers to distress disclosure indicated in the current study.

The majority of talking psychological therapies require the client to be able to talk meaningfully about their emotions and be self-reflective, being able to identify, differentiate and articulate their feelings while being inward-looking (Shavitt & Cho, 2016). As alexithymia presents difficulties for the client in these tasks, the therapist may need to adapt not only treatment, but how they build and maintain the therapeutic alliance to accommodate such difficulties. This may include being aware of attachment avoidance issues and cultural orientation, which may further impact such a presentation. The effects of alexithymia have been shown to be mitigated by the individual learning to put emotions into words (Lieberman et al., 2007), which could be facilitated by the therapist consistently and repeatedly naming emotions in order to expand the individual's emotional articulation and experiences (Swiller, 1988).

The Counselling Psychologist practitioner could encourage alexithymic clients to notice emotions, describe them and understand them by giving name to past and present emotional experiences and their triggers. If this verbalisation is adopted from the outset, it may facilitate clearer identification of issues to be worked on therapeutically and may be protective of future distressing experiences as the expansion of cognitive emotional schemas may bring awareness to future emotional experiences and processes (Ogrodniczuk et al., 2011).

The finding that alexithymia mediates the relation between attachment avoidance and distress disclosure highlights the importance of incorporating attachment relevant protocols

into alexithymia treatment to facilitate distress disclosure (O’Loughlin et al., 2018). Among the types of therapies recommended for alexithymic clients are cognitive- and behavioural-based therapies, as they are generally more practical, structured and focused on the client’s situation and context. Such therapies, therefore, may play to the strengths of an alexithymic client. The evidence indicates that Cognitive Behaviour Therapy (CBT; (Beck, 2011), for example, is beneficial for alexithymic clients (Fortune et al., 2004; Rufer et al., 2006, 2010; Spek et al., 2008). Intensive Short -Term Dynamic Psychotherapy (Malan & Coughlin Della Selva, 2006) may also be useful as it focuses on experiencing, identifying and articulating emotions in depth. Mentalisation-based therapy (Bateman & Fonagy, 2004) may similarly be useful in addressing alexithymia, as working on mentalisation and self-reflection could address these specific deficits. Utilising these interventions could improve the client’s ability to self-reflect, identify and describe emotions and thus help them to disclose their distress. If, however, their attachment avoidance issues are not addressed, they may struggle to use these newly developed skills (O’Loughlin et al., 2018).

Psychodynamic therapy informed by Attachment Theory (Holmes & Slade, 2018) focuses on treating insecure attachment issues by offering a safe haven and secure base from which to explore and develop autonomy (Bowlby, 1988a). According to theory, the therapist providing a secure place from which to develop, breaks the pattern of previous insecure attachment and creates a new functional secure attachment pattern. With an avoidantly attached client, the practitioner may focus on paying attention and being available, offering a safe, consistent relationship. Through providing a safe space, in therapy and in the therapeutic alliance, in which to examine negative affect rather than avoid it, the client may learn, to identify and disclose their distress when such learning is combined with the skills learning which is indicated to address alexithymia.

Counselling Psychology practice is differentiated from how other practitioner psychologists practice in that the phenomenological values of the practitioner involve being curious and coming from a stance of unknowingness to co-create an understanding and meaning with the client. Thus, the therapeutic alliance is of key importance in treatment (Orlans, 2013). A Counselling Psychologist adheres to these values no matter which protocol or treatment they are using with the client. The creation of a strong therapeutic relationship is the foundation of Attachment Theory informed practice (Holmes & Slade, 2018). Thus, the Counselling Psychologist practitioner, adhering to the values of the profession, while practicing Attachment Theory informed therapy, in combination with the alexithymia treatments mentioned above, may be efficacious in addressing these barriers to distress disclosure, allowing the client to fulfil their potential (Swanepoel, 2013).

The other key finding from the current study was that the association between attachment avoidance and alexithymia was strengthened for those who were more inclined towards (compared to those who were less so) a vertical collectivistic cultural orientation. This highlights the importance to Counselling Psychologists in practice of holding an awareness of the client's cultural orientation and how that may impact on a presentation involving alexithymia and attachment avoidance. It may be that forms of affect regulation other than verbal distress disclosure may have more utility with such clients. For example, written distress disclosure (Frattaroli, 2006) or mindfulness (Kahn et al., 2017) may be effective in accommodating clients who have been socialised in this way. Alternatively, Counselling Psychologists may challenge rather than accommodate this socialisation.

The theoretical basis of the tendency not to disclose distress in these clients is that they avoid emotional expression, particularly of negative affect, for the sake of social harmony and that this is motivated by duty and obligation to the collective. That is, social hierarchy is a priority (Kahn et al., 2017; Triandis & Gelfand, 1998; Tsai & Lu, 2018; Wei et al., 2013). Thus,

working to stress the non-hierarchical nature of the therapeutic alliance may be particularly efficacious in allowing such clients to begin to develop some distress disclosure tendencies (Swanepoel, 2013). Emphasising the client's expertise in their own situation, the practitioner adopts a questioning, curious stance on the client's difficulties in context so that client and practitioner may co-create understanding and meaning (Swanepoel, 2013). Such an experience may work at challenging the client's hierarchical socialisation.

As mentioned, irrespective of what protocol or treatment plan is followed, the Counselling Psychologist will adhere to the values of the profession. Working phenomenologically in Counselling Psychology assumes a stance of understanding the other imperfectly from a limited perspective. The therapeutic work is approached with a curiosity about the individual in their context including their attachment patterns, their alexithymic traits and their cultural orientation. The practitioner having an awareness of the current findings including indications of these individual differences and how they are related to each other to impact on distress disclosure may act as framework to increase understanding. A key tenet of Counselling Psychology in practice is not to allow the theory to overshadow the person in the therapy room and the therapeutic relationship that therapist and client collaborate in co-creating (Orlans, 2013; Swanepoel, 2013). A Counselling Psychologist will hold any findings and theory lightly while considering with curiosity the individual holistically within their context.

The Counselling Psychologist therefore may hold the findings from the current study in mind while examining in collaboration with the client what their cultural orientation means to them and what impact this may be having on how they regulate and express difficult emotions. If this method of addressing difficult emotions is dysfunctional, in that it causes or perpetuates client distress, the Counselling Psychologist may collaborate with the client to challenge this and come up with new more functional ways of addressing distress. If the means

of addressing distress is functional, the Counselling Psychologist may harness that as a means of addressing the distress that the client wishes to address.

Implications for Counselling Psychology Research

As scientist-practitioners, Counselling Psychologists seek to engage in research which informs professional practice. The aim is to engage not just in evidence-based practice but practice-based evidence. The current study, having been identified as being of relevance to Counselling Psychology practice, can be used as evidence-based practice and can be adapted based on this practice to continue research which is practice-based evidence. The current study, therefore provides a building block to the process of adding to the knowledge base, which involves identifying gaps in the literature through practice, carrying out the research based on this, bringing the findings back into practice and from there identifying the next gap in the literature to continue the process of building evidence-based practice and practice-based evidence (Kasket, 2016).

The research values of Counselling Psychology hold that research should be, not just relevant and build the knowledge base, but that it seek to contribute to improving professional practice. The current study was identified through direct experience in trainee professional practice and a subsequent literature search to identify a gap in the literature on the individual differences that may be barriers to distress disclosure and specifically how cultural orientation may interact and affect these variables. The findings on how vertical collectivism may interact with attachment avoidance and alexithymia to impact on distress disclosure can now be incorporated into clinical practice and used to inform other forms of professional practice where it may be relevant (e.g., supervision, consultation, teaching). From this, a further gap in the literature may be identified, which can continue the process of improving practice and building on to the knowledge base.

The current study also has implications for Counselling Psychology research as it makes a relatively unique contribution through the use of a quantitative methodology and a more pragmatic epistemological stance. The preponderance of research in Counselling Psychology uses a qualitative methodology and related epistemologies such as constructivism-interpretivism and critical-ideological paradigms (Kasket, 2016). As a bigger sample size was accessed than would be possible in qualitative research, the results could be more representative of a UK-based general population. Additionally, in line with the values of Counselling Psychology research, where a plurality of methodologies are viewed as important, the current study provides an alternative perspective to the qualitative perspective which dominates research practices within the profession in the UK (Kasket, 2016).

Combined with the quantitative methodology is an axiological stance of Counselling Psychology of approaching the topic from an assumed perspective of unknowing but being curious about the findings. Epistemologically, the pragmatic paradigm fits, as the most appropriate methodology was chosen in order to address the gap in the literature. The research therefore holds the Counselling Psychology research values of reflexivity (through personal, epistemological and methodological reflexion shown here), considering methodological pluralism with the aim of improving professional practice and having conducted the research ethically (by adhering to university and professional ethical guidelines) (Kasket, 2013).

However, the tension between the Counselling Psychology research values and having chosen a quantitative methodology should be recognised. Although methodological pluralism was held in mind, a single methodology was ultimately chosen. The richness of subjectivity and intersubjectivity of possible participant contribution may have been lost due to the lack of depth of enquiry and responses. Additionally, participants were not directly empowered by the research. However, the participants may be considered to be empowered indirectly, by contributing their responses. The research being disseminated back to the profession allows a

contribution to theory and practice which gives awareness to those who have been socialised to be more vertical collectivistic, and knowledge of how that may interact with attachment avoidance and alexithymia to affect distress disclosure.

Summary and Conclusion

As distress disclosure is so foundational to the work of a Counselling Psychologist in clinical practice (Orlans, 2013), the aim of the current study was to examine the relations between attachment avoidance, alexithymia and cultural orientation in order to understand how they may impact on distress disclosure. Adding to the evidence pertinent to this understanding is directly relevant to the profession as considering the client holistically within their context is foundational to Counselling Psychology practice (Swanepoel, 2013).

Attachment theory holds that patterns of attachment are developed in early childhood as a result of the relationship with the infant's primary caregiver, with secure attachment linked to having a positive experience and insecure attachment linked to a negative experience (Ainsworth et al., 1971; Bowlby, 1980). Specifically, inattention and neglect in that relationship are thought to lead to an avoidant attachment pattern which is indicated to be maintained into adulthood (Fraley, 2002). Individuals with this attachment pattern may avoid developing close relationships with others (Bartholomew & Horowitz, 1991; Brennan et al., 1998; Fraley, Waller, et al., 2000). Attachment avoidance has been shown to relate to an avoidance of negative affect and to negatively correlate with distress disclosure (Garrison et al., 2012, 2014; Wei et al., 2013).

Alexithymia is a set of traits which indicate difficulty understanding and processing emotional material (Bagby et al., 1994). It has been shown to partially explain the negative relationship between attachment avoidance and distress disclosure (O'Loughlin et al., 2018). This mediating relationship has been suggested to be the result of a possible shared aetiology (Mikulincer & Shaver, 2019; O'Loughlin et al., 2018; Taylor & Bagby, 2013). Poor early

childhood environmental factors have been shown to be a common developmental factor in attachment insecurity and alexithymia (Lyvers et al., 2019; Peñacoba et al., 2018; Thorberg et al., 2011). There is growing evidence that attachment avoidance specifically has a shared aetiology with alexithymia through early childhood neglect and inattention (Barbasio & Granieri, 2013; Gilbert et al., 2014; Keating et al., 2013; Romeo et al., 2020; Thorberg et al., 2011).

Previous research had shown that gender role socialisation towards masculinity may strengthen the association between attachment avoidance and alexithymia (O'Loughlin et al., 2018). Socialisation towards cultural orientation (Triandis & Gelfand, 1998) has been identified as a relevant construct which could impact on attachment avoidance (Agishtein & Brumbaugh, 2013), alexithymia (Aival-Naveh et al., 2019) and emotional disclosure in general (see Tsai & Lu, 2018 for a review) and distress disclosure in particular (e.g., (Kahn et al., 2017; Wei et al., 2013)). However, previous research had not investigated the impact of cultural orientation on the associations between these variables. Much of previous research had looked at cultural orientation through the constructs of individualism and collectivism, which may contain hidden nuances that may be elucidated by considering horizontal (i.e., valuing egalitarianism) and vertical (i.e., valuing hierarchy) factors in combination with individualism and collectivism (Triandis & Gelfand, 1998). The gap in the literature was identified as examining the effects of being socialised towards cultural orientation (considered as this orthogonal concept) on the relationship between attachment avoidance and alexithymia and subsequently on distress disclosure.

This gap in the literature led to research questions in the form of hypotheses being developed. There is a tension to be acknowledged between the epistemological and methodological paradigms favoured by the profession of Counselling Psychology and quantitative methodology used here. Furthermore, there is a tension between the quantitative

methodology and the researcher adhering to the research values of the profession. An internet based cross-sectional correlational design was used to gather data to address the research questions. A mediation analysis and moderated mediation analyses found results showing that vertical collectivism moderated the relationship between attachment avoidance and alexithymia which mediated the relationship between attachment avoidance and distress disclosure. These findings indicate that for individuals who are avoidantly attached being socialised to value interdependence and social hierarchy could reinforce ideas of avoiding sharing negative affect with others, such that the individual is more likely to develop deficits in emotional understanding and processing, which in turn partly explains that individual's difficulty in disclosing their distress. Being socialised as horizontal individualism was expected to have the same effect. By way of explaining this unexpected result it has been suggested that such individuals are socialised to value equity and self-reliance may to be more functional and adaptive, therefore have less distress to disclose (e.g., Devins et al., 2009). Alternatively, they may expunge their distress using a different method. Socialisation to horizontal collectivism and vertical individualism, as expected, did not have a moderating effect.

These results highlight the need, in line with Counselling Psychology values of considering the individual holistically within their context (Swanepoel, 2013). In practical terms, this may involve adapting the more skills-based interventions, which are indicated in the treatment of alexithymia, to incorporate interventions which involve Attachment Theory (Holmes & Slade, 2018). It may also involve focusing on the collaboration and the non-hierarchical nature of the therapeutic relationship in order to mitigate the effects of being socialised towards valuing social hierarchy. The study also has implications for Counselling Psychology research and theory. The results highlight the importance of integrating the variables into distress disclosure theory. The study adds to the research knowledge base and also provides the basis as building block for future research. As a quantitative study there are

some tensions with the values of the profession but also provides knowledge which may not be provided otherwise. Although there are limitations inherent in the methodology and findings these can be addressed with future research.

In conclusion, this study makes a unique contribution to the theory, research and practice of the Counselling Psychology profession. It offers the findings of a quantitative study in the field of distress disclosure, particularly addressing individual differences which may be a barrier to distress disclosure. While acknowledging the limitations of the methodology and the scope of the work, it has produced valuable results which build on the knowledge base and highlight the importance of considering individual differences in distress disclosure in theory and practice. It highlights the need to consider the horizontal and vertical constructs of individualism and collectivism in distress disclosure theory. In practice, these findings can be used to inform interventions to address these barriers borne of individual differences. The tensions between the epistemological paradigm, ontological, axiological perspectives and the methodology used provide a unique contribution of providing a quantitative perspective within the profession. It is not possible to fully understand the complexity of a person through statistics (Hayes, 2017); phenomenology also understands that a person does not exist in an objective reality which is knowable; that we can only “know” subjectively and “intersubjectively (Langdridge, 2007). However, this study contributes in a small way towards understanding the factors which may contribute to a person’s inability to talk about what is causing them distress.

References

- Agishtein, P., & Brumbaugh, C. (2013). Cultural variation in adult attachment: The impact of ethnicity, collectivism, and country of origin. *Journal of Social, Evolutionary, and Cultural Psychology, 7*(4), 384–405. <https://doi.org/10.1037/h0099181>
- Agostino, D., Arnaboldi, M., & Lampis, A. (2020). Italian state museums during the COVID-19 crisis: From onsite closure to online openness. *Museum Management and Curatorship, 35*(4), 362–372. <https://doi.org/10.1080/09647775.2020.1790029>
- Ainsworth, Blehar, M. C., Waters, E., & Wall, S. (1978). *Patterns of attachment: A psychological study of the strange situation* (1980-50809-000). Lawrence Erlbaum.
- Ainsworth, M. D., Bell, S. M., & Stayton, D. J. (1971). Individual differences in strange-situation behaviour of one-year-olds. In *The origins of human social relations*. (1973-06591-004). Academic Press.
- Aival-Naveh, E., Rothschild-Yakar, L., & Kurman, J. (2019). Keeping culture in mind: A systematic review and initial conceptualization of mentalizing from a cross-cultural perspective. *Clinical Psychology: Science & Practice, 26*(4), N.PAG-N.PAG. <https://doi.org/10.1111/cpsp.12300>
- 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), 225–232. <https://doi.org/10.1037/a0027314>
- Bagby, R. M., Parker, J. D. A., & Taylor, G. J. (2020). Twenty-five years with the 20-item Toronto Alexithymia Scale. *Journal of Psychosomatic Research, 131*, 109940. <https://doi.org/10.1016/j.jpsychores.2020.109940>
- 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. [https://doi.org/10.1016/0022-3999\(94\)90005-1](https://doi.org/10.1016/0022-3999(94)90005-1)

Barbasio, C., & Granieri, A. (2013). Emotion regulation and mental representation of attachment in patients with systemic lupus erythematosus: A study using the adult attachment interview. *Journal of Nervous and Mental Disease*, 201(4), 304–310. Scopus. <https://doi.org/10.1097/NMD.0b013e318288e215>

Bartholomew, K. (1990). Avoidance of Intimacy: An Attachment Perspective. *Journal of Social and Personal Relationships*, 7(2), 147–178. <https://doi.org/10.1177/0265407590072001>

Bartholomew, K., & Horowitz, L. M. (1991). Attachment styles among young adults: A test of a four-category model. *Journal of Personality and Social Psychology*, 61(2), 226–244. <https://doi.org/10.1037/0022-3514.61.2.226>

Bateman, A. W., & Fonagy, P. (2004). Mentalization-Based Treatment of BPD. *Journal of Personality Disorders*, 18(1), 36–51. <https://doi.org/10.1521/pedi.18.1.36.32772>

Baumann, E. C., & Hill, C. E. (2016). Client concealment and disclosure of secrets in outpatient psychotherapy. *Counselling Psychology Quarterly*, 29(1), 53–75. <https://doi.org/10.1080/09515070.2015.1023698>

Beck, J. S. (2011). *Cognitive Behavior Therapy, Second Edition: Basics and Beyond*. Guilford Press.

Beckwith, L., Cohen, S. E., & Hamilton, C. E. (1999). Maternal sensitivity during infancy and subsequent life events relate to attachment representation at early adulthood. *Developmental Psychology*, 35(3), 693–700. <https://doi.org/10.1037/0012-1649.35.3.693>

- Besharat, M. A., & Khajavi, Z. (2013). The relationship between attachment styles and alexithymia: Mediating role of defense mechanisms. *Asian Journal of Psychiatry*, *6*, 571–576. <https://doi.org/10.1016/j.ajp.2013.09.003>
- Best, D., & Williams, J. (1994). Masculinity/Femininity in the Self and Ideal Self Descriptions of University Students in Fourteen Countries. In A.-M. Bouvy, F. Van de Vijver, P. Boski, & P. Schmitz (Eds.), *Journeys into cross-cultural psychology* (Vol. 41).
- Betz, N. E., & Fassinger, R. E. (2012). Methodologies in counseling psychology. In E. M. Altmaier, J.-I. C. Hansen, E. M. Altmaier (Ed), & J.-I. C. Hansen (Ed) (Eds.), *The Oxford handbook of counseling psychology*. (2012-04472-009; pp. 237–269). Oxford University Press.
<http://search.ebscohost.com/login.aspx?direct=true&db=psych&AN=2012-04472-009&site=ehost-live>
- Blanchard, M., & Farber, B. A. (2020). ‘It is never okay to talk about suicide’: Patients’ reasons for concealing suicidal ideation in psychotherapy. *Psychotherapy Research*, *30*(1), 124–136. <https://doi.org/10.1080/10503307.2018.1543977>
- Bowlby, J. (1980). *Attachment and Loss -Loss, Sadness and Depression* (Vol. 3). Basic Books.
- Bowlby, J. (1988a). *A secure base: Parent-child attachment and healthy human development*. Basic Books.
- Bowlby, J. (1988b). Developmental psychiatry comes of age. *The American Journal of Psychiatry*, *145*(1), 1–10. <https://doi.org/10.1176/ajp.145.1.1>
- BPS. (n.d.). *Division of Counselling Psychology—The British Psychological Society*. Retrieved 24 August 2022, from <https://www.bps.org.uk/node/1643>
- BPS. (2017). *Ethics Guidelines for Internet-mediated Research*.

- BPS. (2018). *BPS Practice Guidelines (Third Edition).pdf*. BPS.
<https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/BPS%20Practice%20Guidelines%20%28Third%20Edition%29.pdf>
- BPS. (2020). *QCoP Candidate Handbook*.
- BPS, Ethics Committee, & British Psychological Society. (2018). *Code of ethics and conduct*.
- Brennan, K. A., Clark, C. L., & Shaver, P. R. (1998). Self-report measurement of adult attachment: An integrative overview. In *Attachment theory and close relationships* (pp. 46–76). Guilford Press.
- Brennan, K. A., Shaver, P. R., & Tobey, A. E. (1991). Attachment Styles, Gender and Parental Problem Drinking: *Journal of Social and Personal Relationships*.
<https://doi.org/10.1177/026540759184001>
- British Psychological Society. (2014). *Code of human research ethics*.
- Cassidy, J., & Shaver, P. (2008). *Handbook of Attachment, Second Edition: Theory, Research, and Clinical Applications*. Guilford Publications.
<http://ebookcentral.proquest.com/lib/uel/detail.action?docID=811037>
- Cheng, S.-T., & Kwan, K. W. K. (2008). Attachment dimensions and contingencies of self-worth: The moderating role of culture. *Personality and Individual Differences*, 45(6), 509–514. <https://doi.org/10.1016/j.paid.2008.06.003>
- Chiou, J.-S. (2001). Horizontal and vertical individualism and collectivism among college students in the United States, Taiwan, and Argentina. *The Journal of Social Psychology*, 141(5), 667–678. <https://doi.org/10.1080/00224540109600580>
- Chris Fraley, R., & Brumbaugh, C. C. (2007). Adult Attachment and Preemptive Defenses: Converging Evidence on the Role of Defensive Exclusion at the Level of Encoding. *Journal of Personality*, 75(5), 1033–1050. <https://doi.org/10.1111/j.1467-6494.2007.00465.x>

- Coates, D., & Winston, T. (1987). The dilemma of distress disclosure. In V. J. Derlega & J. H. Berg (Eds.), *Self-disclosure: Theory, research, and therapy*. (1987-98248-011; pp. 229–255). Plenum Press.
- Coon, H., & Kimmelmeier, M. (2001). Cultural Orientations in the United States(Re)Examining Differences among Ethnic Groups. *Journal of Cross-Cultural Psychology* - *J CROSS-CULT PSYCHOL*, 32, 348–364. <https://doi.org/10.1177/0022022101032003006>
- Cooper, M. (2009). Welcoming the other: Actualising the humanistic ethic at the core of counselling psychology practice. *Counselling Psychology Review*, 24.
- Cooper, M., & McLeod, J. (2007). A pluralistic framework for counselling and psychotherapy: Implications for research. *Counselling and Psychotherapy Research*, 7(3), 135–143. <https://doi.org/10.1080/14733140701566282>
- Coren, S., & Farber, B. A. (2019). A qualitative investigation of the nature of ‘informal supervision’ among therapists in training. *Psychotherapy Research*, 29(5), 679–690. <https://doi.org/10.1080/10503307.2017.1408974>
- Creswell, J. W., & Creswell, J. D. (2018). *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches* (5th ed.). SAGE Publications.
- Crocker, J., & Wolfe, C. T. (2001). Contingencies of self-worth. *Psychological Review*, 108(3), 593–623. <https://doi.org/10.1037/0033-295X.108.3.593>
- da Silva, A. C. N., Vasco, A. B., & Watson, J. C. (2018). Alexithymia and therapeutic alliance: A multiple case study comparing good and poor outcome cases. *Research in Psychotherapy: Psychopathology, Process and Outcome*, 21(2), 83–97.
- Davis, E., Greenberger, E., Charles, S., Chen, C., Zhao, L., & Dong, Q. (2012). Emotion experience and regulation in China and the United States: How do culture and gender

- shape emotion responding? *International Journal of Psychology*, 47(3), 230–239.
<https://doi.org/10.1080/00207594.2011.626043>
- De Vries, J. H., Spengler, M., Frintrup, A., & Mussel, P. (2021). Personality Development in Emerging Adulthood—How the Perception of Life Events and Mindset Affect Personality Trait Change. *Frontiers in Psychology*, 12, 671421.
<https://doi.org/10.3389/fpsyg.2021.671421>
- Dere, J., Falk, C. F., & Ryder, A. G. (2012). Unpacking Cultural Differences in Alexithymia: The Role of Cultural Values Among Euro-Canadian and Chinese-Canadian Students. *Journal of Cross-Cultural Psychology*, 43(8), 1297–1312.
<https://doi.org/10.1177/0022022111430254>
- Devins, G. M., Gupta, A., Cameron, J., Woodend, K., Mah, K., & Gladman, D. (2009). Cultural syndromes and age moderate the emotional impact of illness intrusiveness in rheumatoid arthritis. *Rehabilitation Psychology*, 54(1), 33–44.
<https://doi.org/10.1037/a0014169>
- Dhawan, S. (2020). Online Learning: A Panacea in the Time of COVID-19 Crisis. *Journal of Educational Technology Systems*, 49(1), 5–22.
<https://doi.org/10.1177/0047239520934018>
- Diener, E., & Diener, M. (1995). Cross-cultural correlates of life satisfaction and self-esteem. *Journal of Personality and Social Psychology*, 68(4), 653.
<https://doi.org/10.1037/0022-3514.68.4.653>
- Dykas, M. J., Woodhouse, S. S., Jones, J. D., & Cassidy, J. (2014). Attachment-Related Biases in Adolescents' Memory. *Child Development*, 85(6), 2185–2201.
<https://doi.org/10.1111/cdev.12268>
- Edelstein, R. S., Ghetti, S., Quas, J. A., Goodman, G. S., Alexander, K. W., Redlich, A. D., & Córdón, I. M. (2005). Individual Differences in Emotional Memory: Adult Attachment

- and Long-Term Memory for Child Sexual Abuse. *Personality and Social Psychology Bulletin*, 31(11), 1537–1548. <https://doi.org/10.1177/0146167205277095>
- Eisenberg, N., Cumberland, A., & Spinrad, T. L. (1998). Parental Socialization of Emotion. *Psychological Inquiry*, 9(4), 241–273.
- Farber, B. A. (2003). Patient self-disclosure: A review of the research. *Journal of Clinical Psychology*, 59(5), 589–600. <https://doi.org/10.1002/jclp.10161>
- Farber, B. A. (2020). Disclosure, concealment, and dishonesty in psychotherapy: A clinically focused review. *Journal of Clinical Psychology*, 76(2), 251–257. <https://doi.org/10.1002/jclp.22891>
- Farber, B. A., Berano, K. C., & Capobianco, J. A. (2004). Clients' Perceptions of the Process and Consequences of Self-Disclosure in Psychotherapy. *Journal of Counseling Psychology*, 51(3), 340–346. <https://doi.org/10.1037/0022-0167.51.3.340>
- Farber, B. A., Blanchard, M., & Love, M. (2019). The Columbia project on lying in psychotherapy: What did 1,345 psychotherapy clients tell us? In B. A. Farber, M. Blanchard, & M. Love, *Secrets and lies in psychotherapy*. (pp. 113–143). American Psychological Association. <https://doi.org/10.1037/0000128-007>
- Farber, B. A., Feldman, S., & Wright, A. J. (2014). Client disclosure and therapist response in psychotherapy with women with a history of childhood sexual abuse. *Psychotherapy Research*, 24(3), 316–326. <https://doi.org/10.1080/10503307.2013.817695>
- Field, A. (2017). *Discovering Statistics Using IBM SPSS Statistics* (5th Edition). SAGE Publications Ltd. <https://uk.sagepub.com/en-gb/eur/discovering-statistics-using-ibm-spss-statistics/book257672>
- Fortune, D. G., Richards, H. L., Griffiths, C. E. M., & Main, C. J. (2004). Targeting cognitive-behaviour therapy to patients' implicit model of psoriasis: Results from a patient

- preference controlled trial. *The British Journal of Clinical Psychology*, 43(Pt 1), 65–82. <https://doi.org/10.1348/014466504772812977>
- Fraley, R. C. (2002). Attachment Stability From Infancy to Adulthood: Meta-Analysis and Dynamic Modeling of Developmental Mechanisms. *Personality and Social Psychology Review*, 6(2), 123–151. https://doi.org/10.1207/S15327957PSPR0602_03
- Fraley, R. C., Garner, J. P., & Shaver, P. R. (2000). Adult attachment and the defensive regulation of attention and memory: Examining the role of preemptive and postemptive defensive processes. *Journal of Personality and Social Psychology*, 79(5), 816–826. <https://doi.org/10.1037/0022-3514.79.5.816>
- Fraley, R. C., Roisman, G. I., Booth-LaForce, C., Owen, M. T., & Holland, A. S. (2013). Interpersonal and Genetic Origins of Adult Attachment Styles: A Longitudinal Study from Infancy to Early Adulthood. *Journal of Personality and Social Psychology*, 104(5), 10.1037/a0031435. <https://doi.org/10.1037/a0031435>
- Fraley, R. C., Waller, N. G., & Brennan, K. A. (2000). The Experience in Close Relationships-Revised (ECR-R) Questionnaire. *Journal of Personality and Social Psychology*, 78, 350–365.
- Frazer, J. (2006). Experimental disclosure and its moderators: A meta-analysis. *Psychological Bulletin*, 132(6), 823–865. <https://doi.org/10.1037/0033-2909.132.6.823>
- Freud, S. (1913). *On Beginning the Treatment I (Further Recommendations on the Technique of Psycho-Analysis I)*. 25.
- Frías, M. T., Shaver, P. R., & Díaz-Loving, R. (2014). Individualism and collectivism as moderators of the association between attachment insecurities, coping, and social support. *Journal of Social and Personal Relationships*, 31(1), 3–31. <https://doi.org/10.1177/0265407513484631>

- Fritz, M., & MacKinnon, D. (2007). Required Sample Size to Detect the Mediated Effect. *Psychological Science*, *18*, 233–239. <https://doi.org/10.1111/j.1467-9280.2007.01882.x>
- Garrison, A. M., Kahn, J. H., Miller, S. A., & Sauer, E. M. (2014). Emotional avoidance and rumination as mediators of the relation between adult attachment and emotional disclosure. *Personality and Individual Differences*, *70*, 239–245. <https://doi.org/10.1016/j.paid.2014.07.006>
- Garrison, A. M., Kahn, J. H., Sauer, E. M., & Florczak, M. A. (2012). Disentangling the effects of depression symptoms and adult attachment on emotional disclosure. *Journal of Counseling Psychology*, *59*(2), 230–239. <https://doi.org/10.1037/a0026132>
- Genc, A. B., & Kara, E. (2021). Mediating Role of Self-Disclosure in the Relationship between Attitudes towards Online Counselling and Perception of Social Stigma due to Receiving Psychological Help. *European Journal of Educational Research*, *10*(2), 919–932. <https://doi.org/10.12973/eu-jer.10.2.919>
- Germani, A., Buratta, L., Delvecchio, E., & Mazzeschi, C. (2020). Emerging Adults and COVID-19: The Role of Individualism-Collectivism on Perceived Risks and Psychological Maladjustment. *International Journal of Environmental Research and Public Health*, *17*(10), 3497. <https://doi.org/10.3390/ijerph17103497>
- Gilbert, P., McEwan, K., Catarino, F., Baião, R., & Palmeira, L. (2014). Fears of happiness and compassion in relationship with depression, alexithymia, and attachment security in a depressed sample. *British Journal of Clinical Psychology*, *53*(2), 228–244. <https://doi.org/10.1111/bjc.12037>
- Gordon, R., & Hanley, T. (2013). *Where do counselling psychologists based in the UK disseminate their research? A systematic review*. *28*(4), 12.

- GOV.UK. (n.d.). *Guide to the General Data Protection Regulation*. GOV.UK. Retrieved 6 December 2020, from <https://www.gov.uk/government/publications/guide-to-the-general-data-protection-regulation>
- Gross, J., & John, O. (2003). Individual differences in two emotion regulation processes: Implications for affect, relationships, and well-being. - PsycNET. *Journal of Personality and Social Psychology*, 85(2), 348–362.
- Gushue, G. V., & Constantine, M. G. (2003). Examining individualism, collectivism, and self differentiation in African American college women. *Journal of Mental Health Counseling*, 25(1), 1–15. <https://doi.org/10.17744/mehc.25.1.hagbhguehtb9xkakh>
- Györkös, C., Becker, J., Massoudi, K., Antonietti, J.-P., Pocnet, C., De Bruin, G., & Rossier, J. (2013). Comparing the Horizontal and Vertical Individualism and Collectivism Scale and the Auckland Individualism and Collectivism Scale in Two Cultures: Switzerland and South Africa. *Cross-Cultural Research*, 47, 310–331. <https://doi.org/10.1177/1069397112470371>
- Hanel, P. H. P., & Vione, K. C. (2016). Do Student Samples Provide an Accurate Estimate of the General Public? *PLoS ONE*, 11(12). <https://doi.org/10.1371/journal.pone.0168354>
- Hayes, A. F. (2017). *Introduction to Mediation, Moderation, and Conditional Process Analysis: Second Edition: A Regression-Based Approach* (2nd ed.). <https://www.guilford.com/books/Introduction-to-Mediation-Moderation-and-Conditional-Process-Analysis/Andrew-Hayes/9781462534654>
- Hayes, A. F. (2021, August). *The PROCESS macro for SPSS, SAS, and R*. The PROCESS Macro for SPSS, SAS, and R. <http://processmacro.org/download.html>
- HCPC. (n.d.). *Standards of conduct, performance and ethics* |. Retrieved 6 December 2020, from <https://www.hcpc-uk.org/standards/standards-of-conduct-performance-and-ethics/>

- HCPC. (2016). *Guidance on Conduct and Ethics for Students*. HCPC.
- Henton, I. (2019). GUEST EDITORIAL: Introduction to a special section on practice-based research and counselling psychology. *Counselling Psychology Quarterly*, 33. <https://doi.org/10.1080/09515070.2019.1570081>
- Hofstede, G. (2001). *Culture's Consequences* (2nd ed.). SAGE Publications. <https://uk.sagepub.com/en-gb/eur/cultures-consequences/book9710>
- Hofstede, G. (2011). Dimensionalizing Cultures: The Hofstede Model in Context. *Online Readings in Psychology and Culture*, 2(1). <https://doi.org/10.9707/2307-0919.1014>
- Holmes, J., & Slade, A. (2018). *Attachment in Therapeutic Practice*. SAGE Publications Ltd.
- Howitt, D., & Cramer, D. (2005). *Introduction to Research Methods in Psychology*. Pearson Education.
- Humphrey, A., Bliuc, A.-M., & Molenberghs, P. (2020). The social contract revisited: A re-examination of the influence individualistic and collectivistic value systems have on the psychological wellbeing of young people. *Journal of Youth Studies*, 23(2), 160–169. <https://doi.org/10.1080/13676261.2019.1590541>
- Huwaë, S., & Schaafsma, J. (2018). Cross-cultural differences in emotion suppression in everyday interactions. *International Journal of Psychology: Journal International De Psychologie*, 53(3), 176–183. <https://doi.org/10.1002/ijop.12283>
- Hwang, T.-J., Rabheru, K., Peisah, C., Reichman, W., & Ikeda, M. (2020). Loneliness and social isolation during the COVID-19 pandemic. *International Psychogeriatrics*, 1–4. <https://doi.org/10.1017/S1041610220000988>
- IBM. (2022). *IBM SPSS Statistics 28* [CT738,CT763,CT761,CT762]. <https://www.ibm.com/support/pages/downloading-ibm-spss-statistics-27>

- Jørgensen, M., Zachariae, R., Skytthe, A., & Kyvik, K. (2007). Genetic and Environmental Factors in Alexithymia: A Population-Based Study of 8,785 Danish Twin Pairs. *Psychotherapy and Psychosomatics*, *76*, 369–375. <https://doi.org/10.1159/000107565>
- Kahn, J. H., Achter, J. A., & Shambaugh, E. J. (2001). Client distress disclosure, characteristics at intake, and outcome in brief counseling. *Journal of Counseling Psychology*, *48*(2), 203–211. <https://doi.org/10.1037/0022-0167.48.2.203>
- Kahn, J. H., & Cantwell, K. E. (2017). The role of social support on the disclosure of everyday unpleasant emotional events. *Counselling Psychology Quarterly*, *30*(2), 152–165. <https://doi.org/10.1080/09515070.2016.1163524>
- Kahn, J. H., & Garrison, A. M. (2009). Emotional self-disclosure and emotional avoidance: Relations with symptoms of depression and anxiety. *Journal of Counseling Psychology*, *56*(4), 573–584. <https://doi.org/10.1037/a0016574>
- Kahn, J. H., & Hessling, R. M. (2001). Measuring the Tendency to Conceal Versus Disclose Psychological Distress. *Journal of Social and Clinical Psychology*, *20*(1), 41–65. <https://doi.org/10.1521/jscp.20.1.41.22254>
- Kahn, J. H., Huckle, B. E., Bradley, A. M., Glinski, A. J., & Malak, B. L. (2012). The Distress Disclosure Index: A research review and multitrait–multimethod examination. *Journal of Counseling Psychology*, *59*(1), 134–149. <https://doi.org/10.1037/a0025716>
- Kahn, J. H., Lamb, D. H., Champion, C. D., Eberle, J. A., & Schoen, K. A. (2002). Disclosing versus concealing distressing information: Linking self-reported tendencies to situational behavior. *Journal of Research in Personality*, *36*(5), 531–538. [https://doi.org/10.1016/S0092-6566\(02\)00008-9](https://doi.org/10.1016/S0092-6566(02)00008-9)
- Kahn, J. H., Vogel, D. L., Schneider, W. J., Barr, L. K., & Herrell, K. (2008). The emotional content of client disclosures and session impact: An analogue study. *Psychotherapy*:

Theory, Research, Practice, Training, 45(4), 539–545.
<https://doi.org/10.1037/a0014337>

- Kahn, J. H., Wei, M., Su, J. C., Han, S., & Strojewska, A. (2017). Distress disclosure and psychological functioning among Taiwanese nationals and European Americans: The moderating roles of mindfulness and nationality. *Journal of Counseling Psychology*, 64(3), 292–301. <https://doi.org/10.1037/cou0000202>
- Kasket, E. (2013). The Counselling Psychologist Researcher- Supplementary Chapter 4. In G. Davey (Ed.), *Applied Psychology*. Wiley Blackwell.
- Kasket, E. (2016). Carrying out research. In B. Douglas, R. Woolfe, S. Strawbridge, E. Kasket, & V. Galbraith, *The Handbook of Counselling Psychology* (pp. 228–243). SAGE Publications Ltd. <https://doi.org/10.4135/9781529714968.n15>
- Kaushik, V., & Walsh, C. A. (2019). Pragmatism as a Research Paradigm and Its Implications for Social Work Research. *Social Sciences*, 8(9), 255. <https://doi.org/10.3390/socsci8090255>
- Keating, L., Tasca, G. A., & Hill, R. (2013). Structural relationships among attachment insecurity, alexithymia, and body esteem in women with eating disorders. *Eating Behaviors*, 14(3), 366–373. <https://doi.org/10.1016/j.eatbeh.2013.06.013>
- Kench, S., & Irwin, H. J. (2000). Alexithymia and childhood family environment. *Journal of Clinical Psychology*, 56(6), 737–745. [https://doi.org/10.1002/\(SICI\)1097-4679\(200006\)56:6<737::AID-JCLP4>3.0.CO;2-U](https://doi.org/10.1002/(SICI)1097-4679(200006)56:6<737::AID-JCLP4>3.0.CO;2-U)
- Kim, B. S. K., Atkinson, D. R., & Umemoto, D. (2001). Asian Cultural Values and the Counseling Process: Current Knowledge and Directions for Future Research. *The Counseling Psychologist*, 29(4), 570–603. <https://doi.org/10.1177/0011000001294006>

- King, L. A., Emmons, R. A., & Woodley, S. (1992). The structure of inhibition. *Journal of Research in Personality*, 26(1), 85–102. [https://doi.org/10.1016/0092-6566\(92\)90061-8](https://doi.org/10.1016/0092-6566(92)90061-8)
- Kristjansdottir, O., McGrath, P. J., Finley, G. A., Kristjansdottir, G., Siripul, P., Mackinnon, S. P., & Yoshida, Y. (2018). Cultural influences on parental responses to children's pain. *Pain*, 159(10), 2035–2049. <https://doi.org/10.1097/j.pain.0000000000001289>
- Langdrige, D. (2007). *Phenomenological Psychology: Theory, Research and Method*. Pearson Prentice Hall. <https://r4.vlereader.com/Reader?ean=9781408212479#>
- Larson, D. G., & Chastain, R. L. (1990). *Self-Concealment: Conceptualization, Measurement, and Health Implications* (world) [Research-article]. [Http://Dx.Doi.Org/10.1521/Jscp.1990.9.4.439](http://dx.doi.org/10.1521/jscp.1990.9.4.439); Guilford Publications Inc. <https://doi.org/10.1521/jscp.1990.9.4.439>
- Le, H.-N., Berenbaum, H., & Raghavan, C. (2002). Culture and alexithymia: Mean levels, correlates and the role of parental socialization of emotions. *Emotion*, 2(4), 341–360. <https://doi.org/10.1037/1528-3542.2.4.341>
- Leising, D., Grande, T., & Faber, R. (2009). The Toronto Alexithymia Scale (TAS-20): A measure of general psychological distress. *Journal of Research in Personality*, 43(4), 707–710. <https://doi.org/10.1016/j.jrp.2009.03.009>
- Lieberman, M. D., Eisenberger, N. I., Crockett, M. J., Tom, S. M., Pfeifer, J. H., & Way, B. M. (2007). Putting feelings into words: Affect labeling disrupts amygdala activity in response to affective stimuli. *Psychological Science*, 18(5), 421–428. <https://doi.org/10.1111/j.1467-9280.2007.01916.x>
- Lo, C. (2014). Cultural Values and Alexithymia. *SAGE Open*, 4(4), 2158244014555117. <https://doi.org/10.1177/2158244014555117>

- Love, M., & Farber, B. A. (2019). Honesty in psychotherapy: Results of an online survey comparing high vs. low self-concealers. *Psychotherapy Research, 29*(5), 607–620. <https://doi.org/10.1080/10503307.2017.1417652>
- Lumley, M. A. (2004). Alexithymia, Emotional Disclosure, and Health: A Program of Research. *Journal of Personality, 72*(6), 1271–1300. <https://doi.org/10.1111/j.1467-6494.2004.00297.x>
- Lundh, L.-G., & Simonsson-Sarnecki, M. (2002). Alexithymia and cognitive bias for emotional information. *Personality and Individual Differences, 32*(6), 1063–1075. [https://doi.org/10.1016/S0191-8869\(01\)00110-6](https://doi.org/10.1016/S0191-8869(01)00110-6)
- Lyvers, M., Mayer, K., Needham, K., & Thorberg, F. A. (2019). Parental bonding, adult attachment, and theory of mind: A developmental model of alexithymia and alcohol-related risk. *Journal of Clinical Psychology, 75*(7), 1288–1304. Scopus. <https://doi.org/10.1002/jclp.22772>
- Main, M., & Solomon, J. (1990). Procedures for identifying infants as disorganized/disoriented during the Ainsworth Strange Situation. In *Attachment in the preschool years: Theory, research, and intervention* (pp. 121–160). University of Chicago Press.
- Malan, D., & Coughlin Della Selva, P. (2006). *Lives transformed: A revolutionary method of dynamic psychotherapy* (pp. x, 342). Karnac Books.
- Mallinckrodt, B., King, J. L., & Coble, H. M. (1998). Family dysfunction, alexithymia, and client attachment to therapist. *Journal of Counseling Psychology, 45*(4), 497–504. <https://doi.org/10.1037/0022-0167.45.4.497>
- Mallinckrodt, B., & Wei, M. (2005). Attachment, Social Competencies, Social Support, and Psychological Distress. *Journal of Counseling Psychology, 52*(3), 358–367. <https://doi.org/10.1037/0022-0167.52.3.358>

- Maree, D. J. F. (2020). The Applicative Split: The Science-Practitioner Model of Training and Practice. In D. J. F. Maree (Ed.), *Realism and Psychological Science* (pp. 43–53). Springer International Publishing. https://doi.org/10.1007/978-3-030-45143-1_3
- Marks, E. C., Hill, C. E., & Kivlighan, D. M. Jr. (2019). Secrets in psychotherapy: For better or worse? *Journal of Counseling Psychology*, *66*(1), 70–82. <https://doi.org/10.1037/cou0000311>
- Markus, H. R., & Kitayama, S. (1991). Culture and the Self."Implications for Cognition, Emotion, and Motivation. *Psychological Review*, *98*(2), 224–253.
- Mendoza, H., Tully, E. C., Goodnight, B., Gray, J., & Masuda, A. (2018). The indirect effect of self-concealment on distress through psychological inflexibility in Asian American, Black American, and White American college students. *Personality and Individual Differences*, *126*, 93–98. <https://doi.org/10.1016/j.paid.2018.01.024>
- Mikulincer, M., & Orbach, I. (1995). Attachment styles and repressive defensiveness: The accessibility and architecture of affective memories. *Journal of Personality and Social Psychology*, *68*(5), 917–925. <https://doi.org/10.1037/0022-3514.68.5.917>
- Mikulincer, M., & Shaver, P. R. (2016). *Attachment in adulthood: Structure, dynamics, and change* (Second edition). Guilford Press.
- Mikulincer, M., & Shaver, P. R. (2019). Attachment orientations and emotion regulation. *Current Opinion in Psychology*, *25*, 6–10. <https://doi.org/10.1016/j.copsyc.2018.02.006>
- Na, S., Spanierman, L. B., & Lalonde, C. E. (2017). Exploring moderators to understand the association between vertical collectivism and psychological well-being among Asian Canadian students. *Journal of Diversity in Higher Education*, *10*(3), 288–300. <https://doi.org/10.1037/a0039992>

- Nezlek, J. B., & Humphrey, A. (2021). Individualism, Collectivism, and Well-being Among a Sample of Emerging Adults in the United States. *Emerging Adulthood*, 21676968211054596. <https://doi.org/10.1177/21676968211054596>
- Obeid, S., Haddad, C., Akel, M., Fares, K., Salameh, P., & Hallit, S. (2019). Factors associated with the adults' attachment styles in Lebanon: The role of alexithymia, depression, anxiety, stress, burnout, and emotional intelligence. *Perspectives in Psychiatric Care*, 55(4), 607–617. <https://doi.org/10.1111/ppc.12379>
- Ogrodniczuk, J. S., Piper, W. E., & Joyce, A. S. (2008). Alexithymia and therapist reactions to the patient: Expression of positive emotion as a mediator. *Psychiatry: Interpersonal and Biological Processes*, 71(3), 257–265. <https://doi.org/10.1521/psyc.2008.71.3.257>
- 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>
- Oh, J., Stewart, A. E., & Phelps, R. E. (2017). Topics in the Journal of Counseling Psychology, 1963–2015. *Journal of Counseling Psychology*, 64(6), 604–615. <https://doi.org/10.1037/cou0000218>
- O'Loughlin, J. I., Cox, D. W., Kahn, J. H., & Wu, A. D. (2018). Attachment avoidance, alexithymia, and gender: Examining their associations with distress disclosure tendencies and event-specific disclosure. *Journal of Counseling Psychology*, 65(1), 65–73. <https://doi.org/10.1037/cou0000245>
- Onaverage. (n.d.). *Average Education Level* | *Onaverage.co.uk*. Retrieved 24 August 2022, from <https://www.onaverage.co.uk/other-averages/average-education-level>
- ONS. (n.d.-a). *Cultural identity—Office for National Statistics*. Retrieved 28 March 2021, from <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity>

- ONS. (2012). *Ethnicity and National Identity in England and Wales—Office for National Statistics*. HM Govt.
<https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/ethnicity/articles/ethnicityandnationalidentityinenglandandwales/2012-12-11>
- ONS. (2020). *Average household income, UK - Office for National Statistics*.
<https://www.ons.gov.uk/peoplepopulationandcommunity/personalandhouseholdfinances/incomeandwealth/bulletins/householddisposableincomeandinequality/financialyear2020>
- ONS, H. G. (n.d.-b). *Population of England and Wales*. Retrieved 7 March 2021, from
<https://www.ethnicity-facts-figures.service.gov.uk/uk-population-by-ethnicity/national-and-regional-populations/population-of-england-and-wales/latest>
- Orlans, V. (2013). The Nature and Scope of Counselling Psychology. In G. Davey (Ed.), *Applied Psychology*. Wiley Blackwell.
- Oyserman, D., Coon, H. M., & Kemmelmeier, M. (2002). Rethinking individualism and collectivism: Evaluation of theoretical assumptions and meta-analyses. *Psychological Bulletin*, 128(1), 3–72. <https://doi.org/10.1037/0033-2909.128.1.3>
- Padilla-Walker, L. M., Van der Graaff, J., Workman, K., Carlo, G., Branje, S., Carrizales, A., Gerbino, M., Gülseven, Z., Hawk, S. T., Luengo Kanacri, P., Mesurado, B., Samper-García, P., Shen, Y.-L., Taylor, L. K., Trach, J., van Zalk, M. H. W., & Žukauskienė, R. (2022). Emerging adults' cultural values, prosocial behaviors, and mental health in 14 countries during the COVID-19 pandemic. *International Journal of Behavioral Development*, 1. <https://doi.org/10.1177/01650254221084098>
- Parker, J. D., Taylor, G., & Bagby, R. M. (2010). *TAS-20 Package*.

- Parker, J., Taylor, G., & Bagby, R. (2003). The 20-Item Toronto Alexithymia Scale: III. Reliability and factorial validity in a community population. *Journal of Psychosomatic Research, 55*, 269–275. [https://doi.org/10.1016/S0022-3999\(02\)00578-0](https://doi.org/10.1016/S0022-3999(02)00578-0)
- Peñacoba, C., Perez-Calvo, S., Blanco, S., & Sanroman, L. (2018). Attachment styles, pain intensity and emotional variables in women with fibromyalgia. *Scandinavian Journal of Caring Sciences, 32*(2), 535–544. <https://doi.org/10.1111/scs.12477>
- Pepe, L., Milani, R., Di Trani, M., Di Folco, G., Lanna, V., & Solano, L. (2014). A more global approach to musculoskeletal pain: Expressive writing as an effective adjunct to physiotherapy. *Psychology, Health & Medicine, 19*(6), 687–697. <https://doi.org/10.1080/13548506.2013.859712>
- Pereg, D., & Mikulincer, M. (2004). Attachment style and the regulation of negative affect: Exploring individual differences in mood congruency effects on memory and judgment. *Personality and Social Psychology Bulletin, 30*(1), 67–80. <https://doi.org/10.1177/0146167203258852>
- Picardi, A., Fagnani, C., Gigantesco, A., Toccaceli, V., Lega, I., & Stazi, M. A. (2011). Genetic influences on alexithymia and their relationship with depressive symptoms. *Journal of Psychosomatic Research, 71*(4), 256–263. <https://doi.org/10.1016/j.jpsychores.2011.02.016>
- Picardi, A., Miglio, R., Tarsitani, L., Battisti, F., Baldassai, M., Copertaro, A., Mocchegiani, E., Cascavilla, I., & Biondi, M. (2013). Attachment style and immunity: A 1-year longitudinal study. *Biological Psychology, 92*(2), 353–358. <https://doi.org/10.1016/j.biopsycho.2012.10.001>
- Pietrabissa, G., & Simpson, S. G. (2020). Psychological Consequences of Social Isolation During COVID-19 Outbreak. *Frontiers in Psychology, 11*. <https://www.frontiersin.org/articles/10.3389/fpsyg.2020.02201>

- Ponterotto, J. G. (2005). Qualitative research in counseling psychology: A primer on research paradigms and philosophy of science. *Journal of Counseling Psychology, 52*, 126–136.
- Qualtrics. (n.d.-a). *Exit/Withdraw Button at bottom of page—Qualtrics Community*. Retrieved 28 December 2020, from <https://www.qualtrics.com/community/discussion/1335/exit-withdraw-button-at-bottom-of-page>
- Qualtrics. (n.d.-b). *Qualtrics & GDPR Compliance*. Retrieved 28 December 2020, from <https://www.qualtrics.com/support/survey-platform/getting-started/qualtrics-gdpr-compliance/>
- Qualtrics. (n.d.-c). *Qualtrics Security and Privacy Accreditations*. Qualtrics. Retrieved 28 December 2020, from <https://www.qualtrics.com/uk/platform/security/>
- Regorz, A. (n.d.). *Statistics Tutorials*. Retrieved 21 February 2022, from http://www.regorz-statistik.de/en/tutorials_en.html
- Romeo, A., Di Tella, M., Ghiggia, A., Tesio, V., Fusaro, E., Geminiani, G. C., & Castelli, L. (2020). Attachment style and parental bonding: Relationships with fibromyalgia and alexithymia. *PLoS ONE, 15*(4). <https://doi.org/10.1371/journal.pone.0231674>
- Romm, N. R. A. (2013). Employing Questionnaires in terms of a Constructivist Epistemological Stance: Reconsidering Researchers' Involvement in the Unfolding of Social Life. *International Journal of Qualitative Methods, 12*(1), 652–669. <https://doi.org/10.1177/160940691301200136>
- 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>
- Rufer, M., Ziegler, A., Alsleben, H., Fricke, S., Ortmann, J., Brückner, E., Hand, I., & Peter, H. (2006). A prospective long-term follow-up study of alexithymia in obsessive-

- compulsive disorder. *Comprehensive Psychiatry*, 47(5), 394–398.
<https://doi.org/10.1016/j.comppsy.2005.12.004>
- 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: A disorder of affect regulation* (1st ed., pp. 33–48). Cambridge University Press.
<https://doi.org/10.1017/9781108241595.005>
- Saypol, E., & Farber, B. A. (2010). Attachment style and patient disclosure in psychotherapy. *Psychotherapy Research*, 20(4), 462–471.
<https://doi.org/10.1080/10503301003796821>
- Seem, S. R. (1992). *Examination of gender bias in case conceptualization by counselors-in-training* (1993-73191-001; Issues 3-A). ProQuest Information & Learning.
- Shavitt, S., & Cho, H. (2016). Culture and consumer behavior: The role of horizontal and vertical cultural factors. *Current Opinion in Psychology*, 8, 149–154.
<https://doi.org/10.1016/j.copsy.2015.11.007>
- Shavitt, S., Torelli, C. J., & Riemer, H. (2010). Horizontal and Vertical Individualism and Collectivism: Implications for Understanding Psychological Processes. In M. J. Gelfand, C. Chiu, & Y. Hong (Eds.), *Advances in Culture and Psychology* (1st ed., Vol. 1). Oxford University Press.
- Sibley, C., Fischer, R., & Liu, J. (2005). Reliability and Validity of the Revised Experiences in Close Relationships (ECR-R) Self-Report Measure of Adult Romantic Attachment. *Personality & Social Psychology Bulletin*, 31, 1524–1536.
<https://doi.org/10.1177/0146167205276865>
- Singelis, T., Triandis, H., Bhawuk, D., & Gelfand, M. (1995). Horizontal and vertical individualism and collectivism: A theoretical and measurement refinement. *Cross-*

Cultural Research - CROSS-CULT RES, 29, 240–275.

<https://doi.org/10.1177/106939719502900302>

Sloan, A. E., & Kahn, J. H. (2005). Client Self-Disclosure as a Predictor of Short-Term Outcome in Brief Psychotherapy. *Journal of College Student Psychotherapy*, 19(3), 25–39. https://doi.org/10.1300/J035v19n03_04

Spek, V., Nyklíček, I., Cuijpers, P., & Pop, V. (2008). Alexithymia and cognitive behaviour therapy outcome for subthreshold depression. *Acta Psychiatrica Scandinavica*, 118(2), 164–167. <https://doi.org/10.1111/j.1600-0447.2008.01199.x>

Stiles, W. B. (1995). Disclosure as a speech act: Is it psychotherapeutic to disclose? In J. W. Pennebaker (Ed.), *Emotion, disclosure, & health*. (1995-98769-004; pp. 71–91). American Psychological Association. <https://doi.org/10.1037/10182-004>

Suslow, T., & Junghanns, K. (2002). Impairments of emotion situation priming in alexithymia. *Personality and Individual Differences*, 32(3), 541–550. [https://doi.org/10.1016/S0191-8869\(01\)00056-3](https://doi.org/10.1016/S0191-8869(01)00056-3)

Swanepoel, L. (2013). Counselling Psychology in Clinical Practice -Supplementary Chapter 2. In G. Davey (Ed.), *Applied Psychology*. Wiley Blackwell.

Swiller, H. I. (1988). Alexithymia: Treatment utilizing combined individual and group psychotherapy. *International Journal of Group Psychotherapy*, 38(1), 47–61. <https://doi.org/10.1080/00207284.1988.11491084>

Taber, K. S. (2018). The Use of Cronbach's Alpha When Developing and Reporting Research Instruments in Science Education. *Research in Science Education*, 48(6), 1273–1296. <https://doi.org/10.1007/s11165-016-9602-2>

Tashakkori, A., & Teddlie, C. (1998). *Mixed Methodology: Combining Qualitative and Quantitative Approaches* (Vol. 46). Sage Publications, Inc. <https://uk.sagepub.com/en-gb/eur/mixed-methodology/book6245>

- Taylor, G. J., & Bagby, R. M. (2004). New Trends in Alexithymia Research. *Psychotherapy and Psychosomatics*, 73(2), 68–77. <https://doi.org/10.1159/000075537>
- 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. <https://doi.org/10.1177/0003065112474066>
- 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)
- Taylor, G. J., Bagby, R. M., & Parker, J. D. A. (2016). What’s in the name ‘alexithymia’? A commentary on “Affective agnosia: Expansion of the alexithymia construct and a new opportunity to integrate and extend Freud’s legacy.” *Neuroscience & Biobehavioral Reviews*, 68, 1006–1020. <https://doi.org/10.1016/j.neubiorev.2016.05.025>
- Thorberg, F., Young, R., Sullivan, K. A., & Lyvers, M. (2011). Parental bonding and alexithymia: A meta-analysis. *European Psychiatry: The Journal of the Association of European Psychiatrists*, 26, 187–193. <https://doi.org/10.1016/j.eurpsy.2010.09.010>
- Tracy, R. L., & Ainsworth, M. S. (1981). Maternal affectionate behavior and infant–mother attachment patterns. *Child Development*, 52(4), 1341–1343. <https://doi.org/10.2307/1129529>
- Treynor, W., Gonzalez, R., & Nolen-Hoeksema, S. (2003). Rumination Reconsidered: A Psychometric Analysis. *Cognitive Therapy and Research*, 27(3), 247–259. <https://doi.org/10.1023/A:1023910315561>
- Triandis, H. C. (1995). *Individualism & Collectivism*. Westview Press.

- Triandis, H. C., & Gelfand, M. J. (1998). Converging Measurement of Horizontal and Vertical Individualism and Collectivism. *Journal of Personality and Social Psychology*, 74(1), 11.
- Triandis, H. C., & Gelfand, M. J. (2011). *Individualism and Collectivism Scale* [Data set]. American Psychological Association. <https://doi.org/10.1037/t01556-000>
- Triandis, H. C., & Gelfand, M. J. (2012). A Theory of Individualism and Collectivism. In P. Van Lange, A. Kruglanski, & E. Higgins (Eds.), *Handbook of Theories of Social Psychology: Volume 2* (Vol. 2, pp. 498–520). SAGE Publications Ltd. <https://doi.org/10.4135/9781446249215>
- Tsai, W., & Lu, Q. (2018). Culture, emotion suppression and disclosure, and health. *Social and Personality Psychology Compass*, 12(3), 1–13. <https://doi.org/10.1111/spc3.12373>
- UEL. (n.d.). *Data protection—University of East London (UEL)*. Retrieved 6 December 2020, from <https://www.uel.ac.uk/about/about-uel/governance/information-assurance/data-protection>
- UEL. (2018). *PGR Code of Practice*.
- UEL. (2020). *Code of Practice for Research Ethics 2020*.
- Uysal, A., Lin, H. L., & Knee, C. R. (2009). The Role of Need Satisfaction in Self-Concealment and Well-Being: *Personality and Social Psychology Bulletin*. <https://doi.org/10.1177/0146167209354518>
- van IJzendoorn, M. H., & Bakermans-Kranenburg, M. J. (2010). Invariance of adult attachment across gender, age, culture, and socioeconomic status? *Journal of Social and Personal Relationships*, 27(2), 200–208. <https://doi.org/10.1177/0265407509360908>
- Vargas, J. H., & Kimmelmeier, M. (2013). Ethnicity and Contemporary American Culture: A Meta-Analytic Investigation of Horizontal–Vertical Individualism–Collectivism.

- Journal of Cross-Cultural Psychology*, 44(2), 195–222.
<https://doi.org/10.1177/0022022112443733>
- von Suchodoletz, A., & Hepach, R. (2021). Cultural values shape the expression of self-evaluative social emotions. *Scientific Reports*, 11(1), 1–14.
<https://doi.org/10.1038/s41598-021-92652-8>
- Wallace, B. C., & Constantine, M. G. (2005). Africentric Cultural Values, Psychological Help-Seeking Attitudes, and Self-Concealment in African American College Students. *Journal of Black Psychology*, 31(4), 369–385.
<https://doi.org/10.1177/0095798405281025>
- Wang, C.-C. D., & Mallinckrodt, B. S. (2006). Differences between Taiwanese and US cultural beliefs about ideal adult attachment. *Journal of Counseling Psychology*, 53(2), 192–204. <https://doi.org/10.1037/0022-0167.53.2.192>
- Watson, D., & Clark, L. A. (1991). Self- versus peer ratings of specific emotional traits: Evidence of convergent and discriminant validity. *Journal of Personality and Social Psychology*, 60(6), 927–940. <https://doi.org/10.1037/0022-3514.60.6.927>
- Watson, D., Hubbard, B., & Wiese, D. (2000). General traits of personality and affectivity as predictors of satisfaction in intimate relationships: Evidence from self- and partner-ratings. *Journal of Personality*, 68(3), 413–449. <https://doi.org/10.1111/1467-6494.00102>
- Wei, M., Russell, D. W., & Zakalik, R. A. (2005). Adult Attachment, Social Self-Efficacy, Self-Disclosure, Loneliness, and Subsequent Depression for Freshman College Students: A Longitudinal Study. *Journal of Counseling Psychology*, 52(4), 602–614.
<https://doi.org/10.1037/0022-0167.52.4.602>

- Wei, M., Su, J. C., Carrera, S., Lin, S.-P., & Yi, F. (2013). Suppression and interpersonal harmony: A cross-cultural comparison between Chinese and European Americans. *Journal of Counseling Psychology, 60*(4), 625–633. <https://doi.org/10.1037/a0033413>
- Williams, B., Ospina, J. P., Jalilianhasanpour, R., Fricchione, G. L., & Perez, D. L. (2019). Fearful Attachment Linked to Childhood Abuse, Alexithymia, and Depression in Motor Functional Neurological Disorders. *The Journal of Neuropsychiatry and Clinical Neurosciences, 31*(1), 65–69. <https://doi.org/10.1176/appi.neuropsych.18040095>
- Wolf, E. J., Harrington, K. M., Clark, S. L., & Miller, M. W. (2013). Sample Size Requirements for Structural Equation Models: An Evaluation of Power, Bias, and Solution Propriety. *Educational and Psychological Measurement, 76*(6), 913–934. <https://doi.org/10.1177/0013164413495237>
- Xiao, W. S. (2021). The Role of Collectivism–Individualism in Attitudes Toward Compliance and Psychological Responses During the COVID-19 Pandemic. *Frontiers in Psychology, 12*. <https://www.frontiersin.org/article/10.3389/fpsyg.2021.600826>

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: Janet Rowley

SUPERVISOR: George Georgiou

STUDENT: Catherine Butterfield

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

Minor amendments required *(for reviewer):*

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):*

Student number:

Date:

(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 *Dr Janet Rowley*

Date: 17.8.21

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

Invitation Letter and Informed Consent



INVITATION LETTER

You are 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 this research project.

What is the research?

I am conducting research into individual differences which may have an effect on a

person's tendency to disclose their 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.



Who can participate?

I am looking to involve people who are over 18 and under 65, resident in the UK and not under the care of a Community Mental Health Team (or equivalent).

You will not be judged or personally analysed any information gathered will be kept anonymous and confidential.

You are quite 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 provide some demographic information and complete 4 short questionnaires where you will be asked to rate how

true a statement is for you. There are no right or wrong answers. Answer as you feel appropriate.

Participation should take approximately 20 minutes.

Participation will take place via an online survey by clicking on the link.

Your participation would be very valuable in helping to develop knowledge and understanding of my research topic



Your taking part will be safe and confidential

Your privacy and safety will be respected at all times.

Participants will not be identified by the data collected, on any written material resulting from the data collected, or in any write-up of the research.

Participants do not have to answer all questions asked of them and can stop their participation at any time.

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:

Initially data will be gathered and stored on a secure internet server. The online version of the questionnaires have been constructed as an anonymous survey,

meaning no emails, IP addresses and/or geolocation data will be identified in the responses. HTTPS survey links (also known as secure survey links) have been used, giving Secure Sockets Layer (SSL) Encryption while a questionnaire is being completed. During the study data collected online will be stored on an EU-based server and will be subject to EU Data Protection acts. All online data will be completely destroyed following completion of data collection.



For analysis data will be transferred to be stored with password protection on a password protected computer.

Anonymous data may be viewed by researcher, research, supervisory team or examiners.

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 anonymous questionnaire data will be stored in UEL's Research Repository in the case of future publications or research for 3 years.

What if you want to withdraw?

You are free to withdraw from the research study at any time without explanation, disadvantage or consequence. You can do this by pressing the "Withdraw" button which appears on each page. Separately, you may also request to withdraw your

data even after you have participated, provided that this request is made within 3 weeks of completing the survey (after which point the data analysis will begin, and withdrawal will not be possible). To facilitate withdrawal after the fact, you will be given a reference number on completing the survey which you can quote in a request to withdraw your data.



Contact Details

If you would like further information about my research or have any questions or concerns, please do not hesitate to contact me.

Catherine Butterfield u1935911@uel.ac.uk

If you have any questions or concerns about how the research has been conducted please contact the research supervisor Dr. Lydia Tan. School of Psychology, University of East London, Water Lane, London E15 4LZ,
Email: l.tan@uel.ac.uk

or

Chair of the School of Psychology Research Ethics Sub-committee: Dr Trishna Patel, School of Psychology, University of East London, Water Lane, London E15

4LZ.

(Email: t.patel@uel.ac.uk)



Consent to participate in a research study

Attachment Avoidance, Alexithymia and Cultural Orientation: Examining Their Associations with Distress Disclosure.

1. I have read the information page 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.

Click to agree

2. 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.

Click to agree



3. I hereby freely and fully consent to participate in the study which has been fully explained to me.

Click to agree

4. 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 in the write-up of the study and in any further analysis that may be conducted by the researcher

Click to agree



Please confirm that you meet the criteria to take part in this research study.

I am between the ages of 18 and 65

I am resident in the UK

I am NOT currently under the care of a Community Mental Health Team (or equivalent)

- I meet the criteria listed above
- I do not meet the criteria listed above

Appendix C

Measures

Demographic Data



How would you describe your national identity?

▼ Afghanistan ... Zimbabwe

Where do you currently reside?

Northern Ireland

Scotland

Wales

England



What age are you?



Choose one or more ethnic group you identify as belonging to

- White - British/English/Scottish/Welsh/Northern Irish/ Irish/Gypsy/Irish Traveller/ Roma/ European or any other white background
 - Black/ Black British/ Caribbean/ African/ other black background
 - Asian or Asian British - Indian/ Pakistani/ Bangladeshi/ Chinese/ other Asian background
 - Mixed or multiple ethnic groups- White and Black Caribbean/ White and Black African/ White and Asian/any other mixed or multiple background
 - Other (Please specify in the space below)
-

What is your gender?

- Male
- Female
- Non-binary / third gender
- Prefer not to say



Please indicate your best guess of entire household income in (previous year) before taxes.

- Less than £10,000
 - £10,000 to £19,999
 - £20,000 to £29,999
 - £30,000 to £39,999
 - £40,000 to £49,999
 - £50,000 to £59,999
 - £60,000 to £69,999
 - £70,000 to £79,999
 - £80,000 to £89,999
 - £90,000 to £99,999
 - £100,000 to £149,999
 - £150,000 or more
-



What is your highest educational level?

- 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)

Experiences in Close Relationships Scale - Revised (Avoidance Subscale)

THE EXPERIENCES IN CLOSE RELATIONSHIPS-REVISED (ECR-R) QUESTIONNAIRE

Reference: Fraley, R. C., Waller, N. G., & Brennan, K. A. (2000). An item-response theory analysis of self-report measures of adult attachment. *Journal of Personality and Social Psychology*, 78, 350-365.

Description of Measure:

A 36-item measure of adult attachment style. The ECR-R measures individuals on two subscales of attachment: Avoidance and Anxiety. In general Avoidant individuals find discomfort with intimacy and seek independence, whereas Anxious individuals tend to fear rejection and abandonment.

For more information on adult attachment, visit these websites:

Scale: The statements below concern how you feel in emotionally intimate relationships. We are interested in how you generally experience relationships, not just in what is happening in a current relationship. Respond to each statement by circling a number to indicate how much you agree or disagree with the statement. QUESTION 1=Strongly Disagree.....7=Strong Agree

19. I prefer not to show a partner how I feel deep down.	1 2 3 4 5 6 7
20. I feel comfortable sharing my private thoughts and feelings with my partner.	1 2 3 4 5 6 7
21. I find it difficult to allow myself to depend on romantic partners.	1 2 3 4 5 6 7
22. I am very comfortable being close to romantic partners.	1 2 3 4 5 6 7
23. I don't feel comfortable opening up to romantic partners.	1 2 3 4 5 6 7
24. I prefer not to be too close to romantic partners.	1 2 3 4 5 6 7
25. I get uncomfortable when a romantic partner wants to be very close.	1 2 3 4 5 6 7
26. I find it relatively easy to get close to my partner.	1 2 3 4 5 6 7
27. It's not difficult for me to get close to my partner.	1 2 3 4 5 6 7
28. I usually discuss my problems and concerns with my partner.	1 2 3 4 5 6 7
29. It helps to turn to my romantic partner in times of need.	1 2 3 4 5 6 7
30. I tell my partner just about everything.	1 2 3 4 5 6 7
31. I talk things over with my partner.	1 2 3 4 5 6 7

32. I am nervous when partners get too close to me.	1 2 3 4 5 6 7
33. I feel comfortable depending on romantic partners.	1 2 3 4 5 6 7
34. I find it easy to depend on romantic partners.	1 2 3 4 5 6 7
35. It's easy for me to be affectionate with my partner.	1 2 3 4 5 6 7
36. My partner really understands me and my needs.	1 2 3 4 5 6 7

Distress Disclosure Index

Description:

A 12-item measure of one's tendency to disclose (versus conceal) personally distressing information across time and situations.

References:

Kahn, J. H., & Hessling, R. M. (2001). Measuring the tendency to conceal versus disclose psychological distress. *Journal of Social and Clinical Psychology, 20*, 41-65. doi:[10.1521/jscp.20.1.41.22254](https://doi.org/10.1521/jscp.20.1.41.22254)

Kahn, J. H., Huckle, B. E., Bradley, A. M., Glinski, A. J., & Malak, B. L. (2012). The Distress Disclosure Index: A research review and multitrait-multimethod examination. *Journal of Counseling Psychology, 59*, 134-149. doi:[10.1037/a0025716](https://doi.org/10.1037/a0025716)

Please read each of the following items carefully. Indicate the extent to which you agree or disagree with each item according to the rating scale below:

1 2 3 4 5
Strongly Disagree Strongly Agree

1. When I feel upset, I usually confide in my friends.
 2. I prefer not to talk about my problems.
 3. When something unpleasant happens to me, I often look for someone to talk to.
 4. I typically don't discuss things that upset me.
 5. When I feel depressed or sad, I tend to keep those feelings to myself.
 6. I try to find people to talk with about my problems.
 7. When I am in a bad mood, I talk about it with my friends.
 8. If I have a bad day, the last thing I want to do is talk about it.
 9. I rarely look for people to talk with when I am having a problem.
 10. When I'm distressed I don't tell anyone.
 11. I usually seek out someone to talk to when I am in a bad mood.
 12. I am willing to tell others my distressing thoughts.
-

Individualism-Collectivism Scale (also called Culture Orientation Scale)

Reference: Triandis, H. C. & Gelfand, M. J. (1998). Converging measurement of horizontal and vertical individualism and collectivism. *Journal of Personality and Social Psychology*, 74, 118-128.

Description of Measure: A 16-item scale designed to measure four dimensions of collectivism and individualism:

Vertical Collectivism – seeing the self as a part of a collective and being willing to accept hierarchy and inequality within that collective

Vertical Individualism – seeing the self as fully autonomous, but recognizing that inequality will exist among individuals and that accepting this inequality.

Horizontal Collectivism –seeing the self as part of a collective but perceiving all the members of that collective as equal.

Horizontal Individualism –seeing the self as fully autonomous, and believing that equality between individuals is the ideal.

All items are answered on a 9-point scale, ranging from

1= never or definitely no and 9 = always or definitely yes.

Scale: The items should be mixed up prior to administering the questionnaire.

All items are answered on a 9-point scale, ranging from 1= never or definitely no and 9 = always or definitely yes.

Horizontal individualism items:

1. I'd rather depend on myself than others.
2. I rely on myself most of the time; I rarely rely on others.
3. I often do "my own thing."
4. My personal identity, independent of others, is very important to me.

Vertical individualism items:

1. It is important that I do my job better than others.
2. Winning is everything.
3. Competition is the law of nature.
4. When another person does better than I do, I get tense and aroused.

Horizontal collectivism items:

1. If a coworker gets a prize, I would feel proud.
2. The well-being of my coworkers is important to me.
3. To me, pleasure is spending time with others.
4. I feel good when I cooperate with others.

Vertical collectivism items:

1. Parents and children must stay together as much as possible.
2. It is my duty to take care of my family, even when I have to sacrifice what I want.
3. Family members should stick together, no matter what sacrifices are required.
4. It is important to me that I respect the decisions made by my groups.

Appendix D

Debrief



PARTICIPANT DEBRIEF

Thank you for participating in my research study on the relations among attachment avoidance, alexithymia, cultural orientation and distress disclosure. This debrief offers information that may be relevant in light of you having now taken part.

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. Your anonymous questionnaire results will be stored on the UEL's secure OneDrive system. The anonymous 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. Anonymous 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.

You are free to withdraw from the research study at any time without explanation, disadvantage or consequence. You can do this by pressing the "Withdraw" button which

appears on each page. Separately, you may also request to withdraw your data even after you have participated, provided that this request is made within 3 weeks of completing the survey (after which point the data analysis will begin, and withdrawal will not be possible). To facilitate withdrawal after the fact, you will be given a reference number on completing the survey which you can quote in a request to withdraw your data.

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.

Catherine Butterfield u1935911@uel.ac.uk

If you have any questions or concerns about how the research has been conducted please

contact the research supervisor Dr. Lydia Tan. School of Psychology, University of East London, Water Lane, London E15 4LZ,

Email: l.tan@uel.ac.uk

or

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

(Email: t.patel@uel.ac.uk)

Appendix E

Demographics

Table 5

Gender

	Frequency	Percent
Male	93	24.2
Female	285	74.2
Non-binary/ 3 rd Gender	6	1.6
Total	384	100

Table 6

Country of Residence

	Frequency	Percent
Northern Ireland	16	4.2
Scotland	24	6.3
Wales	12	3.1
England	332	86.5
Total	384	100

Table 7

Age

	Frequency
Mean	33.6
Median	32
Standard Deviation	10.9
Minimum	18
Maximum	65

Table 8

Educational Level

	Frequency	Percent
GCSE (or equivalent)	16	4.2
A level (or equivalent)	64	16.7
Bachelor's (or equivalent)	129	33.6
Master's (or equivalent)	113	29.4
PhD (or equivalent)	62	16.1
Total	384	100

Table 9*Household Income*

	Frequency	Percent
Less than £10,000	36	9.4
£10,000 to £19,999	37	9.6
£20,000 to £29,000	55	14.3
£30,000 to £39,000	48	12.5
£40,000 to £49,000	56	14.6
£50,000 to £59,000	35	9.1
£60,000 to £69,000	25	6.5
£70,000 to £79,000	32	8.3
£80,000 to £89,000	21	5.5
£90,000 to £99,000	13	3.4
£100,000 to £150,000	15	3.9
Over £150,000	11	2.9
Total	384	100

Table 10*Ethnicity*

	Frequency	Percent
White	306	79.7
Black	15	3.9
Asian	35	9.1
Mixed	18	4.7
Other	10	2.6
Total	384	100

Appendix F

Preliminary Data Analysis: Assessing and Addressing Bias in the Data

Missing data: Of the 384 participants included, there were 10 missing data points. Four of these were from the DIF subscale of TAS-20 (Bagby et al., 1994). These missing values were scored according to the developers' instructions to assign the mean score of the remaining items on the DIF scale for that participant (Parker et al., 2010). The remaining missing values were from the DDI (Kahn & Hessling, 2001). These were scored on the condition that there were no more than 2 missing values for that variable for each participant (IBM, 2022). This yielded data for all 384 participants.

Outliers: A visual inspection of bivariate scatterplots and box plots indicated a small number of outliers. A further examination of the z scores indicated one case as an outlier for horizontal collectivism. However, due to the large sample and taking the central limit theorem into account a single outlier was deemed acceptable (Wolf et al., 2013, Field, 2015).

Normality: A visual inspection of histograms, PP plots and QQ plots indicated that although there were issues with the data with regards to distribution, skewness and kurtosis, these were within range to meet assumptions of normality due to the large sample and taking the central limit theorem into account (Wolf et al., 2013, Field, 2015).

Homoscedasticity and linearity: Plots of standardised residuals against predicted values indicated the data met the assumptions of homoscedasticity and linearity.

Appendix I

Figure 7

Simple Slopes of Attachment Avoidance Predicting Alexithymia for -1 SD, M and +1 Levels of Horizontal Individualism

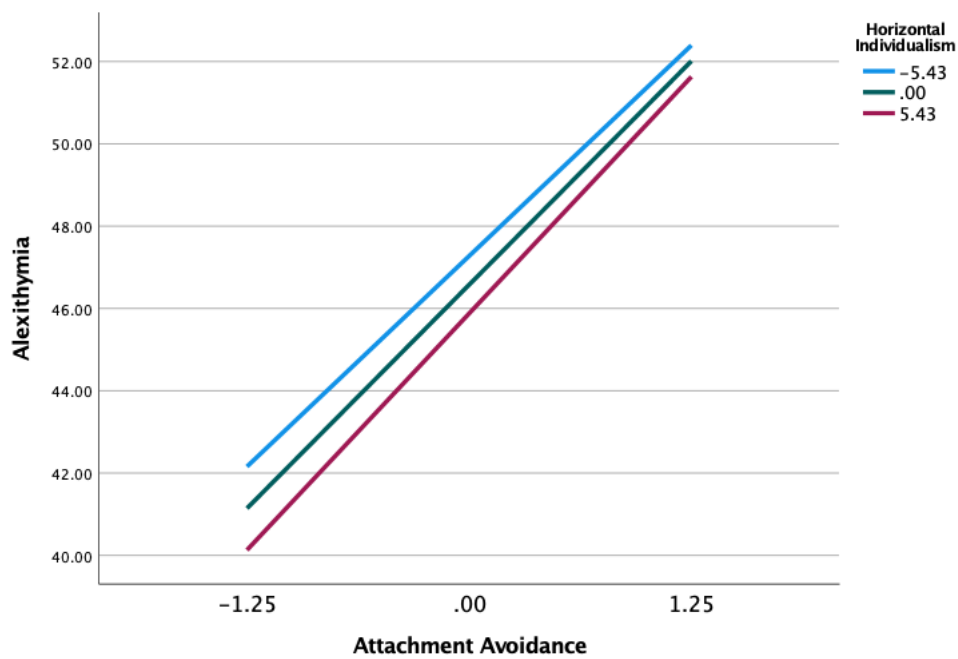


Figure 8

Simple Slopes of Attachment Avoidance Predicting Alexithymia for -1 SD, M and +1 Levels of Horizontal Collectivism

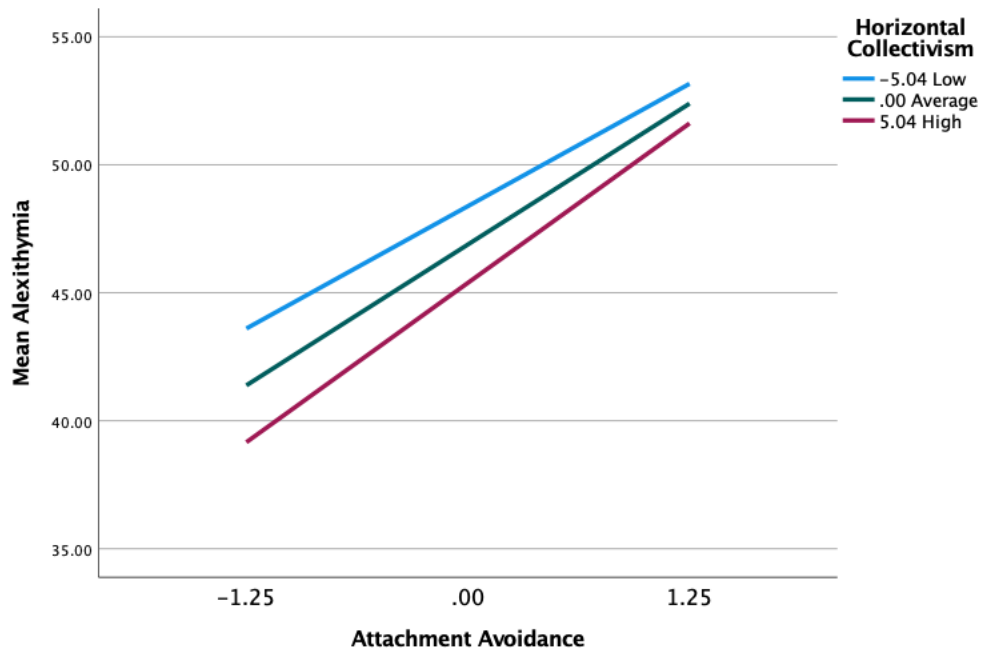
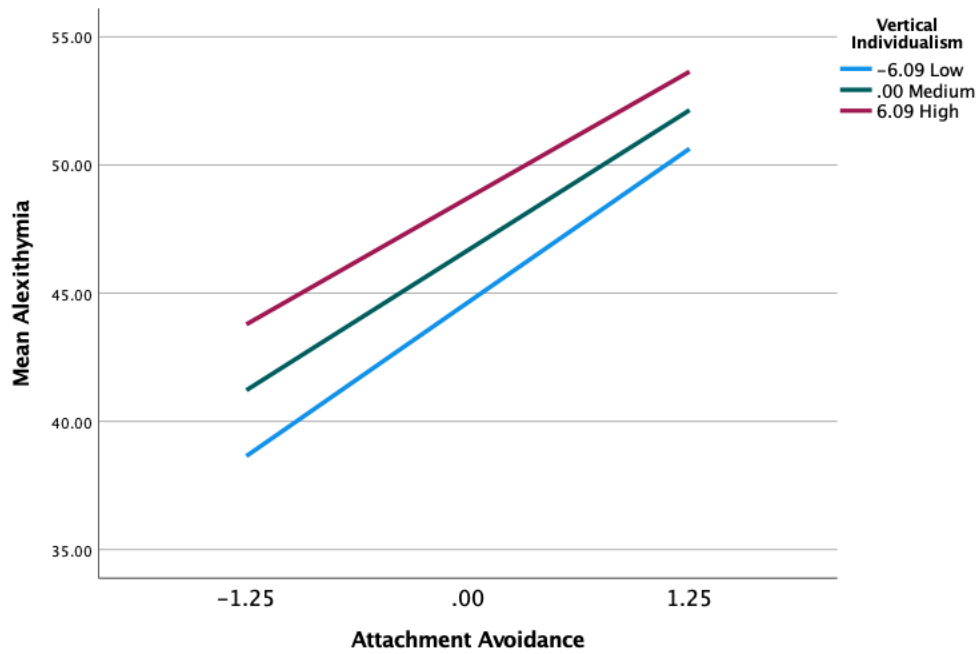


Figure 9

Simple Slopes of Attachment Avoidance Predicting Alexithymia for -1 SD, M and +1 Levels of Vertical Individualism



Appendix J

Moderated Mediation (Model 7) with Subscales of Alexithymia as Mediator and each of Scales of Cultural Orientation as Moderator

Mediator: Difficulty Identifying Feelings

Moderator: Vertical Collectivism

Predictor: Attachment Avoidance

Outcome: Distress Disclosure

Co-variants: Vertical Individualism, Horizontal Collectivism and Horizontal Individualism

Index of moderated mediation: $b = -0.13$, 95% CI [-0.042, 0.003]

Mediator: Difficulty Describing Feelings

Moderator: Vertical Collectivism

Predictor: Attachment Avoidance

Outcome: Distress Disclosure

Co-variants: Vertical Individualism, Horizontal Collectivism and Horizontal Individualism

Index of moderated mediation: $b = -0.44$, 95% CI [-0.107, 0.013]

Mediator: Externally Oriented Thinking

Moderator: Vertical Collectivism

Predictor: Attachment Avoidance

Outcome: Distress Disclosure

Co-variants: Vertical Individualism, Horizontal Collectivism and Horizontal Individualism

Index of moderated mediation: $b = -0.29$, 95% CI [-0.070, 0.014]

Mediator: Difficulty Identifying Feelings

Moderator: Horizontal Individualism

Predictor: Attachment Avoidance

Outcome: Distress Disclosure

Co-variants: Vertical Individualism, Horizontal Collectivism and Vertical Collectivism

Index of moderated mediation: $b = -0.004$, 95% CI [-0.025, 0.008]

Mediator: Difficulty Describing Feelings

Moderator: Horizontal Individualism

Predictor: Attachment Avoidance

Outcome: Distress Disclosure

Co-variants: Vertical Individualism, Horizontal Collectivism and Vertical Collectivism Index

of moderated mediation: $b = -0.032$, 95% CI [-0.087, 0.015]

Mediator: Externally Oriented Thinking

Moderator: Horizontal Individualism

Predictor: Attachment Avoidance

Outcome: Distress Disclosure

Co-variants: Vertical Individualism, Horizontal Collectivism and Vertical Collectivism

Index of moderated mediation: $b = 0.016$, 95% CI [-0.016, 0.054]

Mediator: Difficulty Identifying Feelings

Moderator: Vertical Individualism

Predictor: Attachment Avoidance

Outcome: Distress Disclosure

Co-variants: Vertical Collectivism, Horizontal Collectivism and Horizontal Individualism

Index of moderated mediation: $b = 0.011$, 95% CI [-0.003, 0.032]

Mediator: Difficulty Describing Feelings

Moderator: Vertical Individualism

Predictor: Attachment Avoidance

Outcome: Distress Disclosure

Co-variants: Vertical Collectivism, Horizontal Collectivism and Horizontal Individualism

Index of moderated mediation: $b = 0.022$, 95% CI [-0.017, 0.065]

Mediator: Externally Oriented Thinking

Moderator: Vertical Individualism

Predictor: Attachment Avoidance

Outcome: Distress Disclosure

Co-variants: Vertical Collectivism, Horizontal Collectivism and Horizontal Individualism

Index of moderated mediation: $b = -0.022$, 95% CI [-0.060, 0.014]

Mediator: Difficulty Identifying Feelings

Moderator: Horizontal Collectivism

Predictor: Attachment Avoidance

Outcome: Distress Disclosure

Co-variants: Vertical Collectivism, Horizontal Collectivism and Horizontal Individualism

Index of moderated mediation: $b = -0.010$, 95% CI [-0.030, 0.005]

Mediator: Difficulty Describing Feelings

Moderator: Horizontal Collectivism

Predictor: Attachment Avoidance

Outcome: Distress Disclosure

Co-variants: Vertical Collectivism, Horizontal Collectivism and Horizontal Individualism

Index of moderated mediation: $b = -0.041$, 95% CI [-0.092, 0.019]

Mediator: Externally Oriented Thinking

Moderator: Horizontal Collectivism

Predictor: Attachment Avoidance

Outcome: Distress Disclosure

Co-variants: Vertical Collectivism, Horizontal Collectivism and Horizontal Individualism

Index of moderated mediation: $b = 0.010$, 95% CI [-0.032, 0.060]