



A Study on Emotional Regulation, Alexithymia and Coping Strategies among Adults

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Abstract: Emotional regulation refers to the ability of an individual to effectively manage and respond properly to emotional experiences. Alexithymia is the inability to understand and express one's emotions appropriately, which affects an individual's mental health. The present study aimed to understand the relationship of emotional regulation, Alexithymia, and Coping strategies among adults. For this purpose, a sample of 76 individuals in the age range of 18-30 years was taken. Standardized measures of Emotional regulation, Alexithymia, and coping strategies were administered to the participants. The study found a significant positive correlation among the components of the Alexithymia scale, which suggests that if a person is unable to understand their emotions, they face difficulty appropriately describing their emotions and indulge in externally oriented thinking. Additionally, the result shows a significant positive correlation between inability to describe emotions and reappraisal. Conversely, externally oriented thinking showed a significant negative correlation with coping strategies. Accurately comprehending one's emotions is crucial. Failure to recognize emotional states can impede effective stress management. Moreover, many individuals remain unaware that challenges in understanding feelings and emotions constitute a genuine concern. Increasing awareness regarding emotional regulation on social media and college campuses, etc., may help individuals manage stress more effectively.

Keywords: *Emotional Regulation, Alexithymia, Coping Strategies, Adults, Mental Health.*

1. Introduction

"You can't stop the waves, but you can learn to surf."

Jon Kabat-Zinn

Emotional regulation refers to the healthier way of expressing one's emotions and understanding others accordingly. It is a skill that some people find easy, while others find it difficult. People with emotional dysregulation often use maladaptive coping. Emotional regulation reflects, a) Which emotions does someone have b) When they have these emotions. C) How they feel and express those emotions.

Alexithymia is also known as emotional blindness. A person is unable to identify their emotions and finds difficulty expressing and describing their feelings and uses an unproductive way to handle it, like externally oriented thinking. People with Alexithymia often show emotion dysregulation because they cannot properly understand their emotions. The term "Alexithymia" was coined in 1973 by Peter Sifneos. In Alexithymia, a person does not have words for their emotions. How does a person with Alexithymia look or show signs:

- a. Unable to understand emotional cues like tone of voice or facial expression.
- b. Interpersonal relations suffer and are difficult to maintain, as others perceive you as cold, rigid, or humorless.
- c. Behaving less altruistically than others.
- d. Find it difficult to distinguish between emotions and bodily sensations that relate to those emotions.
- e. A person feels empty and numb, as though that person watches their own life as an observer.
- f. They are always confused and frustrated.

A study by Aljaffer et al. (2022) showed that alexithymia among medical students was higher than in the general population. 26.9% of the students had alexithymia. There was a significant relationship between alexithymia and gender. Being female, having a psychiatric condition, experiencing childhood abuse, and not engaging in physical activity were linked with Alexithymia.

A review of this study by Ricciardi et al. (2015) found that alexithymia is very common among people with neurological diseases like Traumatic Brain Injury, Stroke, and Epilepsy. People with neurological disorders often have difficulty understanding and expressing emotions.

Emotional Regulation

“Emotion regulation is a process by which individuals modify the duration or intensity of their emotions to best respond to environmental challenges” (Aldao and Plate, 2018). “Emotion regulation encompasses physiological, cognitive, and behavioral processes that are internal and external to the individual and that enable the individual to have control over the types of emotions experienced as well as when and to what degree they are experienced” (Gross, 2002).

A study was conducted by Hay and Diehl (2011) on emotion complexity and emotion regulation across adulthood to examine the associations between age, emotion complexity, and emotion regulation. 239 participants in this research as a sample, ranging from 18 to 89, from North Central Florida. Emotion regulation was assessed in terms of an individual's likelihood of maintaining adaptive emotion states. The findings revealed that older adults had lower differentiation scores than younger adults, and older adults persisted in low negative states and moved out of high negative states more readily than younger adults. Neuroticism, self-concept incoherence, mean daily stress, and emotion complexity were associated with emotion regulation.

Pandey et al. (2011) studied emotion regulation difficulties in alexithymia and mental health to understand the relationship between the two constructs on mental health. For this purpose, two groups were selected, which were 27 alexithymic and 26 non-alexithymic participants who were assessed using self-report measures of emotion regulation difficulties and general mental health. The study revealed that, compared to non-alexithymic individuals, alexithymic individuals showed greater emotion regulation difficulties and reported more health-related problems.

A study was conducted by Prakash et al. (2015) on mindfulness and emotion regulation in older and young adults. The study aimed to explore the age variant association between dispositional mindfulness, emotion regulation strategies, and emotion dysregulation. Self-report data were collected from 50 older and 50 younger adults. With them, the researchers explored whether cognitive reappraisal, experiential suppression, and thought avoidance mediated the association between mindfulness and emotion dysregulation. The findings revealed that reduced thought avoidance may partially explain the relationship between trait mindfulness and enhanced emotion regulation, and the mediational pathway is stronger for young compared to older adults.

A study conducted by Preece et al. (2023) on Alexithymia and Emotional regulation aimed to address the gap regarding whether people with high, average, or low levels of

alexithymia differ in the types of emotion regulation strategies they use. Samples were general community adults from the United States (N=501). A battery of Alexithymia and Emotion regulation was used. This study found that Alexithymia is associated with impaired emotion regulation, and people with high Alexithymia seem to exhibit a less adaptive profile of emotion regulation strategies.

Alexithymia

“Alexithymia impairs down-stream emotion regulation, as attention and appraisal processes influence decisions on whether and how to regulate emotions” (Gross, 2015). Alexithymia refers to “a deficit in emotional processing, characterized by specific difficulties in identifying and describing one’s own feelings” (Surber et al., 2024).

A study was conducted by Henry et al. (2006) to test the validity of existing conceptualizations of the alexithymia concept, with reference to aging. The sample size was 240 healthy adults, young and old adults. The study revealed that older adults are less engaged in introspective thinking, which is not bad and is good for their mental health. Difficulty in identifying and describing emotions is harmful for both older and younger adults. TAS (Toronto Alexithymia Scale) is used, and one of its subscales measured reduced alexithymia, overestimating it in older adults.

A study by Besharat (2010) investigated the relationship between Alexithymia and coping styles and interpersonal problems. The sample size was 346 students (156 boys and 190 girls). Toronto Alexithymia Scale, Coping Inventory for Stressful Situations, and Inventory of Interpersonal Problems. This study found that high-alexithymic students scored higher than non-alexithymic students on emotion-oriented coping and interpersonal problems. In contrast, non-alexithymic students scored higher than alexithymic students on task-oriented coping.

A study was conducted by Lyvers et al. (2022) on alexithymia, negative moods, and fears of positive emotions to examine the fears of positive moods as potential mediators of this relationship. A non-clinical online sample of 206 male and female young adults was used. This study found that alexithymia was positively correlated with fear of happiness, fear of compassion and negative moods.

A study was conducted by Mehta et al. (2024) on alexithymia and the role of emotional intensity. Alexithymia is related to greater negative emotion intensity, and this predicts the use of disengagement over engagement emotion regulation strategies. The researchers conducted two longitudinal studies involving 273 samples and wanted to study three dimensions: (a) Alexithymia is related to greater negative emotional intensity, (b) Alexithymia is related to more disengagement and less engagement emotion regulation, (c) Negative emotional intensity

is a mediator explaining the link from alexithymia to using more disengagement and less engagement emotion regulation. The study found that people with alexithymia feel stronger negative emotions; because of this, they prefer to avoid or suppress these emotions and stronger negative emotion connecting alexithymia and unhealthy emotion regulation.

Coping Strategies

“Coping can be defined as abilities used by people to face problematical and stressful situations. Coping is basically a process that changes over time in accord with situational contexts in which it occurs” (Cucchetti, 2018). “Strategies for coping with stress include a wide range of methods that are either constructive or of limited value. The aim is to master, reduce and/or tolerate the demands caused by stress” (Krawford, 2015). Coping strategies are discussed by Lazarus and Folkman (Lazarus and Folkman, 1984) who refer to coping strategies “as cognitive and behavioral efforts that allow individuals to tolerate, escape, or minimize the effects of stress” (Marley, 2017).

A study was conducted by Lane et al. (2000) on pervasive emotion recognition deficit common to alexithymia and the repressive coping style to investigate the comparison between individuals with alexithymia and those with the repressive coping style. The sample size was 379, and the scales used are 20 item Toronto Alexithymia scale, the level of emotional awareness scale, the Marlowe-Crowne scale, the Taylor Manifest Anxiety scale and the emotion recognition task. The study revealed that individuals with high alexithymia are less accurate in recognizing emotions, and people with low emotional awareness are strongly linked to emotion recognition ability. Both alexithymia and repressive coping style are associated with impairment in the recognition of both pleasant and unpleasant emotions, but the difference is only in the severity of the problem.

A study was conducted by Blanchard-field et al. (2004) on age differences in emotion-Regulation strategies in handling everyday problems. The study aimed to find that young adults, middle-aged and older adults differ in how they regulate. They conducted analyses on three categories of problem-solving strategies: instrumental strategies, proactive emotion regulation, and passive emotion regulation. This study found that middle-aged adults used more proactive emotion regulation strategies than older adults, and older adults used more passive emotion regulation strategies than middle-aged adults.

A study was conducted by Velasco et al. (2006) on perceived emotional intelligence, alexithymia, coping and emotional regulation. The sample size was 593 introductory psychology students. The Trait Meta-Mood Scale (TMMS-48) and the Toronto Alexithymia Scale were used. The key findings of this study are that higher emotional intelligence indicates

lower alexithymia, and better emotional clarity predicts better mental health, and coping mediates the relationship between emotional clarity and mental health, indicating that better coping indicates better mental health.

A study by Vitulic and Prosen (2015) on coping and emotion regulation strategies in adulthood: specificities regarding age, gender and level of education. The study examined coping strategies and emotional regulation strategies in adults in the age group 20 to 65 using a sample size of 194. This study found that there is no significant difference in coping and emotion regulation in adults regarding age, and women use more emotional regulation strategies than men and people with a low level of education use more confrontive coping, distraction, escape-avoidance coping, and suppression, substance use and also they use more cognitive reappraisal of importance.

1.1 Purpose

The purpose is to examine the relationship of Emotional regulation, Alexithymia, and Coping strategies among adults.

1.2 Hypothesis

H₁: There will be a significant relationship between Emotional regulation and Alexithymia.

H₂: There will be a significant relationship between Alexithymia and Coping.

H₃: There will be a significant relationship between Emotional regulation and Coping.

2. Methodology

2.1 Sample

The study used a sample of individuals from the Indian population, more specifically from Chandigarh, between the ages of 18 and 30, comprising both males and females. The study comprises 76 participants.

2.2 Measures

Emotion Regulation Questionnaire (ERQ): The Emotion Regulation Questionnaire was used to measure the tendency to regulate emotions in two ways: (1) Cognitive Reappraisal and (2) Expressive Suppression among adults for the study. The Questionnaire was developed by Gross and John (2003). The scale consisted of 10 items, and the rating scale included: Strongly disagree (1), Neutral (4), Strongly agree (7), etc.

Coping Scale: The Coping Scale was used to measure Coping Strategies among adults for the study. The scale was developed by Hamby et al. (2013). The scale consists of 13 items and

a rating scale included: Not true about me (1), A little true about me (2), Somewhat true about me (3), Mostly true about me (4).

Toronto Alexithymia Scale (TAS): The Toronto Alexithymia Scale was used to measure and identify issues relating to alexithymia among adults for the study. The scale was developed by Bagby et al. (1994). The scale consisted of 20 items, and the rating scale included: Strongly Disagree (1), Disagree (2), Neither Agree nor Disagree (3), Agree (4), Strongly Agree (5). These items correspond to 3 unique subscales: Difficulty Describing Feelings, Externally Oriented Thinking, and Difficulty Identifying Feelings.

2.3 Procedure

The data were collected through the Google Form. The questionnaire link was created and shared with participants through an online platform. Before data collection, participants' voluntary participation was ensured. The data were analysed using the correlation analysis to understand the relationships of Emotional Regulation, Alexithymia and Coping Strategies among adults.

3. Analysis of Data

Results

Table 1: *N, Mean, and Standard Deviation*

	Suppression	Reappraisal	Difficulty Identify Feeling	Difficulty Describing Feeling	Externally Oriented Thinking	Coping
N	76	76	76	76	76	76
Mean	28.6	16.6	18.1	14.8	25.5	36.0
Standard deviation	6.70	4.86	6.32	3.63	4.34	6.04

Table 2: *Correlation between Emotional Regulation, Alexithymia, and Coping*

	Suppression	Reappraisal	Difficulty Identify Feeling	Difficulty Describing Feeling	Externally Oriented Thinking	Coping
Suppression	—					
Reappraisal	0.064	—				
Difficulty Identify Feeling	-0.017	0.205	—			

Difficulty Describing Feeling	0.172	0.304**	0.662***	—		
Externally Oriented Thinking	0.310**	0.184	0.387***	0.553***	—	
Coping	0.215	-0.210	-0.158	-0.172	-0.234*	—

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

4. Discussion of the Results

The current study aimed to examine the relationships among Emotional Regulation, Alexithymia, and Coping strategies among adults. The above table 2. Showed that there is a strong and significant intercorrelation among the components of Alexithymia. The results indicate a significant positive relationship between difficulty identifying feelings and Difficulty describing feelings ($r = 0.66$, $p < .001$). Both show significant positive correlations with externally oriented thinking ($r = 0.38$, $p < .001$) and ($r = 0.55$, $p < .001$), respectively. This suggests that if an individual had difficulty identifying and understanding their emotions, they also had difficulty expressing those emotions and were unable to find suitable words for their feelings. It creates a barrier in communication, hinders mutual understanding, and affects interpersonal relations. Externally oriented thinking means that a person is more inclined to think about outside stimuli instead of thinking about their own emotions. When people cannot understand or describe their emotions, they may shift their attention to external things. This may happen due to emotions that feel confusing and uncomfortable.

There is a significant positive relationship between Externally oriented thinking and Suppression ($r = 0.31$, $p < .01$). Suppression is a strategy in which a person pushes down their emotions and hides them from others. This study showed that an individual who prefers to focus more on external things is more likely to use Suppression.

A significant positive relationship between Difficulty describing feelings and Reappraisal ($r = 0.30$, $p < .01$). Reappraisal is a way to control emotions, where a person changes the way, they think about a situation so they can feel better. Usually, we think that if a person cannot describe their emotions properly, they might also find it difficult to use reappraisal. But the findings suggest that people who cannot easily express their emotions still try to cope by changing their thoughts about the situation. This connection is supported by Preece et al.

(2023), who found that an individual with high Alexithymia tends to rely more on suppression as a way to manage their emotions and uses reappraisal.

The *first hypothesis* stated that there would be a significant relationship between Emotional regulation and Alexithymia. The result partially supported. Significant positive correlations were found between Suppression and Externally oriented thinking, and between Reappraisal and difficulty describing feelings.

The *second hypothesis* stated that there would be a significant relationship between Alexithymia and Coping. The results partially supported this hypothesis, as only Externally oriented thinking showed a significant negative correlation with coping.

The *third hypothesis* stated that there would be a significant relationship between Emotional regulation and Coping. The results showed a non-significant relationship between them.

The result showed the significant negative relationship between Externally oriented thinking and Coping ($r = -0.23, p < .05$). The findings suggest that people who focus mainly on external things tend to have poorer coping abilities when facing stress or are confused about understanding their own emotions. A study by Walker et al. (2011) showed that people with higher alexithymia had lower brain activity related to emotions during suppression.

5. Conclusion

The present study aimed to understand the relationship between emotional regulation, alexithymia, and coping strategies among adults. For this purpose, a sample of 76 individuals in the age range of 18–30 years was taken. Standardized measures of emotional regulation, alexithymia, and coping strategies were administered to the participants. The study found a significant positive correlation among the components of the alexithymia scale, which suggested that if a person was unable to understand their emotions, they also experienced difficulty in appropriately describing their emotions and tended to engage in externally oriented thinking. The study also showed a significant positive correlation between inability to describe emotions and reappraisal. Conversely, externally oriented thinking showed a significant negative correlation with adaptive coping strategies. The findings highlighted the importance of understanding one's emotions and feelings properly.

Various therapeutic interventions may be beneficial for managing this condition. Potential therapies include cognitive behavioral therapy (CBT), group therapy, and psychotherapy, among others. Initiating treatment with low-demand expressive activities—such as drawing, selecting images that reflect one's mood, or listening to music and noting

emotional responses can facilitate engagement. Progress is attainable through targeted skill development; however, change tends to occur gradually, as alexithymia often arises from entrenched behavioural patterns. Integrating psychoeducation, consistent practice, and psychotherapy can enhance coping strategies. Even partial improvements can significantly mitigate interpersonal and health-related challenges associated with this condition.

In response to stressful events, pausing briefly and asking oneself, "What am I feeling right now?" can foster better emotional regulation. Children acquire emotional competencies by observing their parents and other adults; when caregivers demonstrate appropriate emotional expression, children are more likely to develop healthy ways of articulating their feelings. Emotional regulation should be incorporated into educational curricula, much like mathematics, science, and other academic subjects. Teaching students how to identify, describe, and manage emotions supports their overall wellbeing. Regular workshops focused on emotional coping, regulation, and mindfulness can contribute to greater emotional stability among students. Additionally, media discussions surrounding emotions should avoid stigmatizing language, instead opting for respectful and normalized terminology.

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