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Research Paper

Silent Emotions: Prevalence of Alexithymia among BDS Students

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ABSTRACT

Alexithymia is characterised by difficulty identifying, understanding, regulating and expressing emotions. The present study examines the prevalence of Alexithymia in graduate students and investigates the gender differences. Using cross-sectional research design, Perth Alexithymia Questionnaire (PAQ) was administered to 200 BDS students with equal number of males and females. PAQ is 24-item self-report measure to assess Alexithymia levels. Descriptive analysis indicates that 68% participants had average levels of Alexithymia whereas a group of 16% participants displayed high alexithymia levels. Independent samples *t*-tests revealed that there are no significant gender differences in difficulty identifying feelings, whereas significant differences were observed in difficulty describing feelings, externally oriented thinking, and overall alexithymia scores, with males scoring higher than females. The findings highlight the presence of emotional processing difficulties among graduate students and underscore the need for targeted interventions to enhance emotional awareness and expression. The study has important implications for mental health services and emotional skill development programs in higher education settings.

Keywords: *Alexithymia, Graduate Students, Emotional Awareness, Gender Differences, Emotional Regulation, PAQ*

Emotions are integral to our lives. Emotions are complex psychological states that involve three distinct components: a subjective experience, a physiological response, and a behavioural or expressive response (Gross, 2015). Emotions influence our day-to-day behaviour as decisions are made in accordance with them. Some of the emotions experienced include happiness, sadness, anger, boredom, frustration, etc. Evolutionary theory, proposed by Charles Darwin (1872/1965), suggested that emotions help in adapting to the environment and greatly increase the chances of human survival. A theory on emotions maintains that physical responses lead to the experience of emotion (James and Lange, 1980). On the other hand, another theory states that emotional experience as well as physiological responses take place simultaneously (Cannon and Bard, 1920). A cognitive theory by Schachter and Singer (1962) states that emotions result from our thoughts.

Emotional awareness refers to the ability to understand and recognise one's emotions and their impact on behaviours and thoughts. This ability aids an individual to make effective decisions, solve problems, cope with stress and various interactions, personal and

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professional. Peer pressure, increasing academic stress, unrealistic expectations from parents, and other responsibilities lead to problems in emotional awareness. This may be truer for students pursuing medical-related studies.

Alexithymia is a neuro-psychological condition that has been characterised by difficulties in describing as well as processing emotions. It is also known as emotional blindness. The term was first introduced by Nemiah and Sifneos in 1970. It is an inability to describe feelings accurately. According to Cognitive – Behavioural Model, Alexithymia has three components: Difficulty Identifying Feelings (DIF), Difficulty Describing Feelings (DEF) and Externally Oriented Thinking (EOT). The psychoanalytic model adds one more component to Alexithymia - constricted imaginal processes (IMP). Alexithymia, in the last few decades, has been linked to a lot of disorders, including anxiety disorders, stress, depressive disorders, disorders related to substance use, etc. It is also associated with improper communication skills, poor social adjustments and relations and a lowering of empathy.

Early adulthood is full of transitions marked with psycho-social development, maturation and cognitive development. Graduates have more specific difficulties due to peer pressure, academic pressure, starting college, planning a career and transition from dependency to independence in all forms, including financial. These pressures hinder students' emotional awareness. It is truer for courses which are very highly demanding, like MBBS, MBA, BDS, Engineering, etc. The extremely competitive environment makes the student give priority to cognitive abilities, and emotional awareness and regulation may take the backseat. This situation has the potential for young adults to display traits of alexithymia. Studies have shown that there has been an increase in the mental health conditions of graduate and post-graduate students in universities worldwide. Alexithymia is closely linked to emotional numbness and regulation; it becomes essential to study the prevalence in the graduate population.

Socio-cultural factors also play an important role in the prevalence of alexithymia. Collectivistic cultures like India promote social harmony over free emotional regulation. These norms influence the way in which people experience, regulate, understand, evaluate and express emotions. Awareness about mental health has increased, yet only a little has been done for assessing the prevalence of Alexithymia in the Indian student population. Understanding the prevalence of Alexithymia in social and educational contexts will aid in a better understanding of the current situation. This would help in creating and executing policies that are culture and education appropriate.

REVIEW OF LITERATURE

Aljaffer, et al. (2022) researched the prevalence of Alexithymia among Medical students at a Saudi Arabian University. The cross-sectional study with 420 participants showed the prevalence of Alexithymia to be 26.9%, along with significant gender differences.

Sami, et al. used the Toronto Alexithymia Questionnaire (TAQ-20) to assess the prevalence of Alexithymia in 347 Medical students. The results showed that 49% of students suffer from Alexithymia. There was also a significant relation between academic year of study, smoking, history of childhood abuse, and psychiatric illness with Alexithymia.

Dwarakanath and Thangapandian (2020) researched the relationship between alexithymia and mental health. The study concluded with a significant negative correlation between

alexithymia and mental health. This implies that higher levels of Alexithymia correlate with poorer mental health outcomes. The authors concluded that there is a need to pay attention to emotional awareness.

Hamdan et al. (2024) investigated the prevalence of alexithymia. A total of 369 dental students and interns were administered TAS-20. The research reported a high prevalence of alexithymia (37.9%). Depression, childhood abuse, and chronic illness act as significant predictors. Significant differences were observed by gender. The need for targeted mental health interventions was highlighted.

Chahal and Chetna (2016) studied alexithymia and mental health among Indian college students and found moderate prevalence levels. The study suggested that academic pressure and family expectations may contribute to emotional awareness difficulties.

Aftab et al. (2023) investigated the prevalence of alexithymia and depression among 414 medical students in Karachi using TAS-20 and PHQ-9. The study reported a high prevalence of alexithymia (64.7%) and depression (70%), with a significant positive association between the two variables. Regression analysis indicated that severe depression was a strong predictor of alexithymia. The authors emphasised the need for early screening and psychological support for medical students.

Significance of the Study

The study is significant as emotional awareness and emotion regulation is important for student's overall psychological well-being. The study talks about the prevalence of Alexithymia in graduate students, a population where research gap exists. Empirical data about prevalence will aid in planning mental health interventions for students. The study will add to the existing literature on Alexithymia in Indian context. Alexithymia may be a risk factor and early identification will lead to early remediation. Conclusively, the study lays groundwork for future researches in the field.

Objectives

- To investigate the prevalence of Alexithymia in BDS Students.
- To assess gender differences in Alexithymia levels of BDS students.

Hypothesis

- **H_1:** A significant proportion of BDS students will show average to high levels of Alexithymia.
- **H_2:** There would be a significant difference in the Alexithymia levels of male and female students.

METHODOLOGY

Research Design

Cross-Sectional Design – It is the most appropriate research design for a prevalence study in a defined population at a specific time period.

Participants

- Population – Students enrolled in the BDS graduate program.
- Sample Size – 200 students; 100 males and 100 females.

Sampling Technique

- Random sampling technique was used.
- Inclusion Criteria – BDS students in the age range of 18 to 25 years.

Tools

- **Perth Alexithymia Questionnaire**: The Perth Alexithymia Questionnaire (PAQ) is a 24-item self-report measure of alexithymia given by Preece, Becerra, Robinson, Dandy, and Allan (2018). It is a multidimensional construct comprised of three components: difficulty identifying one's feelings (DIF); difficulty describing feelings (DDF); and an externally orientated thinking style (EOT) whereby one tends to not focus their attention on their emotions. The PAQ is designed to assess all components of alexithymia and do so across negative and positive emotions. The scale authors reported high levels of internal consistency for all PAQ subscales and composite scores.

Procedure

Participants of a BDS college will be approached. After telling them about the research, informed consent will be taken. PAQ test will be administered to them after giving all the required instructions. At the end, each participant would be thanked for their time and efforts.

Ethical Consideration

Informed consent will be taken at the beginning of the data collection from each participant. The participation would be completely voluntary. Confidentiality of each participant will be maintained with utmost care. The results of the research will be shared with interested participants. It will be made sure that no harm will be caused to the participants in any way. The collected data will be used only for research purposes and not be misused in any way.

Statistical Analysis

After data collection, descriptive Statistics like Mean, Standard Deviation and percentage will be used to assess prevalence. Inferential statistics, T Test will be used to examine gender difference.

RESULT AND DISCUSSION

Results

To examine the prevalence of alexithymia and assess the gender differences in graduate students (BDS) an analysis was conducted. As per the criteria of Perth Alexithymia Questionnaire (PAQ), the participants were classified into groups having low, average and high levels of Alexithymia based on the Mean and Standard Deviation.

Table 1 indicates the prevalence analysis of Alexithymia in the participants. Among males, 14% were classified as low, 70% as average, and 16% as high in alexithymia. Among females, 21% were classified as low, 63% as average, and 16% as high. In the entire participants, 16% were classified as low, 68% as average, and 16% as high. These findings suggest a slightly higher proportion of males in the high alexithymia category compared to females.

Table 1. Prevalence of Alexithymia among participants.

Category	Males		Females		Total	
	N	%	N	%	N	%
Low	14	14%	21	21%	32	16%
Average	70	70%	63	63%	136	68%
High	16	16%	16	16%	32	16%

Table 1 indicates the prevalence of alexithymia in males, females and total participants.
Table 2 assess the gender differences in alexithymia levels. Independent samples *t*-tests were conducted for difficulty identifying feelings (DIF), difficulty describing feelings (DDF), externally oriented thinking (EOT), and total alexithymia scores. The results indicated that there was no significant gender difference in DIF, $t = 1.15$, $p = .249$. However, significant gender differences at 0.05 level were found in DDF, $t = 2.17$, $p = .030$, EOT, $t = 2.12$, $p = .035$, and total alexithymia scores, $t = 2.03$, $p = .043$.

Table 2. Gender Differences in Alexithymia among participants

Variable		Total	Average	t-value	p-value	Significance
DIF	Male	2777	27.77	1.15	0.249	Not Significant
	Female	2620	26.2			
DDF	Male	3013	30.13	2.17	0.03	Significant
	Female	2716	27.16			
EOT	Male	2888	28.88	2.12	0.03	Significant
	Female	2599	25.99			
Total Score	Male	8678	86.78	2.03	0.04	Significant
	Female	7935	79.35			

Table 2 indicates the gender differences in alexithymia in males and females.

DISCUSSION

The aim of the present study was to investigate the prevalence of alexithymia and gender differences in alexithymia dimensions in BDS students. For this, Perth Alexithymia Questionnaire (PAQ) was administered to 100 male and 100 female graduate students.

The study highlighted that majority of the participants had average range of alexithymia. These results indicate that moderate levels of difficulty in emotional awareness is present in majority of the population. The number of participants having high levels of alexithymia was alarming showing that a subset of population faced a significant challenge in emotional processing. The results supported hypothesis 1.

Gender-wise analysis highlighted that males displayed a higher prevalence of alexithymia in comparison to females. There were no significant gender differences in Difficulty Identifying Feelings (DIF), but significant differences were found in other dimensions like Difficulty Describing Feelings (DDF) and Externally Oriented Thinking (EOT). There was a significant gender difference in the total alexithymia scores. These findings suggest that while both males and females experience same levels of difficulty in recognizing emotions (DIF dimension), males are more likely to struggle with expressing emotions (DDF) and tend to adopt an externally oriented cognitive style (EOT), focusing less on internal emotional experiences. The results supported Hypothesis 2 in context to total Alexithymia scores.

The results of this study are consistent with existing literature, which indicates that males often exhibit higher alexithymia levels, particularly in emotional expression and emotional awareness. Cultural influence and socialization may be a major contributor to these differences, as in most cultures, males are often discouraged from expressing emotions openly, which lead to avoidance or suppression of emotional experiences. In collectivistic cultures like India, emotional restraint is reinforced from childhood, particularly among males, which may explain the observed patterns.

Emotional awareness may be similar at basic levels as there is no significant gender difference in DIF. The significant differences in DDF and EOT dimensions of alexithymia display that gender differences lie more in how emotions are processed and communicated rather than recognized.

Overall, the findings underscore the importance of examining alexithymia as a multidimensional construct and highlight the need for targeted interventions to improve emotional awareness and expression among graduate students.

Implications

The findings of the present study have several important practical and theoretical implications. Firstly, the identification of average to high levels of alexithymia among BDS graduate students throws light upon the need for increasing the attention to emotional functioning in graduate-level institutes. Integration of emotional intelligence and awareness into curriculum so that over all psychological well-being of students can be enhanced. Also, the due to the gender differences, the intervention strategies have to be gender-sensitive. Specific workshops, group-based interventions, counselling sessions, etc. should be conducted for males to enhance their emotional awareness, emotional regulation, communication skills and emotional expression. As there is association of alexithymia with mental health issues like stress, depression and anxiety, early identification and screening of alexithymia in student populations can serve as a preventive strategy. Finally, the research outcomes have a huge implication for professional training programs, like BDS, medical, where emotional intelligence is essential for effective patient interaction. Interventions to deal with average and high levels of Alexithymia becomes an essential aspect.

Limitations

The present study has certain limitations that must be acknowledged.

- The use of cross-sectional research design limits the ability to draw causal inferences.
- PAQ is a self-report measure which may have limitations like response biases, social desirability, and lack of self-awareness.
- The sample size is small.
- The sample was limited to certain demographics; this limits the generalizability.
- There was no control over potential extraneous variables like mental health status, stress levels, personality, etc.

Future Directions

Future research can build upon the present study in the following ways –

- Longitudinal studies are needed to examine changes in alexithymia over time and to understand how emotional processing develops during graduate education.
- Future research can explore relation between alexithymia and other psychological variables like anxiety, stress, depression, academic performance, etc.

- A larger and diversified sample is recommended for easy generalization of finding.
- Emotional awareness training, counselling programs, and mindfulness, can be studied as interventions to reduce alexithymia levels.
- Qualitative research should be done to get a deeper understanding of Alexithymia.

CONCLUSION

The current study throws light upon the fact that alexithymia is present at average (moderate) levels among BDS students, with a considerable proportion showing high levels of emotional processing difficulties. Gender differences were seen, with males displaying higher levels of alexithymia, particularly in emotional expression (DDF) and externally oriented thinking (EOT) dimension as well as the total alexithymia scores.

These research findings highlight the importance of addressing emotional awareness and expression in higher education settings. By identifying students with higher levels of alexithymia, educational institutions can support them with proper intervention and promote better mental health, improved interpersonal functioning, and enhanced academic and professional outcomes.

In conclusion, this study contributes to the growing body of literature on Alexithymia in student population and throws light upon gender differences. The study highlights the need for continued research and intervention in this area.

REFERENCES

Aftab, M., Ahmed, R. A., Tirath, K., Jawad, A., & Saleem, R. (2023). Prevalence of alexithymia and depression in medical students necessitate attention. *Journal of Psychiatry and Psychiatric Disorders, 7*(6), 191–200. https://doi.org/10.26502/jppd .2572-519X0200

Aljaffer, M. A., Almadani, A. H., Alghamdi, S. A., Alabdulkarim, I. M., Albabtain, M. A., Altameem, R. M., Almugren, A. A., Alomairy, A. F., & Alghofaily, A. A. (2022). Prevalence and associated factors of alexithymia among medical students: A cross-sectional study from Saudi Arabia. *Neurosciences (Riyadh, Saudi Arabia)*, *27*(4), 257–262. https://doi.org/10.17712/nsj.2022.4.20220049

Alzahrani, S. H., Coumaravelou, S., Mahmoud, I., Beshawri, J., & Algethami, M. (2020). Prevalence of alexithymia and associated factors among medical students at King Abdulaziz University: A cross-sectional study. *Annals of Saudi Medicine, 40*(1), 55–62. https://doi.org/10.5144/0256-4947.2020.55

Chahal, R., & Chetna. (2016). Alexithymia and mental health among college students. *Indian Journal of Health and Wellbeing, 7*(4), 412–415.

Dwarakanath, N., & Thangapandian, R. (2020). Alexithymia and mental health: A study among college students. *International Journal of Indian Psychology, 8*(2), 159–164. https://doi.org/10.25215/0802.298

Hamdan, H. M., Alislimah, G., Alshalawi, H., Alharbi, K., Alsaif, M. I., & Sulimany, A. M. (2024). Prevalence of Alexithymia and Associated Factors Among Dental Students in Saudi Arabia: A Cross-Sectional Study. *Healthcare*, *12*(21), 2193. https://doi.org /10.3390/healthcare12212193

Preece, David & Becerra, Rodrigo & Robinson, Ken & Dandy, Justine & Allan, Alfred. (2018). Perth Alexithymia Questionnaire (PAQ): Copy of questionnaire and scoring instructions.

Taylor, G. J. (2000). Recent developments in alexithymia theory and research. *Canadian Journal of Psychiatry, 45*(2), 134–142.

Wikipedia contributors. (2026, February 13). Alexithymia. In *Wikipedia, The Free Encyclopedia*. Retrieved 12:32, February 15, 2026, from https://en.wikipedia.org/w/index.php?title=Alexithymia&oldid=1338174757

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Conflict of Interest
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