

Alexithymia, Experiential Avoidance, and Perceived Empathetic & Social Self-Efficacy Among Adults

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ABSTRACT

This study investigated the relationship between Alexithymia, Experiential Avoidance, and Perceived Empathetic and Social Self-Efficacy among Adults. This was a quantitative study with correlational research design. This study included both males and females in their adulthood, and three questionnaires were used to measure the discussed variables. The sample size was consisted of N=135 individuals (59 males, 76 females) with the age range of 20-35 years old. The data was gathered from different institutions of Lahore city through random sampling. The Toronto Alexithymia Scale (TAS), The Brief Experiential Avoidance Questionnaire (BEAQ), and Perceived Empathetic and Social Self-Efficacy Scale (PESSE) were administered for questionnaires. Statistical analysis tests were used to analyzed the data. The findings indicated that there is a significant relationship between alexithymia, experiential avoidance, and perceived empathetic and social self-efficacy among adults. Gender differences have seen between main variables amongst females. The implications of this study can promote emotional and empathic expression in interpersonal lives of the individuals. Continued exploration of these connections will guide treatment approaches, promoting healthier emotional and relational functioning.

Keywords: Alexithymia, Experiential Avoidance, Empathic Self-Efficacy, Social Self-Efficacy.

Introduction

Alexithymia

Alexithymia is a term introduced by psychologists in the 1970s to describe individuals who exhibit a distinct difficulty in identifying, expressing, and describing their emotions. The major attributes characterizing this condition include diminished emotional association verbalization ability, focus on external rather than internal experience, and limited imaginative capacity (Pouga et al., 2010). As first defined by Sifneos (1973), it refers to the inability to find suitable words to describe one's emotions. This condition is marked by partial emotional functioning, with one of its most prominent features being difficulty in expressing feelings verbally. According to Taylor et al. (1984), individuals with alexithymia struggle to articulate their emotions and have a reduced capacity for fantasy. Similarly, Lesser (1981) described alexithymic individuals as having challenges in describing emotions, a lack of imaginative thinking, and a restricted interpersonal style. These individuals often form weak interpersonal connections, either becoming overly dependent in relationships or choosing isolation to avoid social interactions (Apfel & Sifneos, 1979). Essentially, it can be understood as a cognitive-emotional state where individuals are unable to effectively regulate or communicate their emotions. When emotional information is not adequately processed or assessed, it can lead to emotional and cognitive disorganization, leaving individuals feeling helpless. Because they lack awareness of their emotions, alexithymic individuals often fail to recognize and interpret their own emotional states (Zakiei et al., 2014).

Alexithymia is categorized into two types: primary and secondary. Primary alexithymia is considered a stable personality trait, shaped during childhood and linked to developmental factors. In contrast, secondary alexithymia emerges later in life, often as a result of traumatic experiences, environmental stressors, or sociocultural influences (Taylor, Bagby, & Parker, 2003). From a psychodynamic perspective, it is associated with immature defence mechanisms, such as suppression or avoidance of intense emotional experiences (López-Muñoz & Pérez-Fernández, 2020). Freyberger (1977) and McDougall (1989) suggested that alexithymia may

arise not from an inherent inability to feel emotions but as a consequence of ineffective defense mechanisms used to manage overwhelming emotions. Beyond difficulties in recognizing and expressing personal emotions, alexithymia also represents a broader impairment in emotional regulation. This dysfunction can lead to personal distress and a reduced capacity to empathize or show emotional concern for others (Alkan Härtwig, Aust, Heekeren, & Heuser, 2020).

It is linked to emotional dysregulation and interpersonal conflicts. The inability to become close with someone due to apprehension can also be explained by insecure attachment and emotional deficiencies as in Descutner and Thelen (1991). Some studies show that alexithymia is common within individuals with insecure attachment styles especially avoidant attachment (Mallinckrodt & Wei, 2005). The incapability with feeling emotions hinders the person from being able to manage those emotions properly and ends up complicating relationships (Taylor, Bagby, & Parker, 1997). For instance, as stated by Samson et al. (2019), emotional intimacy will tend to be avoided by those people with alexithymia and hence, problems develop in the interpersonal context.

Experiential Avoidance

Experiential Avoidance is a behavioral and functional process where people often change, manage, or evade their personal experiences when they neither acknowledge them nor wish to stay connected with them, they pertain to certain internal conditions (e.g., emotions, thoughts, recollections, visuals, bodily feelings, etc. This takes place when people attempt to alter the frequency and length of unfavorable personal experiences that encompass feelings, emotions, thoughts, and recollections that endanger them. They utilize thought processes and feelings to dodge these situations. People who possess a significant degree of individuals with psychological acceptance are more inclined to face their negative experiences without making judgment and opposition (Hayes et al., 1996). While Hayes examined the personal capacity to embrace and experiential acceptance refers to the ability to tolerate their unwelcome personal occurrences and it entails staying connected to the stimulus effects of occurrences (Hayes et al., 2004).

In accordance with Hayes et al. (1996), experiential avoidance is characterized as a process that entails control, changing or evading unpleasant

stimuli that are inducing discomfort. Rejection sensitivity refers to heightened within a person through experiential avoidance. It refers to the maladaptive the capacity of individuals to misunderstand others' actions viewed as a sign of rejection rather than their actual motives, which led them to expect rejection (Downey & Feldman, 1996). Thus, they are less prone to engage with others, leading to interpersonal issues in adults. In particular, Gross (1998) acceptance accounts for more than a quarter of the variation in loneliness. Consequently, limited acceptance (elevated experiential avoidance) could hinder individuals' ability to engage socially. Isolated individuals tend to invest less focus in social interactions and appear less engaged in discussions. Additionally, the theoretical model of metacognitive therapy suggests that experiential avoidance is an ineffective emotion regulation approach that can result in social anxiety in adults (Clark, Loxton, & Tobin, 2015).

It includes various psychological areas, such as emotional, behavioral, and cognitive strategies for avoidance. Nonclinical population have also been employed in experiential avoidance studies. For instance, people with high experiential avoidance report lower emotions but show heightened physiological arousal when viewing emotionally charged film clips (Sloan, 2004). Experiential avoidance is believed to be essential for the development and upkeep of psychopathology, including addiction, anxiety, depression, and impulse control disorders. Even though it appears that trying to conceal or suppress negative thoughts, emotions, and physical sensations is the best short-term strategy to manage feelings, using those methods strictly and without flexibility ultimately raises the occurrence and discomfort of similar experiences, possibly accompanied by a feeling of disconnection from oneself (Hayes et al., 2006).

Perceived Empathetic and Social Self-Efficacy

Perceived empathetic self-efficacy refers to an individual's understanding of emotions from someone else's viewpoint. It embodies the confidence in one's ability to react compassionately to the pain or suffering of others and to perceive another's feelings (Li et al., 2019). Perceived social self-efficacy encompasses the skills and behaviors needed to start and sustain communication, build positive relationships with others, and gain acceptance from them (Warshawski et al., 2019). The word 'empathy' was created more than a century ago by Titchener, derived from the

German term *Einfühlung* (Wispé, 1986). According to Albeiro et al. (2009) it is the inclination to empathetically feel the emotional states of others is an emotional reaction that centers more on another individual's circumstances or feelings than on one's own, which may be either similar to or aligned with those of the other person.

Self-efficacy beliefs are assessments of an individual's perceived ability to act in a way that will help them achieve a goal or deal with difficult circumstances. Despite the fact that these ideas focus on people's opinions of their own abilities rather than their actual abilities. Self-efficacy convictions impact the degree of effort people put forth, the self-regulation criteria they choose, and the decisions they make throughout pivotal moments in their lives. These characteristics are not constant, but rather dynamic structures that can be improved with education and mastery (Bandura, 1997). Perceived self-efficacy perceptions signify a "development" of one's character, impacting the individual across all the areas of endeavor. Albert Bandura (1994) describes perceived self-efficacy as an individual's belief in their own ability to meet an expected standard, a belief that affects how they interact with life events, as well as their feelings, thoughts, self-motivation, and behaviors. It refers to a person's belief in their ability to engage in social interaction activities, which is crucial for initiating and sustaining interpersonal relationships (Smith & Betz, 2000).

Social self-efficacy refers to a person's belief in their capability to engage in social interactions needed to start and sustain interpersonal relationships in their social life. It is viewed as an essential ability for both forming successful social connections and preserving mental well-being (Lin & Betz, 2009). The notion of self-efficacy in the social realm is referred to as perceived social self-efficacy. Perceived social self-efficacy refers to an individual's belief in their capability to establish and sustain relationships with others through tasks involving social interactions.

Relationship between Alexithymia, Experiential Avoidance, and Perceived Empathetic and Social Self-Efficacy

The intersection of alexithymia, experiential avoidance, and perceived self-efficacy in social and empathetic situations offers a multifaceted model to explain individual differences in emotional processing and interpersonal functioning. Alexithymia serves as a substantial barrier to emotional awareness and regulation, with certain individuals unveiling an insincere cognitive approach and deteriorating to broaden

their creative thinking. Experiential avoidance, however, entails the active inhibition or evasion of undesirable thoughts, emotions, and physical sensations, which tends to result in psychological inflexibility and maladaptive coping mechanisms (Robin et al., 2023). Perceived self-efficacy, in social and empathetic areas, is a reflection of the extent to which individuals believe in their capability to successfully interact in social settings and comprehend and react appropriately to other people's emotional states (Goerlich, 2018).

Patients struggling with alexithymia tend to show increased experiential avoidance as a way of disengaging from painful or suffocating emotional experiences, ultimately interfering with the acquisition of competent emotional regulation skills and helpful coping strategies (Taylor et al., 1991). This interplay between alexithymia and experiential avoidance can have a strong effect on an individual's perceived self-efficacy in social and empathetic situations, a reduced sense of competence in interpersonal communication and an impaired capacity to form authentic connections with others.

Alexithymia mainly appears as a person's struggle to recognizing their feelings and articulating them with words. As a result of these challenges in recognizing and expressing emotions, individuals frequently experience overloaded when dealing with intricate emotional situations. To clear of the unease linked to these cognitive and expressive obstacles, they often employ experiential avoidance techniques. For instance, an individual with alexithymia who encounters an unclear, indistinct, a describable sense of being down may not be able to ascertain if it is sorrow, worry, or a different feeling. Consequently, they are prone to steer clear of facing this emotional situation.

Literature Review

Burla et al. (2025) provided a comprehensive analysis of the impact of personality traits, such as alexithymia and empathy on occupational quality of life among radiation oncologists and radiation therapists working in Italy. The results discovered that alexithymia was directly related to burnout and secondary traumatic stress whereas empathy, specifically empathic concern and perspective taking, was directly related to compassion satisfaction. One of the studies show that experiential avoidance and alexithymia function sequentially rather than independently. This

chain of mediation supports findings from earlier studies that suggest comparable pathways between self-harming behavior, emotional processing issues, and trauma (Li, Han, Hu, & Zhang, 2024).

Sharma (2024) emphasized in her study done on the college students to reconnoiter the factors influencing social self-efficacy and alexithymia. The results exhibited higher social self-efficacy and lower levels of alexithymia in the college students as in comparison to younger students. This implied that greater confidence socially is accompanied by increased emotional awareness and expression. As described in the Silva et al. (2024) study, they explored the connection of experiential avoidance to obsessive-compulsive symptoms among college students, which underlines important implications for understanding mental health issues for non-clinical populations. They find experiential avoidance moderately relates to depression scores based on a psychometric scale. This does suggest a greater risk of depressive symptoms for people, high levels of experience appear to be avoided by people.

Conferring to the research findings which demonstrated that alexithymia mediates the relationship between psychopathic traits and emotional deficits. Lower alexithymia has the capacity to buffer against impairments in empathy and emotion regulation deficits for high-boldness individuals (Burghart et al., 2024). The research directed by Torunsky et al. (2023) demonstrated that a significant correlation between alexithymia and experience avoidance, both at the observed and latent levels. This offers strong evidence that the connection between alexithymia and experiential avoidance is not solely due to individual differences in alexithymia. It demonstrated that alexithymia had a positive correlation with self-perceived burden. Their study further found that overall self-efficacy influenced the indirect impact of alexithymia on suicidal ideation (Liu et al., 2023).

Cerqueira and Almeida (2023) findings show that childhood adversity is positively related to increased levels of alexithymia, and negatively related to empathic concern. It was also determined through this research that childhood emotional neglect is related to greater difficulty with emotional awareness and externalized thinking styles, both of which are components of alexithymia. One research showed that depressed adolescents exhibit greater impairment in facial

emotion recognition for negative emotions compared to positive and neutral emotions. Adverse childhood experiences and alexithymia symptoms negatively impact fear and sadness facial emotion recognition abilities in depressed teenagers (Gul et al., 2023). Gaggero, Balboni, and Esposito (2023) investigated the impact of cultural capital on self-reported levels of alexithymia and empathy. The outcomes implied that it plays an important predictive field for dimensions concerned with alexithymia and empathy.

In a study conducted by Molu, Taşdelen Başı, and Özpulat (2022) to explore the relationship between alexithymia, and perceived empathic self-efficacy and social self-efficacy in nursing students. The findings indicated that alexithymia hinders the ability of empathic responses and self-efficacy towards other people. By examining of experiential avoidance in relation to the death anxiety experienced by veterans with post-traumatic stress disorder, the mediating influence of coping self-efficacy was explored, and the findings indicating that avoidance behaviors can hinder natural recovery mechanisms in traumatized subjects. Greater coping self-efficacy allows veterans to better cope with emotional response (Eyni, Hashemi, & Ebadi, 2022).

This research work by Zhang et al. (2022) results proposed the idea that low social self-efficacy increases alexithymia, which subsequently heightens the risk for internet gaming in these young adults. Empathy, however, serves to buffer this pathway, moderating the strength of these relationships. The liaisons studied by Michel (2022) indicated that experiential avoidance was a strong, but domain specific, predictor of anxiety level. The significance of superseding on experiential avoidance to condense anxiety in disparity to exclusive interventions for increasing self-efficacy. Celikbas et al. (2021) results support conceptualizing alexithymia from the perspective of psychological flexibility models, in which avoidance of internal experiences and entanglement in thoughts obstruct emotional awareness. Experiential avoidance and self-efficacy significantly mediated between generalized anxiety and asthma control. Specifically, individuals' higher levels of generalized anxiety were associated with experiential avoidance and reduced levels of self-efficacy that resulted in worse asthma control and outcomes (Michalova et al., 2021).

Panayiotou et al. (2020) explored the affiliation of social anxiety with alexithymia and highlighted experiential avoidance's central role in it. The tendency

to evade or suppress unpleasant internal states greatly contributes toward social anxiety symptoms. Zehra and Jahangir (2024) analyzed that alexithymia develops because of multiple psychosocial factors including emotional control and communication skills alongside empathy which tend to form during early life experiences. A research study of Karachi-based physical therapy students in Pakistan analyses their capacity for emotional regulation following their experience with demanding academic and clinical requirements. The study establishes that alexithymia shows an important relationship with demographics including gender identity along with marital status yet also with smoking patterns and excessive internet use and experience of bullying (Zakir et al., 2024). The study by Nazir, Malik, Nazir, and Ashraf (2024) investigated how young adults link between alexithymia, experiential avoidance, and discovered a direct positive relationship which became statistically significant.

Theoretical Framework

This study is grounded mainly in Emotion Regulation Theory (Gross, 1998) that posits emotional understanding with modulation are central for psychological functioning. In people with alexithymia, emotional awareness is deficient. Experiential avoidance, from among other of the maladaptive regulation strategies, often results from this. Social Cognitive Theory (Bandura, 1986) likewise backs examining perceived empathetic and social self-efficacy because it highlights social learning, affective processing, and self-reflection. These frameworks in concert comprehensively allow one to understand how difficulties identifying emotions also avoiding them may impair one's perceived interpersonal competence.

Hypotheses

H1: There is likely to be a relationship between alexithymia, experiential avoidance, and perceived empathetic and social self-efficacy among adults.

H2: Alexithymia and experiential avoidance will likely to be the predictors of perceived empathetic and social self-efficacy during adulthood midst adults.

H3: There are likely to be gender differences in terms of alexithymia, experiential avoidance, and perceived empathetic and social self-efficacy in adults.

H4: There are likely to be significant differences among marital status groups in levels of alexithymia.

Methodology

Research Design

This study was based on the Correlational method. This research has examined the relationship between the variables of alexithymia, experiential avoidance, and perceived empathetic and social self-efficacy.

Participants

The applicants in this research were males and females from general population, living in Lahore, Pakistan with participants ranging in age from 20 to 35 years old. The sample size of this study consisted of N= 135 participants (59 males, and 76 females).

Measures

Demographic Sheet

The demographic sheet has been designed to gain information about the participants. This form has consisted of age, gender, education level, occupation, marital status (single, in a relationship/committed engaged, and married), family system (Nuclear/Joint).

Toronto Alexithymia Scale (TAS-20)

It was developed by Michael Bagby, James Parker and Graeme J. Taylor in 1994. It is a 5-point Likert scale (ranging from 1 = strongly disagree to 5 = strongly agree) comprising 20 items. This scale is consisted of 3 subscales (Difficulty Identifying Feelings, Difficulty Describing Feelings, and Externally Oriented Thinking) (Bagby, Parker, & Taylor, 1994).

The Brief Experiential Avoidance Questionnaire (BEAQ)

This questionnaire is a shorter version of the Multimodal Experience Avoidance Questionnaire. It is a 15-item tool used to quantify experiential avoidance. Each item on the self-report questionnaire is answered on a 6-point Likert scale, with 1 denoting ("strongly disagree") and 6 denoting ("strongly agree") (Gámez et al., 2014).

Perceived Empathic & Social Self-Efficacy Scale (PESE+PSSE)

This scale has two dimensions with 11 items (6 items for PESE, and 5 items for PSSE). It has a 5-point Likert-type rating system ("1 Not well at all", to "5 Very Well") (Di Giunta et al., 2010).

Procedure

A probability-based sampling which is random sampling was employed for participant selection. The data was collected from different institutions of Lahore. Participants with the basic level of English language to understand the questionnaire was included in this study. They were provided with information about the research's purpose, and an informed consent form was given to them to ensure their voluntary participation. Confidentiality and privacy of the participants has been maintained throughout the research. The research questionnaires took approximately 10 – 15 minutes to fill up. For the statistical analysis, the data was analyzed on the 27th version of Statistical Package for Social Sciences (SPSS).

Results

Table 1

Sociodemographic Characteristics of Participant

Variables	<i>M</i>	<i>SD</i>	<i>n</i>	%
Age				
20-25	-----	-----	92	68.1
26-35	-----	-----	43	31.9
Gender				
Male	-----	-----	59	43.7
Female	-----	-----	76	56.3
Education Level				
Intermediate/Diploma	-----	-----	12	8.9
Bachelor's/BA	-----	-----	90	66.7
Masters/MPhil	-----	-----	31	23.0
PhD	-----	-----	2	1.5
Occupation				

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Working	-----	-----	75	55.6
Non-working	-----	-----	60	44.4
Marital Status				
Single	-----	-----	76	56.3
In a Relationship/Committed	-----	-----	18	13.3
Engaged	-----	-----	14	10.4
Married	-----	-----	27	20.0
Family System				
Joint	-----	-----	62	45.9
Nuclear	-----	-----	73	54.1

Note. *M* = mean; *SD* = standard deviation

Table 2

Descriptive Statistics and Pearson Product Moment Correlation Coefficient of Alexithymia, Experiential Avoidance, and Perceived Empathetic & Social Self-Efficacy Among Adults

Variables	<i>n</i>	<i>M</i>	<i>SD</i>	1	2	3	4	5	6
1. DIF	135	3.24	.85	-----					
2. DDF	135	3.24	.66	.65**	-----				
3. EOT	135	2.74	.42	.15	.17*	-----			
4. EA	135	3.97	.75	.47**	.36**	.18*	-----		
5. PESE	135	3.47	.77	.11	.04	-.18*	.14	-----	
6. PSSE	135	3.33	.76	-.07	-.15	-.07	.12	.39**	-----

Note: DIF= Difficulty Identifying Feelings; DDF= Difficulty Describing Feelings; EOT= Externally Oriented Thinking; EA= Experiential Avoidance; PESE= Perceived Empathetic Self-Efficacy; PSSE= Perceived Social Self-Efficacy; *M* = mean; *SD* = standard deviation.

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

Table 3

Multiple Hierarchical Linear Regression showing Alexithymia and Experiential Avoidance as Predictors of Perceived Empathetic & Social Self-Efficacy Among Adults

Predictors	B	95% CI for B		SE B	β	R ²	ΔR^2
		<i>LL</i>	<i>UL</i>				
Perceived Empathetic Self-Efficacy							
Step I						.04	.04
Constant	3.95	2.91	4.99	.52	-----		
DIF	.13	-.07	.33	.10	.15		
DDF	-.02	-.28	.24	.13	-.02		
EOT	-.34	-.66	-.02	.16	-.18*		
Step II						.06	.01
Constant	3.61	2.50	4.73	.56	-----		
DIF	.07	-.14	.28	.11	.08		
DDF	-.03	-.29	.23	.13	-.03		
EOT	-.36	-.69	-.04	.16	-.19*		
EA	.16	-.04	.36	.10	0.16		
Perceived Social Self-Efficacy							
Step I						.01	.01
Constant	3.95	2.91	4.91	.53	-----		
DIF	.03	-.17	.24	.10	.04		
DDF	-.18	-.44	.09	.13	-.15		
EOT	-.06	-.38	.26	.16	-.03		
Step II						.06	.04
Constant	3.45	2.35	4.56	.56	-----		
DIF	-.05	-.27	.16	.11	-.06		
DDF	-.19	-.45	.07	.13	-.16		
EOT	-.09	-.41	.23	.16	-.05		

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EA .24 .04 .43 .10 .23*

Note: CI = confidence interval; LL = lower limit; UL = upper limit

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

Table 4

Independent Sample t-test showing Gender Differences in Alexithymia, Experiential Avoidance, and Perceived Empathetic & Social Self-Efficacy Among Adults

Variable	<u>Males</u>		<u>Females</u>		<i>t(df)</i>	<i>p</i>	<u>95% CI</u>		Cohen's <i>d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			<i>LL</i>	<i>UL</i>	
1. DIF	3.02	.80	3.41	.85	-2.69 (133)	.008**	-.67	-.10	-0.57
2. DDF	3.10	.78	3.47	.62	-2.35 (133)	.20*	-.49	-.04	0.93
3. EOT	2.73	.57	2.87	.46	-4.19 (105.36)	.67	-.18	.11	-0.37
4. EA	3.77	.82	4.04	.65	-2.94 (133)	.004**	-.62	-.12	-0.46
5. PESE	3.20	.73	3.50	.78	-2.24 (133)	.027*	-.55	-.03	-0.40
6. PSSE	3.23	.73	3.40	.88	-1.21 (133)	.23	-.42	.10	-0.21

Note: Males = 59; Females = 76; *M* = mean; *SD* = standard deviation; CI = confidence interval; *LL* = lower limit; *UL* = upper limit

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

Table 5

One-Way Analysis of Variance Depicting Group Differences in Alexithymia, Experiential Avoidance, and Perceived Empathetic & Social Self-Efficacy in Adults

Variable	<u>Single</u>		<u>Relationship/Committed</u>		<u>Engaged</u>		<u>Married</u>		<i>F(df)</i>	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
1. DIF	3.28	.80	3.40	.88	3.60	.86	2.85	.87	3.16 (3,131)	.27*
2. DDF	3.31	.64	3.27	.61	3.46	.61	2.86	.70	2.59 (3,131)	.56
3. EOT	2.78	.42	2.56	.49	2.73	.39	2.82	.29	1.87 (3,131)	.142
4. EA	3.98	.68	3.86	.89	3.97	.79	3.84	.84	0.10 (3,131)	.959

5. PESE	3.36	.73	3.57	.84	3.62	.84	3.12	.71	1.87 (3,131)	.137
6. PSSE	3.28	.75	3.22	.71	3.36	.92	3.52	.76	0.78 (3,131)	.505

Discussion

The aim of this study was to investigate the interrelationship between alexithymia, experiential avoidance, and perceived empathetic and social self-efficacy in adults age 20-35. It explored the effects of alexithymia on experiential avoidance of adults and how it resulted in the aspect of empathetic behaviour and social self-efficacy. The results suggested that individuals who find it challenging to identify their emotions are more prone to have trouble expressing them and often steer clear of uncomfortable situations socially. The findings supported the hypotheses with significant results, exposing subtle trends that complement and go beyond the body of prior literature.

H1: Significant relationship between alexithymia, experiential avoidance, and perceived empathetic and social self-efficacy.

A correlational investigation was employed to look for a relationship between the stated variables. Difficulty identifying feelings, and difficulty describing feelings were positively correlated with experiential avoidance. This proposes that individuals who struggle to recognize their emotions are more likely to have difficulty enunciating them and tend to avoid distressing experiences. Externally oriented thinking displayed a significant negative linked with empathetic self-efficacy, while experiential avoidance was positively associated with perceived social self-efficacy. This indicated that individuals who focus on external details rather than their internal emotions reported lower confidence in comprehension of other's feelings, and also implies that individuals who avoid discomfort can still maintain their social comfort. The significant relationship between perceived empathetic self-efficacy and social self-efficacy infers that those individuals who feel competent in empathizing with others also incline to feel more confident in social interactions.

Since the proposed hypothesis has been agreed upon, results of this investigation show there is a remarkable correlation between these variables amongst individuals in their adulthood. These results aligned with the previous studies. These results aligned with the previous studies such as Bagby et al. (1994),

who argued that these two constructs are major and interrelated dimensions of alexithymia. This agrees with Taylor et al. (1997), which states that individuals high on externally oriented thinking pay attention to external events rather than internal emotional experiences which may undermine empathic engagement. This is consistent with Moriguchi et al. (2006), who associated externally oriented thinking with diminished neural correlates of empathy and, by this means, affirming the predictive capacity of externally oriented thinking concerning impairment of empathetic ability. In the theory of Emotional Regulation, the negative correlation between external oriented thinking and compassionate effectiveness highlights the part that emotional attention plays in social competence. Interventions aimed at internal focus, such mindfulness, may help to reduce this gap (Panayiotou et al., 2020). Social Cognitive Theory is the relationship between avoidance and efficacy draws attention to the complexity of self-efficacy beliefs.

H2: Alexithymia and experiential avoidance will be the significant predictors of empathetic and social self-efficacy.

A test of regression was performed to identify the predictors of perceived empathetic and social self-efficacy among individuals in adulthood. Three subscales of alexithymia and experiential avoidance both were entered as predictor variables whereas, the two dimensions empathetic and social self-efficacy were entered as an outcome variable. The results showed both positive and significant predictors of the outcome variable. Consistent with Emotion Regulation Theory (Gross, 1998), externally oriented thinking turned out to be a major negative predictor of felt empathetic self-efficacy. People who concentrate on outside specifics instead of inner emotional states find it difficult to empathize, probably owing to diminished emotional awareness and cognitive empathic limitations (Goerlich, 2018). This match's research tying alexithymia to reduced empathy (Burghart et al., 2024).

Unexpectedly, self-efficacy was not much estimate by trouble recognizing or characterizing emotions. This contradicts the results of Faramarzi & Khafri (2017) but could be indicative of cultural variations in emotional expression (Gaggero et al., 2023). Although weakly, experiential avoidance predicted higher perceived social self-efficacy a counterintuitive result. This indicates that people who irrationally avoid discomfort tend to report marginally greater social confidence, thus it slightly

enhanced perceived social self-efficacy. Although avoidance usually hurts performance (Hayes et al., 1996), this result implies a defensive overconfidence individuals may avoid social challenges that would otherwise challenge their efficacy beliefs (Michel, 2022). Alternatively, avoidance might temporarily reduce distress, fostering inflated self-perceptions (Karekla et al., 2004).

H3: Significant gender differences among these variables.

Women scored higher on experiential avoidance, empathetic self-efficacy supporting H3, and emotional awareness difficulties (difficulty identifying feeling, difficulty describing feelings). This submits that females are more likely to have emotional difficulties, avoided experiences, and perceived themselves as further empathetic in comparison to the males.

This is consistent with a study by (Liaqat, Malik, & Bilal, 2020) on gendered emotional expression norms in Pakistan, which found that conventional masculinity may induce males to underreport emotional issues. Evolutionary and socialization theories that emphasize women's relational empathy are consistent with higher female scores in empathetic self-efficacy (Eisenberg et al., 1996). Traditional masculine expectations prevent individuals from expressing their emotions which consequently creates relationship challenges with external parties. Young adult males experienced such difficulties because traditional masculine norms restricted their emotional capabilities.

H4: Group differences in Alexithymia among marital status of individuals.

The analysis of Anova was applied to analysed the group differences in marital status of the individuals. The findings presented that engaged individuals scored higher in the domain of difficulty identifying their feelings as compared to married individuals. This could indicate transitional stress or emotional instability often found in pre-marital stages. It is supported by the study of Fowers and Olson (1992) who noticed that pre-marital stages frequently entail greater emotional turmoil and identity discussions, potentially leading to increased emotional disarray. Clinicians should differentiate between actual and seen social skills since avoidant people can overestimate their capabilities (Bandura, 1986). Some alexithymia aspects may be unimportant since Pakistani cultural expectations forbid emotional disclosure, especially in males (Zehra & Jahangir, 2024).

Conclusion

This study explored the intricate relationship among alexithymia, experiential avoidance, and perceived social and empathetic self-efficacy among adults aged 20-35. The results confirmed that these elements of emotional awareness, avoidance behaviour, and perceived interpersonal competence are important and highly interconnected. Additionally, the traits have proven to be significant indicators. It demonstrated a deeper understanding of the factors that contribute to well-being during this life stage. These insights contribute to enhance the comprehension of emotional regulation and functioning in adulthood and highlighted the significance of focused interventions.

Strengths

- There has been very limited research conducted on this specific topic in Pakistan, as there have been not much literature found. Thus, it is an addition in the indigenous literature.
- This study contributes to substantially ongoing advancement of knowledge in the field and provides valuable insights towards individuals, healthcare professionals, and researchers interested in understanding the link underlying alexithymia, experiential avoidance, and perceived empathetic & social self-efficacy among different populations.
- Study's findings can be used by healthcare professionals, especially psychologists to cater to the issues of people with different aspects of emotional difficulties.

Limitations

- Due to the time limitation this study has small sample size, preventive the generalizability of the findings to more people.
- This research was based on individuals' own experiences which were recorded in their memory that can bring some error and human biases.
- The data was not distributed homogeneously, as there are not equal

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numbers of participants in terms of gender.

Future Recommendations

- By exploring the mechanisms through which alexithymia fosters experiential avoidance, the future researchers can gain insights into the potential benefits of incorporating therapies such as Emotion-Focused Therapy in interventions aimed at promoting better understand of emotions in people.
- Future studies can reveal the particular ways in which therapists are motivated to enhance emotional regulation techniques.
- The implications of future studies can provide valuable information for interventions and programs that intend to enhance individuals' well-being.

Implications

- People with high externally oriented thinking can gain more emotional awareness with emotion focused treatment (EFT) and mindfulness-based therapies, hence improving their seen empathetic self-efficacy.
- Acceptance and Commitment Therapy (ACT) might assist people in lowering their avoidance tendencies and so encouraging genuine social interaction rather than only confidence.
- Adults with low social self-efficacy (related to avoidance) could gain from peer-support groups and social skills training to minimize loneliness.

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