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A mixed methods study investigating alexithymia, experiential avoidance, and psychological distress: Insights into men with high externally oriented thinking

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ABSTRACT

Previous research suggests that experiential avoidance mediates the relationship between alexithymia and psychological distress. However, concerns persist regarding the validity of:

1) mediation analyses in cross-sectional samples, 2) common measures of alexithymia and experiential avoidance, and 3) solely quantitative approaches to studying alexithymic individuals. This study addresses these gaps using a sequential explanatory methodology comprising of: 1) a quantitative phase employing improved psychometric questionnaires to examine relationships between alexithymia, experiential avoidance, and distress, and 2) a qualitative phase exploring the lived experiences of individuals with alexithymia. A sample of 211 UK adults replicated prior quantitative findings, showing strong positive correlations between experiential avoidance, alexithymia, and psychological distress. However, no link was found between the Externally Oriented Thinking (EOT) facet of alexithymia and psychological distress. This led to a qualitative investigation of men with EOT, analysed using template analysis, a codebook approach to Thematic Analysis. The combined results suggest that life experiences may drive avoidance of unwanted private experiences. Moreover, the qualitative findings indicate two mechanisms explaining EOT's lack of association with psychological distress. First, EOT may serve as a protective factor against positive and negative emotional affect. Second, patriarchal norms may encourage emotional suppression and avoidant coping, leading to underreporting distress in mood questionnaires. Important theoretical and clinical implications are discussed through a Counselling Psychology lens, leading to a critique of assumptions underlying modern therapeutic techniques that may contribute to social injustice.

1. Introduction

Experiential avoidance refers to: 1) an unwillingness to have contact with unpleasant internal experiences (such as thoughts, feelings, sensations, or memories), and 2) efforts to alter these negative experiences or the situations that trigger them, as seen in behaviours like substance use and procrastination (Hayes, Wilson, Gifford, Follette, & Strosahl, 1996). Experiential avoidance is considered negatively reinforced, providing short-term relief from distress but often leading to long-term suffering due to the ineffectiveness of cognitive avoidance strategies (Magee, Harden, & Teachman, 2012; Watzlawick, 1993; Wegner, Schneider, Carter, & White, 1987). As a result, experiential avoidance is frequently observed in various psychological disorders (Gámez, Chmielewski, Kotov, Ruggero, & Watson, 2011; Hayes et al., 1996; Stewart, Zvolensky, & Eifert, 2002; Thompson & Waltz, 2010), including depression and anxiety (Moroz & Dunkley, 2019), and is associated with negative treatment outcomes (Degenova, Patton, Jurich, & MacDermid, 1994; Holahan, Moos, Holahan, Brennan, & Schutte, 2005).

Recent research suggests that alexithymia, defined as the difficulty in identifying and describing one's emotions (Sifneos, 1972), may stem from experiential avoidance (Landstra, Ciarrochi, Deane, & Hillman, 2013; Zakiei et al., 2017). Specifically, habitual avoidance of internal experiences might lead to an inability to recognise or label emotions (e.g., Bilotta, Giacomantonio, Leone, Mancini, & Coriale, 2016; Panayiotou et al., 2015). This is consistent with the manifestation of alexithymia,

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where individuals often prefer external stimuli over internal experiences, resulting in difficulties articulating their emotional states (Ogrodniczuk, Piper, & Joyce, 2011; Taylor, Bagby, & Parker, 1999).

The idea that experiential avoidance contributes to the development of alexithymia is well-established. Pleck's Gender Role Strain Paradigm (Pleck, 1995) posits that patriarchal social norms influence boys to devalue and restrict emotional expression (Levant, 1992, 2014; O'Neil, 1981b; Thompson Jr & Pleck, 1995; Unger, 1990). Building on this, Levant's (1992) Normative Male Alexithymia model suggests that, depending on how strongly they are discouraged from expressing emotions such as vulnerability or attachment, men may develop various coping mechanisms, including suppression, repression, or dissociation. Consequently, this can lead men to use experiential avoidance to distance themselves from emotions, fostering a preference for avoidant coping and alexithymic traits (Kashdan, Barrios, Forsyth, & Steger, 2006).

Crucially, alexithymia is strongly associated with several psychological disorders, including post-traumatic stress disorder (Frewen, Dozois, Neufeld, & Lanius, 2008), somatoform disorders (De Gucht & Heiser, 2003), anxiety disorders (Bankier, Aigner, & Bach, 2001; Berardis et al., 2008; Zeitlin & McNally, 1993), and depression (Li, Zhang, Guo, & Zhang, 2015). This association has significant

implications for psychological therapy, which often relies on patients' ability to identify and articulate their emotions. Given that alexithymia is linked to male gender and various mental health concerns (Berger, Levant, McMillan, Kelleher, & Sellers, 2005; Good, Robertson, Fitzgerald, Stevens, & Bartels, 1996; Good & Wood, 1995), it is essential to gain a deeper understanding of alexithymia to develop more effective therapeutic interventions and avoid gender-based exclusion.

In light of this, research has explored the mediating role of experiential avoidance in the relationship between alexithymia and psychological distress (e.g., Bilotta et al., 2016; Landstra et al., 2013; Panayiotou et al., 2015, 2020; Venta, Hart, & Sharp, 2013). However, there are notable methodological limitations. To start, most studies in the area employed tests of mediation on cross-sectional data, despite the fact that mediation involves causal processes occurring over time. In fact, cross-sectional mediation studies can significantly distort estimates of longitudinal effects, even when conditions are ideal (Maxwell & Cole, 2007). Additionally, the direction of this bias is unknown unless specific assumptions about various covariances can be made (e.g., relative stability of variables over time). Consequently, cross-sectional mediation analyses may not accurately reflect the causal relationships between variables but rather ongoing stability relations between measures (Maxwell & Cole, 2007).

Moreover, commonly used questionnaires - such as the TAS-20 (Bagby, Parker, & Taylor, 1994) and the AAQ-II (Bond et al., 2011) - possess flaws that could significantly impact research findings. For instance, the TAS-20 consistently demonstrates low internal reliability of the Externally Oriented Thinking (EOT) subfactor of alexithymia (Kooiman, Spinhoven, & Trijsburg, 2002), especially when translated into languages other than English (Meganck, Vanheule, & Desmet, 2008; Säkkinen, Kaltiala-Heino, Ranta, Haataja, & Joukamaa, 2007; Tsaousis et al., 2010; Zimmermann, Quartier, Bernard, Salamin, & Maggiori, 2007). This issue appears to have contributed to EOT's lack of significance in past research (e.g., Panayiotou et al., 2015) and has led some researchers to exclude this aspect of alexithymia altogether (e.g., Landstra et al., 2013). Additionally, the TAS-20 only assesses negative emotional valences (Preece et al., 2020). Recent research identifies this as a significant limitation when assessing emotional constructs (Becerra, Preece, Campitelli, & Scott-Pillow, 2019; Ripper, Boyes, Clarke, & Hasking, 2018; Weiss, Gratz, & Lavender, 2015), since alexithymia does not seem to discriminate between socially constructed 'positive' and 'negative' emotions (e.g., Hayes & Gifford, 1997; Lumley, 2000).

Despite the AAQ-II's status as the most widely used measure of psychological inflexibility, contemporary research has demonstrated unsatisfactory levels of discriminant validity. Specifically, the AAQ-II appears to measure the presence of emotional distress rather than an individual's response to that distress (Rochefort, Baldwin, & Chmielewski, 2018; Tyndall et al., 2019). This has significant implications for its use in research, as the overlap with measures of psychological distress (e.g., DASS) could lead to confounded measurements and, consequently, negative impacts on clinical applications (Ong et al., 2020; Wolgast, 2014).

Adding to the confusion, the AAQ-II has been described by its creator as a "unidimensional measure of psychological inflexibility" (Bond et al., 2011). This characterisation has led to the widespread misconception that psychological inflexibility and experiential avoidance are synonymous, resulting in frequent interchanging of these terms in the literature (e.g., Landstra et al., 2013). However, let it be stressed that experiential avoidance and psychological inflexibility are distinct constructs, despite their shared foundation. In fact, psychological inflexibility serves as an umbrella term encompassing several concepts, including experiential avoidance and cognitive fusion, as depicted in Fig. 1.

More generally, it has been noted that quantitative self-report measures may be a paradoxical choice for researching alexithymic individuals, given their inherent difficulty in identifying and articulating their emotions (Lumley, 2000; Taylor & Bagby, 2013). In fact, the historic underutilisation of alternative methods of investigation has contributed to a significant gap in the research field. To date, quantitative research has not adequately explained the mechanisms or contexts underlying their observed relationships (Solano, 2022). Therefore, the use of self-report measures should ideally be supplemented with other methods, such as qualitative interviews, to strengthen any claims derived from quantitative data (J. D. Parker, Taylor, Bagby, & Thomas, 1991; Timoney & Holder, 2013).

This call for more qualitative research is not domain specific. In fact, contemporary authors have emphasised the need for increased use of qualitative methodologies across Contextual Behavioural Science (CBS) research as a whole (Jando & Dionne, 2024). These authors have highlighted a tension between the functional contextualist philosophy underlying CBS and the historical reliance on positivist methodologies. Specifically, it seems incongruous to pair a philosophy that views truth as context-dependent with methods that assume an ontological Truth. They warn that neglecting philosophical compatibility may lead

to research blind spots, oversimplified understandings, and a false sense of credibility (Hayes et al., 2021; Jando & Dionne, 2024; Slife, Ghelfi, & Fox, 2018). To address this issue, modern research must move beyond dogmatic views of methodological superiority and explore how different approaches can complement one another (Hughes, 2018). CBS researchers argue for supporting quantitative methods (e.g., correlations) with approaches that are sensitive to context and culture (e.g., qualitative interviews) (Hayes, Barnes-Holmes, & Wilson, 2012; Jando & Dionne, 2024), which aligns more closely with a functional contextualist perspective.

After reflecting on the key limitations in the current body of research, this study aims to conduct an explanatory sequential mixed-methods investigation. By integrating both quantitative and qualitative data, this research seeks to advance the field in two primary ways: 1) by providing what is believed to be the first mixed-methods study in this domain, and 2) by deepening the understanding of alexithymia, potentially contributing to the development of more effective therapeutic interventions. Therefore, the research questions are as follows:

1. To what extent are experiential avoidance, alexithymia, and psychological distress correlated when measured using updated assessment tools? The following hypotheses are proposed:
   a. Participants scoring higher on the Perth Alexithymia Questionnaire (PAQ) will report higher scores on the Depression, Anxiety, and Stress Scale (DASS-21).
   b. Participants scoring higher on the PAQ will score higher on the Brief Experiential Avoidance Questionnaire (BEAQ).

c. Higher scores on the BEAQ will predict higher scores on the DASS, indicating increased levels of depression, anxiety, and stress.
2. How do the lived experiences of individuals with alexithymia align with, or provide further insight into, the relationships between experiential avoidance, alexithymia, and psychological distress?

2. Method

2.1. Epistemology

This study adopts a pragmatic epistemological stance, which acknowledges that reality can be both singular and multiple in nature (Fishman, 1999). From this view, a

theory's validity is determined by its practicality and usefulness within a specific context. Pragmatists prioritise research intent over ontological purity, focusing instead on the pursuit of knowledge (Johnson & Onwuegbuzie, 2004; Maxcy, 2003). This flexibility enables methodological choices to be driven by the research question, rather than rigid adherence to a particular ontological perspective. As a result, mixed methods research (MMR) is commonly employed, as it is in this study.

2.2. Rationale for sequential explanatory design (SED)

A SED was chosen based on it's ability to refine and elucidate statistical results by qualitatively exploring a few participants in depth. This offers an opportunity to investigate unexpected results Creswell, Plano, Gutmann, & Hanson, 2003; Creswell & Clark, 2017; Ivankova, 2014; Tashakkori et al., 1998) such as outliers or extreme cases, which characteristically coincide with statistical insignificance (Caracelli & Greene, 1993; Clark & Creswell, 2005). This is pertinent when considering the historic lack of significance within the EOT subgroup of alexithymia in previous studies (e.g., Panayiotou et al., 2015).

To ensure rigour and coherence, careful deliberation and transparency is required when mixing two methodologies with seemingly opposing ontologies (Creswell & Clark, 2017; Tashakkori et al., 1998). True integration of quantitative and qualitative data necessitates finding a philosophical midpoint that allows for stringent comparison without compromising the validity of either approach.

This challenge was addressed by employing multidimensional, experience based questionnaires for the quantitative survey (e.g., PAQ, DASS), and template analysis for the qualitative analysis. Template analysis, a codebook approach to thematic analysis (King, 2012), was selected for its theoretical flexibility and ability to generate pattern-based themes. By prioritising across case analysis, incorporating a priori themes from the quantitative data, and developing themes where the data is richest in relation to the research question, template analysis facilitates a pragmatic integration of both quantitative and qualitative elements.

2.3. Design

A SED involves the initial collection and analysis of quantitative data, followed by a qualitative phase informed by the quantitative results (Ivankova et al., 2006). In this approach, the qualitative phase is inherently dependent on the findings from the initial quantitative phase (Creswell & Clark, 2017). The final step involves integrating both sets of data to explain, deepen, or expand upon the quantitative results, thereby enriching the overall understanding of the study (Creswell & Clark, 2017). For a diagrammatic representation, see Fig. 2.

In the current study, the integration of the quantitative and qualitative phases occurs in three ways: 1) connecting - when interview participants are selected from the survey respondents, 2) forming themes - when quantitative data is used to develop a priori qualitative themes, and 3) merging - when the results from the surveys and interviews are combined to derive the main insights of the study (Fetters, Curry, & Creswell, 2013).

2.4. Quantitative phase

UK based individuals over the age of 18 were eligible to participate in the study. Participants with a diagnosis of autism spectrum disorder (ASD), and/or who scored over 45% on the Dissociative Experiences Scale (DES-II) were excluded to prevent spillover effects that mimic the characteristics of alexithymia (Kashdan et al., 2006). The final sample consisted of 150 English speaking individuals (26% male, 72% female, 3% prefer not to say), aged between 18 and 76 (mean age = 37.70, SD = 15.33). In total, 211 responses were initially recorded, but 61 samples were removed during the data cleaning process due to incomplete surveys. Table 1 gives a full breakdown of the key demographics of the sample.

2.5. Measures

Perth Alexithymia Questionnaire (PAQ) (D. Preece, Becerra, Robinson, Dandy, & Allan, 2018) is a 24-item self-report measure using a 7-point Likert scale ranging from 1 (*Strongly Disagree*) to 7 (*Strongly Agree*), with higher scores indicating greater alexithymia. The PAQ assesses three main components: difficulty identifying feelings (DIF), difficult describing feelings (DDF), and externally oriented thinking (EOT). The PAQ also provides valence-specific sub scales for DIF and DDF, resulting in five sub scales: negative DIF (N-DIF), positive DIF (P-DIF), negative DDF (N-DDF) positive DDF (P-DDF) and general EOT (G-EOT). Cronbach's Alpha scores range from .85 to .95 (Preece et al., 2018; Preece et al., 2020), which was mirrored in the current study's range of .90–.95.

Brief Experiential Avoidance Questionnaire (BEAQ) (Gámez et al., 2014) is a 15- item self-report measure derived from the 62-item Multidimensional Experiential Avoidance Questionnaire (MEAQ) (Gámez et al., 2011). Items are rated on a 6-point Likert scale from 1 (*strongly disagree*) to 6 (*strongly agree*), with higher scores indicating greater experiential avoidance. The BEAQ strongly convergences with the MEAQ and shows nearly identical convergent and discriminant validity (for full breakdown, see Gámez et al., 2014). The BEAQ has shown good internal reliability, with Cronbach's Alpha scores ranging from .80 to.89 (Gámez et al., 2014; Tyndall et al., 2019), and a score of .78 in the current study.

Depression Anxiety and Stress Scale (DASS-21) (Lovibond & Lovibond, 1995) is a 21-item measure of depression, anxiety, and stress. Participants rate items on a 4-point Likert scale from 0 (*did not apply to me at all*) to 3 (*applied to me very much or most of the time*), with higher scores indicating greater symptoms. Previous studies report Cronbach's Alpha scores of .94, .87, and .91 for depression, anxiety, and stress, respectively (Antony, Bieling, Cox, Enns, & Swinson, 1998). The current study found similar reliability, with alpha scores ranging from .85 to.95.

Dissociative Experiences Scale-Revised (DES-II) (Carlson & Putnam, 1993) is a 28-item self-report measure assessing dissociative experiences like depersonalization, derealization, amnesia, and absorption. Respondents rate symptoms on an 11-point Likert scale from 0% (*never*) to 100% (*always*), with higher scores indicating greater dissociation. The scale has shown good reliability, with test-retest values between .79 and .84, and an average Cronbach's alpha of .93 (for meta-analysis, see Van IJzendoorn & Schuengel, 1996).

2.6. Procedure

Ethical approval was gained from the University of East London Ethics Committee. The survey, hosted on Qualtrics, included participant information, consent, demographic questions, and core study measures. Recruitment was conducted via snowball sampling. Participants first reviewed the study information sheet detailing the study's nature, estimated completion time, and ethical considerations. They then

provided informed consent and completed demographic questions before proceeding to the main measures.

2.7. Statistical analyses

To investigate the main research questions, Pearson correlation analyses were performed across all key variables using SPSS software.

2.7.1. Interim phase

The quantitative phase suggested significant positive correlations among all key variables, bar the relationship between EOT and psychological distress. This finding, which aligns with previous research (e.g., Landstra et al., 2013; Panayiotou et al., 2015, 2020), prompted further investigation into this statistically insignificant result. Analysis of variance (ANOVA) tests indicated that men had significantly higher levels of EOT compared to other genders, which led to the development of the qualitative research question: How do men with an externally oriented thinking style experience emotions and psychological distress?

To explore this, semi-structured interview questions were designed to investigate participants' experiences of EOT, emotions, and psychological distress (see Fig. 3 for a joint display of scale items and interview questions).

2.7.2. Qualitative phase

2.7.2.1. Sample. Through a connecting integrative approach (Fetters et al., 2013), male participants were purposefully selected from the survey population to explore the novel relationship between EOT and psychological distress. Descriptive statistics for EOT in male participants revealed a mean score of 28.64 and a standard deviation of 9.79, consistent with values reported by Preece et al. (2018, 2020). This identified 8 participants with notably high EOT levels. Of these, 6 provided email addresses for contact. Four of these individuals responded and consented to participate in the interview (main scores detailed in Table 2).

While research suggests that 6–10 participants are ideal for thematic analysis (TA) (e.g., Terry, Hayfield, Clarke, & Braun, 2017), these recommendations often lack strong empirical support (Emmel, 2013). Fugard and Potts (2015) proposed an alternate quantitative method for determining sample sizes in TA. For sequential explanatory studies, where theme prevalence is anticipated to be greater (~80%), 4 participants is considered sufficient to identify themes with 80% power.

2.7.2.2. Procedure. Once participants confirmed interest via email, they received a research information sheet outlining the process and analysis. During the interview, participants were informed they were selected based on their survey results indicating a tendency for EOT. The concept of EOT was clarified together, and participants were informed that the aim was to explore their personal experience with EOT. Verbal consent was then reaffirmed before proceeding with the interview questions.

Although there were several set questions, follow-up inquiries were used to gather additional information relevant to the research area. Interviews lasted between 41 min and 1 h 20 min and were conducted online via Microsoft Teams and recorded digitally.

After the interview, participants received a debrief sheet and 10–15 min were allocated to discuss emergent themes and ensure their safety and wellbeing.

2.7.2.3. Data analysis. Brooks, McCluskey, Turley, and King (2015) six-step framework was used to guide the implementation of template analysis, as it allows for the integration of epistemology, ensuring philosophical rigour within this flexible approach. The six steps are as follows:

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

Step 1 involved transcribing the interview data verbatim and reviewing the recordings. The prior quantitative investigation was then consulted to identify a priori themes, particularly focusing on the EOT subgroup of alexithymia. After examining the PAQ items related to EOT, two key themes were identified: 1) feelings are not important, and 2) feelings are not concrete.

For Step 3, the researcher immersed themselves in the first and second interview recordings, assessing the relevance of the a priori themes while organising emergent themes into meaningful clusters using NVIVO. This led to the creation of an initial coding template, which was applied to the third interview and refined as needed. Steps 3, 4, and 5 were repeated with careful attention to the consistent application of codes and continual revisions to the template, ensuring it accurately reflected both a priori and emergent themes, thus enhancing reliability and rigour. The four interviews were cycled through five times in total. Throughout this process, the coding templates were periodically reviewed with a research supervisor to ensure cohesion and agreement, further strengthening reliability.

In the final stage, the analysis was completed once the template provided a workable, useful, and applicable framework for all interviews and the overall research question, considering the available resources.

3. Results

3.1. Quantitative results

3.1.1. Correlation analyses

Pearson correlation analyses were conducted to examine relationships between key variables. The strongest correlation was observed between experiential avoidance and alexithymia ($r = .48$, $p < .001$), followed by experiential avoidance and psychological distress ($r = .42$, $p < .001$). The weakest correlation was between alexithymia and psychological distress ($r = .21$, $p = .009$).

To further explore the weaker correlation between alexithymia and psychological distress, the constituent subgroups were analysed separately. Pearson correlations for DIF, DDF and elements of psychological distress were all positively and significant to $p < .01$, bar the relationship between DDF and anxiety which was positively correlated to $p = .05$. In contrast, EOT did not significantly correlate with psychological distress or any of its subgroups. For a full breakdown of these results, see Table 3.

3.1.2. Further exploration of externally oriented thinking

After reflecting on the general non-significance of EOT, further analysis was conducted. One-way ANOVAs were used to examine demographic differences in EOT levels.

Results showed that men had significantly higher EOT levels compared to other genders ($F(2,149) = 6.58$, $p = .002$) (Fig. 4). The effect size was $\eta^2 = .081$, indicating a moderate impact according to Cohen's (1988) benchmarks.

A qualitative exploration of EOT was then undertaken to examine the following research question: How do men with an externally oriented thinking style experience emotions and psychological distress?

3.2. Qualitative Results

3.2.1. Demographic information of the four participants

The four participants – pseudonyms Antony, Joseph, Robert, and William – were aged 63, 30, 24, and 24 respectively. All participants

were white, British, heterosexual men, educated to bachelor's degree level or higher. In terms of EOT scores, Antony and Robert scored 43, Joseph scored 41, and William scored 44, all indicating significantly high levels of EOT.

3.2.2. Themes summary

The analysis revealed three overarching themes supported by 10 subthemes: 1) feelings are not important, 2) emotions should be controlled, and 3) emotions are like trying to understand a foreign language. Additionally, three integrative themes were identified, which influenced all other themes: patriarchal pressures, avoiding disapproval, and don't wallow in your own self-pity. A visual representation of the themes can be seen in Fig. 5.

3.3. Core themes

Feelings are not important. All participants expressed the view that feelings are not significant and are therefore not focused on. Robert noted "I don't really know to be honest. Like it, you know, these are the things I don't really, kind of like, think about all too often [laugh]". Similarly, when recounting the recent death of his mother, Antony shared, "I don't really, uhm, avoid the feelings, but I guess I don't explore them very much" and "I haven't found them to be particularly useful, [laugh]".

Emotions should be controlled. Participants expressed a desire not to be controlled by their emotions. Joseph articulated this sentiment by saying, "I've never really [pause] been

able to be very emotive as a person in general. Not because I've ever seen as a weakness. But it's kind of a loss of control thing. Uh, I don't want to ever be controlled by my emotions". Similarly, Robert noted, "stepping away and kind of like, I guess, almost detaching from those emotions gives me a better [pause] platform to make the right decision".

Emotions are like trying to understand a foreign language. All participants reported significant challenges in navigating other people's emotions. Joseph described the experience as, "It's like [pause]. It's it's almost like a different language". Antony similarly noted, "In interactions with other people [pause] where they get upset by something. Uhm. Yeah, I don't really understand". Antony later described this experience as "bewildering".

Patriarchal pressures. Antony described the historical context of societal pressures, noting, "You don't need to go back very far [pause] when men were literally fighting for their lives … And [pause] dwelling and exploring their emotions, I think was, way down the list of priorities [laugh]". He further elaborated, "There just was no value put on that from society. The man was expected to provide these basic necessities for his family [pause]. And, you know, if if he gave support or or or training to his children at all, it was to do more of the same" and "there was little value placed on emotional expression or or support". Robert reflected this sentiment, saying, "We're kind of [pause] brought up, and it may be kind of like engineered to ignore our feelings a little bit more than [pause] than, you know, women are".

3.4. Integration of quantitative and qualitative data

When integrating both phases of the study, two core explanations emerge for why men with high EOT did not report elevated psychological distress. First, EOT may function as a protective factor by reducing emotional involvement in processing affective content (Davydov, 2010, 2013; Di Schiena, Luminet, & Philippot, 2011). This emotional detachment may allow individuals to focus on practical actions, supporting wellbeing during periods of emotional arousal (Ruiz, 2010). Second, patriarchal socialisation may lead individuals to avoid disclosing emotional content, resulting in lower scores on common measures of psychological distress. A joint display showing this amalgamation of quantitative and qualitative data can be seen in Fig. 6.

4. Discussion

The study aimed to address two main research questions:

1. To what extent are experiential avoidance, alexithymia, and psychological distress correlated when measured using updated assessment tools? Hypotheses as follows:
   a. Participants scoring higher on the Perth Alexithymia Questionnaire (PAQ) will report higher scores on the Depression, Anxiety, and Stress Scale (DASS-21).
   b. Participants scoring higher on the PAQ will score higher on the Brief Experiential Avoidance Questionnaire (BEAQ).
   c. Higher scores on the BEAQ will predict higher scores on the DASS, indicating increased levels of depression, anxiety, and stress.
2. How do the lived experiences of individuals with alexithymia align with, or provide further insight into, these relationship?

A sequential explanatory mixed-methods design was utilised. In the quantitative phase, hypothesis (b) was confirmed as all alexithymia subgroups significantly correlated with experiential avoidance, suggesting a strong link between alexithymia and avoidant coping. This is consistent with prior research indicating that alexithymia may be maintained through the short-term relief offered by avoidance mechanisms, despite the long-term increase in negative experiences (Kashdan et al., 2006; Karekla, Forsyth, & Kelly, 2004). Both alexithymia and experiential avoidance were strong predictors of psychological distress (confirming hypotheses A and C), and supporting previous research on their adverse effects on wellbeing (Berardis et al., 2008; Hayes et al., 1996; Stewart et al., 2002). However, contrary to hypothesis (a), alexithymia did not correlate with anxiety, likely due to the relatively low anxiety levels within the sample, as previous research has linked alexithymia to higher-severity anxiety disorders (Berardis et al., 2008).

Upon further exploration of alexithymia subgroups, EOT showed no relationship with depression, anxiety, or stress, mirroring previous findings (Panayiotou et al., 2015, 2020). ANOVA analyses revealed that EOT was more common in men, prompting a subsequent qualitative investigation. Semi-structured interviews were conducted to explore the relationship between EOT, emotions, and psychological distress in men, revealing several core themes: '*feelings are not important*', '*emotions should be controlled, not felt*', '*emotions are like a foreign language*', and the integrative theme of '*patriarchal pressures*'. These

themes support the notion that EOT is not homogeneous in its mechanisms (Müller, Bühner, & Ellgring, 2003).

Two main explanations emerged for why men with high EOT did not demonstrate elevated psychological distress. First, EOT may serve as a protective factor against psychological distress, as suggested by previous research (Davydov, 2010, 2013; Di Schiena et al., 2011). The EOT facet may minimise emotional involvement through detachment mechanisms (Evren et al., 2012; Lysenko & Davydov, 2011a, 2011b), allowing individuals to focus on valued actions, which could enhance wellbeing during periods of emotional arousal (Ruiz, 2010). In line with Davydov, Luminet, and Zech (2013), this study found that EOT may protect against both negative and positive affect, reflected in the theme '*life is less vibrant*'. While this emotional detachment may resemble anhedonia, this study suggests it may better align with the protective concept of equanimity.

Second, traditional patriarchal pressures may predispose individuals to reject emotional content through avoidant coping. While the idea that alexithymia develops as a defense mechanism is not new (Bailey & Henry, 2007; Bilotta et al., 2016), this study extends this understanding by emphasising the interpersonal context. Specifically, men with high levels of EOT tend to struggle with disclosing emotions ('*feelings are not important*') and focus instead on practical aspects of distress ('*actions speak louder than words*'). These attributes may hinder their ability to accurately respond to mood questionnaires that emphasise emotional affect (e.g., '*I felt downhearted and blue*' from DASS-21), and presents

additional barriers to disclosing psychological distress in therapeutic settings. This may explain why two interview participants scored in the mild and moderate depression ranges yet did not report experiencing current psychological distress.

4.1. Theoretical implications

This study expands on prior quantitative research that identified strong correlations between alexithymia, experiential avoidance, and psychological distress (e.g., Bilotta et al., 2016; Duarte & Pinto-Gouveia, 2017) by: 1) confirming these relationships using updated measures with higher internal consistency, 2) investigating additional elements of psychological distress, such as depression and stress, as recommended by Panayiotou et al. (2015), and 3) investigating found statistical relationships qualitatively.

The study's primary contribution lies in the lack of a relationship between EOT and psychological distress, coupled with the qualitative exploration of men with high EOT. This provides novel insights into the development and lived experiences of alexithymic men. The findings suggest that patriarchal pressures may lead to external action-focused coping and difficulties verbalising emotions. These insights align with Panayiotou, Leonidou, Constantinou, and Michaelides (2020), who found EOT linked to low private self-consciousness, further indicating a focus on external events over internal emotional states.

These findings add to previous research in raising critical questions about barriers to emotional expression for men with EOT. While interview participants recognised that patriarchal pressures contributed to outdated and potentially harmful narratives surrounding emotions and wellbeing, societal shifts encouraging men to express emotions caused them discomfort (as reflected in the theme '*don't wallow in your own self-pity*'). This creates a paradox where individuals recognise the harmful effects of their conditioned response to psychological distress, yet expressing emotions exposes them to uncomfortable internal experiences they have been trained to avoid.

4.2. Clinical applications

Before discussing therapeutic applications, it is important to recognise the barriers to therapy for men with high EOT. These individuals often struggle to verbalise psychological distress, even in therapeutic settings. Their tendency to avoid discussing distress, coupled with an incompatibility with common mood questionnaires (e.g., PHQ-9, GAD-7), can hinder access to therapy services. This is especially problematic in free and low-cost therapy services like the NHS, which rely heavily on self-report mood questionnaires for assessment and triage. These issues raise social justice concerns about equitable access to mental health care.

Regarding therapeutic interventions, the current study sees value in third-wave CBT approaches, particularly Acceptance and Commitment Therapy (ACT) (Hayes, Strosahl, & Wilson, 1999). Unlike traditional CBT, ACT moves away from symptom reduction, which may inadvertently reinforce experiential avoidance and alexithymic traits (Bilotta et al., 2016; Constantinou, Panayiotou, & Theodorou, 2014). By targeting experiential avoidance, ACT may help undermine both psychological distress and alexithymia. Namely, by unhooking men with emotional

avoidance born from traditional masculine values, ACT could reduce their aversion to emotional affect and potentially restore their emotional vibrancy.

4.3. Strengths and limitations

One limitation of this study is its cross-sectional design, which restricts the ability to draw causal conclusions and limits the granularity of the findings. Longitudinal designs, such as Experience Sampling Methodology (ESM), would allow for real-time data collection, providing more robust causal insights into alexithymia's aetiology and lived experience (Maxwell & Cole, 2007).

This study was the first to utilise improved measures of both alexithymia (PAQ; D. Preece et al., 2018) and experiential avoidance (BEAQ; Gámez et al., 2014), both of which demonstrated higher internal consistency and better discrimination between key variables. Additionally, the use of an explanatory sequential mixed-methods design offered novel insights into the lack of correlation between EOT and psychological distress, particularly through the qualitative follow-up.

Although the quantitative sample size was adequate, a larger sample might have more effectively addressed the impact of experiential avoidance on survey completion rates (with 43 out of 211 responses being incomplete). The small qualitative sample ($n = 4$) may have limited the discovery of less common themes or accentuated individual differences. While no significant deviations in themes were noted, it is plausible that the participants' varying ages (three under 30 and one aged 63) could have influenced their experiences of patriarchal socialisation. A larger sample might have revealed more nuanced insights in this area.

Finally, this study's predominantly white, cisgender, heterosexual sample reflects a common bias in alexithymia research (e.g., Venta et al., 2013). Future research should explore alexithymia in more diverse cultural and social contexts, as its development may differ outside Western frameworks. Moreover, further investigation into the EOT subfactor of alexithymia is needed to better understand its role in emotional processing and coping mechanisms. This study highlighted unique characteristics of EOT, but additional research— particularly through qualitative investigations and mixed methods designs—could provide further insights into how this subfactor functions across different populations and psychological contexts.

4.4. Wider applications

The links between alexithymia, experiential avoidance, and psychological distress (e.g., Kashdan et al., 2006; Li et al., 2015) have prompted attempts to moderate these phenomena. Over 40 years ago, researchers like O'Neil (1981a) and later Levant et al. (2006, 2009) developed educational programs targeting young men affected by traditional gender role socialisation. The goal was to raise awareness of societal messages and help individuals navigate and verbalise their emotional states.

At first glance, this style of intervention could be applied to anyone with alexithymia. However, placing sole responsibility on the individual level may be problematic. Researchers like Kirmayer (1987) and Heesacker and Prichard (1992) argue that alexithymia may result from the lack of validation of alternative modes of expression in restrictive, Westernised therapeutic discourses. They suggest that labelling someone as alexithymic involves making cultural judgments about appropriate modes of expression and behaviour (Kirmayer, 1987). Therefore, this research calls for two main actions: 1) implementing preventative interventions that protect younger generations from outdated societal norms, and 2) advancing therapeutic approaches that move beyond verbal emotional expression, recognising that all experiences can serve as metaphors for human distress. This is especially relevant for Counselling Psychologists, whose philosophy is rooted in humanistic psychology, where the pursuit of individual health is prioritised over the identification of pathology (Douglas, Kasket, Strawbridge, & Woolfe, 2016).

To achieve this, it is necessary to acknowledge that certain psychological phenomena (e.g., emotional expression) are shaped by therapeutic discourse, not necessarily an objective reality (e.g., White, 1993). Navigating the tension between traditional therapeutic narratives and inclusive innovation is no small feat, especially in a system where therapeutic governance and standardised theoretical frameworks drive practice. Indeed, bridging the gap between theoretical contemplation and practical application will be a significant endeavour.

Based on these considerations, the following suggestions for integrating reflective deconstruction into clinical practice are offered. Building on the work of Parker (1998, 2014), three uses of therapeutic deconstruction are suggested: 1) in counselling, to explore the narratives surrounding emotional expression and how they shape clients' self-perceptions, 2).

in counselling relationships, to deconstruct societal norms around expression that create power imbalances, and 3) more broadly, to reflect on the role of Western psychology in shaping clinicians' "expert" position in people's distress and how this influences therapeutic narratives. Recognising that the seemingly concrete structures taught in therapy are context-driven and flexible can help promote advocacy for a new social construction of what it means to communicate psychological distress.

CRediT authorship contribution statement

Rebecca O'Sullivan: Writing – review & editing, Writing – original draft, Methodology, Formal analysis, Data curation, Conceptualization. **Jeeda Alhakim:** Writing – review & editing, Supervision, Conceptualization.

Data sharing statement

Data is available upon reasonable request.

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Appendices.

Table 1
Demographic Characteristics of Respondents.

	Percentage of sample (N %)
Gender	
Male	26.0%
Female	72.0%
Non-binary/third gender	.0%
Transgender	.0%
Prefer not to say	2.0%
Sexuality	
Heterosexual	83.3%
Homosexual	2.0%
Bisexual	12.0%
Other (not listed)	1.3%
Prefer not to say	1.3%
Ethnicity	
Asian or Pacific Islander	4.0%
Black or African American	2.7%
Hispanic or Latino	.7%
White or Caucasian	86.0%
Multiracial or Biracial	4.7%
A race or ethnicity not listed here	2.0%
Physical Disability	
Yes	2.7%
No	97.3%
Long Term Health Conditions	
Yes	19.3%
No	79.3%
Prefer not to say	1.3%
Employment Status	
Full time employment	44.7%
Part time employment	17.3%
Unemployed	2.7%
Self employed	10.7%
Student	18.0%
Retired	6.7%
Education	
GCSE's or equivalent	4.0%
A levels or equivalent	16.0%
Bachelor's degree or equivalent	40.7%
Master's degree or equivalent	33.3%
Doctorate or PhD or equivalent	6.0%
Mental health condition	
Yes	24.0%
No	76.0%

Table 2
Main Scores of Interview Participants

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

Table 3
Pearson Correlation Coefficients of Key Variables

Variable	1	2	3	4	5	6	7	8
1. Experiential avoidance	1							
2. Alexithymia	.48**	1						
3. Difficulty identifying feelings	.47**	.88**	1					
4. *Difficulty describing feelings*	.46**	.93**	.82**	1				
5. *Externally oriented thinking*	.32**	.81**	.51**	.62**	1			
6. Psychological distress	.42**	.21**	.37**	.23**	−.0	1		
7. *Depression*	.44**	.22**	.33**	.22**	.05	.92**	1	
8. *Anxiety*	.34**	.15	.31**	.17*	−.0	.89**	.74**	1
9. *Stress*	.35**	.20*	.37**	.23**	−.0	.92**	.76**	.75**

Note. Alexithymia = PAQ; Experiential avoidance = BEAQ; Psychological distress = DAS-21.
**$p < .01$ * $p < .05$.

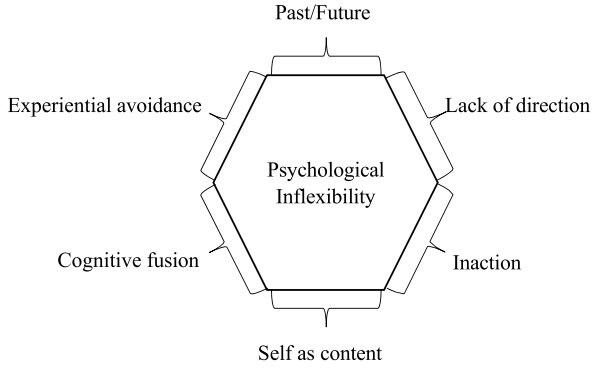

Fig. 1. Dimensions of Psychological Inflexibility.

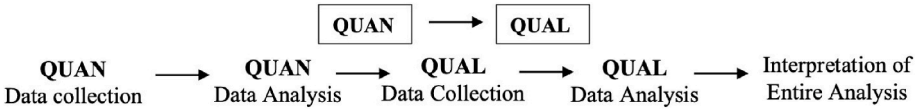

Fig. 2. Diagrammatic Representation of Explanatory Sequential Mixed Methods Design.

Category	Scale and items	Interview questions
Externally oriented thinking	PAQ - I tend to ignore how I feel. - I prefer to just let my feelings happen in the background, rather than focus on them. - I don't pay attention to my emotions - I prefer to focus on things I can actually see or touch, rather than my emotions. - I don't try to be in touch with my emotions - It's not important for me to know how I'm feeling - It's strange for me to think about my emotions	- Some people may refer to 'feelings' or 'emotions', what do these mean to you? - In your questionnaire you scored highly on tending to not focus on your feelings, will you tell me more about your experience of this? o Would you be able to give me an example of a situation when you decided to not concentrate on how you were feeling? (Prompts: thoughts, feelings, behaviours, physical symptoms). o What do you think are the benefits of that? o What do you think are the costs of that? o What is your earliest memory of using this strategy?
Psychological distress	DASS-21 - All items	- How would you define psychological distress? - Will you tell me about your experience of psychological distress? o What would have helped during this time?
Normative male alexithymia		- Reflecting on all that we have spoken about today, do you think any of these topics are related to gender? o Why? / Why not?

Fig. 3. Joint Display Between Scale Items and Interview Questions.

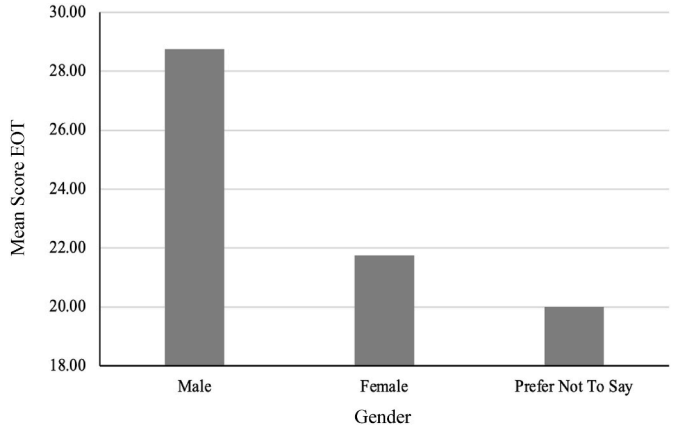

Fig. 4. Mean Levels of Externally Oriented Thinking Compared Between Genders.

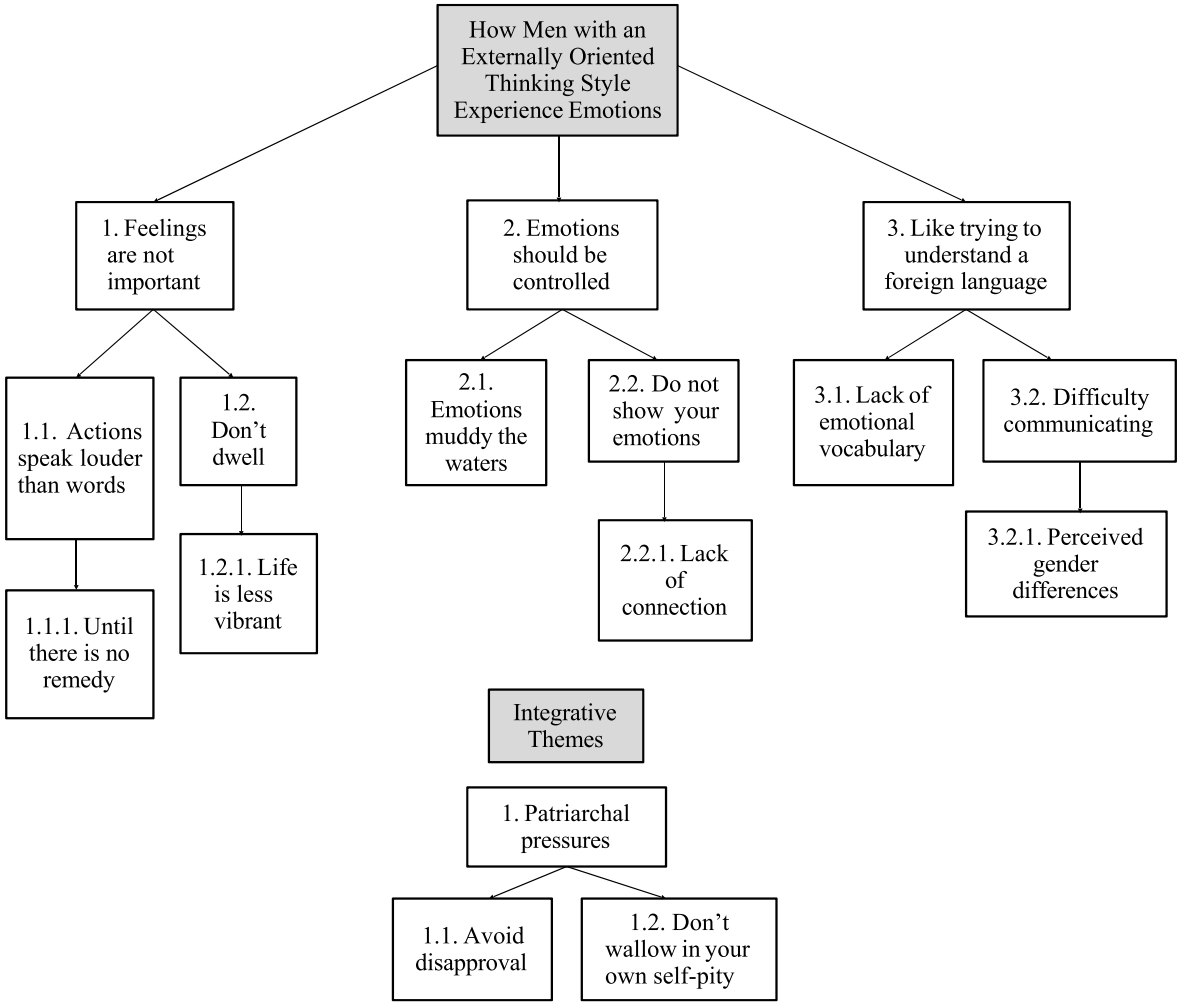

Fig. 5. Theme Map.

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

Fig. 6. Joint Display of Quantitative and Qualitative Results.

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