Role of Emotion Regulation Difficulties in Predicting Mental Health and Well-being
Prachi Saxena, Akanksha Dubey and Rakesh Pandey

The present study reports the relationship of emotion regulation difficulties and alexithymia with mental health and subjective wellbeing of an individual. Two hundred and eighty eight participants (218 males and 70 females) in the age range of 16 to 38 years (Mean age =20.78, SD= 2.95 years) were assessed on a measure of alexithymia, difficulties in emotion regulation, general mental health, and subjective well-being (assessed by Positive Negative Affect Schedule and Satisfaction with Life Scale). The results of the bi-variate correlation analysis revealed that difficulties in understanding and communicating as well as regulating emotions, in general, have a negative influence on health and wellbeing. However, the findings of step-wise multiple regression analysis indicated that some specific types of emotional deficits such as difficulties in identifying feelings, lack of emotional clarity and limited access to emotion regulation strategies were relatively more important in predicting the health status and well-being of an individual as compared to other emotional difficulties. Overall the findings imply that emotion regulation difficulties and alexithymia in general is associated with impaired mental health and lower level of happiness and life satisfaction, i.e., subjective well-being. The observed findings have been discussed in the light of the available empirical evidences.

The role of emotions and emotional experiences in determining the health status of an individual, though, has been focus of psychological inquiry since long the last few decades have witnessed an invigorated interest in this area (see review by Pandey and Choubey, 2010). While emotions can be adaptive in many ways, emotions can also be maladaptive (Amstadter, 2008). For example, researchers have noted that while positive emotional experiences and emotional intelligence have a positive effect on mental health, suppression of emotions, inability or difficulty in understanding and communicating emotions (e.g. alexithymia), disposition to exaggerate emotional experiences may have health impairing effect (Pandey and Choubey, 2010). The functional role of emotions in mental health and subjective well being has been highlighted by several researchers (Quoidbach et al, 2010). The manner in which individuals are able to manage their emotional experiences to confirm adaptively to a given context appears to be important in mental health (Gross 1995), there are various affect related deficits, such as difficulties in understanding, communicating and regulating emotions that may adversely affect the mental health and subjective well being of an individual (Gross and Munoz, 1995; Taylor, 2004). The present paper deals with the role of emotion regulation difficulties and alexithymia in understanding the mental health status and well-being of an individual.

Alexithymia is a cognitive-affective deficit in understanding and communicating emotions and has been conceptualized as a personality trait relating to inabilities or severe reductions in identifying, describing, and communicating feelings; difficulties in differentiating feelings from bodily sensations; and diminished affect-related fantasy (Sher and Grekin, 2007). Initially alexithymia was, though, linked with only psychosomatic disorders; subsequent studies reported its association with a variety of other types of mental health problems (Taylor, 2004), such as depression (Bamonti et al., 2010).

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anxiety disorders (Zeitlin and Mcnally, 1993),
sleep disorders (Lundh and Broman, 2006),
eating disorders (Speranza et al., 2005) and
various interpersonal problems (Vanheule et al,
2007) and has been reported as significant risk
factor for developing mental health problems
(Taylor, 2004).

Another emotion related deficit having some
conceptual overlap but independent of
alexithymia is difficulties in emotion regulation.
Different researchers have defined emotion
regulation in different ways. The present paper
is based on the operational model proposed by
Gratz and Roemer (2004) according to whom
emotion regulation includes (a) awareness and
understanding of emotions, (b) acceptance
of emotions, (c) ability to control impulsive
behaviours and behave in accordance with
desired goals when experiencing negative
emotions, (d) ability to use situational
appropriate emotion regulation strategies
flexibly to modulate emotional responses as
desired in order to meet individual goals and
situational demands.

Difficulties in emotion regulation or emotional
deregulation has been found to be associated
with a number of mental health problems,
such as depression(Gross and Munoz, 1995),
anxiety disorders (Campbell-Sills et al, 2006),
post traumatic stress disorder (McDermott et al,
2009), and social dysfunction (Gross and
Munoz, 1995). Difficulties in emotion regulation
have also been linked with high negative
affect and lower level of positive affect and
satisfaction with life (Quoidbach et al., 2010).
As the preponderance of positive emotional
experiences, relative absence of negative
affect and satisfaction with life are indicator of
subjective well-being, the aforesaid findings
imply that emotion regulation difficulties would
be associated with lower level of subjective
well-being.

From the preceding review it is evident that
ability to understand and communicate
emotions (i.e., lower level of alexithymia)
and enhanced capacity to regulate emotions
is likely to be associated with sound mental
health and higher levels of subjective well
being. Contrary to it, the alexithymic tendency
(i.e., the difficulties in emotional understanding
and communication emotion) and emotion
regulation difficulties may result in a variety of
mental health related problems and reduced
happiness and satisfaction in one’s life. However, a closer review of the aforesaid
empirical evidences bring to fore the fact that
most of the aforementioned studies have
examined only a few aspects of the multifaceted
construct of alexithymia and emotional
deregulation. Thus, it would be interesting and
theoretically meaningful to examine the relative
significance of different aspects of alexithymia
and emotion regulation difficulties in predicting
an individual’s level of mental health and
subjective wellbeing. The present paper makes
an attempt in this direction and examines not
only the relationship of various dimensions of
alexithymia and emotion regulation difficulties
with various aspects of mental health and well-
being but also explores the relative importance
of these affective variables in predicting health
and well-being.

Materials and Methods:
Sample:
Two hundred and eighty-eight individuals (218
males and 70 females) in the age range of 16 to
38 years (Mean age =20.78, SD= 2.95 years)
participated in the present study. The age
range of female participants was 16 to 35 years
(Mean age = 20.60 years, SD = 2.77 years)
whereas that of male participants was 18 to
38 years (Mean age = 21.32 years, SD = 3.41
years). None of the participants reported any
present or prior history of medical or psychiatric
illness in a semi-structured interview conducted
before the administration of the tools for the
present study.

Tools:
The Hindi version of 20 item Toronto Alexithymia
Scale (TAS-20-H)(Pandey, Mandal, Taylor, and
Parker, 1996) was used to assess the level of
alexithymia of the participants. The TAS-20-H consists of 20 items rated on five-point scale of agreement and measures the three dimensions of alexithymia—difficulties in identifying feelings, difficulties in describing feelings, and externally oriented thinking.

Emotion regulation difficulties were assessed using the Hindi adaptation of the Difficulties in Emotion Regulation Scale (DERS)(Pandey et al, 2010). The DERS is a 36 item measure that assesses an individual’s difficulties in regulating emotions across six domains. The Hindi version of the DERS was developed using the contemporary method of translations and back-translation. The initial psychometric evaluation of the Hindi version of DERS (the DERS-H) revealed that the scale is psychometrically sound and reliable and has a factor structure similar to the original DERS (Pandey et al., 2010).

The 28 item version of the General Health Questionnaire (GHQ-28)(Goldberg and Hillier, 1979) was used to assess four dimensions of mental health, viz., somatic complaints, anxiety & insomnia, depression and social dysfunction.

The subjective well-being was gauged by two scales— one measuring positive/negative affect and the other life satisfaction. To assess the level of positive and negative the Hindi version of Positive Affect and Negative Affect Schedule (PANAS; (Pandey and Shrivastava, 2008) was used. It consists of 20 mood related adjectives (10 positive and 10 negative) that assesses two global dimensions of affect: positive and negative (Watson et al, 1988). Respondents are required to mark the level to which these moods were experienced by them during a specified period on a 5-point scale. The Satisfaction with Life Scale (SWLS; Diener, et al (1985) was used to assess the general life satisfaction. It is five item scale rated on 7-point scale.

Procedure:

The participants of the present study were contacted either individually or in small groups consisting of 3 to 4 persons. Before the administration of the questionnaires the participants were briefed about the purpose of the study and their task. After getting the consent of the participants the aforesaid questionnaires were administered as per the standard instructions of each questionnaire. All participants were requested to ensure that they have responded to each items of every questionnaire/scale.

Results:

To ascertain the relationship various affect related deficits (alexithymia and difficulties in regulating emotions) with various domains of mental health and subjective well-being (positive/negative affect and satisfaction with life) bi-variate correlation coefficients were computed. The obtained results have been displayed in Table 1. It is evident from the Table-1 that two dimensions of alexithymia (difficulties in identifying feelings and difficulties in describing feelings) are correlated significantly with all the dimensions of mental health and well-being. Further, the direction of correlation is positive will all the dimensions of mental health and well-being except positive affect and life satisfaction. However, the third dimension of alexithymia, externally oriented thinking (EOT), showed significant correlations with some dimensions but not with others. For example, it failed to correlate significantly with somatic complaints, anxiety, negative affect and life satisfaction. Here it is important to mention that higher score on various dimensions of GHQ indicate greater mental health complaints. Thus, the observed pattern of correlation suggests that the affective domain of alexithymia (difficulty in identifying and describing feelings) have significant and negative influence on all the dimensions of mental health and well-being whereas the cognitive component of alexithymia is associated with selected aspects of mental health such as social dysfunction, depression and reduced positive emotional experiences.
A similar pattern of correlations was also obtained between various dimensions of difficulties in regulating emotions one hand and mental health and subjective well being on the other (Table-2). All the dimensions of difficulties in emotion regulation except lack of emotional awareness correlated significantly with all dimensions of mental health and subjective well being. The lack of emotional awareness correlated significant with only one dimension of mental health and well being respectively, i.e., social dysfunction and positive affect.

### Table 1
**Correlations of Various Dimensions of Alexithymia with Dimensions of Mental Health & Well Being**

<table>
<thead>
<tr>
<th></th>
<th>Difficulties in identifying feelings</th>
<th>Difficulties in describing feelings</th>
<th>Externally oriented thinking</th>
<th>Alexithymia total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Somatic complains</td>
<td>0.386**</td>
<td>0.350**</td>
<td>0.087</td>
<td>0.373**</td>
</tr>
<tr>
<td>Anxiety &amp; Insomnia</td>
<td>0.456**</td>
<td>0.385**</td>
<td>0.082</td>
<td>0.423**</td>
</tr>
<tr>
<td>Social Dysfunction</td>
<td>0.271**</td>
<td>0.276**</td>
<td>0.149*</td>
<td>0.311**</td>
</tr>
<tr>
<td>Depression</td>
<td>0.430**</td>
<td>0.330**</td>
<td>0.139*</td>
<td>0.412**</td>
</tr>
<tr>
<td>GHQ total</td>
<td>0.498**</td>
<td>0.427**</td>
<td>0.140*</td>
<td>0.485**</td>
</tr>
<tr>
<td>Positive Affect</td>
<td>-0.241**</td>
<td>-0.220**</td>
<td>-0.154**</td>
<td>-0.272**</td>
</tr>
<tr>
<td>Negative Affect</td>
<td>0.463**</td>
<td>0.311**</td>
<td>0.129</td>
<td>0.425**</td>
</tr>
<tr>
<td>Life satisfaction</td>
<td>-0.155**</td>
<td>-0.155**</td>
<td>-0.007</td>
<td>-0.147*</td>
</tr>
</tbody>
</table>

This pattern of findings suggests that various types of difficulties in regulating one's emotion negatively influence the mental health and subjective well-being of an individual. Although the findings of correlations are encouraging and show that alexithymia and difficulties in emotion regulation are related to mental health and subjective well being, it does not show...
the relative significance of various domains of alexithymia and emotion regulation difficulties in predicting mental health problems and well-being. Thus, to address this objective, a series of stepwise multiple regression analyses was conducted using various dimensions of alexithymia as predictor variables and various dimensions of mental health and subjective well-being as criterion. The obtained results have been summarized in Table 3 and 4. The results of stepwise regression analysis using various dimensions of alexithymia as predictor and dimensions of health and well-being as criterion (Table-3) revealed that difficulties in identifying feelings emerged as the best predictor of all dimensions of mental health and subjective wellbeing except social dysfunction and satisfaction with life, explaining a total variance of approximately 5% to 22% of the various domains of health. Difficulties in describing feelings were the single best predictor of social dysfunction and negative affect and for some other dimensions of health the second best predictor (e.g., somatic complaints and anxiety). This pattern of findings suggests that the mental health status and well-being of an individual can be best predicted by the affective component of alexithymia, particularly

Table 3

Results of Step wise Multiple Regression Analysis using Dimensions of Alexithymia as Predictor Variables and Dimensions of Mental Health & Well Being as Criterion

<table>
<thead>
<tr>
<th>Predictors</th>
<th>R</th>
<th>R²</th>
<th>R² change</th>
<th>F change</th>
<th>Sig of F change</th>
<th>Beta</th>
<th>t</th>
<th>sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependent Variable : Somatic Complains</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulties in identifying feelings</td>
<td>.386</td>
<td>.149</td>
<td>.149</td>
<td>49.336</td>
<td>.000</td>
<td>0.274</td>
<td>3.981</td>
<td>.000</td>
</tr>
<tr>
<td>Difficulties in identifying feelings</td>
<td>.412</td>
<td>.169</td>
<td>.021</td>
<td>6.951</td>
<td>.009</td>
<td>0.182</td>
<td>2.637</td>
<td>.009</td>
</tr>
<tr>
<td>Dependent Variable: Anxiety &amp; Insomnia</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Difficulties in identifying feelings</td>
<td>.456</td>
<td>.208</td>
<td>.021</td>
<td>73.860</td>
<td>.000</td>
<td>0.351</td>
<td>5.282</td>
<td>.000</td>
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<tr>
<td>Difficulties in describing feelings</td>
<td>.475</td>
<td>.225</td>
<td>.018</td>
<td>6.496</td>
<td>.011</td>
<td>0.170</td>
<td>2.549</td>
<td>.110</td>
</tr>
<tr>
<td>Dependent Variable: Social Dysfunction</td>
<td></td>
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</tr>
<tr>
<td>Difficulties in describing feelings</td>
<td>.276</td>
<td>.076</td>
<td>.076</td>
<td>23.176</td>
<td>.000</td>
<td>0.175</td>
<td>2.432</td>
<td>.160</td>
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<tr>
<td>Difficulties in identifying feelings</td>
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<td>.093</td>
<td>.017</td>
<td>5.159</td>
<td>.024</td>
<td>0.164</td>
<td>2.271</td>
<td>.240</td>
</tr>
<tr>
<td>Dependent Variable: Depression</td>
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</tr>
<tr>
<td>Difficulties in identifying feelings</td>
<td>.430</td>
<td>.185</td>
<td>.185</td>
<td>63.916</td>
<td>.000</td>
<td>0.430</td>
<td>7.995</td>
<td>.000</td>
</tr>
<tr>
<td>Dependent Variable: Positive Affect</td>
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<td></td>
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</tr>
<tr>
<td>Difficulties in identifying feelings</td>
<td>.241</td>
<td>.058</td>
<td>.058</td>
<td>17.284</td>
<td>.000</td>
<td>-0.241</td>
<td>-4.157</td>
<td>.000</td>
</tr>
<tr>
<td>Dependent Variable: Negative Affect</td>
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<td></td>
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<td></td>
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<td></td>
<td></td>
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<tr>
<td>Difficulties in identifying feelings</td>
<td>.463</td>
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<td>.215</td>
<td>76.852</td>
<td>.000</td>
<td>0.463</td>
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<td>Dependent Variable: Satisfaction With Life Scale</td>
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<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Difficulties in describing feeling</td>
<td>.155</td>
<td>.024</td>
<td>.024</td>
<td>6.917</td>
<td>.009</td>
<td>-0.155</td>
<td>-2.630</td>
<td>.009</td>
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</table>
by difficulties in identifying feelings. Thus, it is evident that difficulty in identify feelings or being unable to understand feelings is the main deficit associated with various mental health symptoms and an inadequate level of subjective wellbeing.

Table 4

Results of step wise Multiple Regression Analysis using Dimensions of Emotion Regulation as Predictor Variables and various Dimensions of Mental Health and well being as Criterion

<table>
<thead>
<tr>
<th>Predictors</th>
<th>R</th>
<th>R²</th>
<th>R² change</th>
<th>F change</th>
<th>Sig of F change</th>
<th>Beta</th>
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<th>sig</th>
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</thead>
<tbody>
<tr>
<td><strong>Dependent Variable: Somatic Complains</strong></td>
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<td></td>
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<tr>
<td>Lack of Emotional Clarity</td>
<td>.344</td>
<td>.118</td>
<td>.118</td>
<td>38.310</td>
<td>.000</td>
<td>.261</td>
<td>4.294</td>
<td>.000</td>
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<tr>
<td>Difficulty in engaging in goal directed behaviour</td>
<td>.396</td>
<td>.157</td>
<td>.039</td>
<td>13.021</td>
<td>.000</td>
<td>.136</td>
<td>2.166</td>
<td>.031</td>
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<tr>
<td>Limited access to emotion regulation strategies</td>
<td>.410</td>
<td>.168</td>
<td>.012</td>
<td>3.954</td>
<td>.048</td>
<td>.139</td>
<td>1.988</td>
<td>.048</td>
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<tr>
<td>Limited access to emotion regulation strategies</td>
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<td>.209</td>
<td>.020</td>
<td>75.563</td>
<td>.000</td>
<td>.234</td>
<td>3.449</td>
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<td>.041</td>
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<td>.215</td>
<td>3.225</td>
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</tbody>
</table>
A similar set of step wise multiple regression analysis was conducted using dimensions of difficulties in regulating emotions as predictors and various dimensions of mental health and well being as criterion. The findings are reported in Table 4. The findings revealed that lack of emotional clarity emerged as the best predictor of somatic complaints, social dysfunction and positive affect whereas limited access to emotion regulation strategies emerged as the best predictor of anxiety and insomnia, depression and negative affect. Limited access to emotion regulation strategies also emerged as the second best predictor of satisfaction with life that was best predicted by difficulties engaging in goal directed behaviour. Other dimensions of emotion regulation difficulties that were found to be the significant predictors included difficulties engaging in goal directed behaviour and non acceptance of emotional responses. These findings suggest that, though, various dimensions of emotion regulation difficulties are associated with one’s mental health and well-being (as indicated by bi-variate correlation), only a few of them are relatively more important for understanding the health status of an individual. Overall, the findings suggest that individuals who are not clear about their emotional experiences and do not have adequate skills to regulate their emotions are more prone to have mental health problems and lower level of subjective well being.

Taken together, the findings of the present study suggest that the affective component of alexithymia (particularly difficulty in identifying feelings) and certain specific types of emotion regulation difficulties such as lack of emotional clarity, limited access to emotion regulation strategies, difficulties engaging in goal directed behaviour and non acceptance of emotional responses are relatively more detrimental to one’s mental health and subjective well-being as compared to other domains of alexithymia and emotion regulation difficulties.

Discussion:

The findings of the present study empirically support the notion that difficulties in understanding, communicating and regulating emotions are related to the mental health and subjective well being of an individual. However, certain specific types of emotional deficits such as difficulties in identifying and describing feelings lack of emotional clarity, limited access to emotion regulation strategies, difficulties engaging in goal directed behaviour and non acceptance of emotional responses are relatively more detrimental to one’s mental health and subjective well-being as compared to other types of emotional difficulties.

The finding that individuals with higher level of difficulties in identifying and describing feelings is related to various mental health problems such as depression, anxiety, insomnia, somatic complains, social dysfunction is supported by a number of earlier studies. For example, in a recent study the depressive symptom severity was found to be strongly associated with alexithymia particularly with the two dimensions –difficulty in identifying feelings and difficulty in describing feelings (Bamonti et al., 2010). Similarly, difficulties in identifying and describing feelings has been found to be related to high negative affect and lower level of positive affect and subjective well being (Yelsma, 2007). Lundh and Broman (2006) have argued that the difficultly in identifying feelings and difficulty in describing feelings index alexithymia via the person’s self assessment of his or her abilities, which is likely to be influenced by positive and negative affect. The externally oriented thinking, on the other hand, indexes alexithymia more indirectly, by asking for aspects of people’s experience (awareness of external facts vs. internal experiences) and therefore is less likely to emerge as a predictor of the positive/negative effect.

The findings of the present study that lack of emotional clarity and limited access to emotion regulation strategies play a more significant role in predicting mental health problems and subjective well being of an individual is supported by some indirect empirical evidences. For example, studies report that patients with panic attack show reduced emotional clarity and difficulty to distinguish between bodily sensations and emotional states, resulting in internal states being
perceived as ambiguous and unpredictable. Similarly, in a recent Meta analytic review Aldao and associates (2010) have noted that various types of psychopathology and mental health problems can be viewed as a result of limited access to emotion regulation strategies. Depressive individuals have been found to use dysfunctional strategies such as rumination and catastrophising and less frequently use positive strategies in regulating their emotions (McMurrich and Johnson, 2008) and as a result experience heightened intensity and duration of negative emotions (Liverant et al, 2008).

To sum up, the findings of the current study adds to the existing literature demonstrating the role of specific types of emotional deficits such as difficulties in understanding, communicating and regulating emotions in determining the mental health and subjective well being of an individual.

References:


