THE RELATIONSHIP OF ALEXITHYMIA WITH STRESS, ANXIETY, DEPRESSION AND ADJUSTMENT: A STUDY AMONG KERALITE EXPATS IN MIDDLE EAST

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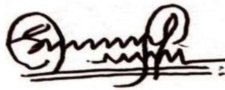
2025

DECLARATION

I hereby declare that the thesis entitled **"The Relationship of Alexithymia with Stress, Anxiety, Depression and Adjustment: A Study Among Keralite Expats in Middle East"** has been prepared and submitted by me under the guidance of **Dr Sunita Dhenwal**, Assistant Professor, Department of Psychology, Lovely Professional University, Phagwara, Punjab as per the requirement for the award of the degree of **Doctor of Philosophy (Ph.D.)** in **Psychology** is entirely my original work and ideas and references are duly acknowledged. It does not contain any work that has been submitted for the award of any other degree or diploma of any other university/institution.



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CERTIFICATE

This is to certify that the work reported in the Ph. D. thesis entitled "**The Relationship of Alexithymia with Stress, Anxiety, Depression and Adjustment: A Study Among Keralite Expats in Middle East**" submitted in fulfillment of the requirement for the award of degree of **Doctor of Philosophy (Ph.D.)** in **Psychology**, is a research work carried out by Swaliha Backer, Registration No.42000415, is bonafide record of her original work carried out under my supervision and that no part of thesis has been submitted for any other degree, diploma or equivalent course

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Abstract

Purpose: The phenomenon of expatriation has become increasingly common due to globalization, with individuals relocating to foreign countries for work, education, or personal reasons. This transition, while offering opportunities for personal and professional growth, also poses significant psychological challenges. For expatriates, especially those from culturally distinct regions like Kerala, adapting to new environments can lead to emotional and psychological stressors. Alexithymia, stress, anxiety, and depression are common mental health issues that can impair an expatriate's ability to adjust successfully to a foreign culture. Understanding the relationships between these psychological constructs is crucial in identifying the mental health risks faced by expatriates and providing evidence-based interventions. Therefore, this research is timely and relevant as it seeks to explore these interconnected variables among Kerala expatriates in the Middle.

Furthermore, nothing is known about the psychological health of Keralite Expats, especially when it comes to alexithymia and how it affects stress, anxiety, depression, and adjustment. This study intends to close that knowledge gap and add to the expanding corpus of research on expatriate mental health by examining these factors in an organised and methodical way. The study's conclusions have applications as they help educate employers, govts, and mental health specialists about the unique difficulties experienced by Expats. With targeted mental health interventions, support programs, and culturally sensitive approaches, the mental well-being of expatriates can be improved, ultimately leading to healthier adjustment, improved quality of life, enhanced work productivity, and more sustainable expatriate engagement within host societies.

Methods: A cross-sectional, non-experimental study, involving 300 Keralite expats selected through purposive sampling method, considering specific inclusive and exclusive criteria. Data were collected using standardized self-report questionnaires, including the Toronto Alexithymia Scale (TAS-20), Perceived Stress Scale (PSS-10), State-Trait

Anxiety Inventory (STAI), Beck Depression Inventory (BDI-II) and Bell Adjustment Inventory personal and professional outcomes for individuals living abroad

Results: The study focused on the relationship of Alexithymia with the given psychological traits Stress, Anxiety, Depression and Adjustment and examines gender differences, revealing significant disparities in these psychological factors. Significant relationships were found between Alexithymia and various psychological factors, with gender playing a crucial role in influencing the levels of these variables. Highlighting the importance of addressing emotional regulation difficulties among expatriates. The results provide valuable insights into the psychological well-being of Kerala expats in the Middle East, underscoring the need for targeted interventions to support this community.

Stress, Anxiety, Depression, and Adjustment emerged as significant predictors of Alexithymia in this context. Among these, adjustment demonstrated the most substantial association followed in decreasing strength by stress, anxiety, and depression This pattern suggests that although Anxiety and Depression are individually significant, their predictive power is likely moderated by the stronger influence of Adjustment. The findings emphasize the value of interventions aimed at improving adaptive coping skills and reducing stress levels as a way to effectively manage alexithymia, with potential positive ripple effects on symptoms of anxiety and depression.

The research has shed light on the frequency and connections of these psychological characteristics among Expats. Alexithymia is less common among expatriates, with 28.33% of expats having it. Although the likelihood of having alexithymia characteristic is about the same as that of those who have been diagnosed with the condition, which is 27.67%, these individuals need further clinical monitoring and assistance to improve their mental health. Nonetheless, alexithymia and other psychological variables including stress, anxiety, depression, and adjustment were shown to have substantial positive associations based on correlation.

Results also show 51.67% of reports feel stress, 52.67% struggle with anxiety, and 7.33% suffer from depression. Additionally, 83.67% demonstrated good adjustment, while 16.33% show Maladjusted, The findings underscore the intricacy of expatriate experiences regarding stress, anxiety, and depression. Although there were no visible differences between the percentages of expats who experienced stress and anxiety and those who did not, significant majority of expats do not experience stress and anxiety. Significant connections were found between these factors and adjustment. In addition, it was shown that while depression was less common affecting just 7.33% of the population it still showed a significant negative correlation with adjustment. These results highlight the need of focused treatments that tackle the emotional and psychological difficulties faced by Expats.

Some significant differences were found when the variables were compared by gender. While there were no discernible gender differences in stress, anxiety, depression, or adjustment, female Expats were found to have greater levels of alexithymia than their male counterparts. This suggests that both genders have comparable degrees of other psychological problems, even if emotional control issues may be more severe in female Expats. These findings highlight the need for gender-sensitive mental health care strategies that address emotional regulation issues, especially for female Expats.

The research demonstrates the interconnectivity of Alexithymia with Expats' emotional regulation issues, stress, anxiety, depression, and adjustment difficulty. Expats who exhibit higher levels of alexithymia are more likely to experience psychological distress.

Implications: The study's conclusions have important effect for Expats' mental health and general wellbeing, especially for Keralites living in the Middle East. Alexithymia, stress, anxiety, depression, and adjustment are strongly correlated, indicating that Expats have significant emotional and psychological difficulties as they adjust to a new environment. Those who score higher on alexithymia exhibit worse adjustment in a variety of areas, including social, emotional, occupational, and home adjustment. This suggests that alexithymia is a significant component influencing emotional regulation. This suggests that

programs designed to enhance emotional intelligence, and expressiveness may be essential in assisting Expats with their adjustment and general welfare. The need of comprehensive mental health treatments for Expats is further highlighted by the noteworthy associations discovered between stress, anxiety, depression, and adjustment. Given the high frequency of Anxiety and stress, mental health providers have to think about providing counselling services, coping mechanisms, and stress management programs to help Expatiates. To lessen the psychological strain on Expats and provide a friendly atmosphere that makes it easier for them to acclimatise to their new setting, Middle East employers should also introduce workplace wellness initiatives.

The results also imply that alexithymia experiences varied by gender, with female Expats exhibiting greater levels of the condition than their male counterparts. Given that male and female Expats may have distinct difficulties with emotional regulation and adaption, this emphasises the need of creating gender-sensitive mental health treatments. Programs for mental health might be more successful and provide better results for both male and female Expats if they are designed to take these variations into account. Policies that encourage access to mental health treatments should be considered by governments and other Organisations.

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CHAPTER 1
INTRODUCTION

“The Relationship of Alexithymia with Stress, Anxiety, Depression and Adjustment: A Study Among Keralite Expats in Middle East”

Chapter 1

Introduction

1.1 Overview.

In the age of global mobility, migration has been a common socio - economic phenomenon, and it continue to integral part of many economies and family around the world. Millions of people move to different countries for their betterment, 3.6% of the world’s population are international migrants it come to 281 million. India is the largest source of international migrants with 17.79 %, majority to middle east countries, 8.7 million Indian are in Gulf Countries (UN - IOM World Migration Report 2024, MEA India, annual Report 2023).

Kerala is the state with high number of international migrants with 2.2 million, over 80% of Keralite Expats are in middle east countries. These expatriates contribute significantly to Kerala's economy through remittances, and they have key driver role in the socio - economic structure of the state (Rajan & Narayana, 2010). Migration often involves major adjustments that can affect physical, emotional, and mental well - being (Bhugra & Becker, 2005). While moving abroad offers economic benefits, it also creates significant psychological stressors such as social isolation, anxiety, depression, and difficulties in cultural adjustment (Ward et al., 2001).

According to Kerala migration Surveys 90% of Kerala migrants leaves for gulf countries for temporary contract employment, as they are not providing citizenship all of them must return to Kerala once their contract expires (Zachariah KC., Rajan S. Irudaya,

2019). Only 4.4% of returnees are accomplishing their goal of migration, while 95.6% do not, majority of them are with job loss which is 18.4%, 12.1 % are coming for retirement, illness, accident and other socio psychological factors are the reasons of repatriation (Kerala Migration Survey 2023)

While migration offers lucrative financial rewards, it also presents several psychological and social challenges. Migrants are often separated from their families, experience significant cultural differences, and face stressful working conditions, all of which can lead to adverse emotional and mental health result (Bhugra, 2004). Mental health problems such as stress, anxiety, and depression are common among expatriates, who must navigate unfamiliar environments while managing work pressures and personal responsibilities (Ward et al., 2001). Furthermore, adjustment difficulties to new cultural and social environments can exacerbate psychological distress, leading to a diminished quality of life (Berry, 1997).

International migration brings profound changes to individuals' lives and can have a considerable impact on their psychological well-being. According to the WHO, migrants are exposed to various hardships, which can lead to heightened vulnerability to mental-health concerns, including anxiety, depression, and post-traumatic stress. The level of risk differs across individuals depending on their personal background, gender, age, and the circumstances surrounding their migration. After relocation, expatriates often confront another layer of challenges that can intensify existing stress. Separation from familiar social networks, difficulties in forming new connections, limited language proficiency, and unstable employment or financial strain can all contribute to emotional distress. Experiences of discrimination, cultural differences, and fears related to documentation or legal status add further pressure. Adjusting to new systems of healthcare, education, housing, and social norms requires significant effort, and when these adjustments are difficult, mental-health concerns may become more pronounced. (GEHM, WHO-2023)

Accessing mental-health support can also be difficult for many expatriates. Barriers such as a lack of culturally responsive services, limited translation or interpretation support,

financial difficulties, and stigma surrounding mental illness often discourage individuals from seeking help. As a result, many migrants' mental-health needs remain unmet. Understanding these interrelated factors is essential for developing effective strategies, policies, and interventions that can strengthen the psychological resilience of expatriates and promote their overall mental well-being.

In addition to these individual and situational challenges, broader social determinants play a crucial role in shaping the mental-health outcomes of expatriates. Factors such as socioeconomic status, access to basic necessities, community support, and the inclusiveness of the host society strongly influence psychological well-being. When these determinants are unfavorable such as living in overcrowded housing, facing employment restrictions, or lacking social protection expatriates may experience chronic stress and a diminished sense of security. Conversely, supportive environments, opportunities for social participation, and policies that safeguard migrants' rights can significantly reduce psychological distress and promote a smoother adaptation process.

Moreover, cultural differences and the process of navigating a new identity also contribute to the mental-health experiences of expatriates. Adapting to new cultural norms, values, and expectations can create internal conflicts, particularly for those who must balance their heritage with pressures to assimilate. This cultural negotiation can affect self-esteem, belongingness, and emotional stability. For many, developing a bicultural identity becomes essential for healthy adjustment. Therefore, promoting cultural sensitivity, facilitating intercultural dialogue, and creating supportive community spaces are critical components in enhancing the mental well-being of expatriate populations.

Alexithymia is a one among psychological problem which is related to emotion. In 1973, Peter Sifneos was originally introduced the concept, to describe patients who exhibited difficulty in identifying and verbalizing emotions (Sifneos, 1973). The construct is characterized by the components: difficulty identifying emotions in oneself and others, difficulty describing emotions to others, an externally oriented thinking style, and a limited imaginative capacity, often resulting in reduced emotional awareness and introspection

(Taylor et al., 1997). Individuals with alexithymia are often described as being emotionally "flat" or detached, and they may struggle with understanding the emotions of others, leading to interpersonal difficulties.

Numerous studies have examined the connection of alexithymia and psychological disorders. Alexithymia, particularly the difficulty in identifying feelings, is associated with a broad range of psychiatric symptoms. (Grabe, H.J et al 2004) Moreover, maladaptive coping mechanisms including emotional suppression and avoidance have been connected to alexithymia, which can further amplify mental health problems (Lumley et al., 2007). The inability to identify and express emotions often results in a buildup of unprocessed emotional tension, which manifests in physical and psychological symptoms. Within the expatriate population, the demands of cultural adjustment, language barriers, and occupational stress create a particularly challenging environment for emotional regulation. For individuals with alexithymia, the absence of effective emotional processing mechanisms can heighten their risk of experiencing severe psychological distress (Sam & Berry, 2010). The Keralite expatriate community, with its unique socio - cultural characteristics, provides a compelling case for exploring how alexithymia interacts with migration - related stressors.

Within this context, the construct of alexithymia has emerged as an important variable in understanding expatriate mental health. Alexithymia refers to a condition where individuals have difficulty recognizing, expressing, and regulating emotions (Taylor et al., 1997). People with alexithymia may experience challenges in identifying their own emotional states or describe these emotions to others, often leading to poorer interpersonal relationships and an increased vulnerability to mental health issues (Bagby et al., 2014)., but its specific role in the expatriate experience - especially among culturally distinct groups like Keralites - remains underexplored. An emerging area of interest in psychology is the concept of alexithymia, a personality construct characterized by difficulties in identifying, understanding, and describing emotions (Taylor et al., 1997). Alexithymia has gained significant importance recently, due to its potential role as a risk factor for various

medical conditions, increased risk of mortality in various pathologies (Baiardini et al., 2011). Alexithymic individuals experienced significantly greater emotion regulation difficulties compared with non - alexithymics (Pandey et al., 2011)., Numerous mental health conditions, such as anxiety, depression, and psychosomatic symptoms, have been linked to alexithymia (Mattila et al., 2006)., The Middle Eastern expatriate environment presents unique stressors - such as a disconnection from one's homeland, workplace pressures, and cultural differences - that may exacerbate the effects of alexithymia on psychological well - being (Sam & Berry, 2010).

Kerala, often referred to as "God's Own Country," has a long history of migration, with Gulf migration being an integral part of its socio - economic landscape (Zachariah & Rajan, 2004). Historically, migration to the Gulf began in earnest after 1970s the oil surge, which saw an increase in demand and need for labour in the Middle East countries. Today, remittances from Keralite expatriates in the Gulf account for a substantial portion of Kerala's economy, supporting not only individual families but also contributing to the state's overall development (Rajan & Narayana, 2010).

However, migration to the Middle East is not without challenges. The Gulf region has been known for its strict labour laws, cultural restrictions, and a work environment that is often characterized by long working hours, limited worker rights, and high job insecurity, especially for expatriates employed in blue - collar jobs (Rajan, 2003). Keralite expatriates are often employed in sectors such as construction, domestic work, healthcare, and hospitality, where the demands of the job can be physically and emotionally draining. Moreover, the temporary nature of the expatriate status - with many expatriates having to leave after their work contracts expire - creates a sense of instability and disconnection from both their host country and their home (Osella & Osella, 2000).

In such a context, it becomes crucial to investigate the mental health issues faced by Keralite expatriates. Alexithymia, with its associated emotional regulation difficulties, may play a significant role in how Keralites cope with the stressors of expatriate life. The inability to identify and express emotions could potentially exacerbate feelings of isolation,

depression, and anxiety, making it more difficult for individuals to adapt to their new environments. Moreover, the collective social identity of Keralites, which is deeply rooted in their familial and cultural ties, may further complicate the adjustment process when these ties are disrupted by migration (Rajan & Zachariah, 2011).

Migration often involves an intense period of adjustment in which individuals must cope with the demands of a foreign cultural environment, often without the support systems that exist in their home countries. For Keralite expatriates, the adjustment process in the Middle East involves adapting to a vastly different cultural, religious, and socio - political context, which can be particularly challenging given the often hierarchical and restrictive nature of employment in the region, in all sectors. Alexithymia may have a significant role in these expatriates to navigate their emotional experiences and adapt to the challenges of expatriate life.

This study aims to explore the relationship between alexithymia and mental distress, such as stress, anxiety, and depression - while also examining how alexithymia impacts the overall adjustment process among Keralite expatriates in the Middle East. Understanding these relationships will provide insights into the emotional regulation challenges faced by this expatriate group and suggest potential strategies and interventions for enhancing mental health and well - being.

1.2 Relevance of Psychological Constructs in the Context of the Study

Psychological constructs such as Alexithymia, stress, anxiety, depression, and adjustment are central to understanding the emotional and psychological challenges individuals face, particularly in environments that require significant adaptation. These constructs provide a framework for assessing emotional regulation, mental health, and the capacity to cope with external stressors. In the context of the study, the relationship of alexithymia and its interrelationship among these constructs sheds light on the mental health challenges faced by individuals, especially in demanding environments such as migration or cultural adaptation.

1.2.1 Alexithymia

Alexithymia, defined as the inability to identify and describe emotions, plays a critical role in emotional regulation and mental health outcomes. Individuals with Alexithymia frequently face difficulties with emotional awareness, which impairs their ability to manage emotions effectively (Taylor et al., 1997). This lack of emotional processing may increase vulnerability to mental health issues, particularly under stressful conditions. Alexithymia is associated with a higher risk of depression anxiety, and maladaptive coping strategies (Mattila et al., 2008). In this study, Alexithymia is relevant because individuals who experience difficulties in emotional regulation are likely to face heightened psychological challenges, particularly in stressful environments like migration or cultural displacement.

1.2.2 Stress

Stress refers to the psychological and physiological response to perceived threats or demands that surpass one's ability to cope (Lazarus & Folkman, 1984). In environments that require adaptation, such as expatriate or migrant contexts, individuals often experience acculturative stress resulting from the challenges of adjusting to a new culture and social norms (Berry, 1997). Chronic stress can lead to adverse psychological outcomes, including depression and anxiety (McEwen, 1998). Understanding stress in the context of the study is essential, as it helps explain how external pressures influence emotional regulation and mental health. Stress can exacerbate emotional dysregulation in individuals with Alexithymia, further complicating their adjustment to new environments.

1.2.3 Anxiety

Anxiety is characterized by excessive worry, fear, and physiological responses to perceived threats (Spielberger, 1983). Anxiety often arises in unfamiliar or unpredictable situations, making it highly relevant in contexts of migration or adaptation, where uncertainty is prevalent. Individuals with Alexithymia are more prone to anxiety because they lack the emotional clarity needed to manage their emotional responses effectively (Lumley et al., 2007). Anxiety, in turn, can affect how individuals cope with stress and

interact with their environment, further complicating the adjustment process. In this study, examining anxiety helps to assess the emotional and mental health challenges faced by individuals struggling to adapt to new and potentially stressful situations.

1.2.4 Depression

According to Gale Encyclopedia of Psychology, "Depression is an emotional state or mood characterized by one or more of these symptoms: sad mood, low energy, poor concentration, sleep or appetite changes, feelings of worthlessness or hopelessness, and thoughts of suicide". Research has shown that individuals with Alexithymia are more likely to experience depression, as their difficulties with emotional processing can lead to emotional suppression, withdrawal, and isolation (Honkalampi et al., 2000). In environments where stress levels are high, such as during the process of cultural adaptation or migration, the risk of depression may be exacerbated. Depression can also hinder the ability to adjust individual's surroundings, affecting their emotional, social, and occupational functioning. By understanding depression in this study, we gain insights into how emotional regulation difficulties and external stressors contribute to negative mental health outcomes.

1.2.5 Adjustment

The process of adjusting to new situations, environments, obstacles, or settings is referred to as adjustment. In psychological terms, successful adjustment implies that an individual can cope with these challenges in a way that minimizes distress and maintains overall well-being (Black & Mendenhall, 1991). For individuals with Alexithymia, poor emotional regulation can hinder successful adjustment, particularly when they are faced with new social or cultural expectations. Theories of adjustment, such as the U - curve model of adaptation, suggest that individuals undergo a series of emotional phases as they adjust to new environments, including initial excitement, culture shock, and eventual adaptation (Lysgaard, 1955). In the context of this study, adjustment is a key construct for understanding how individuals cope with stressful environments and emotional challenges, particularly when emotional regulation difficulties are present.

1.3 Historical Overview of Emotion Theories

Theories of emotion have evolved significantly over time, reflecting advances in psychology, neuroscience, and philosophy. Understanding how emotions are conceptualized is crucial for various areas of psychological research, including emotional regulation, mental health, and behavioural responses. The historical development of emotion theories showcases a variety of perspectives, from early physiological explanations to more complex cognitive and social models. Below is an outline of key emotion theories that have shaped the field.

1.3.1 Darwin 's Evolutionary Theory of Emotion (1872)

Charles Darwin suggests that emotions have evolved as adaptive responses to environmental challenges. In his 1872 book, "The Expression of the Emotions in Man and Animals", Darwin argued that emotions are biologically ingrained and serve survival functions. For instance, fear helps individuals avoid danger, while love and attachment promote bonding and cooperation (Darwin, 1872).

Darwin's work laid the foundation for understanding emotions as evolved, adaptive mechanisms that enhance an organism's chances of survival. This evolutionary perspective has been influential in modern emotion research, particularly in areas related to the universality of emotions and their biological basis (Plutchik, 1980).

1.3.2 James - Lange Theory of Emotion (1884 - 1885)

The James - Lange Theory was one of the earliest formal theories of emotion, it was proposed in 1980s by American psychologist William James and Danish physiologist Carl Lange. It suggests that emotions occur due to physiological changes in the body in response to stimulus. According to this model, individuals first experience bodily reactions like, increased heart rate or sweating and then interpret these bodily changes as specific emotions (James, 1884; Lange, 1885). For example, we feel fear because we perceive our physiological response - such as trembling or a racing heartbeat - as fear.

Critics of the James - Lange Theory pointed out that physiological changes alone were insufficient to account for the vast range of human emotions. Some argued that people could experience the same physiological responses (such as increased heart rate) in different emotional contexts (e.g., excitement vs. fear), and yet interpret these emotions differently (Cannon, 1927).

1.3.3 Cannon - Bard Theory of Emotion (1927)

In response to the limitations of the James - Lange Theory, physiologist Walter Cannon and his student Philip Bard proposed an alternative model, this theory know as Cannon - Bard Theory of emotion, it posits that emotional experience, and physiological responses happen occur simultaneously and independently, rather than sequentially. According to Cannon and Bard, when an individual encounters an emotionally stimulating event, the brain processes the information in the thalamus, triggering both physiological arousal (via the autonomic nervous system) and the emotional experience (via the cerebral cortex) at the same time (Cannon, 1927; Bard, 1934).

The Cannon - Bard theory addresses the criticism that physiological responses are not always sufficient to explain emotions by emphasizing the role of brain structures in generating emotional experiences. This theory has had a significant role on the development of modern neuroscience, particularly in the study of brain regions involved in emotion regulation.

1.3.4 Schachter - Singer Two - Factor Theory (1962)

Building earlier theories, in 1962 Stanley Schachter and Jerome Singer proposed this theory of emotion and introduced a cognitive component to the emotional experience. This theory suggests that emotions are consequence of both physiological arousal and cognitive labelling. According to Schachter and Singer, when individuals experience physiological arousal, they search for environmental cues to help interpret the cause of that arousal and label the emotion accordingly (Schachter & Singer, 1962).

For example, if a person's heart rate increases while walking through a dark alley, they might interpret this arousal as fear based on the potentially dangerous context. Conversely, if the same physiological arousal occurs while watching a thrilling movie, they might interpret it as excitement. This theory emphasizes the importance of cognition in emotional experiences, introducing the idea that emotions are not only physiological but also shaped by the context and individual's interpretation of their surroundings.

1.3.5 Cognitive Appraisal Theory (1966-1984)

The Cognitive Appraisal Theory of emotion, developed by psychologist Richard Lazarus, shifted the focus from physiological responses to cognitive evaluations of situations. Lazarus argued that emotions result from an individual's cognitive evaluation of an event or situation, meaning that emotions are influenced by how a person interprets and evaluates an experience (Lazarus, 1966).

According to Lazarus, when an individual encounters a stimulus, they first engage in primary appraisal, where they assess whether the situation is threatening, beneficial, or irrelevant. This is followed by secondary appraisal, where they evaluate their coping resources and ability to deal with the situation. The outcome of these appraisals then determines the emotional response.

Lazarus' theory contributed significantly to the understanding of stress and coping, suggesting that emotional experiences are deeply intertwined with individual perceptions and cognitive processes. This perspective paved the way for more complex models of emotional regulation, emphasizing the role of thought patterns and cognitive appraisals in shaping emotions (Lazarus & Folkman, 1984).

1.3.6 Facial Feedback Hypothesis

The Facial Feedback Hypothesis, proposed by psychologist Paul Ekman and others, this theory suggests that facial expressions can impact emotional experiences. It posits that the activation of facial muscles linked to emotions can evoke corresponding emotional

feelings. (Ekman, 1974). For instance, smiling can boost feelings of happiness, while frowning can intensify sadness or anger.

Although not a comprehensive theory of emotion, the facial feedback hypothesis highlights the reciprocal relationship between physiological expressions and emotional experiences. Ekman's research on universal facial expressions of emotion also contributed to the understanding of how certain emotional expressions are culturally universal, supporting the idea that emotions have biological underpinnings (Ekman, 1974).

The historical development of emotion theories reflects an ongoing debate about the origins and functions of emotions, from early physiological models to more complex cognitive and evolutionary perspectives. Each theory has contributed to the understanding of emotions, emphasizing different aspects such as bodily responses, brain mechanisms, cognitive appraisals, and evolutionary functions. Together, these theories provide a rich foundation for modern research on emotional regulation, mental health, and behaviour.

1.4 Emotional regulation

Emotional regulation, the ways in which individuals regulate the emotions they experience, the timing of these emotions, and how they express and manage them. It involves the ability to adjust emotional intensity, duration, and expression in ways that are adaptive, meaning they help the individual meet situational demands and maintain psychological well-being (Gross, 1998). This has an important role in mental health, interpersonal relationships, and coping with stress. Effective emotional regulation enables individuals to respond to emotional stimuli in ways that minimize distress, whereas difficulties in regulating emotions can lead to emotional dysregulation and psychological disorders.

1.4.1 Theoretical Models of Emotional Regulation

The Process Model of Emotional Regulation, introduced by James Gross in 1998, is one of the most influential frameworks in understanding emotional regulation. This model organizes regulation strategies according to their timing within the emotion-

generative sequence and outlines five stages: (1) Situation Selection choosing to engage in or avoid situations based on their anticipated emotional effects; (2) Situation Modification altering aspects of a situation to change its emotional outcomes; (3) Attentional Deployment redirecting focus to manage emotional reactions; (4) Cognitive Reappraisal modifying one's interpretation of a situation to influence its emotional impact; and (5) Response Modulation adjusting the emotional response after it fully arises, such as by controlling emotional expressions (Gross, 1998)

Among these strategies, cognitive reappraisal and attentional deployment are considered adaptive forms of emotional regulation. Reappraisal involves reinterpreting a situation to change its emotional meaning, and it has been shown to reduce negative emotional responses and enhance psychological well-being (Gross & John, 2003). In contrast, response modulation, particularly emotional suppression, is often maladaptive. Although suppression can reduce outward signs of emotion, it tends to increase physiological arousal and internal emotional distress, and is linked with poorer mental health outcomes, like increased anxiety and depression (Gross & Levenson, 1997).

1.4.2 Cognitive - Behavioural Perspectives

The cognitive-behavioural model has a strong emphasis on how cognitive assessments affect emotional control. According to Beck's cognitive theory, the way individuals interpret and think about events strongly influences their emotional responses. Negative automatic thoughts and cognitive changes, such as catastrophizing or all - or - nothing thinking, can lead to emotional dysregulation and contribute to disorders like anxiety and depression (Beck, 1976). Cognitive restructuring, a key emotional regulation strategy used in cognitive - behavioural therapy (CBT), helps individuals challenge and alter maladaptive thoughts, leading to more balanced emotional responses (Beck, 1967).

1.4.3 Neuroscientific Perspectives

Emotion regulation is supported by specific brain regions, particularly limbic system and the prefrontal cortex (PFC). The amygdala, a key structure in the limbic system, plays a crucial role in generating emotional responses, particularly in processing threat and

fear-related stimuli. The PFC, Particularly the dorsolateral and ventromedial prefrontal cortices are involved in higher - order cognitive processes like reappraisal and inhibition of emotional responses (Ochsner & Gross, 2005). Effective emotional regulation is associated with greater activation of the PFC, which helps modulate amygdala activity and downregulate emotional responses. Dysfunction in these neural circuits, such as reduced PFC activity or heightened amygdala activation, is often linked to emotional dysregulation, particularly in mood and anxiety disorders (Ochsner et al., 2002).

1.4.4 Adaptive vs. Maladaptive Emotional Regulation Strategies

Adaptive vs maladaptive methods for emotional regulation may be distinguished based on how effectively they support well-being. Adaptive strategies include cognitive reappraisal, problem - solving, and mindfulness. Reappraisal is particularly effective because it changes how a situation is viewed, reducing the emotional intensity of negative experiences and enhancing positive emotions. Research has consistently shown that individuals who use reappraisal report better emotional well-being, fewer symptoms of depression and anxiety, and better interpersonal relationships (Gross & John, 2003).

Mindfulness is another adaptive strategy that entails focusing on present-moment experiences without judgment. By fostering awareness of individual’s emotions without becoming overwhelmed by them, mindfulness practices help reduce emotional reactivity and promote emotional regulation (Kabat - Zinn, 1990). Problem - solving, where individuals actively address the source of emotional distress, also helps reduce negative emotions and prevent chronic stress.

In contrast, maladaptive strategies such as suppression and rumination tend to exacerbate emotional difficulties. Suppression involves consciously inhibiting the expression of emotions, which may provide short - term relief but leads to increased physiological stress and emotional intensity over time (Gross & Levenson, 1997). Rumination, the repetitive focusing on negative thoughts and emotions, is another maladaptive strategy that has been strongly related to depression and anxiety. By continuously dwelling on distressing emotions without seeking solutions, individuals

become Caught in a loop of negative thinking that impairs emotional regulation (Nolen - Hoeksema, 1991).

1.4.5 Development and Individual Differences

Emotional regulation develops across the lifespan, with significant advances occurring during childhood and adolescence. Children learn emotional regulation through socialization, parental modelling, and cognitive development. As individuals mature, they gain greater control over their emotions and develop more complex strategies such as reappraisal and problem-solving (Cole et al., 2004). However, factors such as temperament, early life experiences, and environmental influences can impact an individual's ability to regulate emotions.

Emotional dysregulation is a hallmark of several psychological disorders, including borderline personality disorder (BPD), depression, and anxiety disorders. Individuals with BPD, for example, often experience intense and rapidly shifting emotions, and have difficulty using adaptive strategies like reappraisal. Instead, they may rely on maladaptive strategies such as impulsive or emotional avoidance, which further exacerbates emotional instability (Linehan, 1993). Similarly, emotional dysregulation in depression is characterized by rumination and difficulty managing negative emotions, leading to prolonged periods of sadness and hopelessness (Gross & Muñoz, 1995).

In sum, emotional regulation is a complex and multifaceted process that plays an important role in mental health and well-being. Adaptive strategies like reappraisal and mindfulness are associated with better emotional outcomes, while maladaptive strategies like suppression and rumination contribute to emotional distress and psychological disorders. Understanding the underlying cognitive and neural mechanisms of emotional regulation offers valuable insights into interventions that can help individuals improve their emotional functioning and overall mental health.

1.5 Alexithymia: Conceptual and Theoretical Foundations

"Alexithymia is a personality construct characterized by difficulties in identifying, describing, and processing emotions". The term, which means "no words for emotions," was first introduced by Peter Sifneos in the early 1970s in the context of psychosomatic disorders (Sifneos, 1973). Individuals with Alexithymia typically have a limited emotional awareness, struggle to differentiate between emotions and bodily sensations, and exhibit a concrete, externally oriented cognitive style. As a result, they often have difficulty expressing emotions and understanding the emotional states of others, which can have profound implications for their mental health, interpersonal relationships, and overall psychological functioning.

1.5.1 Core Features of Alexithymia

The construct of Alexithymia is traditionally understood as consisting of three core features:

1. **Difficulty Identifying Feelings**: Individuals with Alexithymia have trouble distinguishing between emotional states and the physical sensations that often accompany emotions. For example, they may misinterpret sadness or anxiety as physical distress, such as fatigue or chest tightness.

2. **Difficulty Describing Feelings**: People with Alexithymia often struggle to express how they are feeling, yet they are able to recognise them. They can employ basic or insensitive vocabulary when talking about their emotions since they're finding it difficult to articulate their inner sensations.

3. **Externally Oriented Thinking**: Alexithymic individuals tend to focus on external, factual aspects of life rather than introspecting on their emotional experiences. This externally oriented cognitive style often results in a lack of emotional insight and limited imagination (Taylor et al., 1997).

These features make Alexithymia distinct from other emotional processing disorders and traits. Unlike individuals with anxiety or mood disorders, those with Alexithymia are

often unaware of their emotional deficits, which can complicate their ability to seek help or recognize their psychological distress.

1.5.2 Theoretical Models of Alexithymia

Various theoretical models have been proposed to explain the development and mechanisms of Alexithymia. These models draw from psychodynamic, cognitive, and neurobiological perspectives, each offering different insights into the etiology and function of Alexithymia.

1.5.2.1 Psychodynamic Theories.

Psychodynamic models suggest that Alexithymia arises as a defence mechanism in response to early emotional trauma or relational deficits. Sifneos (1973) proposed that individuals with Alexithymia develop their emotional deficits to cope with overwhelming emotions in childhood. According to this view, emotionally traumatic experiences, particularly those that are unresolved in early relationships, lead to emotional suppression or disconnection. Psychodynamic theories, stress the role of parental neglect or emotional invalidation in the development of Alexithymia, positing that these early experiences hinder emotional development and leave individuals unable to process or express their emotions (Krystal, 1979).

1.5.2.2 Cognitive - Affective Models.

Cognitive - affective models, such as the one proposed by Taylor et al. (1997), focus on deficits in emotional processing and cognitive function. These models suggest that individuals with Alexithymia lack the ability to integrate emotional information with cognitive processes, leading to impaired emotional awareness and expression. One key element of this perspective is that Alexithymia represents a cognitive deficit in emotional processing, rather than merely a defense mechanism. In this view, Alexithymia can be thought of as a disturbance in the connection between emotion and cognition, where emotional information is not properly processed or understood at the cognitive level (Taylor et al., 1997).

1.5.2.3 Neurobiological Theories.

Neurobiological models of Alexithymia have gained significant attention in recent years. These models focus on the structural and functional abnormalities in brain regions involved in emotional regulation and cognitive processing. Research utilizing neuroimaging methods, such as functional magnetic resonance imaging (fMRI), have identified reduced connectivity between brain areas responsible for emotional awareness, particularly the anterior cingulate cortex (ACC) and the insula (Lane et al., 1997). The amygdala, which plays a key role in emotional processing, has also been found to function abnormally in individuals with Alexithymia. According to this model, Alexithymia reflects deficits in the brain's emotional circuits, resulting in poor emotional awareness and a reduced capacity to process affective information.

1.5.3 Alexithymia and Mental Health

Alexithymia has consistently been associated with a range of mental health disorders, particularly those involving emotional dysregulation. Research has shown that Alexithymia is associated with emotion regulation difficulties, which contribute to mental health problems (Pandey, R et al 2011). Alexithymia, marked by challenges in recognizing, distinguishing, and managing emotions, is regarded as a vulnerability factor for mental health disorders, higher alexithymia scores were linked with both depressive and anxiety disorders (Leweke et al., 2011).

Additionally, Alexithymia is associated with substance abuse disorders, as individuals may turn to alcohol, drugs to cope with emotions, they cannot articulate or manage (Taylor et al., 1997). The lack of emotional awareness can also contribute to poor social functioning, as Alexithymic individuals struggle to connect with others on an emotional level, leading to interpersonal difficulties and isolation (Lumley et al., 2007).

1.5.4 Alexithymia and Physical Health

In addition to its impact on mental health, Alexithymia has significant implications for physical health. Highly alexithymia individuals have lower counts of cytotoxic lymphocytes, which may be a mechanism linking alexithymia to poorer physical health

(Dewaraja et al. (1997). Individuals with Alexithymia often report higher levels of somatic complaints and are more likely to seek medical help for physical symptoms that have no identifiable medical cause. This phenomenon, known as somatization, occurs when emotional distress is expressed as physical discomfort. Studies have found that Alexithymia is linked to increased rates of chronic pain, gastrointestinal disorders, and cardiovascular disease (Mattila et al., 2008).

One explanation for the relationship between Alexithymia and physical health is that emotional suppression and lack of emotional awareness contribute to prolonged stress responses, which in turn negatively affect the body. Chronic stress, combined with the inability to process emotions, can lead to a range of physical issues, further complicating the health of individuals with Alexithymia (McEwen, 1998).

In summary, Alexithymia is a multifaceted construct that encompasses deficits in emotional awareness, expression, and cognitive processing. Theoretical perspectives on Alexithymia, ranging from psychodynamic to neurobiological models, highlight its complexity and its significant implications for mental and physical health. As a personality trait, Alexithymia is central in emotional regulation, affecting how individuals process emotions and manage stress. Given its wide - ranging effects on psychological and somatic health, understanding Alexithymia is crucial for developing interventions aimed at improving emotional awareness and coping strategies.

1.6 Stress: Theoretical Models and Concepts

Stress is a multifaceted concept that has been widely studied across disciplines, particularly in psychology, biology, and medicine. It refers to the body's psychological and physiological response to challenges or demands that are perceived as exceeding one's resources to cope. Stress can be both a motivating force, known as eustress, or a harmful one, referred to as distress, depending on how it is experienced and managed.

1.6.1 Theoretical Models of Stress

Various theoretical models of stress have been developed to explain how stress is triggered, processed, and managed by individuals. Understanding these models is essential for exploring how stress interacts with other psychological constructs, such as Alexithymia, anxiety, depression and adjustment. Given below are the important models of models.

1.6.1.1 GAS-General Adaptation Syndrome by Hans Selye (1936)

One of the earliest and most influential models of stress is Hans Selye's GAS-General Adaptation Syndrome. According to him, stress is the body's general reaction to whatever demands made on it, and he identified three stages through which the body responds to stress:

a. **Alarm Stage**: During this first phase, the sympathetic nervous system's response is triggered by the body identifying a stressor. Stress hormones like cortisol and adrenaline are released as a result, setting off the "fight or flight" reaction, which primes the body to either face or run from an alleged risk (Selye, 1936).

b. **Resistance Stage**: In this phase, the body tries to resume normal physiological processes while continuing to release hormones associated with stress if the stressor continues. Although the body adjusts to the stressor and makes an effort to keep things in balance, the persistent production of stress hormones may cause damage to the body's systems (Selye, 1950).

c. **Exhaustion Stage**: The body's resources run out after extended periods of stress, resulting in the fatigue stage. During this stage, the organism can break down physiologically and psychologically since it can no more sustain its defiance. A greater vulnerability to disease and psychological conditions like depression and anxiety is linked to this period (Selye, 1956).

Selye's GAS model was groundbreaking because it established that stress is a systemic response, not just a psychological phenomenon, and highlighted the physiological toll that prolonged stress can take on the body.

1.6.1.2 Transactional Model of Stress and Coping by Lazarus and Folkman (1984)

Richard Lazarus and Susan Folkman's Transactional Theory of Coping with Stress places a strong emphasis on the part cognitive evaluations play in the stress process. This paradigm holds that stress is a result of how a person perceives and assesses a situation rather than just a response to outside stimuli. Two important neural mechanisms linked to stress were postulated by Lazarus and Folkman (1984):

1. **Primary Appraisal**: In the first stage, an individual evaluates whether an event is a threat to their well-being. This evaluation establishes whether the circumstance is seen as difficult, positive, or unimportant. The incident is further classified as a challenge, threat, or harm/loss if it is deemed stressful (Lazarus & Folkman, 1984).
2. **Secondary Appraisal**: After the event is appraised as stressful, the individual evaluates their ability to cope with the stressor. This appraisal involves assessing the resources available (e.g., social support, coping skills) to manage the situation. If an individual believes they have the resources to cope, the stress is likely to be reduced. If not, stress may increase (Lazarus & Folkman, 1984).

The transactional model suggests that stress is an active process, rather than a passive response that depends on individual perceptions and coping abilities. It also emphasizes the role of coping strategies, which are behaviours or cognitive efforts aimed at managing stress. Lazarus and Folkman identified two main types of coping strategies:

- **Problem oriented dealing**, which is trying to resolve the issue or change the circumstance to get to the cause of stress.
- **Emotion focused Coping**, which entails controlling the stressor's feelings, for example, by practicing relaxation methods event reaching out for social support.

The transactional model highlights that stress can be managed effectively through adaptive coping strategies and that emotional regulation plays a crucial role in how stress affects an individual’s mental and physical health (Lazarus & Folkman, 1984).

1.6.1.3 HPA Axis and Allostasis

A key component in physiological reaction to stress is the HPA Axis (Hypothalamic Pituitary Adrenal Axis). Secretion of adrenocorticotropic hormone (ACTH) from pituitary gland is in response to production of the Corticotropin releasing hormone from hypothalamus, which is released when a person feels threatened. The key hormone of stress, cortisol, is subsequently produced by the adrenal glands due to the stimulation from ACTH (McEwen, 1998). By boosting the availability of energy and inhibiting non-essential processes like digestion and immunological response, cortisol aids the body in managing the stressor. On the other hand, long-term stress-induced activation of the HPA axis may result in adverse health consequences, such as compromised immunity, coronary heart disease, or mental health conditions such as anxiety and depression (McEwen, 1998).

Building on this, allostasis refers to the body's process of maintaining stability through physiological change. According to Bruce McEwen (1998), Allostatic load, or the cumulative wear and tear on the body brought on by frequent or protracted stress, is induced by stress. Allostatic load can lead to dysregulation of the HPA axis, cardiovascular problems, and increased susceptibility to physical and mental health issues. McEwen's work highlights that stress is not inherently harmful, but chronic or excessive stress can overwhelm the body's adaptive systems, leading to long - term damage.

1.6.2 Types of Stress

In addition to theoretical models, understanding different types of stress is essential in comprehending its full impact. Stress can be categorized as:

1.6.2.1 Acute Stress

Short - term stress that arises from immediate threats or challenges, such as a work deadline or a minor car accident. Acute stress activates the body's stress response temporarily and typically subsides once the stressor is removed.

1.6.2.2 Chronic Stress

Long - term stress resulting from ongoing life pressures, such as financial instability, chronic illness, or an unsatisfying job. Chronic stress is associated with long - term health risks, including cardiovascular disease and mental health disorders (Cohen et al., 2007).

1.6.2.3 Acculturative Stress

Stress that arises when individuals must adapt to a new culture, often experienced by immigrants, refugees, or expatriates. Acculturative stress includes challenges such as language barriers, discrimination, and cultural identity conflicts (Berry, 1997).

1.6.2.4 Eustress vs. Distress

Eustress refers to positive stress that can motivate individuals to achieve goals and overcome challenges. For example, preparing for an important presentation may induce eustress that leads to better performance. On the other hand, Distress refers to negative stress that overwhelms one's capability to endure, leading to emotional or physical harm (Selye, 1956).

1.6.3 Mental Health and Stress

It is often known that stress and mental health are related. Prolonged stress is a significant risk factor for the development of anxiety, depression, and other mental health problems. When individuals face prolonged stress without adequate coping mechanisms, their psychological resilience diminishes, making them more sensitive to emotional and psychological challenges. Stress has a complex interaction with neurobiological, emotional, behavioral, and cognitive responses that impact mental health (Cohen, J.I., 2000) Chronic stress is linked to impaired cognitive function and increased risk of mental health disorders (Marin, M., 2011). Stress also interacts with other psychological constructs, such as Alexithymia.

Stress is a dynamic and multifaceted process influenced by both external challenges and individual perceptions. Theoretical models such as the General Adaptation Syndrome, the Transactional Model of Stress and Coping, and physiological models like the HPA axis provide insights into how stress affects individuals and how they can manage it. Chronic

stress, especially when combined with individual vulnerabilities, can lead to significant both mental and Physiological health issues. Understanding stress through these models is crucial for developing strategies to manage it effectively and mitigate its harmful effects.

1.6.4 Stress and Physical Health

Chronic stress profoundly impacts physical health, affecting the heart, immune system, digestion, sleep, and more. Prolonged stress releases cortisol and adrenaline, straining the cardiovascular system, raising blood pressure, and increasing heart disease risk. It weakens immunity, makes the body vulnerable to infections, disrupts digestion (causing acid reflux and irritable bowel syndrome), and interferes with sleep (leading to insomnia or poor sleep quality). Stress also causes muscle tension (resulting in chronic pain and headaches), alters appetite (contributing to weight gain/loss), and compromises overall well-being. To mitigate these effects, managing stress through relaxation techniques, regular exercise, balanced sleep, and nutritious eating is crucial for maintaining optimal physical health. The chance of physical illness is higher when someone is experiencing mental health issues, mainly stress. Stress and physical health is directly correlated and it heightens the chances of risk and vice versa (Vig et al., 2018)

1.7 Anxiety: Concept and Theoretical Perspectives

Anxiety is a complex emotional state characterized by feelings of worry, apprehension, and physical symptoms such as increased heart rate, sweating, and tension. It differs from fear in that fear which is a reaction to an immediate threat, whereas anxiety is often related to the anticipation of future threats or uncertain outcomes (Barlow, 2002). Anxiety can range from normal, adaptive responses to extreme, maladaptive forms that impair functioning, as seen in anxiety disorders.

1.7.1 Theoretical Perspectives of Anxiety

Various theoretical perspectives offer insight into the mechanisms behind anxiety and its impact on behaviour and mental health.

1.7.1.1 Psychoanalytic Perspectives

In this perspective, anxiety is viewed as a signal to the ego that there is an internal conflict of the ID(instinctual desires), the ego (rational thought), and the superego (moral standards). Sigmund Freud's early work on anxiety framed it as a response to unconscious threats or repressed conflicts. Freud distinguished between different types of anxiety, such as reality anxiety, which arises from external dangers, neurotic anxiety, related to fears that one's instincts will overwhelm them, and moral anxiety, stemming from fears of violating one's moral code (Freud, 1926).

According to Freud, the ego uses defense mechanisms like repression, denial, and projection to cope with anxiety, preventing overwhelming feelings from reaching conscious awareness. These defenses, while helpful in the short term, can contribute to neurotic behaviour if relied upon excessively. For instance, repression of traumatic memories or forbidden desires may manifest as generalized anxiety or phobias, where the individual experiences anxiety without fully understanding its origins (Freud, 1936).

1.7.1.2 Behavioural Theories of Anxiety

Behavioural theories emphasize the role of learning in the development of anxiety. According to classical conditioning, anxiety can develop when neutral stimuli become associated with aversive events. This process, first described by Ivan Pavlov and later applied to anxiety by John Watson, involves the pairing of a previously neutral stimulus with a fear - inducing event, leading the individual to develop anxiety whenever they encounter the stimulus in the future (Watson & Rayner, 1920). For example, a person who experiences a traumatic car accident may develop anxiety whenever they see a car, even if the car itself is not dangerous.

Another behavioural approach is operant conditioning, which focuses on how behaviours are reinforced or punished. In anxiety, avoidance behaviours are often reinforced because they diminish anxiety in the short term, even though they may perpetuate the anxiety over time. For example, a person with social anxiety might avoid public speaking, and this avoidance reduces their immediate anxiety. However, this

reinforces the avoidance behaviour, preventing the individual from learning that they can cope with the situation, which maintains the anxiety in the long term (Skinner, 1953).

1.7.1.3 Cognitive - Behavioural Theory

Cognitive - behavioural theory (CBT) integrates both cognitive and behavioural approaches, emphasizing the role of distorted thinking in the maintenance of anxiety. Aaron Beck, one of the key figures in CBT, proposed that one with anxiety disorders often hold maladaptive beliefs and engage in cognitive distortions that amplify their sense of threat. For instance, individuals with catastrophic thinking tend to overestimate the likelihood and severity of negative events, which increases their anxiety (Beck et al., 1985).

CBT model says that anxiety arises from cognitive appraisals of situations. According to Cognitive Theory of Beck, individuals with anxiety are more likely to appraise ambiguous or neutral threatening situations. They may also engage in selective attention to threat - related cues, ignoring information that might disconfirm their anxious beliefs (Clark & Beck, 2010). This negative appraisal cycle reinforces anxiety, making it difficult for persons to feel safe or manage their worries effectively.

In CBT, the aim of therapy is to help individuals challenge and reframe their distorted thoughts and beliefs through cognitive restructuring. For example, someone with social anxiety might be taught to recognize their irrational belief that others are constantly judging them and to replace this belief with a more balanced appraisal of social interactions (Beck et al., 1985). Behavioural techniques, such as exposure therapy, are also used to help individuals confront their fears in a controlled setting, allowing them to disconfirm their anxiety - related beliefs and reduce avoidance behaviours.

1.7.1.4 Biological Perspectives on Anxiety

Biological theories of anxiety rooted to the role of genetics, neurobiology, and evolutionary factors in anxiety responses. Genetic studies suggest that anxiety has a significant heritable component. For instance, twin studies reveal that genetic factors might explain 30-40% of the variability in anxiety disorders (Hettema et al., 2001). A family

history of anxiety disorders tends to increase an individual's likelihood of experiencing anxiety,suggesting a genetic predisposition.

Neurobiologically, neurotransmitters like serotonin, gamma-aminobutyric acid (GABA), and norepinephrine are crucial in managing anxiety. Imbalances or shortages of these neurotransmitters are often linked to anxiety disorders. Specifically, low GABA levels, a neurotransmitter that inhibits excessive brain activity, are associated with heightened anxiety, as GABA contributes to calming neural functions (Nutt & Malizia, 2001).

In addition, the structure of brain known as the amygdala, associated in inducing fear and emotional responses, is hyperactive in individuals with anxiety disorders. The amygdala's heightened sensitivity to perceived threats can trigger excessive fear and anxiety, even in relatively safe situations. Research using fMRI has shown that individuals with anxiety disorders exhibit increased amygdala activity in response to anxiety - provoking stimuli (Etkin & Wager, 2007). The prefrontal cortex (PFC), which is involved in managing emotions and planning responses, often shows reduced activity in anxiety, which may impair the ability to regulate fear responses effectively (Ochsner & Gross, 2005).

1.7.1.5 Evolutionary Theory of Anxiety

From an evolutionary perspective, anxiety is viewed as an adaptive response that evolved to protect individuals from danger. According to this view, anxiety and fear have survival value because they prepare individuals to respond to threats, such as predators or environmental dangers, by triggering the fight - or - flight response (Marks & Nesse, 1994). In ancestral environments, this response would have helped individuals avoid harm, increasing their chances of survival and reproduction.

However, evolutionary theorists argue that in modern society, where physical threats are less frequent, anxiety responses may become maladaptive. For example, anxiety related to social rejection or performance in school or work settings may no longer serve

the same protective function but instead create unnecessary distress. This theory suggests that anxiety disorders may represent an overactivation of an otherwise adaptive fear system in situations where the threat is exaggerated or not present (Marks & Nesse, 1994).

1.7.2 Anxiety and Mental Health

Anxiety and mental health are closely connected, with anxiety being a common mental health condition affecting millions worldwide. Anxiety can manifest in various ways, including fear, worry, panic attacks, social withdrawal, mood swings, and difficulty concentrating. There are different types of disorders in anxiety, including panic disorder, Social Anxiety Disorder, Generalized Anxiety Disorder (GAD), Phobias, Obsessive-Compulsive Disorder (OCD), and Post-Traumatic Stress Disorder (PTSD).

1.7.3 Anxiety and Physical Health

Anxiety can have severe physical consequences, including heart disease, diabetes, obesity, and digestive issues. It weakens your immune system and disrupts sleep, leading to fatigue. But there's good news: managing anxiety through relaxation, exercise, and therapy can reduce these risks and improve overall health. Even when controlling for other psychological issues, there remains a strong correlation between anxiety-related conditions and physical disorders. (Sareen et al., 2005)

1.8 Depression: Theoretical and Conceptual Models

Depression is a widespread mental condition, mood disorder marked by persistent feelings of sadness, a lack of interest, hopelessness, and lack of pleasure in activities. It affects cognitive, emotional, and physical functioning, and its severity can range from mild, temporary episodes of sadness to severe, chronic depression. Number of theoretical frameworks have been established to explain the beginning, maintenance, and treatment. These models offer insights into the multiplex interaction of mental, social, and biological factors that contribute to depression.

1.8.1 Theoretical Models of Depression

Several theoretical frameworks have been established to explain how depression develops, persists, and is treated.

1.8.1.1 Cognitive Theory of Depression

Aaron Beck's Cognitive Theory is one of the most well-known psychological theories of depression. According to Beck, negative thought patterns called cognitive distortions that affect how people see and understand their events are a major cause of depression (Beck, 1967). He discovered a negative cognitive triad, which includes:

1. **Negative views of the self**: Individuals with depression often see themselves as inadequate, flawed, or worthless.
2. **Negative views of the world**: They tend to interpret their environment as hostile or indifferent, believing that external circumstances are stacked against them.
3. **Negative views of the future**: They expect that things will not improve and may feel hopeless about their prospects.

These negative beliefs and thought patterns can lead to automatic negative thoughts that arise unconsciously, and the development of depression symptoms might be facilitated. Cognitive distortions, such as catastrophizing, overgeneralization, and black - and - white thinking, exacerbate feelings of sadness and hopelessness, creating a feedback loop that sustains depression (Beck, 1967). Cognitive Behavioural Therapy (CBT) is based on this model and seeks to address these maladaptive thought patterns by helping individuals identify, challenge, and reframe their negative beliefs.

1.8.1.2 Learned Helplessness Model

The Learned Helplessness Model, developed by Martin Seligman, offers another perspective on the development of depression. Seligman's theory emerged from experiments with animals, in which subjects exposed to uncontrollable aversive events (such as electric shocks) eventually gave up attempting to escape, even when they were later given opportunities to avoid the negative stimuli (Seligman, 1975). This behaviour was interpreted as a learned response to repeated failure or adversity.

Applied to humans, the learned helplessness model, people who repeatedly fail or encounter uncontrolled unfavourable occurrences may come to believe that they have no

control over their circumstances. As a result, they stop trying to improve their situation, leading to passivity, hopelessness, and depression (Seligman, 1975). This theory highlights the importance of perceived control and agency in emotional well - being. People are more prone to experience depression symptoms when When individuals believe they are powerless to change their situation

A cognitive extension of the learned helplessness model, proposed by Abramson, Metalsky, and Alloy (1989), is the Attributional Style Theory. This theory focuses on how individuals explain the causes of negative events. Depressed individuals tend to attribute failures to internal (e.g., "It's my fault"), stable (e.g., "It will always be this way"), and global (e.g., "This will affect every part of my life") factors, further reinforcing feelings of helplessness and hopelessness.

1.8.1.3 Psychodynamic Theory of Depression

The psychodynamic theory of depression, rooted in the work of Sigmund Freud, views depression as a reaction to unconscious conflict and loss. Freud (1917) proposed that depression is linked to early childhood experiences, particularly unresolved grief or loss, which may be symbolic (such as the loss of self - esteem or perceived love) rather than literal. Freud's concept of "melancholia" suggested that individuals internalize the loss, turning their anger and disappointment inward. This inward - directed anger leads to feelings of guilt, worthlessness, and self - punishment, which manifest as depressive symptoms.

Later psychodynamic theorists, such as John Bowlby (1980), emphasized the role of attachment in depression. According to attachment theory, early disruptions in caregiver - child relationships (e.g., neglect or inconsistent caregiving) can lead to insecure attachment styles. Individuals with insecure attachments may be more prone to developing depression, particularly in response to interpersonal stressors or perceived abandonment. This model emphasizes the role of early relationships and internalized emotional conflicts in the development of depression.

1.8.1.4 Behavioural Theory of Depression

This theory is developed by Peter Lewinsohn, focuses on the role of how reinforcing in the maintenance of depressive behaviour. According to this theory, depression occurs when individuals experience a reduction in positive reinforcement from their environment, either due to changes in their life circumstances (e.g., losing a job) or due to their own behaviours (e.g., withdrawing from social activities) (Lewinsohn, 1974). The lack of rewarding activities or positive social interactions can lead to decreased motivation, further withdrawal, and an increase in depressive symptoms, creating a vicious cycle.

Behavioural models suggest that depression can be treated by increasing engagement in pleasurable activities and social interactions that provide positive reinforcement. Behavioural activation, a therapy developed from this theory, aims to help individuals re - engage with rewarding activities to improve mood and reduce depressive symptoms (Jacobson et al., 2001).

1.8.1.5 Biological Models of Depression

Biological models emphasize the role of genetics, neurotransmitters, and brain structures in the development of depression. Genetic studies have shown that depression occurs in families, suggesting a heritable component. Twin studies, for instance, monozygotic twins are more likely than dizygotic twins to experience depression together, even if they are reared separately (Kendler et al., 2006). This suggests that genetic factors play a significant role in the development of depression.

Anomalies in neurotransmitter systems, including those involving serotonin, norepinephrine, and dopamine, have been connected to depression on a neurobiological level. The Monoamine Hypothesis, one of the oldest biological theories, suggests that depression results from a deficiency of monoamine neurotransmitters in the brain, particularly serotonin and norepinephrine (Schildkraut, 1965). This theory has been the basis for the development Antidepressant medication like selective reuptake inhibitors of serotonin (SSRIs), which work to boost serotonin availability in the brain.

Modern Studies has focused on the role of brain structures, particularly the prefrontal cortex, amygdala, and hippocampus. Individuals with depression often exhibit reduced activity in the prefrontal cortex, which is responsible for regulating mood and executive functions, and heightened activity in the amygdala, which processes emotional responses, particularly negative emotions (Drevets et al., 2008). The hippocampus, involved in memory and learning, may also be smaller in individuals with depression, potentially explaining the memory problems associated with the disorder (Campbell & MacQueen, 2004).

1.8.2 Depression in Mental & Physical health

Depression significantly affects both mental and physical health, creating a cycle where each can worsen the other. Mentally, depression brings persistent feelings of sadness, worthlessness, and loss of interest in activities that once brought joy. This impacts cognitive functions such as focus, memory, and decision-making, making it difficult for individuals to perform daily tasks and connect with others. Over time, the mental strain caused by depression may lead to psychological distress like anxiety, irritability, and a sense of isolation, affecting overall mental well-being and the ability to handle stress.

Physically, depression can manifest through symptoms like fatigue, sleep disturbances, and changes in appetite, which can weaken the body's resilience over time. Chronic depression increases the risk of physical health problems, such as digestive issues, cardiovascular disease, and weakened immune function. Inactivity and poor lifestyle habits often associated with depression can further exacerbate these risks, leading to a decline in physical health. Thus, the relationship between depression and health is intertwined, with physical and mental health both vulnerable to the effects of prolonged depressive symptoms

1.9 Diathesis - Stress Model

The diathesis concept came from the Greek idea of predisposition, In 1960s Paul Meehl, Manfred Bleuler, and David Rosenthal developed diathesis - stress model, the

Diathesis - Stress Model is often used to explain how stress interacts with individual vulnerabilities to influence mental health outcomes.

Genetic factors have a moderate influence on alexithymia, while shared and nonshared environmental factors also play a role. (Jørgensen mm et al., 2007) and hereditary component in the etiology of alexithymic traits, implying that genetic factors may play a role in an individual's predisposition to alexithymia (Heiberg & Heiberg, 1978), According to this model, individuals possess varying levels of diathesis, or predisposition to psychological disorders, which may be biological, genetic, or psychological in origin (Zuckerman, 1999). Stressful life events can trigger the onset of mental health disorders, but the impact of stress depends on the individual's preexisting vulnerabilities. For instance, two individuals may experience the same stressful event, but one develops depression while the other does not, due to differences in their underlying diathesis.

The diathesis - stress model emphasizes that stress alone may not cause psychological disorders but can act as a catalyst when combined with other risk factors. This model has been particularly influential in explaining the onset of mood and anxiety disorders, showing that stress can exacerbate preexisting vulnerabilities and lead to mental health problems (Zuckerman, 1999).

The diathesis-stress model is a well-recognised concept that describes how environmental stressors and genetic vulnerability (diathesis) combine to cause anxiety disorders. This approach suggests that people who are genetically predisposed to anxiety could not have anxiety disorders until they are exposed to major stresses that cause them to manifest. For example, after experiencing a catastrophic event, such the death of a loved one or a significant life shift, a person with a hereditary susceptibility to anxiety may acquire generalised anxiety disorder (Zuckerman, 1999).

Anxiety is a complex emotional response shaped by various theoretical frameworks, including psychoanalytic, behavioural, cognitive - behavioural, biological, and evolutionary perspectives. Each of these perspectives offers the mechanisms behind

anxiety and its role in mental health. Whether viewed as a signal of unconscious conflict, a learned response, a product of distorted thinking, or an evolutionary adaptation, anxiety plays a crucial role in shaping human behaviour and well-being. Understanding these theoretical perspectives is important for developing effective interventions and treatments for anxiety disorders.

The Diathesis-Stress Model integrates biological, psychological, and environmental factors to explain how depression develops. According to this model, individuals have a predisposition (diathesis) to depression, which may be genetic, biological, or psychological in nature. However, the disorder may not manifest unless the individual encounters significant environmental stressors, such as trauma, loss, or chronic stress (Zuckerman, 1999). For instance, a person who is genetically predisposed to depression may experience the condition after a terrible life event, such a financial crisis or the loss of a loved one.

This model emphasises the significance of the interplay between biological predispositions and environmental factors, suggesting that depression results from the combination of these influences. It also emphasizes that interventions should focus on both reducing stress and enhancing coping mechanisms to prevent depression in at risk individuals.

Depression is a multifaceted disorder, and the various theoretical models provide insights into its complexity. Cognitive models emphasize the role of negative thought patterns, while psychodynamic theories highlight unconscious conflicts and early relationships. Behavioural theories focus on the reduction of positive reinforcement, and biological models underscore the role of genetics and neurotransmitter imbalances. The Diathesis - Stress Model integrates these perspectives, recognizing that depression arises from a combination of environmental stress and vulnerability. Creating successful therapies and interventions for people with depression requires a comprehension of these approaches

1.10 Adjustment: Theoretical Approaches

Adjustment refers to the process through which individuals cope with and adapt to changes, challenges, or new environments in their lives. Successful adjustment involves managing stress, maintaining emotional balance, and adapting behaviour to fit new circumstances, whether those changes are physical, social, or psychological. Theoretical approaches to adjustment help explain how individuals navigate these challenges, highlighting the factors that contribute to either successful adaptation or maladjustment. Various theories offer perspectives on the mechanisms and stages involved in adjustment, from psychological to cultural and environmental influences.

1.10.1 Homeostasis and Adjustment: Theoretical Foundations

Early psychological theories of adjustment were based on the principle of homeostasis, the body's tendency to maintain a stable internal environment. In this context, adjustment is seen as the process through which individuals restore balance or equilibrium when faced with external stressors or changes (Cannon, 1932). According to this model, adjustment is necessary when there is a disruption in an individual's internal or external environment, such as the onset of stress, illness, or significant life changes. The goal of adjustment, in this sense, aims to restore the individual to a state of balance where they can function effectively.

1.10.2 Lazarus' Transactional Model of Stress and Coping (1984)

According to this model, adjustment is not simply a response to stress but an ongoing process of evaluating and managing the demands of life. The model suggests that when individuals encounter a new situation, they first go through primary appraisal, assessing whether the situation is threatening, harmful, or challenging. If the situation is appraised as stressful, individuals engage in secondary appraisal, determining what resources they have to cope with the stressor (Lazarus & Folkman, 1984).

According to this paradigm, a person's capacity to appropriately assess the circumstances and use suitable coping mechanisms is essential to successful adjustment. Individuals who use adaptive coping techniques, such problem-solving or cognitive

reappraisal, are more likely to see favourable results and cope well with novel situations. Conversely, those who use maladaptive coping mechanisms, including denial or avoidance, could have trouble adjusting and endure stress for a long time (Lazarus & Folkman, 1984).

1.10.3 Erikson's Psychosocial Stages of Development

This is another important framework for understanding adjustment, as per Erikson, people go through eight stages of psychosocial development, in which every single phase is noted by a unique crisis or conflict that has to be resolved in psychological development to proceed normally. Resolving these crises successfully leads to good adjustment, whereas failing to do so might result in maladjustment and coping issues later in life (Erikson, 1963).

For example, during adolescence, individuals face the crisis of identity vs. role confusion, where they must develop a stable sense of self. Successful resolution of this crisis leads to the ability to adjust to new roles and challenges in adulthood. Similarly, during adulthood, individuals face the crisis of generativity vs. stagnation, where they must find meaning and productivity in life through work and relationships. Failing to resolve these crises can lead to feelings of alienation or lack of purpose, hindering the adjustment process in later stages of life (Erikson, 1963).

1.10.4 Cross - Cultural Adjustment, Migration and Acculturation Theories

A particular kind of adjustment known as cross-cultural adjustment happens to people who relocate to a new cultural setting, such as immigrants, Expats, or refugees. Migration refers to the movement of individuals from one location to another, often crossing national borders, for reasons such as economic opportunities, education, family reunification, or escaping conflict. People must adjust to new cultural, social, and environmental environments when they migrate, which is a major life transformation. Acculturation is the psychological method of adjusting to a noval culture, and several ideas have been proposed to explain how people deal with the difficulties of assimilating into a new cultural setting. Acculturation theories focus on the changes in behaviour, attitudes,

and identity that occur when individuals from one culture are exposed to another, and the outcomes of these adaptations vary widely based on individual and contextual factors.

1.10.4.1 Berry's Acculturation Model (1997)

John Berry's Acculturation Model is among the most well-known conceptual frameworks for comprehending acculturation. Berry proposed that when individuals migrate or come into contact with a new culture, they face two fundamental questions:

1. **To what extent do they want to maintain their original culture?**
2. **To what extent do they want to engage with the new culture?**

Based on their responses to these questions, individuals adopt one of four acculturation strategies:

1. **Assimilation**: Individuals choose to adopt the new culture while abandoning their original cultural identity. This strategy involves fully integrating into the host culture and minimizing connections with one's heritage culture.
2. **Separation**: Individuals maintain their original culture and avoid interaction with the new culture. This strategy may occur when individuals feel that their cultural identity is threatened by the new environment or prefer not to integrate into the host culture.
3. **Integration**: Individuals maintain aspects of their original culture while simultaneously adopting elements of the new culture. This strategy, also known as **biculturalism**, is often viewed as the most adaptive approach, as it allows individuals to navigate both cultures successfully (Berry, 1997).
4. **Marginalization**: People reject the new culture as well as their old one, often feeling alienated from both. This is generally considered the least adaptive strategy, as individuals may feel socially isolated and disconnected from any cultural identity.

According to Berry, integration is generally associated with the most positive psychological outcomes, such as greater life satisfaction, better mental health, and improved social functioning. In contrast, marginalization tends to result in the poorest outcomes, including higher levels of stress, anxiety, and depression, as individuals struggle to find a sense of belonging in either culture (Berry, 1997).

1.10.4.1.1 Acculturative Stress

The term "acculturative stress," which is closely associated with "acculturation," and refers to the psychological stress experienced by individuals adjusting to a new cultural setting and environment. Language hurdles, cultural disparities, discrimination, and shifting social support systems are some of the challenges people encounter throughout the acculturation process that give birth to this kind of stress (Berry, 2006). Negative emotional states including anxiety, despair, and a sense of alienation may be brought on by acculturative stress, especially when people have a hard time adjusting to the new culture.

The extent of acculturative stress depends on various factors, including the cultural distance between the individual's original culture and the host culture, as well as the attitudes of the host society toward immigrants. Individuals migrating to culturally similar countries may experience less acculturative stress than those migrating to countries with vastly different cultural norms and values (Sam & Berry, 2010). Furthermore, societies that are more welcoming and inclusive tend to provide a more supportive environment for migrants, reducing acculturative stress and facilitating smoother integration.

1.10.4.2 The U - Curve and W - Curve - Models

This models, which outline the phases of cultural adjustment people experience when they relocate to a new nation, are another significant collection of models in the study of migration and acculturation.

1. **The U - Curve Model**: Proposed by Lysgaard (1955), this model suggests that individuals initially experience a **honeymoon phase**, where they feel excited and enthusiastic about their new environment. A period of culture shock follows this

phase, during which people experience confusion, frustration, and overload due to the cultural disparities between their new and home cultures. Over time, however, individuals gradually adjust to the new culture, entering a phase of **recovery** or **adjustment**, where they become more comfortable and develop coping strategies to manage the challenges of the new environment. Finally, individuals achieve **mastery**, feeling well - adjusted and competent in navigating both cultures.

2. **The W - Curve Model**: This model expands on the U - Curve by incorporating the **reverse culture shock** that occurs when individuals return to their home country after spending significant time abroad. Upon returning, individuals may experience a **honeymoon phase** as they reunite with family and friends, followed by **reverse culture shock**, where they feel disoriented by changes in their home country and struggle to reintegrate. Over time, they may readjust to their home culture, experiencing a similar **recovery** and **mastery** phase as in the original adjustment process (Gullahorn & Gullahorn, 1963).

These models emphasize that the acculturation process is dynamic, involving emotional highs and lows as individuals adapt to new environments. While not all migrants experience these stages in a linear fashion, the U - and W - Curve gives a useful framework for understanding the challenges of cultural adaptation.

1.10.4.3 Social Support and Adjustment

It is often acknowledged that social support plays a crucial role in effective transition. People who have access to friends, family, or social networks for emotional, practical, and informational support are better able to cope with life's pressures and adjust to changes, according to social support theory (Cohen & Wills, 1985). Social support gives people the tools they need to deal with difficulties and serves as a stress-reduction mechanism. For instance, migrants are more likely to adapt well than those who feel alone if they have close social relationships in their new setting.

Perceived social support - the belief that one has a reliable support network - has been shown to be more important for adjustment than the actual availability of support.

When individuals feel that they can rely on others in times of need, they experience lower levels of stress and better emotional well - being, which facilitates the adjustment process (Cohen & Wills, 1985).

Adjustment is a dynamic and multifaceted process influenced by various factors, including individual appraisals, coping strategies, developmental stages, and social support. Theoretical approaches, such as Lazarus' Transactional Model, Erikson's Psychosocial Development Theory, Berry's Acculturation Model, and the U - Curve Model, offer valuable insights into how individuals navigate new environments and challenges. While adjustment can be challenging, successful adaptation is possible through effective coping strategies, support systems, and the ability to balance new demands with personal resources.

1.10.4.4 Social Identity Theory and Acculturation

Tajfel and Turner's (1979) Social Identity Theory provides an alternative viewpoint on the ways in which acculturation and migration affect people's sense of self. This idea holds that people get some of their identity from the social groupings they are a member of, such their national, ethnic, or cultural group. When individuals migrate to a new country, they may face identity conflicts as they attempt to balance their original cultural identity with their desire to fit into the new cultural environment.

The process of acculturation can lead to identity shifts, where individuals either reinforce their attachment to their original cultural group (as seen in separation strategies) or adopt a new cultural identity (as seen in assimilation strategies). Integration strategies, in which individuals maintain both cultural identities, can promote a more balanced and cohesive sense of self, leading to better psychological well - being. However, marginalization, where individuals feel disconnected from both cultures, may result in identity confusion and emotional distress (Phinney et al., 2001).

1.10.4.5 Ecological Models of Acculturation

Bronfenbrenner's Ecological Approaches Model (1979) suggests that individuals' experiences of migration and acculturation are influenced by multiple layers of context, including:

1. **Microsystems**: Immediate settings, such as family, friends, and workplace, where direct interactions occur.
2. **Mesosystems**: Interactions between different microsystems, such as relationships between family and school or workplace.
3. **Ecosystems**: Broader social systems that indirectly influence individuals, such as immigration policies or media representations of migrants.
4. **Macrosystems**: Cultural values, laws, and societal norms that shape the overall environment in which acculturation occurs.

This model highlights that the success of an individual's acculturation depends not only on their personal characteristics and strategies but also on the attitudes and structures of the host society. For example, individuals migrating to a country with inclusive immigration policies and strong social support systems are likely to experience smoother adjustment than those migrating to a country with restrictive immigration laws and a hostile social environment (Bronfenbrenner, 1979).

Theories of migration and acculturation offer valuable insights into the psychological processes involved in adapting to a new cultural environment. Berry's Acculturation Model, the U - Curve and W - Curve Models, and Social Identity Theory explain how individuals navigate the challenges of cultural integration and identity formation. At the same time, ecological approaches, such as Bronfenbrenner's Ecological Systems Theory, emphasize the role of broader societal factors in shaping the acculturation experience. Together, these theories provide a comprehensive understanding of how migrants adjust to new cultures and how acculturation affects their psychological well - being.

1.11 The relationship between Alexithymia, Stress, Anxiety, Depression, and Adjustment

The psychological constructs of Alexithymia, stress, anxiety, depression, and adjustment are closely interrelated, often influencing one another in complex ways. Understanding these connections is essential for gaining insight into emotional regulation difficulties and psychological health challenges faced by individuals, particularly in stressful or transitional environments. Each of these constructs interacts in a dynamic manner, forming a cycle where emotional dysregulation can exacerbate stress and contribute to the onset of anxiety and depression, ultimately affecting one's ability to adjust to new or difficult circumstances.

1.11.1 Alexithymia and Emotional Dysregulation

Individuals with Alexithymia struggle to process and express their emotions effectively, which makes it difficult for them to manage stress, anxiety, and depression. Emotional dysregulation, central to Alexithymia, plays a crucial role in how individuals respond to stressful situations, often leading to maladaptive coping strategies such as avoidance or suppression of emotions (Lumley et al., 2007).

Since individuals with Alexithymia have difficulty recognizing and understanding their emotions, they are less able to regulate emotional responses to stress. This emotional disconnection can exacerbate stress because individuals may not fully comprehend or address the source of their distress, leading to increased physiological arousal and a heightened perception of threat. Over time, chronic emotional dysregulation can lead to significant mental health problems, particularly depression and anxiety.

1.11.2 Stress and Its Role in Anxiety and Depression

Anxiety and depression both originate and persist in large part due to stress. The psychological and physiological reaction to demands or threats that beyond a person's capacity for coping is known as stress (Lazarus & Folkman, 1984). For individuals with Alexithymia, the inability to process emotions effectively makes stress more difficult to manage. When individuals experience ongoing stress without the ability to properly

identify and express their emotions, this can lead to emotional overload, increasing their vulnerability to both anxiety and depression (Mattila et al., 2008).

The Transactional Model of Stress emphasizes the importance of cognitive appraisals in determining how individuals perceive and respond to stress. Individuals with Alexithymia may struggle with appraising stressful situations accurately, either underestimating their own ability to cope or failing to recognize the emotional significance of a situation. This inaccurate appraisal can lead to ineffective coping strategies and increased stress (Lazarus & Folkman, 1984). Chronic stress, in turn, can overwhelm the individual's emotional and cognitive resources, triggering anxiety - characterized by excessive worry and fear about uncertain outcomes - and depression, marked by feelings of hopelessness and worthlessness.

1.11.3 Anxiety and Depression in the Context of Alexithymia

Research consistently links Alexithymia with both anxiety and depression. A reason for this connection is that individuals with Alexithymia often experience prolonged emotional dysregulation, which exacerbates both anxiety and depression (Honkalampi et al., 2000). Anxiety, which involves heightened worry and hypervigilance in response to perceived threats, is more common among individuals with Alexithymia because they are less able to recognize and rationalize their emotional responses. As a result, they may interpret physical symptoms of anxiety, such as a racing heart or tightness in the chest, as signals of impending danger, further amplifying their anxiety (Lumley et al., 2007).

Depression is another common outcome of Alexithymia, as individuals who cannot process or express their emotions are more likely to internalize their distress. Over time, this emotional suppression can lead to feelings of numbness, hopelessness, and emotional exhaustion, which are hallmark symptoms of depression. The inability to experience and articulate positive emotions can also contribute to anhedonia - a loss of interest or pleasure in life, which is a core symptom of depression (Taylor & Bagby, 2004).

1.11.4 Adjustment and the Role of Emotional Regulation

Adjustment refers to the process of adapting to new situations, stressors, or environments. Successful adjustment requires effective emotional regulation, cognitive flexibility, and the ability to cope with stress. For individuals with Alexithymia, these processes are often impaired, leading to difficulties in adjusting to life changes or challenges (Taylor et al., 1997). When individuals face significant stressors, such as relocation, job changes, or interpersonal conflicts, their ability to adjust depends on how well they can manage their emotional reactions. Individuals with Alexithymia may struggle to make sense of their emotions in these situations, leading to maladaptive coping strategies such as avoidance, withdrawal, or denial, which impede successful adjustment.

The relationship between stress, anxiety, depression, and adjustment is cyclical. Stress can trigger anxiety and depression, which in turn affect an individual's ability to adjust to new circumstances. Poor adjustment can lead to further stress, reinforcing the cycle of emotional dysregulation. In contrast, individuals who can process their emotions, identify sources of stress, and use adaptive coping strategies - such as problem - solving or seeking social support - are more likely to adjust successfully and experience lower levels of anxiety and depression (Lazarus & Folkman, 1984).

1.11.5 Interconnectedness of the Constructs

The interrelationship between Alexithymia, stress, anxiety, depression, and adjustment can be understood as a feedback loop of emotional dysregulation and psychological distress. Alexithymia impairs emotional awareness, making it difficult to regulate emotions in response to stress. This heightened stress increases the likelihood of developing anxiety and depression, as individuals are unable to manage their emotional responses effectively. These mental health challenges further impair an individual's ability to adjust to new situations, creating a cycle of emotional dysregulation, stress, and maladjustment (Mattila et al., 2008).

Moreover, the cumulative effects of stress, anxiety, and depression can exacerbate Alexithymia, making it even more difficult for individuals to engage in adaptive coping

strategies. This underscores the importance of interventions aimed at improving emotional awareness and regulation, which can break the cycle of emotional dysregulation and promote better adjustment (Lumley et al., 2007).

1.11.5.1 Relationship between Alexithymia and Stress.

The link between alexithymia and stress is complicated, with alexithymia significantly influencing how individuals experience and cope with stress. Alexithymia is characterized by difficulties in identifying and expressing emotions, and this emotional processing deficit plays a critical role in how stress is perceived and managed. Individuals with alexithymia often struggle to recognize the emotional signals associated with stress, such as anxiety or frustration, which limits their ability to engage in effective stress management strategies.

One of the key aspects of this relationship is the increased physiological response to stress that is often observed in individuals with alexithymia. Since they are less capable of identifying and expressing emotions, they may experience stress in more physical terms, such as headaches, fatigue, or other somatic symptoms. This inability to process emotions leaves stress unaddressed, causing it to build over time and manifest as chronic stress, which is linked to adverse health outcomes, including hypertension and cardiovascular problems.

Additionally, Individuals with Alexithymia are more likely to employ maladaptive coping mechanisms when faced with stress. Rather than confronting the source of their stress or seeking social support, they may engage in avoidance behaviors, such as substance use or denial. This reliance on avoidant coping not only prevents the resolution of stressful situations but also leads to further emotional and psychological distress. Over time, the inability to manage stress effectively can result in other distresses.

In summary, alexithymia impairs emotional awareness and expression, which directly affects how individuals experience and respond to stress. Without the ability to process emotions properly, stress accumulates, leading to both physical and psychological

consequences. Understanding this relationship highlights the importance of developing emotional awareness and adaptive coping strategies in individuals with alexithymia to improve their ability to manage stress.

1.11.5.2 Relationship between Alexithymia and Anxiety.

Alexithymia and anxiety are closely intertwined, with alexithymia contributing to both the starting and maintenance of anxiety. Alexithymia, "characterized by difficulties in identifying, understanding, and expressing emotions", can amplify the experience of anxiety, as individuals with alexithymia are less able to process emotional cues effectively. This emotional processing deficit often leads to heightened anxiety because individuals cannot recognize or verbalize their emotional distress, making it harder for them to cope with or alleviate anxious feelings.

One of the keyways in which alexithymia exacerbates anxiety is through increased physiological arousal. Individuals with alexithymia often focus more on sematic symptoms of anxiety, such as muscle tension, speed heartbeat, or shortness of breath, because they struggle to connect these sensations to underlying emotional causes. As a result, they may misinterpret these physical symptoms as signs of a serious medical condition, which intensifies their anxiety. This focus on physical discomfort, without understanding the emotional root, can lead to a cycle of anxiety sensitivity, where fear of these sensations increases overall anxiety.

Additionally, individuals with alexithymia often engage in maladaptive coping strategies when dealing with anxiety. Because they struggle to identify and express their emotions, they may avoid stressful situations, withdraw from social interactions, or engage in behaviors like substance use to numb their feelings. These avoidance strategies only serve to prolong or exacerbate anxiety in the long term, as they prevent individuals from addressing the underlying emotional issues that are driving their anxiety. This cycle of avoidance and unresolved emotional distress leads to chronic anxiety, which can contribute to anxiety disorders such as GAD or SAD

In conclusion, alexithymia plays an important role in the development and persistence of anxiety. The inability to recognize and process emotions leaves individuals with alexithymia more vulnerable to anxiety, as they are unable to effectively manage or reduce their emotional distress. This relationship highlights the importance of addressing emotional awareness and regulation in the remedial of anxiety, particularly for individuals with high levels of alexithymia.

1.11.5.3 Relationship between alexithymia and depression

The relationship between alexithymia and depression is significant and well - documented, as alexithymia's core features of emotional dysregulation and difficulty in identifying and expressing emotions play a central role in both the onset and persistence of depressive symptoms. Individuals with alexithymia tend to struggle with recognizing and understanding their own emotions, which makes them more vulnerable to depression. This emotional disconnect contributes to an inability to process negative feelings, leading to a build - up of unexpressed emotional pain that can manifest as depression.

One key aspect of the relationship between alexithymia and depression is the inability to regulate emotions effectively. People with alexithymia often find it difficult to identify feelings of sadness, hopelessness, or frustration, which are central to depression. This lack of emotional awareness prevents them from coping with or addressing these feelings in a healthy way, leading to emotional suppression. Over time, the accumulation of unprocessed negative emotions can contribute to feelings of numbness, isolation, and despair, which are hallmark symptoms of depression.

Moreover, individuals with alexithymia are more likely to experience anhedonia, the inability to experience pleasure, which is a key feature of depression. Since they have trouble experiencing and expressing emotions, they may feel disconnected from previously enjoyable activities or social interactions. This emotional disconnection exacerbates depressive symptoms, as it leads to withdrawal from social support networks and reinforces feelings of isolation and loneliness, which are central to depressive experiences.

Another important factor in the alexithymia - depression relationship is the tendency to engage in maladaptive coping strategies. People with alexithymia often resort to avoidance behaviors or distractions to manage their emotional distress. Instead of confronting and processing their feelings, they may turn to substance use, denial, or emotional withdrawal, which only prolongs and intensifies their depressive symptoms. This cycle of emotional suppression and avoidance contributes to the chronic nature of depression in individuals with alexithymia.

In conclusion, the relationship between alexithymia and depression is characterized by emotional suppression, difficulty in emotional expression, and the use of maladaptive coping mechanisms. These factors not only make individuals with alexithymia more prone to developing depression but also contribute to the persistence and severity of depressive symptoms. Addressing emotional awareness and emotional regulation in therapeutic settings is critical for improving outcomes for individuals with both alexithymia and depression.

1.11.5.4 Relationship between Alexithymia and Adjustment.

Alexithymia and adjustment are deeply influenced by the emotional and social challenges faced by individuals with alexithymia when adapting to new environments, roles, or life circumstances. Alexithymia, characterized by difficulties in identifying and expressing emotions, impairs one's ability to process emotional experiences effectively. This emotional disconnect makes it harder for individuals to adapt to changes in personal, social, or professional settings. Successful adjustment requires emotional awareness and regulation, which are essential for coping with challenges and finding solutions. However, individuals with alexithymia often lack these abilities, leading to poorer adjustment outcomes in various life domains.

Social adjustment is particularly affected by alexithymia, as interpersonal relationships are often built on emotional understanding and communication. Individuals with alexithymia have difficulty recognizing their own emotions as well as those of others, making it difficult to form and maintain close relationships. This emotional disconnection

can result in social isolation, as people with alexithymia may be perceived as distant or unresponsive, further complicating their social adaptation. Without strong social support, which is a key factor in successful adjustment, Individuals with alexithymia are more prone to facing difficulties in recognizing and expressing emotions when navigating social transitions, such as moving to a new community or adjusting to changes in family dynamics.

In occupational settings, alexithymia can hinder adjustment to professional roles and workplace challenges. Emotional regulation is critical for managing work related stress, adapting to new responsibilities, and maintaining effective communication with colleagues and supervisors. Individuals with alexithymia may find it challenging to express their concerns or frustrations at work, leading to misunderstandings and unresolved conflicts. Additionally, their inability to recognize and address workplace stress can result in increased job dissatisfaction and lower productivity. This lack of emotional expression and problem-solving ability in professional contexts makes it difficult for individuals with alexithymia to adapt to the demands of their work environment.

Moreover, people with alexithymia tend to use maladaptive coping strategies, such as avoidance or denial, when faced with stress or life changes. Instead of addressing challenges head - on or seeking emotional support, they may disengage from stressful situations. This avoidance behavior not only prevents them from adapting effectively but also leads to the accumulation of unresolved emotional issues, further hindering adjustment. Over time, these unresolved emotions and stressors can manifest as psychological distress, such as anxiety or depression, creating additional barriers to successful adaptation.

Overall, the connection between alexithymia and adjustment is marked by emotional suppression, social isolation, and ineffective coping mechanisms. The inability to process and express emotions prevents individuals with alexithymia from adapting smoothly to new or challenging life situations, leaving them vulnerable to stress and emotional distress. Addressing emotional awareness and developing adaptive coping

strategies are critical steps in improving the adjustment process for individuals with alexithymia.

In summary, the constructs of Alexithymia, stress, anxiety, depression, and adjustment are deeply intertwined. Alexithymia impairs emotional regulation, leading to increased stress, anxiety, and depression. These psychological difficulties, in turn, hinder an individual's ability to adjust to new environments or life changes, perpetuating a cycle of emotional dysregulation and poor mental health. Understanding the interrelationship between these constructs is essential for developing interventions that target emotional awareness and regulation to improve psychological well - being and promote successful adjustment.

CHAPTER 2

LITERATURE REVIEW

Chapter 2

Literature Review

2.1 Overview

Review of literature plays an essential role in identifying previous work on the topic, uncovering patterns, and establishing theoretical frameworks that inform the current research. By critically examining existing studies, the review helps to highlight trends, strengths, and methodological limitations in the field. It also offers insights into how various researchers have approached similar problems, which can guide the design of new studies. More generally, a literature review enables researchers to avoid redundancy, ensuring that their work builds on established knowledge while contributing novel findings. It also contextualizes the study within the broader academic conversation, ensuring that it is grounded in empirical evidence and aligned with ongoing developments in the field.

In the specific context of this study, the review of related literature aims to explore the intersection of alexithymia, stress, anxiety, depression, and adjustment, particularly in expatriates. The chapter synthesizes findings from a range of studies, both within and beyond the expatriate population, to understand how emotional regulation difficulties contribute to psychological distress and adaptation challenges. It assesses the methodologies employed, the populations studied, and the consistency of findings to paint a comprehensive picture of how these constructs interact. Additionally, this section identifies gaps in the literature - areas where further research is needed to address unanswered questions or conflicting results. These gaps form the foundation for the current study, which seeks to contribute new knowledge and insights into these critical psychological dynamics.

2.2 Studies Related to Alexithymia

Bagby (2006) used a clinical sample of 400 people with a variety of personality disorders to investigate the connection between alexithymia and personality disorders. The goal was

to evaluate the effects of alexithymia on interpersonal functioning and emotional regulation in people with personality disorders. The results showed that those with higher levels of alexithymia, especially those with avoidant and borderline personality disorders, had more emotional dysregulation and had a harder time establishing intimate connections with others. According to the study's findings, alexithymia significantly contributes to the emotional and social dysfunction seen in people with personality disorders, highlighting the need of treatment approaches that focus on emotional expression and awareness.

Bagby et al. (2020) examined the connection between emotional intelligence and alexithymia in a sample of 350 persons. The study's goal was to determine if those with high levels of alexithymia had inferior emotional intelligence and how this affected their ability to perform in social and professional settings. The results showed that emotional intelligence and alexithymia were significantly correlated negatively, meaning that those with greater levels of alexithymia had a harder time identifying, comprehending, and controlling their own and other people's emotions. The assumption that emotional intelligence is essential to reducing the impact of alexithymia on day-to-day functioning is supported by the fact that participants with the condition also reported greater challenges in interpersonal relationships and professional interactions

Baumann et al. (2025) investigated the connection between alexithymia, non-suicidal self-injury (NSSI), and emotion regulation in a sample of 328 adults. Their findings indicated that participants with a history of NSSI displayed higher levels of alexithymia, relied more on maladaptive strategies such as expressive suppression, and used adaptive strategies like cognitive reappraisal less frequently. Both positive and negative emotional dimensions of alexithymia were linked to NSSI, suggesting that self-injury may serve as a coping mechanism for emotional distress. Factors such as younger age, difficulty understanding emotions, and lower use of cognitive reappraisal were identified as predictors of NSSI, underscoring the role of alexithymia in vulnerability to maladaptive behaviors. The study emphasizes the importance of interventions that enhance emotional awareness and adaptive regulation to prevent self-injurious behaviors.

Brett et al. (2025) conducted a longitudinal study involving 164 Iranian adolescents to examine how alexithymia contributes to psychological distress via emotion regulation difficulties. The results demonstrated that baseline alexithymia predicted worsening emotion regulation over seven months, which in turn increased depression, anxiety, and stress. Both positive and negative aspects of emotion regulation mediated these relationships, highlighting the broad impact of alexithymia on emotional functioning. The study emphasizes the need for early identification and intervention for adolescents with alexithymic traits to prevent the escalation of mental health problems.

Di Tella et al. (2020) examined the role of alexithymia in chronic pain among a sample of 400 patients with fibromyalgia. The aim of the study was to assess how alexithymia influenced the experience of pain and disability in chronic pain conditions. The results showed that patients with greater levels of alexithymia reported more intense pain and greater functional impairment compared to those without alexithymia. The researchers suggested that alexithymia may exacerbate chronic pain by impairing emotional regulation and increasing the perception of pain. The study concluded that interventions aimed at improving emotional awareness could be beneficial for managing chronic pain in patients with alexithymia.

Donges (2005) investigated the neurological basis of alexithymia using functional magnetic resonance imaging (fMRI) in a sample of 35 healthy adults. The objective was to explore the brain regions involved in emotional processing deficits associated with alexithymia. The findings revealed that individuals with higher alexithymia scores showed reduced activation in the anterior cingulate cortex and the insular cortex, areas of the brain associated with emotional awareness and interoception. The study concluded that alexithymia may be linked to specific neural deficits, particularly in regions responsible for processing and integrating emotional and bodily information, contributing to difficulties in emotional recognition and regulation.

Fantini-Hauwel et al. (2025) validated the French version of the Perth Alexithymia Questionnaire (PAQ) with 481 Belgian adults, demonstrating strong psychometric

properties, including factor structure, reliability, and validity against other measures of emotion regulation and psychopathology. Latent profile analysis revealed eight distinct alexithymia profiles, reflecting the diversity in emotional processing and underscoring the need for assessing alexithymia at both facet and valence levels for research and clinical purposes.

Goerlich and Votinov (2023) reviewed the links between alexithymia and hormonal imbalances, suggesting that dysregulation in hormones like cortisol and oxytocin may contribute to deficits in social cognition and emotion regulation. The review identifies gaps in research on sex hormones' influence on alexithymia-related impairments and highlights the potential for incorporating hormonal factors into clinical assessment and intervention strategies.

Grynberg et al. (2012) examined the connection between empathy and alexithymia in a sample of 400 college students. The objective was to explore whether alexithymia impaired the ability to empathize with others' emotional experiences. The results demonstrated that both cognitive and emotional empathy were lower in those with greater levels of alexithymia. The study concluded that alexithymia may limit social functioning by reducing individuals' capacity to understand and respond to others' emotions, which can lead to social isolation and difficulties in maintaining relationships. The researchers suggested that interventions aimed at enhancing emotional awareness and empathy could improve social outcomes for individuals with alexithymia.

Hemming et al. (2016) investigated the relationship between alexithymia and post-traumatic stress disorder (PTSD). In a sample of 200 veterans who had experienced trauma connected to battle. The goal was to ascertain if alexithymia affected the intensity of symptoms and raised the chance of developing PTSD. According to the findings, veterans with greater levels of alexithymia had a higher risk of developing PTSD and exhibited more severe symptoms, including intrusive thoughts and emotional numbness. The researchers concluded that alexithymia could hinder emotional processing and recovery

from trauma, making individuals more vulnerable to developing PTSD after exposure to traumatic events.

Hoffman et al. (2021) investigated the connection between alexithymia and sleep difficulties. In a sample of 400 people with insomnia. The objective was to examine whether alexithymia contributed to difficulties in initiating and maintaining sleep, and how emotional regulation deficits might exacerbate insomnia symptoms. The findings showed that more severe sleep disruptions, such as extended sleep start latency and frequent overnight awakenings, were reported by those with greater levels of alexithymia. The study found that emotional dysregulation played a mediating role, as individuals with alexithymia were more likely to ruminate and experience heightened physiological arousal before sleep. The researchers suggested that addressing alexithymia in therapeutic interventions could improve sleep quality in individuals with chronic insomnia.

Honkalampi et al. (2000) conducted a study to examine the association between alexithymia and major depressive disorder in a clinical sample of 200 outpatients diagnosed with depression. The objective was to determine whether alexithymia could predict the severity and persistence of depressive symptoms The results showed that compared to those without alexithymia, those with high levels of the condition had more severe and long-lasting depression. The researchers concluded that alexithymia may lead to depressive symptoms by impairing emotional regulation and limiting the ability to process negative emotions effectively.

Karukivi (2014) investigated the prevalence and effects of alexithymia in a sample of 600 teenagers, in order to ascertain its correlation with mental health outcomes including anxiety and depression, The findings showed a substantial correlation between anxiety and depression and high levels of alexithymia, which were present in 12% of the teenagers. The research shows that teenagers with alexithymia have more chances to experience emotional distress, social isolation, and academic difficulties. The researcher concluded that alexithymia is the key factor for mental health problems during adolescence and

recommended early intervention strategies to enhance emotional awareness and expression in young people.

Karukivi et al. (2010) looked at the connection between teenage psychosocial stress and alexithymia. A sample of 600 Finnish high school students, ages 15 to 18, participated in the research. The goal was to ascertain if alexithymia affected emotional and social functioning and whether it led to increased stress levels in adolescence. The results showed that adolescents with alexithymia were more likely to report high levels of stress, emotional detachment, and difficulties in forming close relationships. The study emphasized that alexithymia in adolescence could hinder social development and lead to long - term emotional difficulties.

Kooiman et al. (2004) examined the prevalence of alexithymia in patients with somatoform disorders, using a sample of 212 individuals diagnosed with medically unexplained physical symptoms. The study aimed to explore whether alexithymia was more prevalent in this population and how it influenced symptom presentation. According to the findings, 42% of the patients had high levels of alexithymia, which is a far greater percentage than the general population. Moreover, patients with alexithymia reported more severe and persistent physical symptoms, as well as greater emotional distress. The study concluded that alexithymia could exacerbate the severity of somatoform symptoms by limiting emotional awareness and promoting the expression of distress through physical complaints.

Li et al. (2015) Investigated the connection between depression and alexithymia in a sample of 300 Chinese college students. In a non-clinical sample, the research sought to determine how alexithymia influences the emergence of depressive symptoms. The researchers discovered that students who had greater levels of alexithymia were much more likely to have depressed symptoms based on self-report assessments. The findings showed that one of the main factors contributing to the development of depression was difficulties recognising and characterising emotions. According to the study's findings, treatments that

focus on emotional expressiveness and awareness may assist people with alexithymia avoid developing depression.

Luminet and Nielson (2021, 2024) provided comprehensive overviews of alexithymia as a multidimensional personality trait, illustrating its impact on cognitive-emotional processing and its role as a risk factor for both mental and physical health issues. They highlighted how alexithymia affects perception, interpretation, and regulation of emotions across various contexts and suggested interventions including neurofeedback, neurostimulation, and behavioral approaches to enhance emotional awareness and regulation.

Lumley et al. (2007) evaluated the connection between alexithymia and physical health outcomes in a medical context. 250 people with long-term conditions, such as heart disease and persistent discomfort, made up the sample. Examining whether alexithymia was a predictor of worse physical health and investigating the reasons behind this association were the goals of the research. According to the findings, those with greater levels of alexithymia had poorer health outcomes and more severe physical complaints. Because alexithymia affects emotional regulation, which raises stress levels and diminishes coping skills, the researchers concluded that it contributes to worse health.

Mattila et al. (2008). The incidence of alexithymia in the general population and its connection to health-related quality of life were examined, five thousand people between the ages of thirty and seventy were chosen at random from a population register to participate in the research. Finding out how common alexithymia is in the general population and how it relates to both physical and mental health was the major goal. The findings showed that alexithymia features were present in around 10% of the population. People with alexithymia reported greater levels of anxiety and depression, more frequent somatic complaints, and much worse quality of life ratings. The detrimental effects of alexithymia on mental and physical health were highlighted in the research

Morie (2020) investigated the connection between substance use disorders and alexithymia in a sample of 250 persons receiving treatment for drug and alcohol addiction. Evaluating

the impact of alexithymia on drug use behaviours and treatment results was the goal. The results showed that those with greater levels of alexithymia had worse treatment outcomes, including higher rates of relapse. The study concluded that alexithymia impairs emotional regulation and contributes to maladaptive coping mechanisms, suggesting that addressing alexithymia in addiction treatment programs may improve long - term recovery outcomes.

Moriguchi et al. (2007) used functional magnetic resonance imaging (fMRI) to examine the brain correlates of alexithymia in a sample of thirty people with different degrees of the condition. The study's objective was to explore how alexithymia affects brain function, particularly in regions involved in emotional processing. The findings revealed that individuals with high levels of alexithymia showed reduced activation in the anterior cingulate cortex and the insular, regions known to be involved in emotional awareness and interoception. The study concluded that alexithymia is associated with specific neural deficits, particularly in the ability to integrate emotional information from the body, contributing to difficulties in identifying and processing emotions.

Panayiotou (2015) investigated the connection between emotional repression and alexithymia using a sample of 300 college students. The goal was to find out how maladaptive emotional regulation techniques, including repressing feelings, are influenced by alexithymia. The results showed that those who scored higher on alexithymia were more prone to repress their emotions and had more trouble expressing both good and negative feelings. The research found that alexithymia prevents people from expressing their emotions in a healthy way. It also proposed that therapies that focus on enhancing emotional awareness and communication could help people with alexithymia, especially in educational and developmental settings.

Pandey et al. (2011) investigated the relationship between alexithymia and alcohol use disorders in a sample of 150 persons receiving treatment for alcohol dependency. The objective was to explore how alexithymia influenced drinking behaviour and treatment outcomes. The results showed that those who had greater levels of alexithymia were more likely to have more severe symptoms of alcohol dependency and to use alcohol as a coping

technique for emotional discomfort. Furthermore, alexithymic individuals had poorer treatment outcomes, as they struggled to engage in emotional processing and therapeutic interventions. The study suggested that addressing alexithymia in treatment could improve outcomes for individuals with alcohol use disorders.

Vanheule et al. (2011) In a study of 250 mental patients, investigated the connection between interpersonal challenges and alexithymia. The goal was to find out whether alexithymia made it harder to establish and maintain intimate relationships. The findings showed that interpersonal dysfunction, which includes issues with trust, empathy, and emotional expression, was much more prevalent in those with alexithymia. It was shown that these interpersonal issues exacerbated the symptoms of despair and anxiety. In order to enhance social functioning and mental health outcomes, the research emphasised the significance of treating alexithymia in therapeutic settings

Verissimo et al. (2017) explored the role of alexithymia in the development of eating disorders among a sample of 280 adolescent girls diagnosed with anorexia nervosa and bulimia nervosa. The study aimed to determine how alexithymia contributed to the onset and maintenance of disordered eating behaviours. The findings showed that eating disorder symptoms, such as body dissatisfaction and food obsession, were more severe in females with greater levels of alexithymia. Furthermore, it was shown that a key predictor of binge-eating episodes was difficulty recognising and expressing emotions. According to the research, people with alexithymia may utilise food as a coping strategy for emotional pain since it affects their ability to regulate their emotions.

2.3 Studies Related to Stress

Aldwin et al. (2019) investigated the impact of stress on ageing, using a sample of 600 older individuals 65 years of age and older. The objective was to explore how cumulative life stress impacted both physical and cognitive aging. The findings indicated that individuals with higher lifetime stress exposure showed faster cognitive decline, reduced mobility, and a greater chance of chronic diseases including diabetes and heart disease. The study also found that older adults with strong social support networks and positive coping

mechanisms experienced less severe effects of stress on aging. Aldwin et al. came to the conclusion that stress is a major factor in the ageing process and emphasized the importance of interventions focused on stress reduction and social support in older populations.

Cohen et al. (2007) A thorough investigation of the connection between long-term stress and sickness susceptibility was carried out by a sample of 276 healthy people. Determining if extended exposure to stressful life events raised the chance of getting a cold after being exposed to a cold virus was the aim of the research. The results showed that individuals reporting high levels of chronic stress were significantly more likely to develop cold symptoms than those with lower stress levels. The study concluded that chronic stress impairs immune function, making individuals more vulnerable to illness. The researchers emphasized the importance of managing stress to maintain physical health and immune resilience.

Lupien et al. (2009) in longitudinal research with 500 older persons, investigated the long-term impacts of stress on ageing and brain function. The study's goal was to investigate the effects of chronic stress exposure on structural brain alterations and cognitive deterioration. According to the findings, those who were under more stress over time had more hippocampus atrophy, a part of the brain that is important for memory, and their cognitive abilities declined more quickly than people who were under less stress. The research emphasised the negative impacts of long-term stress on memory and brain ageing, indicating that stress management techniques may be able to slow down cognitive loss in older adults.

Slavich and Irwin (2014) investigated the role of stress in the development of inflammation - related diseases, such as cardiovascular disease and cancer, using a sample of 300 adults. The objective was to assess how stress influenced biological processes linked to inflammation. The results showed that those who were under a lot of stress had higher levels of inflammatory markers, such interleukin-6 and C-reactive protein, which are known to have a role in chronic illnesses. The study concluded that inflammation brought

on by stress is a major factor in the onset and course of a number of chronic diseases, highlighting the need for stress reduction strategies to prevent inflammation - related health problems.

Lazarus and Folkman (2006) conducted a study to explore the role of coping strategies in moderating the effects of stress on mental health. The sample consisted of 450 adults from diverse backgrounds, including high-stress professions like healthcare and law enforcement. Examining the effects of problem-focused and emotion-focused coping mechanisms on the connection between stress and psychological well-being was the aim of the study. The findings demonstrated that while people who relied on emotion-focused coping mechanisms, like avoidance or denial, reported higher levels of psychological distress, those who used problem-focused coping mechanisms, like problem-solving and time management, reported lower levels of anxiety and depression. The research emphasised the value of flexible coping mechanisms in reducing the negative consequences of stress.

Chida and Steptoe (2010) performed a meta-analysis of 148 studies to investigate the connection between psychological stress and cardiovascular outcomes, using a sample of over 200,000 individuals from various research. The objective was to determine the extent to which stress contributed to the development of cardiovascular disease. The results indicated that individuals with high levels of psychological stress were at a significantly greater risk of developing heart disease, hypertension, and stroke. The study found that both acute and chronic stress were associated with adverse cardiovascular outcomes, and it concluded that stress management interventions, such as relaxation techniques and lifestyle changes, could reduce the risk of heart disease.

Hammen (2005) investigated the relationship between stress and depression in adolescents using a sample of 300 high school students. The study's goal was to determine if stressful life events, like family disputes and academic demands, were linked to the development of depressive symptoms. The findings revealed that adolescents exposed to experienced greater levels of stress had a noticeably larger risk of developing depression than their

counterparts who had lower levels of stress. The study also found that girls were more susceptible to stress - induced depression than boys. Hammen concluded that stress is a key predictor of depression in adolescence and recommended early interventions to reduce stress and prevent depressive episodes.

Segerstrom and Miller (2004) used data from more than 18,000 people in a meta-analytic analysis of 293 research to investigate how stress affects the immune system. The objective was to assess how different types of stress - acute, chronic, and perceived stress - affected immune function. The results showed that acute stressors, such as public speaking or exams, temporarily boosted immune function, whereas chronic stress significantly suppressed immune responses, increasing the risk of infections and slower wound healing. The study highlighted the dual nature of stress on immunity and emphasized the need for chronic stress management to support long - term immune health.

Selye (2006) reviewed the General Adaptation Syndrome (GAS) model. In the research examining the physiological reactions to stress in a sample of 150 people subjected to varied degrees of stress. The objective was to observe how different types of stress - eustress (positive) and distress (negative) - affected bodily functions. The results demonstrated that individuals exposed to positive stressors, such as meeting a deadline for a rewarding project, showed increased energy and motivation, while those experiencing negative stressors, such as job insecurity, exhibited exhaustion and reduced performance. The research came to the conclusion that persistent anguish causes both physical and mental degradation, and it validated Selye's initial idea that the body responds to stress in three stages: alarm, resistance, and weariness.

McEwen (2012) investigated the idea of allostatic load, which is the cumulative wear and tear on the body brought on by ongoing stress, in a study involving 400 participants aged 30 to 60. The objective was to measure the impact of stress on physiological systems, including cardiovascular, metabolic, and immune function. The results revealed that individuals with high allostatic load, as indicated by biomarkers such as elevated blood pressure and cortisol levels, were more likely to suffer from chronic conditions like

diabetes, heart disease, and depression. McEwen concluded that long-term stress raises the chance of developing chronic illnesses and speeds up biological ageing, highlighting the need of lowering allostatic load via stress management strategies.

Goyal et al. (2014) performed a randomised controlled study to investigate the impact of mindfulness meditation on stress reduction. Using a sample of 350 people with moderate to high perceived stress levels. The study's goal was to determine if mindfulness practices might reduce stress and enhance mental health. An eight-week mindfulness-based stress reduction (MBSR) program or a control group that received no intervention was allocated to the participants at random. When compared to the control group, the MBSR group had significantly lower levels of stress, anxiety, and depression, according to the findings. According to the study's findings, mindfulness meditation may effectively lower psychological stress and improve emotional resilience.

Smith et al. (2012) looked at how job stress affected the mental health of 500 workers from various industries. The goal was to find out how stress levels and the emergence of mental health conditions like anxiety and depression were impacted by work-life balance, job expectations, and a lack of control. The findings showed that workers were more likely to suffer stress and develop anxiety or depression if they reported having less control over their work and greater job expectations. Additionally, poor work - life balance was associated with higher levels of perceived stress and emotional exhaustion. The study concluded that workplace interventions aimed at improving job control and promoting work - life balance could significantly reduce stress and improve mental health outcomes.

Chronic et al. (2017) investigated the connection between financial stress and physical health. Using a sample of 400 persons with low incomes. The objective was to determine whether chronic financial stressors, such as debt and unemployment, contributed to adverse health outcomes. The findings showed that individuals facing financial stress reported higher rates of hypertension, gastrointestinal problems, and sleep disturbances. Furthermore, the study found that stress related to financial insecurity was a significant predictor of both mental and physical health issues. Chronic et al. concluded that financial

stress is a major contributor to health disparities and recommended policy changes to alleviate the burden on low - income populations.

Kemeny et al. (2005) to examine the impact of social stress on immunological function. A sample of 150 college students was used, The study's goal was to evaluate the effects of social rejection or exclusion on immunological responses, specifically with regard to inflammation. The findings showed that pro-inflammatory cytokines, which are connected to immunological dysregulation and the emergence of chronic inflammatory diseases, were more prevalent in those who had undergone social stress, such as being kicked out of a group activity. According to the study's findings, social stressors, no matter how brief may have long-lasting detrimental impacts on immune function. Interventions that focus on social inclusion and support may be able to lessen these effects.

Turner et al. (2015) A longitudinal research was carried out to investigate the impact of stress on academic performance in a sample of 800 high school pupils. The goal was to investigate the long-term effects of academic pressure and expectation-related stress on mental health and academic performance. According to the findings, pupils who were under a lot of stress at school were more likely to report having anxiety and depression symptoms and doing worse academically. According to the research, students who used adaptive coping mechanisms, such time management and asking for assistance, were able to lessen the detrimental impacts of stress on their academic performance and mental health. According to Turner et al., stress management programs should be implemented in schools to enhance students' academic performance and general well-being.

2.4 Studies Related to Anxiety

Chorpita et al. (2005) investigated the prevalence of anxiety disorders in children and adolescents, Using a sample of 1,200 individuals ages 7 to 17. Finding prevalent anxiety disorders and analysing how they affect social and academic functioning were the goals. The results showed that social and separation anxiety were the most common anxiety disorders, with 15% of the sample meeting the criteria for an anxiety disorder. Social isolation and scholastic problems were more common in children with anxiety disorders.

The research suggested school-based mental health programs and came to the conclusion that early intervention is essential to avoiding the long-term effects of anxiety in young people.

Garcia (2020) examined the effects of mindfulness-based therapies on stress and anxiety levels, In a sample of 200 healthcare professionals. The objective was to assess whether an eight - week mindfulness program could reduce anxiety symptoms and improve coping mechanisms in individuals working in high - stress environments. The results showed that, in comparison to a control group, individuals who finished the mindfulness training reported significantly lower levels of anxiety and felt stress. According to the study's findings, mindfulness-based treatments may effectively lower anxiety in high-stress occupations. It also recommended using these programs in workplace wellness campaigns to support mental health.

Hoffman et al. (2010) looked at how well cognitive behavioural treatment (CBT) worked to lessen anxiety symptoms in a group of 150 persons with generalised anxiety disorder (GAD). The goal was to evaluate CBT's effectiveness in treating anxiety in comparison to pharmaceutical therapies. According to the findings, those who received cognitive behavioural therapy (CBT) had a substantial decrease in their anxiety symptoms, and these gains persisted during a six-month follow-up. The study's findings, which emphasised the significance of changing thinking patterns and actions to control anxiety, showed that cognitive behavioural therapy (CBT) was just as successful as medicine in treating generalised anxiety disorder (GAD) and that individuals saw better long-term benefits from treatment.

Kessler et al. (2012) in population-based research was carried out to determine the lifetime prevalence of anxiety disorders in a sample of 10,000 persons in the United States. Evaluating the prevalence of anxiety disorders and their demographic correlations was the goal. According to the findings, 31% of people will at some time in their life suffer from an anxiety illness, and women are more likely than males to report having anxiety symptoms. The study found that anxiety was most prevalent in individuals aged 18 - 29

and those with lower socioeconomic status. Kessler et al. emphasized the need for public health initiatives to address anxiety, particularly among high - risk populations.

Kircanski (2012) examined the effectiveness of exposure therapy in reducing anxiety symptoms in individuals with specific phobias. The sample consisted of 150 adults with a range of phobias, including fear of heights, spiders, and flying. The objective was to assess whether repeated exposure to feared stimuli could decrease anxiety and avoidance behaviours. According to the findings, after only five sessions of systematic exposure treatment, participants' anxiety and avoidance significantly decreased, and these gains persisted at a six-month follow-up. According to the study's findings, exposure therapy may reduce anxiety over the long run and is a very successful treatment for some phobias.

Kroenke et al. (2007) investigated the impact of anxiety on workplace performance in a sample of 1,000 employees from various industries. The objective was to assess how anxiety affected job performance, absenteeism, and productivity. According to the findings, those with high anxiety levels were less productive, missed work more often, and expressed less job satisfaction than people with low anxiety. The study concluded that workplace anxiety has significant economic costs and recommended implementing stress - reduction programs in the workplace to enhance employee well - being and performance.

Mennin et al. (2005) used a clinical sample of 150 people to investigate the connection between generalised anxiety disorder (GAD) and emotional dysregulation. The goal was to investigate the role that emotional regulation issues played in the development and maintenance of GAD. According to the findings, those with GAD were more likely to have emotional dysregulation, which includes trouble recognising and accepting feelings, and to worry for extended periods of time in reaction to stresses. The study concluded that emotional regulation difficulties are central to the experience of GAD and suggested that treatments targeting these issues, such as emotion - focused therapy, could improve outcomes for individuals with GAD.

Mogg (2012) used a sample of 100 people with a diagnosis of social anxiety disorder (SAD) to examine the effect of attentional biases in SAD patients. The objective was to assess whether individuals with social anxiety exhibited a heightened tendency to focus on threatening social cues, such as negative facial expressions. The results, derived from a visual dot - probe task, showed that participants with SAD were significantly more likely to focus on threatening stimuli compared to neutral stimuli. The study concluded that attentional biases towards threat contribute to the maintenance of social anxiety, and recommended that therapeutic interventions targeting these biases, such as cognitive - behavioural therapy (CBT), could improve treatment outcomes.

Moitra et al. (2011) conducted a study examining the relationship between anxiety and smoking cessation outcomes in a sample of 250 adult smokers enrolled in a cessation program. The objective was to assess whether baseline anxiety levels affected the likelihood of successfully quitting smoking. The findings revealed that individuals with higher anxiety levels were less likely to successfully quit smoking, had more difficulty managing withdrawal symptoms, and were more likely to relapse. The study concluded that anxiety plays a significant role in smoking cessation outcomes, and recommended integrating anxiety management techniques, such as cognitive - behavioural therapy (CBT), into smoking cessation programs to improve long - term success rates.

Naragon - Gainey et al. (2014) In a 10-year longitudinal research of 500 people, investigated the part personality factors play in the development of anxiety disorders. Evaluating how characteristics like neuroticism, extraversion, and conscientiousness predicted the emergence of anxiety disorders was the goal. The results showed that although those with greater degrees of extraversion and conscientiousness were less likely to suffer from anxiety symptoms, those with high levels of neuroticism were much more likely to acquire anxiety problems. The research came to the conclusion that personality qualities are important in determining a person's susceptibility to anxiety disorders. It also proposed that treatments that focus on improving adaptive personality traits and decreasing neuroticism may help stop anxiety disorders from developing.

Schmidt (2010) conducted longitudinal research with 500 teenagers to examine the connection between anxiety sensitivity and the development of panic disorder. The goal was to ascertain if a higher risk of having panic disorder later in life was associated with high levels of anxiety sensitivity, which is defined as the dread of anxiety-related feelings. The results showed that throughout a five-year follow-up period, teenagers with greater anxiety sensitivity ratings had a considerably increased chance of developing panic disorder. The research found that a major risk factor for the development of panic disorder is anxiety sensitivity, and it recommended early intervention techniques to lessen anxiety sensitivity in high-risk patients.

Schneier et al. (2021) investigated the impact of the COVID - 19 pandemic on anxiety levels in a sample of 700 adults from various countries. The objective was to assess how the pandemic influenced anxiety symptoms and identify factors that contributed to increased anxiety. The results showed that people's anxiety levels increased throughout the epidemic, especially when it came to social isolation, health issues, and unstable finances. Additionally, the research discovered that those who used unhealthy coping mechanisms, such drug abuse and avoidance, had more severe anxiety symptoms. According to Schneier et al., the COVID-19 pandemic dramatically raised anxiety levels around the globe. They suggested that mental health support programs be put in place to assist people in overcoming stresses associated with the pandemic.

Simon et al. (2013) examined the connection between anxiety and physical health outcomes. Using a sample of 500 persons with chronic conditions including diabetes and heart disease. The objective was to determine whether anxiety exacerbated physical health symptoms and worsened disease management. The findings revealed that individuals with greater levels of anxiety reported more severe physical symptoms, poorer disease management, and greater use of healthcare services. The study concluded that anxiety negatively impacts physical health and recommended integrating mental health care into treatment plans for individuals with chronic illnesses to improve both mental and physical outcomes.

Spinhoven et al. (2014) investigated the function of emotional control techniques in anxiety disorders, in a sample of 200 people with a diagnosis of social anxiety disorder (SAD), The goal was to determine if maladaptive techniques for controlling emotions, including suppression and avoidance, increased the intensity of anxiety symptoms. According to the findings, those who used avoidance and suppression as coping mechanisms had greater anxiety levels and less successful treatment outcomes. The study concluded that teaching adaptive emotional regulation strategies, such as cognitive reappraisal, could enhance treatment efficacy and improve long - term outcomes for individuals with SAD.

Stein (2004) A large-scale epidemiological investigation on the prevalence and consequences of generalised anxiety disorder (GAD) was carried out in a sample of 2,500 individuals in the United States. Determining the lifetime prevalence of GAD and its correlation with functional impairment in day-to-day living was the goal. According to the findings, women are twice as likely as males to have GAD, which has a lifetime frequency of around 5%. With more absenteeism and worse productivity, people with GAD reported severe impairment in both their personal and professional lives. According to the study's findings, GAD is a prevalent and severely incapacitating disorder, highlighting the need of efficient treatment approaches.

Stein et al. (2004) A comprehensive epidemiological research examining the prevalence and consequences of social anxiety disorder (SAD) in a sample of 1,200 individuals in the United States was carried out to assessing the prevalence of SAD in the general population and its impact on people's everyday functioning and quality of life was the goal. The results indicated that approximately 7% of the population experienced SAD at some point in their lives, with higher rates among women. Individuals with SAD reported significant impairment in social functioning, lower quality of life, and higher rates of comorbid mental health conditions such as depression. The study concluded that SAD is a common but underdiagnosed condition that significantly affects individuals' well - being and recommended increased awareness and access to treatment for those with SAD.

Stein et al. (2017) investigated the neurological bases of anxiety disorders. Using functional magnetic resonance imaging (fMRI) on a sample of 100 people with panic disorder. The goal was to investigate how the amygdala and prefrontal cortex, two brain regions linked to fear and danger processing, work in people who suffer from anxiety. The findings showed that during fear-inducing activities, the amygdala was hyperactive and that there was a reduction in connection between the amygdala and prefrontal cortex. According to the study's findings, these neural patterns are involved in the elevated terror reactions associated with panic disorder, and focussing on these brain circuits may increase the effectiveness of therapies like exposure therapy.

Stuart et al. (2020) to examine the effectiveness of mindfulness-based therapies in lowering anxiety symptoms in a sample of 200 college students. The goal was to determine if mindfulness exercises may assist young people in managing their anxiety, especially while they were under stress from school. The findings showed that, in comparison to a control group, individuals who finished an eight-week mindfulness training reported significantly lower levels of anxiety symptoms, more emotional resilience, and better academic achievement. The research suggested integrating mindfulness practices into mental health services for college students and found that mindfulness-based therapies are successful in lowering anxiety.

Zinbarg et al. (2016) used a twin research design with a sample of 400 twin pairs to investigate the genetic and environmental factors that contribute to anxiety disorders. Examining the heredity of anxiety disorders and the part environmental stressors play in their development was the goal. According to the findings, external stressors including trauma and ongoing life stress significantly contributed to the onset of anxiety symptoms, whereas genetic variables accounted for between 40 and 50 percent of the variation in anxiety disorders. The research came to the conclusion that environmental circumstances and genetic predisposition both play a role in the development of anxiety, highlighting the need of focused therapies that take environmental and genetic risk into account.

2.5 Studies Related to Depression

Cuijpers et al. (2010) conducted a meta-analysis of 30 studies to compare the efficacy of psychotherapy and pharmacotherapy in treating depression. The sample included over 3,000 participants with varying levels of depression severity. Determining if one therapy technique was better than the other was the goal. The findings showed that for mild to moderate depression, psychotherapy, in particular, cognitive-behavioral therapy, or CBT, was just as successful as medication. However, a combination of both therapies had the greatest results for those suffering from severe depression. The research came to the conclusion that in order to maximise treatment success, customised therapy techniques that take the degree of depression into account are crucial.

Davis (2017) investigated the relationship between physical exercise and depression in a sample of 250 adults with mild to moderate depressive symptoms. Examining if regular exercise may lessen depression symptoms and enhance general wellbeing was the goal. The findings revealed that participants who engaged in regular aerobic exercise reported significant reductions in depressive symptoms and improvements in mood. The study concluded that physical exercise is a valuable non - pharmacological intervention for reducing symptoms of depression, with the potential to enhance both mental and physical health.

Fava et al. (2003) conducted a study examining the long - term effects of antidepressant medication on relapse rates in a sample of 300 adults diagnosed with major depressive disorder (MDD). The objective was to assess whether continued use of antidepressants prevented relapse over a five - year period. The findings indicated that individuals who remained on antidepressants had significantly lower relapse rates compared to those who discontinued medication. However, the study also found that some individuals experienced breakthrough depressive episodes despite medication. The researchers concluded that while antidepressants are effective in preventing relapse, combining medication with psychotherapy might offer better long - term outcomes.

Fournier et al. (2010) conducted a study comparing the effects of antidepressant medication versus placebo in treating mild, moderate, and severe depression. The sample included 500 adults with varying levels of depression. The objective was to assess whether antidepressants were more effective than placebo in reducing symptoms across different severity levels. The results showed that while antidepressants were significantly more effective than placebo for individuals with severe depression, there was little difference between the two for individuals with mild or moderate depression. The study concluded that antidepressants may not be necessary for mild to moderate cases and that psychotherapy could be a viable alternative for these individuals.

Gotlib et al. (2004) explored the cognitive aspects of depression, specifically focusing on attentional biases toward negative stimuli in a sample of 100 adults with and without depression. The objective was to assess whether individuals with depression showed a stronger bias toward negative emotional cues compared to healthy controls. Using an emotional Stroop task, the results showed that individuals with depression took longer to disengage from negative words, indicating a cognitive bias. The study concluded that attentional biases play a critical role in the persistence of depressive symptoms and suggested that targeting these biases in therapy could improve treatment outcomes.

Hammen et al. (2009) examined the connection between interpersonal stress and the beginning of depression, using a sample of 400 teenagers. Investigating if interpersonal issues, such as disputes with family and friends, raised the risk of developing depressive symptoms was the aim of the study. The findings showed that adolescents with higher interpersonal stress levels had a higher risk of developing depression than adolescents with lower stress levels. The research also discovered that after interpersonal confrontations, females were more susceptible to depression. The researchers came to the conclusion that early therapies that address interpersonal stresses might stop adolescent depression before it starts.

Harris (2009) investigated the relationship between depression and sleep disruptions in a sample of 500 persons with major depressive disorder. The objective was to assess how

insomnia and other sleep - related issues impacted the severity of depression. The findings revealed that individuals with severe sleep disturbances had more intense and prolonged depressive episodes compared to those without sleep problems. The study concluded that sleep disturbances not only exacerbate depressive symptoms but may also serve as a predictor of depression severity, suggesting that addressing sleep issues in treatment could improve outcomes for individuals with depression.

Ingram et al. (2011) Using a sample of 250 people with a history of depression, investigated the function of self-focused attention in depression. Finding out whether rumination, an excessive concentration on one's own unpleasant thoughts and feelings, contributed to the recurrence of depressive episodes was the aim of the study. The findings showed that those who ruminationed more often had a greater chance of relapsing into depression. The research came to the conclusion that ruminating is a cognitive vulnerability factor for depression and proposed that rumination-focused therapy treatments, including mindfulness-based techniques, may lower the chance of recurrence.

Jones (2014) explored the effectiveness of cognitive behavioural therapy (CBT) in treating major depressive disorder (MDD) in a sample of 200 patients. The objective was to determine the efficacy of CBT compared to pharmacotherapy in reducing depressive symptoms. The results indicated that individuals receiving CBT reported significant improvements in mood and functioning, comparable to those on antidepressant medication. Moreover, the benefits of CBT were more sustained over time, with fewer participants experiencing relapse. The study concluded that CBT is a highly effective treatment for MDD, particularly in preventing relapse and promoting long - term recovery.

Kendler et al. (2006) studied 2,000 pairs of twins. To look into the genetic and environmental variables that contribute to depression, Determining the effect of environmental stresses and the heredity of depression were the goals. According to the results, environmental variables including stresses and trauma explained the remaining variation in the chance of getting depression, with hereditary factors accounting for around 40% of the risk. The study concluded that depression is the result of both genetic

predispositions and environmental triggers, highlighting the importance of considering both factors in treatment planning.

Kroenke et al. (2010) examined how stress in life might lead to depression in a sample of 350 persons who had previously had recurrent major depressive disorder (MDD). Determining whether acute and chronic life stresses influenced the development of depressive episodes was the goal. The findings showed that the chance of recurrent depression was considerably raised by both forms of stress, with chronic stress having a stronger impact. Individuals who were dealing with long-term stresses, such persistent relationship issues or financial hardships, were more at risk. According to the study's findings, life stress has a significant role in depressive recurrence, and stress-reduction therapies may be able to stop further episodes.

Monroe et al. (2007) conducted a study investigating the role of life stress in triggering depression in a sample of 350 adults with a history of recurrent major depressive disorder (MDD). The objective was to determine whether acute and chronic life stressors contributed to the onset of depressive episodes. The results indicated that both types of stress significantly increased the likelihood of depression recurrence, with chronic stress having a more pronounced effect. Participants experiencing long - term stressors, such as financial difficulties or ongoing relationship problems, were particularly vulnerable. The study concluded that life stress is a critical factor in the recurrence of depression, and interventions focusing on stress reduction may help prevent future episodes.

Oquendo et al. (2014) investigated the connection between depression and suicide risk, in a study of 400 persons with MDD. The objective was to identify the specific features of depression that contributed most to suicidal ideation and behaviour. The findings revealed that individuals with higher levels of hopelessness, anhedonia, and feelings of worthlessness were significantly more likely to report suicidal thoughts or attempts. The study concluded that while general depressive symptoms increase the risk of suicide, targeting these specific features in therapeutic interventions is crucial for reducing suicide risk in individuals with depression.

Papakostas et al. (2020) using a sample of 200 persons with treatment-resistant depression, examined the connection between inflammation and depression. The goal was to ascertain if worse treatment results were linked to higher levels of inflammatory markers, such as interleukin-6 (IL-6) and C-reactive protein (CRP). According to the findings, those with greater levels of inflammation had more severe depression symptoms and were less likely to react to conventional antidepressant therapies. According to the study's findings, anti-inflammatory medications may be investigated as possible supplemental therapy for those with increased inflammatory markers, and inflammation may contribute to treatment resistance in depression.

Ravindran et al. (2009) investigated the effectiveness of combining medication with mindfulness-based cognitive therapy (MBCT) in a sample of 150 people with depression who were resistant to treatment. The goal was to determine if MBCT, when used with regular medication, would enhance treatment results for patients who did not completely react to antidepressants. When compared to those who just got medicine, the results demonstrated that individuals who underwent MBCT in addition to pharmacotherapy saw considerable improvements in their depression symptoms. The research found that MBCT promotes emotional control and lowers relapse rates, making it a useful supplementary therapy for those with treatment-resistant depression.

Shankman et al. (2013) examined the connection between anhedonia, the inability to feel pleasure, and the intensity of depression. In a study of 200 persons with MDD. The objective was to determine whether anhedonia was a key predictor of treatment outcomes and overall depression severity. The results indicated that individuals with higher levels of anhedonia reported more severe depressive symptoms and were less likely to respond to standard treatments, such as antidepressants or psychotherapy. The researchers concluded that anhedonia is a critical feature of depression that requires targeted interventions, such as behavioural activation therapy, to improve treatment efficacy.

Smith (2008) conducted a study examining the relationship between childhood trauma and adult depression in a sample of 400 adults. The objective was to assess how early - life

trauma, such as abuse or neglect, influenced the development of depression in adulthood. The results showed that those with a history of childhood trauma had a much higher chance of developing depression in later life, especially when combined with stresses in their present lives. According to the study's findings, childhood trauma significantly increases the likelihood of developing depression as an adult, underscoring the need of early intervention and treatment for trauma survivors.

Southwick et al. (2005) explored the role of resilience in protecting against depression in a sample of 300 adults exposed to trauma, including military veterans and survivors of natural disasters. The objective was to assess whether higher levels of resilience mitigated the effects of trauma on the development of depression. The findings revealed that individuals with greater resilience, defined by their ability to adapt to adversity and maintain a positive outlook, were less likely to develop depressive symptoms following trauma. The study concluded that resilience is a protective factor against depression and recommended resilience training as part of preventive mental health interventions for at - risk populations.

Williams (2020) looked at how social isolation contributes to the onset and persistence of depression in older persons. Three hundred people 65 years of age and older made up the sample. The goal was to evaluate the role that social isolation and loneliness played in the development and intensity of depression. The results showed that depressive symptoms and a lower degree of life satisfaction were much more common among older persons who reported greater levels of social isolation. According to the study's findings, social isolation plays a significant role in depression among older persons, highlighting the need of therapies that encourage social interaction and support for this demographic.

Zimmerman et al. (2012) conducted a study examining the effectiveness of brief psychotherapy for depression in primary care settings. The sample consisted of 250 adults diagnosed with mild to moderate depression who received either brief cognitive - behavioural therapy (CBT) or treatment as usual (medication management). The objective was to assess whether brief psychotherapy could be an effective alternative to medication

in primary care. The results showed that participants who received brief CBT reported significant reductions in depressive symptoms and greater improvements in daily functioning compared to those who only received medication management. The study concluded that brief, focused psychotherapy is a viable treatment option for managing depression in primary care settings.

2.6 Studies Related to Adjustment

Anderson et al. (2012) investigate the process of psychological adjustment in a sample of 400 immigrants to the United States. The objective was to assess how cultural adaptation strategies influenced mental health outcomes, such as depression and anxiety. The results showed that individuals who adopted an integration strategy, maintaining ties to their native culture while embracing aspects of the new culture, experienced better mental health and greater life satisfaction. In contrast, those who followed a separation or marginalization strategy reported greater levels of stress and poorer adjustment outcomes. The study concluded that fostering integration can promote better mental health and smoother adjustment among immigrants.

Brown (2010) conducted a study examining the psychological adjustment of military veterans transitioning to civilian life, using a sample of 250 veterans who had recently completed military service. The objective was to explore how social support and vocational training influenced veterans' adjustment to post - military life. The findings revealed that veterans who had access to social support networks and job training programs reported lower levels of stress and better psychological well - being. Conversely, those who lacked these resources struggled more with emotional regulation and reintegration into civilian society. The study concluded that social support and vocational training are critical factors in facilitating successful adjustment for military veterans.

Brown et al. (2015) investigated the adjustment process of people who had gone through a divorce, using a sample of 300 adults who had been divorced for one to three years. The goal was to evaluate the impact of coping mechanisms and social support on post-divorce adjustment. According to the research, those who used adaptive coping mechanisms, such

looking for emotional support and concentrating on personal development, and who had strong social networks fared better in terms of adjustment, depression, and life satisfaction. On the other hand, those who lacked social support or used avoidant coping strategies expressed more anxiety and had a harder time adapting. According to the study's findings, active coping mechanisms and social support are essential for a successful post-divorce transition.

Chen (2013) explored the adjustment process of international students in the United States, focusing on how cultural differences and language proficiency impacted their psychological well - being. The study involved 300 international students from various countries. The objective was to assess how the challenges of adjusting to a new cultural and academic environment influenced mental health outcomes such as anxiety and depression. The results showed that students with higher levels of English proficiency and better cultural integration adjusted more easily, reporting lower levels of anxiety. The study concluded that improving language skills and promoting cultural exchange could enhance the adjustment process for international students.

Chen et al. (2010) explored the adjustment of high school students transitioning to university in a sample of 400 freshmen. The objective was to assess how academic pressure, social relationships, and personal expectations affected their adjustment to the new environment. The findings revealed that students who had strong friendships, received academic support, and managed their expectations adjusted more smoothly, reporting lower levels of stress and higher academic performance. Conversely, students who experienced academic pressure or struggled with social relationships had more difficulty adjusting and reported higher levels of anxiety and lower academic engagement. The study concluded that promoting social integration and academic support is key to improving the adjustment of students transitioning to higher education.

Gallagher et al. (2008) investigated adjustment to retirement in a sample of 400 recently retired adults. The objective was to investigate how financial security, social engagement, and pre-retirement planning impacted adjustment to retirement. The findings showed that

individuals who had engaged in thorough retirement planning and maintained active social lives adjusted more positively, reporting greater levels of life satisfaction and lower levels of depression. Conversely, those with financial difficulties or limited social engagement experienced poorer adjustment outcomes. The study concluded that pre-retirement preparation and maintaining an active social network are key factors in successful adjustment to retirement.

Garcia (2017) used a sample of 300 Expats from different Western nations to investigate the adjustment process of Expats employed in the Middle East. The goal was to evaluate the effects of social integration, cultural remoteness, and occupational assistance on psychological adjustment. The results revealed that expatriates who received workplace support and engaged in local cultural activities adjusted more easily and reported lower levels of homesickness and stress. In contrast, expatriates who faced greater cultural distance without adequate support experienced more significant adjustment difficulties. The study concluded that organizational support and cultural integration are essential for promoting the psychological well - being of expatriates.

Johnson (2005) studied the adjustment of 150 persons who had experienced significant life changes, such divorce or the death of a spouse. The goal was to investigate how coping mechanisms, such controlling one's emotions and looking for social support, affected psychological adjustment after major life transitions. According to the results, those who actively sought out friends' and family's emotional support were able to adapt better and had less anxiety and despair. According to the study's findings, fostering good adjustment throughout major life changes requires emotional control and robust social networks.

King and Smith (2011) explored the psychological adjustment of survivors of natural disasters in a sample of 300 adults affected by hurricanes. The objective was to assess how coping strategies and community support influenced post - disaster adjustment. The results revealed that individuals who utilized problem focused coping and had strong community support networks were better able to adjust, reporting lesser symptoms of post - traumatic stress and greater resilience. In contrast, those who relied on avoidance coping strategies

experienced more severe psychological distress. The study concluded that community - based interventions and promoting adaptive coping strategies are vital for improving adjustment outcomes following natural disasters.

Kumar et al. (2018) investigated the psychological adjustment of international healthcare workers relocating to work in a new country, using a sample of 250 healthcare professionals from different countries working in the Middle East. The objective was to examine the role of cultural adaptation and workplace support in their adjustment process. The results showed that workers who received cultural orientation and workplace support adjusted more easily, with lowels of stress and higher job satisfaction. However, those without these resources experienced more difficulties, including increased anxiety and feelings of isolation. The study concluded that providing cultural and professional support is essential for facilitating the adjustment of international healthcare workers.

Lee et al. (2017) using a sample of 250 veterans from different branches of the military, investigated how well military veterans adjusted to civilian life after leaving the service. The objective was to assess the challenges veterans face during the transition and the factors contributing to successful adjustment. The results indicated that veterans who received vocational training and had strong social support networks adjusted more smoothly and reported fewer mental health problems, such as PTSD and depression. Veterans without these resources experienced greater difficulties adjusting to civilian life. The study concluded that providing support services, such as job training and mental health counselling, is essential for facilitating veterans' adjustment to post - military life.

Martinez et al. (2021) investigated how well carers adjusted to the challenges of caring for family members with Alzheimer's disease, using a sample of 200 caregivers. The objective was to assess how caregiving burden, social support, and coping strategies influenced caregivers' psychological well - being. The findings indicated that caregivers who had access to social support and used problem - focused coping strategies adjusted better, experiencing lower levels of stress and burnout. In contrast, caregivers who lacked social support or relied on avoidance strategies reported higher levels of emotional

exhaustion and depressive symptoms. The study concluded that providing caregivers with emotional and practical support is essential for improving their adjustment and mental health.

Park and Folkman (2001) conducted a study to examine how individuals adjust to chronic illness, using a sample of 250 patients diagnosed with various chronic conditions, including cancer and heart disease. The objective was to assess the role of coping strategies in psychological adjustment to long - term illness. The results showed that individuals who used problem-focused coping, such as seeking information and finding solutions to manage their illness, reported better adjustment and higher levels of life satisfaction. In contrast, individuals who relied on emotion-focused coping, such as avoidance or denial, experienced higher levels of stress and poorer psychological outcomes. The study concluded that adaptive coping strategies are key to successful adjustment to chronic illness.

Rodriguez et al. (2019) used a sample of 150 Expats to investigate how people adapt to returning home after living overseas for a number of years. The goal was to evaluate the difficulties associated with reverse culture shock and the elements that contribute to a successful re-entry adjustment. According to the findings, those who kept up ties to their native culture while they were overseas and had the support of friends and family when they returned were better able to acclimatise, expressing less alienation and more contentment with their reintegration. However, transitioning was more difficult for individuals who felt cut off from their own culture while they were overseas. According to the study's findings, preserving social support and cultural links is essential for a more seamless transition back to the workforce after prolonged stays overseas.

Rosenberg et al. (2016) examined adjustment to parenthood in a sample of 300 first - time parents, assessing how social support and parenting self - efficacy impacted adjustment to the challenges of raising a newborn. The objective was to explore the factors contributing to positive psychological adjustment during the postpartum period. The findings revealed that parents with strong social support systems and high levels of self-efficacy adjusted

more easily, reporting lower levels of postpartum depression and greater satisfaction with their new roles. The study concluded that increasing adjustment during the transition to parenting requires boosting self-efficacy and social support.

Singh (2018) conducted a study investigating the adjustment challenges faced by retirees, using a sample of 200 individuals who had retired within the last two years. The objective was to assess how financial security, social engagement, and pre - retirement planning impacted their psychological adjustment. The findings revealed that retirees who had planned financially and maintained an active social life adjusted better to retirement, reporting higher life satisfaction and lower levels of depression. Conversely, those who faced financial instability or social isolation experienced more significant adjustment difficulties. The study concluded that pre-retirement planning, and social engagement are key factors in ensuring a smooth transition into retirement.

Smith and Khawaja (2014) explored the relationship between academic stress and adjustment among 300 international students studying in Australia. The objective was to investigate how academic demands, language barriers, and cultural differences impacted psychological adjustment. The findings revealed that students facing higher levels of academic stress, particularly those with limited English proficiency, reported more adjustment difficulties, including increased anxiety and social isolation. However, students who sought academic and emotional support from peers or university services demonstrated better coping mechanisms and improved adjustment. The study concluded that support services tailored to international students' needs are crucial for facilitating their adjustment to academic life abroad.

Taylor et al. (2009) to investigate the variables affecting college students' adjustment throughout their first year of school. Longitudinal research was carried out examining the effects of personality factors and social support on adjusting to university life was the aim of the 500-person sample. Students with larger social support networks and higher extraversion scores adjusted more readily, reported less stress, and performed better academically, according to the results. On the other hand, pupils who were more neurotic

had a harder time adapting and showed higher levels of anxiety and melancholy. The research came to the conclusion that social support and personality are important factors in a person's ability to successfully adapt to new surroundings.

Ward et al. (2004) examined cross-cultural adjustment among Expats in a study of 200 workers employed by MNCs in Asia. The objective was to assess how factors such as cultural distance, social support, and language proficiency influenced adjustment to the host culture. The results indicated that expatriates who had previous international experience received cultural training and had access to social support networks adjusted more easily and reported fewer psychological difficulties, such as homesickness and anxiety. The study concluded that pre-departure preparation and ongoing support are essential for successful adjustment to cross - cultural environments.

Zhang et al. (2020) investigated the adjustment of older adults to life in assisted living facilities, using a sample of 200 residents in various care homes. The objective was to examine how social interaction and autonomy influenced psychological adjustment in these settings. The findings indicated that residents who engaged in regular social activities and had a sense of control over their daily procedure adjusted more positively, reporting higher levels of life satisfaction and lower levels of depression. The study concluded that promoting autonomy and facilitating social connections are crucial for enhancing psychological adjustment in older adults transitioning to assisted living environments.

2.7 Studies Related to Expats

AXA - Global Healthcare (2024) reported that 80% of expatriates experience mental health issues due to work-related conditions, with 49% reporting burnout. Common problems include sleep disturbances, lack of interest in activities, concentration difficulties, and feelings of worthlessness. Despite increasing prevalence, many expatriates do not seek professional help, highlighting the need for culturally sensitive mental health support within organizations.

Banerjee et al. (2020) explored coping strategies among South Asian adolescent expatriates facing sociopolitical stigma, including anti-immigration and religious discrimination. Through qualitative thematic analysis of interviews with 27 participants, three key strategies emerged: confronting social stigma, managing social isolation, and assimilating into the host culture. The study highlighted the adolescents' resilience and suggested that online communities and social media could serve as supportive tools to foster social connectedness and adjustment.

Baruch and Altman (2002) explored the impact of social support on expatriate adjustment in a sample of 250 expatriates working in the Middle East. The objective was to assess how social networks, both in the host country and from home, contributed to psychological well - being. The results showed that expatriates who built strong social connections in the host country, such as friendships with local colleagues or expatriates, adjusted more easily and reported lesser levels of anxiety and homesickness. Those who relied solely on social support from their home country experienced greater adjustment difficulties and higher stress levels. The study concluded that building local social networks is essential for improving expatriate psychological adjustment.

Biswas, Makela, and Andresen (2022) conducted a meta-analysis examining expatriate well-being, showing that work-related stressors, such as role ambiguity and reduced autonomy, negatively affect well-being, whereas organizational support and successful work adjustment promote positive outcomes. Non-work-related factors, such as work-family interference, were also found to influence general and work-specific well-being, with spousal support acting as a protective resource. These findings align with the Conservation of Resources theory, emphasizing the balance between resource gains and losses in expatriate experiences

Black et al. (2007) carried out longitudinal research on the influence of family dynamics on expatriate adjustment. Using a sample of 200 Expats and their spouses, The goal was to find out how the expatriate's psychological health and work performance were affected by family support and spouse adjustment. According to the research, Expats who had

supportive families and whose spouses adapted well to the new culture had better psychological results, such as less stress and increased work satisfaction. Expats whose spouses had trouble adjusting, on the other hand, reported greater levels of stress at work and worse job performance. According to the study's findings, Expats' overall performance on overseas assignments is greatly influenced by their family's adjustment.

Caligiuri et al. (2006) investigated how personality factors affected Expats' adjustment in a sample of 250 workers employed by multinational corporations across Europe. The goal was to ascertain how personality traits including emotional stability, extraversion, and openness affected the psychological adjustment of Expats. According to the findings, Expats who exhibited greater levels of extraversion and openness adjusted more readily and reported less signs of sadness and anxiety. On the other hand, those who were less emotionally stable had more stress and had more trouble adjusting. The research came to the conclusion that Expats' capacity to adjust to new cultural contexts is significantly influenced by their personality features.

Chriszto (2025) highlighted the mental health challenges faced by expatriates in Dubai, where nearly 87% of the population are non-natives. Despite financial incentives like tax-free income, expatriates are vulnerable to depression, anxiety, and substance misuse due to factors such as culture shock, language barriers, and social isolation. Strategies including sufficient sleep, exercise, and maintaining work-life balance were found to mitigate some risks, although stigma and limited access to culturally appropriate services remain barriers. Teleconsultations and local mental health services can provide support for expatriates.

Froese and Peltokorpi (2013) used a sample of 300 Expats from different Asian nations to investigate how well Expats from non-Western countries adjusted to working in Western societies. The goal was to evaluate the impact of reported prejudice and cultural differences on the psychological health of Expats. According to the research, Expats who felt more discriminated against at work and in society at large suffered from more severe psychological problems, such as anxiety and depression. Those who participated in cultural exchange programs and had social support from their coworkers, however, adjusted more

easily. The research came to the conclusion that fostering cultural tolerance and combating workplace discrimination are essential to assisting non-Western Expats' psychological health.

Haslberger and Brewster (2008) investigated the psychological effects of repatriation on expatriates after long years, using a sample of 200 repatriates. The objective was to assess how reverse culture shock and the loss of expatriate identity impacted psychological adjustment upon returning home. The results indicated that repatriates who maintained strong connections with their home culture while abroad experienced fewer difficulties in adjusting to life back home. However, those who had fully embraced the host culture during their assignment reported higher levels of reverse culture shock, feelings of alienation, and identity confusion. The study concluded that preparing expatriates for re - entry and encouraging the maintenance of cultural ties can mitigate the psychological challenges of repatriation.

Hechanova et al. (2015) explored the psychological adjustment of expatriates working in emerging economies, using a sample of 250 expatriates in Southeast Asia. The objective was to examine how factors such as perceived organizational support, local living conditions, and cultural novelty influenced expatriates' mental health and adaptation. The findings revealed that expatriates who perceived strong organizational support and were provided with assistance in adjusting to local living conditions reported lesser levels of stress and anxiety. Those exposed to a high degree of cultural novelty without adequate support experienced more adjustment difficulties. The study concluded that organizations must prioritize support for expatriates, particularly in emerging economies, to promote psychological adjustment and reduce stress.

Lazarova and Cerdin (2007) examined the impact of repatriation on expatriates' psychological adjustment, using a sample of 150 expatriates returning to their home countries after long - term assignments. The objective was to explore the emotional and psychological challenges expatriates face during the repatriation process, particularly in relation to career reintegration. The findings revealed that expatriates who returned to

diminished career opportunities or experienced professional stagnation faced higher levels of stress and depression. Those who had reintegration support, such as career counselling or organizational guidance, reported smoother psychological adjustment. The study concluded that providing career support during repatriation is essential for mitigating the emotional challenges of returning expatriates.

Peltokorpi (2010) conducted a study on language barriers and psychological adjustment in a sample of 300 expatriates working in Japan. The objective was to examine how language proficiency influenced expatriates' psychological well-being and ability to integrate into current country. The findings revealed that expatriates with higher levels of Japanese language proficiency adjusted more easily, reporting lesser levels of stress and greater social integration. In contrast, expatriates who struggled with the language experienced higher levels of frustration, social isolation, and anxiety. The study concluded that language proficiency is a crucial factor in enhancing expatriates' psychological adjustment and integration into the host culture.

Qomariyah, Nguyen, and Tran-Chi (2022) examined how personality traits, cross-cultural competence, and social capital influence expatriate adjustment and performance. Traits such as conscientiousness, sociability, and proactivity enhanced social capital and adjustment. Cross-cultural competence-including cultural intelligence, adaptability, and empathy was linked to better adjustment, while social capital elements such as leader-member exchange (LMX), perceived organizational support (POS), and organizational citizenship behavior (OCB) facilitated both adjustment and performance. The study underscores that successful cross-cultural adjustment contributes to improved job performance and innovation.

Shaffer et al. (2012) examined the challenges of expatriate children's adjustment in a sample of 150 expatriate families living in the Middle East. The objective was to assess how family cohesion, school support, and host country integration influenced children's psychological well-being. It showed that kids who received emotional support from their parents and attended international schools with cultural integration programs adjusted

better, with fewer symptoms of anxiety and social isolation. Children whose families experienced high levels of conflict or who struggled with language barriers reported more significant adjustment difficulties. The study concluded that both family dynamics and school environments are critical for the psychological adjustment of expatriate children.

Selmer et al. (2004) conducted a study on the influence of gender on expatriate adjustment, using a sample of 300 male and female expatriates in China. The objective was to explore whether gender differences impacted the psychological adjustment and work outcomes of expatriates. The findings revealed that both male and female expatriates experienced similar levels of psychological adjustment, but female expatriates were more likely to seek social support and build strong local networks, which contributed to better adaptation. The study concluded that while gender did not significantly affect overall adjustment, the coping strategies employed by female expatriates enhanced their psychological well - being in the host culture.

Selmer (2006) conducted a study focusing on the psychological adjustment of expatriates in non - Western countries, specifically China, with a sample of 300 Western expatriates. The objective was to assess how work - related stress and cultural distance impacted their adjustment to living and working in China. The results showed that expatriates who perceived a high degree of cultural difference between their home country and China experienced greater adjustment difficulties, including higher levels of stress and homesickness. In contrast, those who were prepared for the cultural differences and had supportive work environments adjusted more easily. The study concluded that cultural preparation and organizational support are critical for enhancing expatriates' psychological well - being in culturally distant countries.

Takeuchi et al. (2005) studied 400 Expats who worked in Asia and Europe to see how job satisfaction affected their psychological adjustment. The goal was to investigate the relationship between psychological well-being and workplace elements such work-life balance, management support, and job autonomy. The findings demonstrated that Expats who had better levels of psychological adjustment and lower levels of stress and burnout

were those who had more work autonomy and good management support. On the other hand, those with high job expectations and little work-life balance expressed more anxiety and melancholy. According to the study's findings, employment variables are crucial in assisting Expats' psychological adjustment.

Van Erp et al. (2014) investigated the influence of dual - career issues on expatriate adjustment in a sample of 200 expatriates and their partners. The objective was to examine how the career constraints of expatriates' partners impacted both the expatriates' psychological adjustment and overall family well-being. The results indicated that expatriates whose partners were unable to find meaningful employment or career opportunities experienced higher levels of stress and reported lower job satisfaction. In contrast, expatriates with dual - career support programs in place showed better psychological adjustment, with their partners feeling more satisfied. The study concluded that addressing dual - career concerns is essential for improving expatriates' adjustment and overall family well - being during international assignments.

Ward et al. (2001) investigated the cultural adjustment of Expats employed in Asia. Using a sample of 300 Expats from different Western nations. Examining the psychological effects of cultural differences and the elements that led to effective adaptation was the goal. The findings revealed that expatriates who had received pre - departure cultural training, had prior international experience, and built social support networks in the host country reported better psychological adjustment, with lower levels of stress and culture shock. The study concluded that cultural training and social integration are key to improving the psychological well - being of expatriates in cross - cultural environments.

Wang et al. (2013) examined the connection between the psychological adjustment of 250 Expats employed in China and their emotional intelligence. The objective was to assess whether higher emotional intelligence (EI) contributed to better adjustment and mental health outcomes in a cross - cultural setting. The findings revealed that expatriates with higher EI reported fewer symptoms of anxiety, better coping strategies, and greater cultural integration. They were more adept at managing stress and building positive relationships

with local colleagues. The study concluded that emotional intelligence is a key factor in supporting expatriates' psychological well - being and successful adjustment in a foreign culture.

2.8 Research Gap

While significant research has been conducted on the psychological adjustment, stress, and mental health of expatriates, several gaps remain that warrant further investigation. First, much of the existing literature primarily focuses on expatriates from Western countries relocating to culturally distinct environments, with limited attention given to expatriates from non - Western countries or those migrating to Middle Eastern regions. The unique challenges faced by non - Western expatriates, particularly in adapting to different sociocultural norms and navigating complex cultural environments, remain understudied. Additionally, research on expatriates has predominantly examined work - related stress and organizational support, with relatively few studies addressing the intersection of personal factors, such as family dynamics, emotional regulation, and cultural identity, which are critical to holistic adjustment.

Furthermore, the role of alexithymia, an emotional regulation difficulty, and its influence on the expatriate adjustment process has not been sufficiently explored. Research examining how alexithymia interacts with stress, anxiety, depression, and overall adjustment in expatriates is limited, despite these being common psychological issues among expatriates. Understanding the impact of emotional processing difficulties on expatriates' mental health could provide new insights into their psychological well-being and coping mechanisms.

Another gap exists in the exploration of gender differences in expatriate adjustment, particularly in terms of how men and women respond differently to stressors, cultural integration, and emotional support. While some studies have examined gender differences in expatriates, these have been limited in scope and region, calling for more in-depth analysis across diverse cultural contexts.

Thus, this study aims to address these gaps by investigating the relationship between alexithymia, stress, anxiety, depression, and adjustment among expatriates, with a specific focus on Keralite expatriates in the Middle East, as well as examining potential gender differences in these variables. By doing so, this study seeks to contribute to a more nuanced understanding of the psychological experiences of expatriates and inform interventions that can support their mental health and overall adjustment.

Renowned Indian expert on international migration, Dr. S. Irudaya Rajan, is the head of the World Bank working group on internal migration and urbanisation under the Global Knowledge Partnership on Migration and Development, and H Arokkiaraj emphasises the necessity for a multidisciplinary approach in migrant studies, especially in the context of Keralites overseas. He has several decades of expertise in Indian migration research and has managed eight significant Kerala migration surveys. He emphasises how crucial it is to take social, geographic, and psychological aspects into account while researching migratory communities. (Arokkiaraj and S.I. Rajan, 2020). His observations draw attention to the current deficiency in interdisciplinary study, particularly the necessity for investigations into the psychological aspects influencing the Kerala expatriate population throughout the globe. There is an urgent need to give research centred on the Middle East top priority since more than 80% of this group lives there.

Despite the large and growing Keralite expatriate population in the Middle East, research on their psychological adjustment, emotional regulation, and gender-specific experiences, particularly alexithymia and its relationship with mental health issues such as stress, anxiety, depression, and adjustment, remains limited, reflecting expert calls for urgent interdisciplinary studies to address the unique social, cultural, and psychological challenges of this population. This indicates a clear need to explore underexamined psychological conditions and gender-specific experiences among Keralite expatriates.

CHAPTER 3

METHODS

Chapter 3

Methods

3.1 Overview

Research methods serve as the foundation upon which scientific inquiry is built, providing a systematic framework for the investigation and understanding of phenomena. It encompasses the processes, procedures, and techniques utilized to collect, analyse, and interpret data in a structured and reliable manner. Central to research method is the selection of appropriate study designs, sampling techniques, and data analysis methods tailored to the research objectives and context. Whether qualitative or quantitative, experimental or observational, research method guides researchers in generating valid and meaningful insights, ensuring the integrity and credibility of their findings. By adhering to rigorous methodological principles, researchers can effectively address research questions, contribute to knowledge advancement, and inform evidence-based decision-making across various fields of inquiry.

3.2 Rationale of the Study.

The phenomenon of expatriation has become increasingly common due to globalization, with individuals relocating to foreign countries for work, education, or personal reasons. This transition, while offering opportunities for personal and professional growth, also poses significant psychological challenges. For expatriates, especially those from culturally distinct regions like Kerala, adapting to new environments can lead to emotional and psychological stressors. Alexithymia, alongside stress, anxiety, and depression, are common mental health issues that can impair an expatriate's ability to adjust successfully to a foreign culture. Understanding the relationships between these psychological constructs is crucial in identifying the mental health risks faced by expatriates and providing evidence-based interventions. Therefore, this research is timely and relevant as it seeks to explore these interconnected variables among Kerala expatriates in the Middle East, where cultural differences and work environments may exacerbate psychological difficulties.

Moreover, there is a significant gap in the literature regarding the psychological well-being of expatriates from Kerala, particularly in relation to alexithymia and its impact on stress, anxiety, depression, and adjustment. By investigating these variables in a structured and systematic manner, this research aims to fill that gap and contribute to the growing body of knowledge on expatriate mental health. The findings of this study have practical implications, as they can inform mental health professionals, experts, decision makers, and employers about the specific issues faced by expatriates. With targeted mental health interventions, support programs, and culturally sensitive approaches, the mental well-being of expatriates can be improved, ultimately leading to better personal and professional outcomes for individuals living abroad.

3.3 Research Objectives.

1. To assess the levels of Alexithymia of Kerala expats in the middle east
2. To investigate the Stress levels of Keralite expats in the middle east
3. To find out the levels of Anxiety of Keralite expats in the middle east
4. To find out the levels of Depression of Kerala expats in the middle east
5. To evaluate the levels of Adjustment of Kerala expats in the middle east.
6. To evaluate the relationship of Alexithymia with Stress, Anxiety, Depression and Adjustment of Kerala expats in the middle east.
7. To evaluate the relationship between Alexithymia and each domain of adjustment (Home, Health, Social, Emotional and Occupational) of Kerala expats in the middle east
8. To examine the predictive relationship of Stress, Anxiety, Depression, and Adjustment on Alexithymia among Keralite expatriates in the Middle East.
9. To examine whether gender differences affect the level of Alexithymia, Stress, Anxiety, Depression and Adjustment of Kerala expats in the middle east.

3.4 Hypotheses of the study

1. There is a significant relationship between Alexithymia, Stress, Anxiety, Depression and Adjustment of Kerala expats in the middle east.

2. There is a significant relationship between Alexithymia and domains of Adjustment (Home, Health, Social, Emotional, and Occupational) of Kerala expats in middle east.
3. There is a significant prediction of Alexithymia by Stress, Anxiety, Depression, and Adjustment among Keralite expatriates in the Middle East.
4. There is significant difference in Alexithymia, Stress, Anxiety, Depression and Adjustment of Kerala expats in middle east based on gender.

3.5 Research Design

The design of this study followed a non-experimental, correlational research design aimed at examining the relationships of alexithymia with stress, anxiety, depression, and adjustment among expatriates. This design was chosen because it allowed for the investigation of naturally occurring variables without manipulating the environment or participants. The study sought to explore the relationship of alexithymia with stress, anxiety, depression, and adjustment, while also investigating the interrelationships of these psychological constructs were related to one another within the target population, focusing on understanding the associations rather than establishing cause-and-effect relationships. Correlational methods were employed to investigate the strength and direction of these relationships, providing insights into how these variables interacted in the context of expatriate life.

Quantitative data were collected using standardized self-report questionnaires, which included measures of alexithymia, stress, anxiety, depression, and adjustment. Data from a sample of Expats was gathered at one moment using a cross-sectional methodology. This method provided a snapshot of participants' psychological states, allowing for an analysis of how these variables coexisted and related to each other. Descriptive statistics were employed to present a detailed summary of the current levels of these psychological variables within the population, Correlation analysis is applied to explore the associations between the variables, identifying significant patterns that contributed to understanding the psychological well-being of expatriates. Multiple Regression analysis, on the other hand,

enables the study to explore potential predictors of Alexithymia among other variables, such as Stress, Anxiety, Depression and Adjustment.

3.6 Operational Definitions

An operational definition specifies a concept, variable, or term in clear, measurable terms, allowing it to be assessed, observed, or tested. operational definitions enable researchers to address complex or abstract topics objectively

3.6.1 Alexithymia

According to APA "alexithymia is an inability to express, describe, or distinguish among one's emotions"

3.6.2 Stress

According to APA "Stress is a physiological or psychological response to internal or external stressors. Stress involves changes affecting nearly every system of the body, influencing how people feel and behave state".

3.6.3 Anxiety

According to APA "Anxiety is an emotion characterized by apprehension and somatic symptoms of tension in which an individual anticipates impending danger, catastrophe, or misfortune"

3.6.4 Depression

Defined as a persistent feeling of sadness, hopelessness, and a diminished interest or pleasure in most activities.

3.6.5 Adjustment

Refers to the degree of mental, emotional, and social adaptation an individual experiences in their environment. Domains of Adjustment will include Home, Health, Social, Emotional and Occupation.

3.6.6 Keralite Expats in the Middle East

The individuals originating from Kerala, India, who have migrated to and are residing in countries within the Middle East for work or other purposes.

3.7 Variables of the study

The variables selected for this study include alexithymia, stress, anxiety, depression, and adjustment. Alexithymia, the primary independent variable, refers to the difficulty individuals experience in identifying and expressing emotions. Stress, anxiety, depression and Adjustment are considered dependent variables, as they represent emotional and psychological outcomes that may be influenced by alexithymia. Adjustment is reflecting how well individuals adapt to changes and challenges in various life domains, including home, health, social, emotional, and occupational aspects. These variables were selected to explore how emotional regulation difficulties, such as those associated with alexithymia

3.8 Population and Sample Selected for the Study

The population for this study consisted of Keralite expatriates residing in various Middle Eastern countries. These expatriates were selected as they face unique psychological challenges related to adapting to a foreign culture, managing social transitions, and coping with occupational and personal stressors. A purposive sampling technique was used to select a sample of 300 participants, with equal representation of 150 males and 150 females. This approach ensured that participants met specific criteria relevant to the study, allowing for a targeted selection that aligns with the study's objectives. A total of 414 responses were obtained, and from these, the first 150 male and 150 female participants who completed the questionnaire and met the inclusion criteria were included in the study. This method enhances the relevance of findings for the expatriate community by focusing on individuals who best represent the study's focal characteristics.

3.8.1 Inclusion Criteria:

- Participants aged 20 to 35 years.
- Participants who have been residing in the Middle East for a minimum of six months.
- Participants with a minimum educational qualification of 10th grade.
- To guarantee gender variety, both male and female Expats were included.

3.8.2 Exclusion Criteria:

- Expatriates from regions other than Kerala.
- Participants who have been residing in the Middle East for less than six months.
- Individuals below the age of 20 or above 35.
- Participants with educational qualifications below 10th grade.
- Keralite expatriates who had migrated to regions other than the Middle East.

This sample provided a comprehensive overview of the psychological well-being and adjustment challenges faced by expatriates in this region, ensuring a balanced and representative participant group for the study.

3.9 Tools and Techniques Used for the Study

The investigator employed the following tools and techniques for the present study.

1. Toronto Alexithymia Scale (TAS-20)
2. Perceived Stress Scale (PSS-10)
3. State-Trait Anxiety Inventory (STAI)
4. Beck Depression Inventory (BDI-II)
5. Adjustment Inventory (Adult Form)

3.9.1 Toronto Alexithymia Scale (TAS-20)

TAS 20 “Toronto Alexithymia Scale” is one of the widely used tools for measuring alexithymia. It is a 20-item self-report inventory developed by Bagby, Parker, and Taylor in 1994, designed to assess the three primary components of alexithymia: “difficulty identifying feelings, difficulty describing feelings, and externally oriented thinking”. The scale is structured to provide a detailed evaluation of an individual's emotional processing abilities, making it a valuable tool in both clinical and research settings.

The TAS-20 uses a Likert scale for responses, with every single item rated on a scale from 1- 5 (Strongly disagree to strongly agree). The total score ranges from 20-100, greater level of alexithymia in indicated by high score. Cutoff scores classify individuals into categories of No Alexithymia, Possible Alexithymia, or high alexithymia, allowing for a nuanced assessment. No Alexithymia and Possible Alexithymia is a situation where

alexithymia is clinically not detected, but Possible Alexithymia may sometimes need further assessment. High Alexithymia is only the detected form of alexithymia trait. The scale is divided into three subscales that target the core elements of alexithymia: “Difficulty in identifying feelings, difficulty describing feelings and externally oriented thinking”. These subscales provide a detailed understanding of the specific aspects of emotional processing that may be impaired in individuals with alexithymia.

The psychometric properties of the TAS-20 are well-established, with the scale demonstrating good reliability and validity across different populations and contexts. The internal consistency of the scale, as measured by Cronbach's alpha, is typically reported to be above 0.80, indicating a high level of reliability. Additionally, the TAS-20 has been validated in multiple languages and cultural contexts, making it a versatile tool for cross-cultural research. Its widespread use in both clinical and non-clinical populations has made it a standard instrument for assessing alexithymia in research on emotional regulation, psychosomatic disorders, and various mental health conditions, including depression, anxiety, and stress.

3.9.2 Perceived Stress Scale (PSS-10)

This inventory is developed by Cohen and Williamson in 1988. It is a mostly used psychological scale designed to measure the stress. Unlike other stress measures that focus on objective stressors, the PSS-10 assesses how unpredictable, uncontrollable, and overwhelming individuals perceive their lives to be in the last month. This subjective focus helps to better understand how individuals evaluate their own ability to cope with life’s demands. The PSS-10 contains of 10 items, 5-point Likert scale ranging from 0-4 (never-very often). The total scores ranging from 0 to 40. High level stress is denoted by Higher scores, it is classified in two three categories such as low stress, moderate stress and high stress.

The scale includes both positively and negatively worded items to account for response bias, with items such as "In the last month, how often have you felt nervous and 'stressed'?" and "In the last month, how often have you felt that things were going your way?" Negatively worded items are reverse scored to ensure accurate measurement. It

captures the extent to which individuals perceive their demands exceed their resources to cope, providing insight into how stress may impact their overall well-being. This focus on subjective stress rather than objective events makes the PSS-10 particularly useful in various contexts, from everyday stressors to the impact of chronic stress conditions.

The psychometric properties of the PSS-10 have been well-validated, demonstrating good validity and reliability among different populations. Studies report Cronbach's alpha values typically exceeding 0.70 as high internal consistency and test-retest reliability showing stability over time. The PSS-10 has been used in different languages and validated according to cultural contexts, making it a versatile tool for both research and clinical use. It is frequently used to assess stress in studies examining psychological health, coping mechanisms, and the relationship between stress and physical or mental health outcomes. Its simplicity and brevity make it a practical instrument for both large-scale studies and individual assessments.

3.9.3 State-Trait Anxiety Inventory (STAI)

It is introduced by Charles Spielberger and colleagues in the 1983, it a popular self-report inventory used to measure two distinct types of anxiety, state anxiety and trait anxiety. According to Charles D. Spielberger "State anxiety is an anxiety in response to a specific situation that is perceived as threatening or dangerous. State anxiety varies in intensity and fluctuates over time" and "Trait anxiety is proneness to experience anxiety. People with high trait anxiety tend to view the world as more dangerous or threatening than those with low trait anxiety and to respond with state anxiety to situations that would not elicit this response in people with low trait anxiety"

The STAI is composed of two subscales: one for measuring state anxiety (S-Anxiety) and one for trait anxiety (T-Anxiety), consisting of 20 items. Participants respond to the items of 4-point Likert scale.

The S-Anxiety subscale includes items like "I feel nervous" or "I am jittery," which assess the intensity of an individual's current emotional state. It is designed to capture the immediate, fluctuating experiences of anxiety that arise in reaction to specific situations, such as giving a public speech or facing an important exam. The T-Anxiety subscale, on

the other hand, assesses how prone a person is to experience anxiety over time. It includes items such as "I worry too much over something that doesn’t really matter," reflecting enduring anxiety patterns and how an individual typically responds to stress or challenging situations. These two dimensions allow for a more nuanced understanding of both the temporary emotional states and the more enduring aspects of anxiety.

The STAI is a dependable and well recognised instrument for evaluating anxiety in both clinical and non-clinical groups since its psychometric qualities have been thoroughly established. The inventory demonstrates high internal consistency, with Cronbach’s alpha typically exceeding 0.90 for both subscales, and strong test-retest reliability for the trait anxiety subscale, indicating the stability of this construct over time. The STAI is a flexible tool for cross-cultural anxiety research since it has been validated in a variety of cultural situations and translated into many languages. Given its reliability and comprehensive approach to measuring both state and trait anxiety, the STAI is commonly used in psychological research, clinical assessments, and intervention studies aimed at understanding and treating anxiety disorders.

3.9.4 Beck Depression Inventory (BDI-II)

Aaron T. Beck and colleagues created the widely used self-report Beck Depression Inventory-II (BDI-II) in 1996 to gauge the intensity of depression symptoms in adults and adolescents. The Beck Depression Inventory (BDI) of 1961 was revised into the BDI-II to conform to the Diagnostic and Statistical Manual of Mental Disorders' (DSM-IV) criteria for diagnosing depression. The BDI-II is a 21-item multiple-choice test that assesses the frequency and severity of a range of depression symptoms during the previous two weeks. Higher scores indicate more severe degrees of depression. Each question is scored on a 4-point scale from 0 to 3, with total scores ranging from 0 to 63

The 21 items in the BDI-II cover a broad spectrum of depressive symptoms, including cognitive, emotional, behavioural, and physical aspects of depression. These items assess areas such as mood (e.g., "I feel sad"), pessimism (e.g., "I feel the future is hopeless"), loss of pleasure (e.g., "I can’t enjoy things I used to"), changes in sleep and appetite, feelings of worthlessness, and thoughts of self-harm. This comprehensive

approach ensures that the BDI-II captures the multifaceted nature of depression, offering a detailed picture of both the emotional and physiological components of the disorder. The inventory also helps in identifying key symptoms that may require clinical attention, making it useful for both diagnostic and treatment planning purposes.

The psychometric properties of the BDI-II are well-established, with the tool demonstrating high internal consistency (Cronbach's alpha typically above 0.90) and strong construct validity. The BDI-II has been validated in numerous clinical and non-clinical populations, making it a reliable measure across diverse settings. It is widely used in both clinical practice and research to assess the severity of depression in individuals with diagnosed mood disorders or to screen for depression in general populations. In addition to its use in clinical diagnosis, the BDI-II is often employed to monitor treatment progress and outcomes, providing a consistent measure of symptom changes over time. Its broad applicability, ease of administration, and robust psychometric properties make the BDI-II one of the most trusted and frequently used depression assessment tools.

3.9.5 Adjustment Inventory (Adult Form)

The Adjustment Inventory (Adult Form), developed by Hugh M. Bell in 1934, is a self-report instrument designed to measure the degree of adjustment an individual experiences across various domains of life. Specifically aimed at adults, this inventory evaluates how well individuals adapt to the demands and challenges they face in key areas such as home life, health, social relationships, emotional well-being, and occupational settings. The inventory is composed of multiple items that assess adjustment in these areas, providing a comprehensive evaluation of an individual's overall ability to cope with life's stresses and maintain psychological stability.

The home domain of the inventory assesses an individual's ability to adapt to personal and family life, focusing on relationships with family members and the ability to maintain a balanced home environment. The health domain looks at how well individuals manage their physical health, including the ability to cope with illness or maintain healthy habits. The social adjustment section evaluates interpersonal relationships and how individuals interact with others, measuring their ability to form and sustain friendships and

social support networks. The emotional domain assesses how individuals manage their emotions, particularly in stressful or challenging situations, and whether they can maintain emotional stability. Finally, the occupational domain measures how well individuals adjust to their work environment, including relationships with coworkers, job satisfaction, and their ability to handle work-related stress.

The Adjustment Inventory (Adult Form) has been widely used in both research and clinical settings due to its ability to provide a holistic view of an individual's adjustment. The inventory's psychometric properties have been well-validated, demonstrating good reliability and validity across various populations. It is particularly useful in identifying areas of maladjustment that may require intervention, such as poor emotional regulation or difficulties in social relationships. This tool is frequently used in psychological assessments to explore how well individuals cope with life changes, such as moving, job transitions, or changes in family dynamics, and it is often employed in therapeutic contexts to help individuals improve their adaptive coping strategies. The high score means lesser adjustment

3.10 Procedure of the study

The procedure of this study involved the collection of data from 300 Keralite expatriates residing in the Middle East, selected using a purposive sampling technique, irrespective of their occupation. Initially participants were addressed about the objectives and the purpose of the study. Data were collected using a set of standardized self-report questionnaires, including the Toronto Alexithymia Scale (TAS-20) to assess alexithymia, the Perceived Stress Scale (PSS-10) to measure perceived stress, State-Trait Anxiety Inventory (STAI) to check anxiety, the Beck Depression Inventory (BDI-II) for evaluating depressive symptoms, and the Adjustment Inventory (Adult Form) to assess adjustment across various life domains, additionally demographic variables were also collected. Data were collected via online and offline expatriate community groups, workplace networks, various Malayali organizations, and individual expatriate participants, Involved Participants filled the questionnaires either in face to face or through online platforms,

depending on accessibility. The data collection process ensured anonymity and confidentiality, and once completed, the data were coded and analysed using statistical techniques to explore the relationships between alexithymia, stress, anxiety, depression, and adjustment.

3.11 Procedure of Data Analysis

The procedure of data analysis involved coding and organizing the responses from 300 participants collected through standardized questionnaires. The data were first checked for completeness and accuracy, followed by statistical analysis using different descriptive statistics to summarize the demographic attributes of the sample and the overall distribution of variables. The proportions and percentages of expatriates falling within each level of the respective psychological variables were calculated to provide a clear overview of the distribution of these traits within the sample. Correlation analysis was used to look at the associations between the main variables, alexithymia, stress, anxiety, depression, and adjustment. The predictive value of alexithymia in respect to the other psychological factors was evaluated using multiple regression analysis, making it the most appropriate statistical technique for this purpose. Additionally, independent t-tests were applied to explore any significant differences in these variables based on gender. All analyses were based on standard parametric assumptions, which were checked and found acceptable for conducting correlation, t-tests, and regression. All statistical analyses were performed using SPSS ensuring accuracy and reliability in the interpretation of the results.

CHAPTER 4

RESULTS AND DISCUSSION

Chapter 4

Results and Discussions

4.1 Overview

The chapter discusses the current study's findings and discussions and analysis and interprets the data collected through the questionnaires from the respondents, Data analysis entails systematically applying statistical and logical methods to describe, illustrate, condense, summarize, and evaluate data. It can be carried out using two main approaches: qualitative data analysis and quantitative data analysis. Quantitative data analysis focuses on analyzing numerical data through statistical methods, with the data being coded and presented in the form of graphs, cross-tabulations, and statistical models.

Data analysis is a fundamental component of any research process. It provides a summary of the data collected and plays a crucial role in interpreting the information by identifying patterns, relationships, or trends. Data interpretation involves reviewing and drawing meaningful conclusions from the data through analytical and logical reasoning. This process helps researchers categorize, manipulate, and summarize data in order to address key research questions.

The collected data has been analyzed using appropriate statistical techniques, and the findings are interpreted based on the objectives and hypotheses formulated for the study.

4.2 Socio-demographic profile

In this section socio demographic factors, such as gender and hosting countries are analysis as herewith.

Table 4.1 Socio Demographic Profile Table

Factors		No	Percentage
Gender	Male	150	50
	Female	150	50
Hosting Country	UAE	190	63.33
	Qatar	25	8.33
	Oman	20	6.67
	Saudi Arabia	25	8.33
	Kuwait	20	6.67
	Bahrain	20	6.67

4.3 Hypotheses of the study in Detailed.

In this section, each hypothesis is presented in alternative formats. Additionally, certain combined hypotheses from previous chapters have been separated to enhance clarity and facilitate easier testing.

Ha1a: There is a significant relationship between Alexithymia and Stress of Kerala expats in middle east.

Ha1b: There is a significant relationship between Alexithymia and Anxiety of Kerala expats in middle east.

Ha1c: There is a significant relationship between Alexithymia and Depression of Kerala expats in middle east.

Ha1d: There is a significant relationship between Alexithymia and Adjustment of Kerala expats in middle east.

Ha1e: There is a significant relationship between Stress and Anxiety of Kerala expats in middle east.

Ha1f: There is a significant relationship between Stress and Depression of Kerala expats in middle east.

Ha1g: There is a significant relationship between Stress and Adjustment of Kerala expats in middle east.

Ha1h: There is a significant relationship between Anxiety and Depression of Kerala expats in middle east.

Ha1i: There is a significant relationship between Anxiety and Adjustment of Kerala expats in middle east.

Ha1j: There is a significant relationship between Depression and Adjustment of Kerala expats in middle east.

Ha2a: There is a significant relationship between Alexithymia and Home Adjustment of Kerala expats in middle east.

Ha2b: There is a significant relationship between Alexithymia and Health Adjustment of Kerala expats in middle east.

Ha2c: There is a significant relationship between Alexithymia and Social Adjustment of Kerala expats in middle east.

Ha2d: There is a significant relationship between Alexithymia and Emotional Adjustment of Kerala expats in middle east.

Ha2e: There is a significant relationship between Alexithymia and Occupational Adjustment of Kerala expats in middle east.

Ha3: There is a significant prediction of Alexithymia by Stress, Anxiety, Depression, and Adjustment among Keralite expatriates in the Middle East.

Ha4a: There is a significant difference between male and female expats from Kerala in middle east in Alexithymia.

Ha4b: There is a significant difference between male and female expats from Kerala in middle east in Stress.

Ha4c: There is a significant difference between male and female expats from Kerala in middle east in Anxiety.

Ha4d: There is a significant difference between male and female expats from Kerala in middle east in Depression.

Ha4e: There is a significant difference between male and female expats from Kerala in middle east in Adjustment.

4.4 Alexithymia level of Keralite expatriates in middle east

Overall alexithymia assessment of the respondents are done from the part A of the questionnaire, TAS 20 was used to assess the level, which consists 20 Questions, based on the total score, the respondents are categorised in to three as per the manual, No Alexithymia (Scores up to 51), Possible alexithymia (Scores 52-60) and High Alexithymia (Scores Above 60), further its classified as Alexithymia Detected and Alexithymia Not Detected- which includes No Alexithymia and Possible alexithymia

Table 4.2. Overall Alexithymia Level of Keralites expats in middle east

Alexithymia levels	Alexithymia Not Detected		High Alexithymia (Alexithymia Detected)
	No Alexithymia	Possible Alexithymia	
Scores	Up to 51	52-60	Above 60
Total	132	83	85
Percentage	44.00	27.67	28.33
Percentage Net	71.67		28.33

Figure 4.1. Categorisation of Alexithymia level of Keralite Expats in middle east

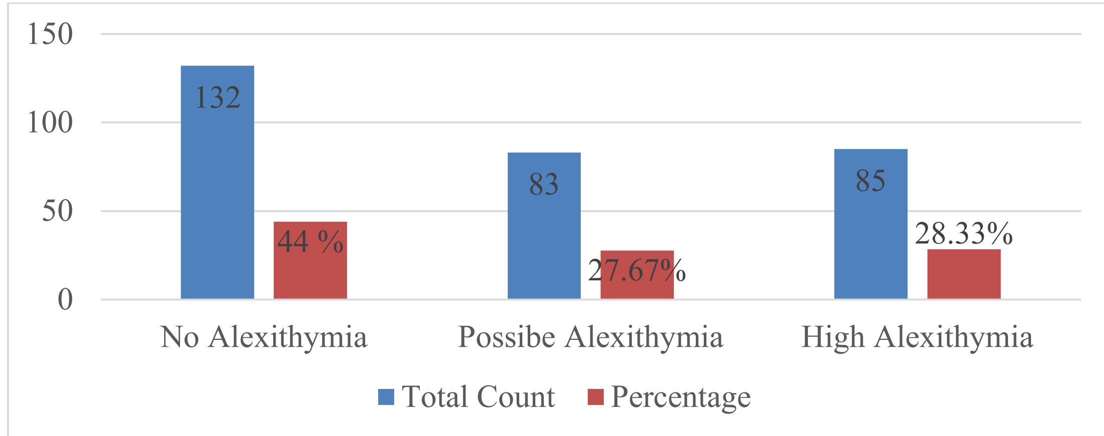


Table 4.3. Gender wise Alexithymia Level of Keralites expats in middle east

Following charts and figures give detailed of categorisation of male and female keralite expats various Alexithymia level groups

Alexithymia levels	Alexithymia not detected		High Alexithymia /Alexithymia detected
	No Alexithymia	Possible Alexithymia	
Scores	Up to 51	52-60	Above 60
Male	74	39	37
Percentage	49.33	26	24.67
Percentage (Total)	75.33		24.67
Female	58	44	48
Percentage	38.67	29.33	32
Percentage (Total)	68		32

Figure 4.2 Gender wise percentage of Alexithymia among Keralite expats in middle east

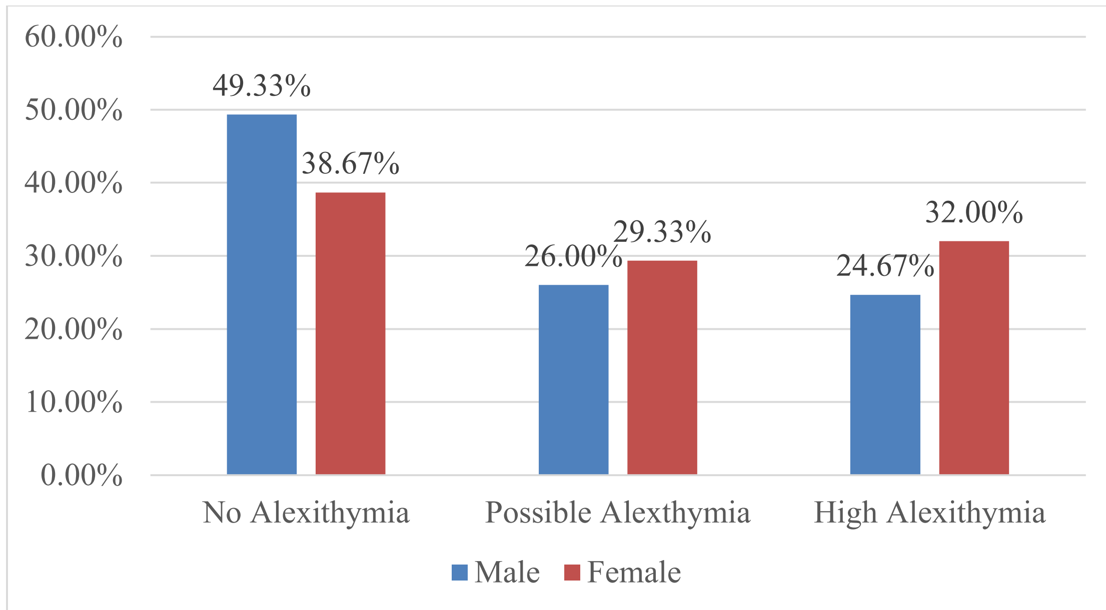
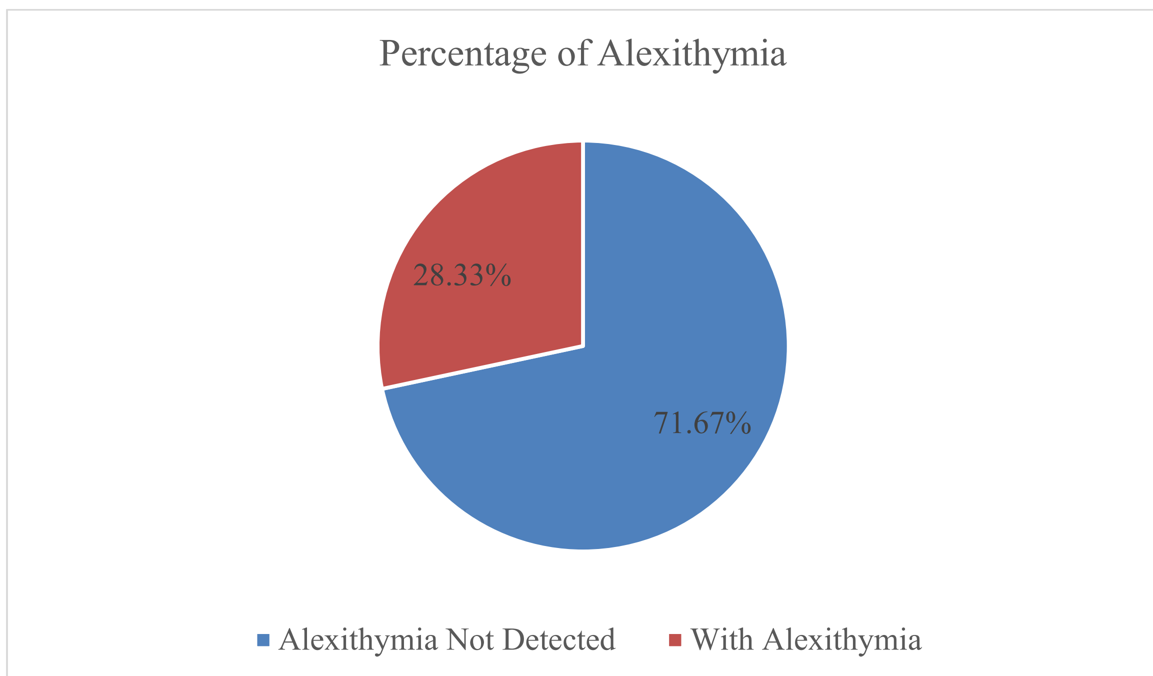


Figure 4.3 Percentage of Alexithymia in Keralite expats in middle east



From the above it can be seen that overall, 28.33 % of Keralites detected with presents of Alexithymia, that's with High Alexithymia, 24.67 % and 32 % are the male and female expats proportion with Alexithymia. 71.67 % of the community does not have

presents of alexithymia, the group without alexithymia having good proportion of possible alexithymia persons it comes to 27.67%. 29.33% of females and 26% % male having Possible Alexithymia Symptoms hence further assessment may be necessary for them, 49.33% male and 38.67 % female are scoring No Alexithymia, it is 44% of the total sample

The findings reveal that 28.33% of expatriates were found to have alexithymia, while 71.67% did not. This expat group seems to have a much lower prevalence of alexithymia. The lower prevalence of alexithymia in this group may suggest that expatriates, as a highly adaptive group, tend to develop emotional coping mechanisms that allow them to manage their emotional difficulties effectively. Studies have shown that individuals with high adaptability traits, including expatriates, often exhibit lower alexithymia scores due to their reliance on problem-solving and emotional regulation strategies (Lumley et al., 2007).

This finding is especially pertinent in the context of expatriation, as previous research has shown that expatriates often face emotional challenges related to acculturation and separation from familiar environments (Eirini, 2015). However, the ability to develop new emotional and social coping mechanisms is critical for successful adaptation to the new environment. The relatively low percentage of expatriates with alexithymia in this study may reflect the role of social support systems, access to expatriate communities, and mental health resources in mitigating emotional regulation difficulties. Research by Selmer (2002) suggests that expatriates who actively engage with local communities and maintain strong ties with expatriate networks tend to report lower alexithymia and higher emotional resilience.

In contrast, the 28.33% of expatriates with alexithymia is still a notable portion of the population. This result indicates that there is a significant group of expatriates who may struggle with emotional dysregulation. Previous research has linked alexithymia to difficulties in forming meaningful social connections and maintaining mental well-being (Taylor et al., 1997). Expatriates who experience alexithymia may face additional challenges in adjusting to new cultural and social norms, as they may be less able to

recognize and respond to social cues. This could potentially lead to social isolation and hinder their overall adaptation process. Given the well-documented associations between alexithymia and mental health disorders such as depression and anxiety (Taylor et al., 1991), this group of expatriates may be at higher risk of experiencing psychological distress. Furthermore, the significant difference between the groups who have alexithymia, and no alexithymia suggests that emotional regulation may not be as widespread an issue among expatriates as some literature suggests, especially in those who have already undergone some degree of acculturation. Studies on cultural adaptation and emotional intelligence have indicated that those with higher emotional intelligence and better coping strategies are less likely to develop alexithymia during the expatriation process (Black & Gregersen, 1991). This raises the possibility that expatriates may develop resilience through various personal and professional experiences that mitigate emotional dysregulation.

4.5 Stress level of Keralite expatriates in middle east

Overall stress assessment of the respondents is done from the part B of the questionnaire, Perceived Stress scale was used to assess the level, which consists 10 Questions, based on the total score, the respondents are categorised in to three as per the manual, Low Stress (Scores up to 13), Moderate Stress (Scores 14-26) and High Stress (Scores Above 27), further High stress and Moderate Stress categorised as Stress Present and Low Stress as No Stress.

Table 4.4. Overall Stress Level of Keralites expats in middle east

Stress levels	Low Stress/No Stress	Stress Present	
		Moderate Stress	High Stress
Scores	Up to 13	14-26	Above 27
Total	145	104	51
Percentage	48.33	34.67	17
Percentage Net	48.33	51.67	

Figure 4.4 Categorisation of Stress levels among Keralite expats in middle east

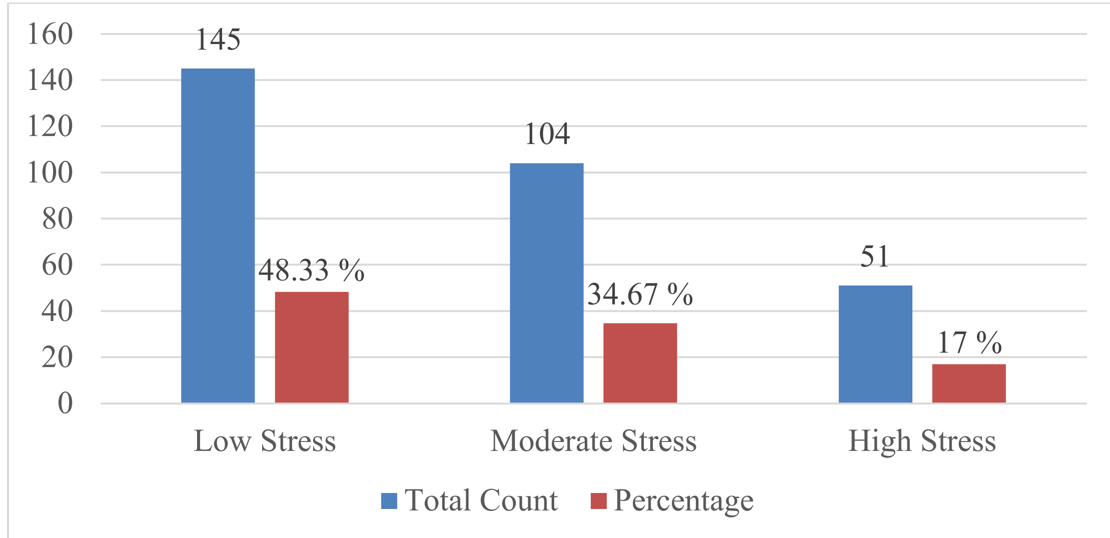


Table 4.5. Gender wise Stress Level of Keralites expats in middle east

Stress levels	Low Stress/No Stress	Stress Present	
		Moderate Stress	High Stress
Scores	Up to 13	14-26	Above 27
Male	80	48	22
Percentage	53.33	32.00	14.67
Percentage Net	53.33	46.67	
Female	65	56	29
Percentage	43.33	37.33	19.33
Percentage Net	53.33	56.67	

Figure 4.5 Gender wise of Stress levels among Keralite expats in middle east

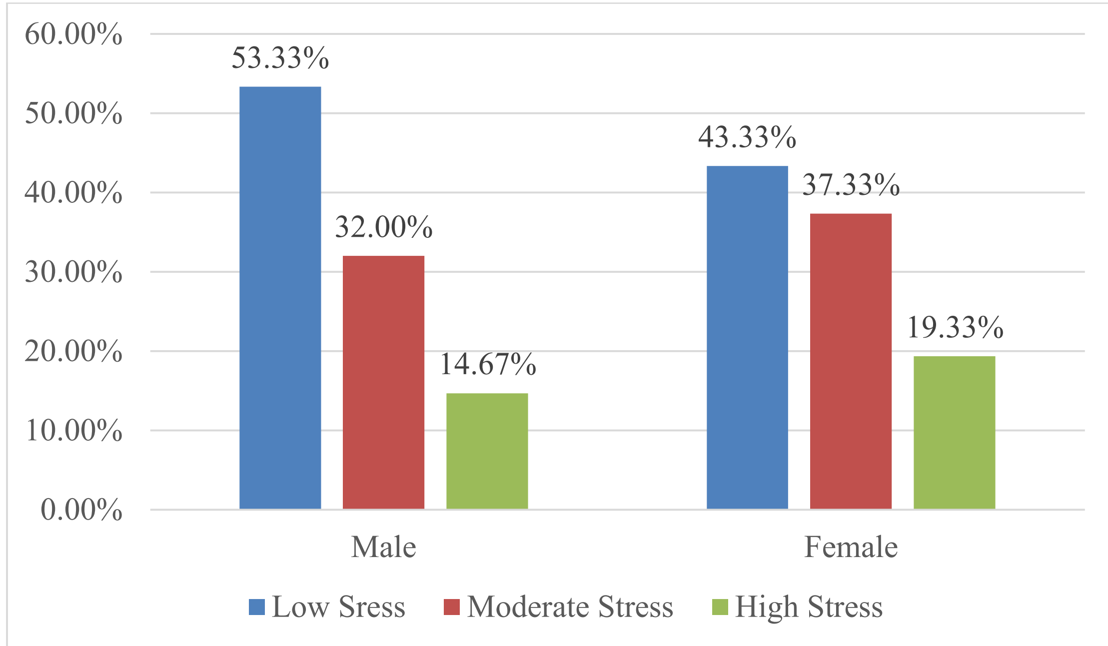
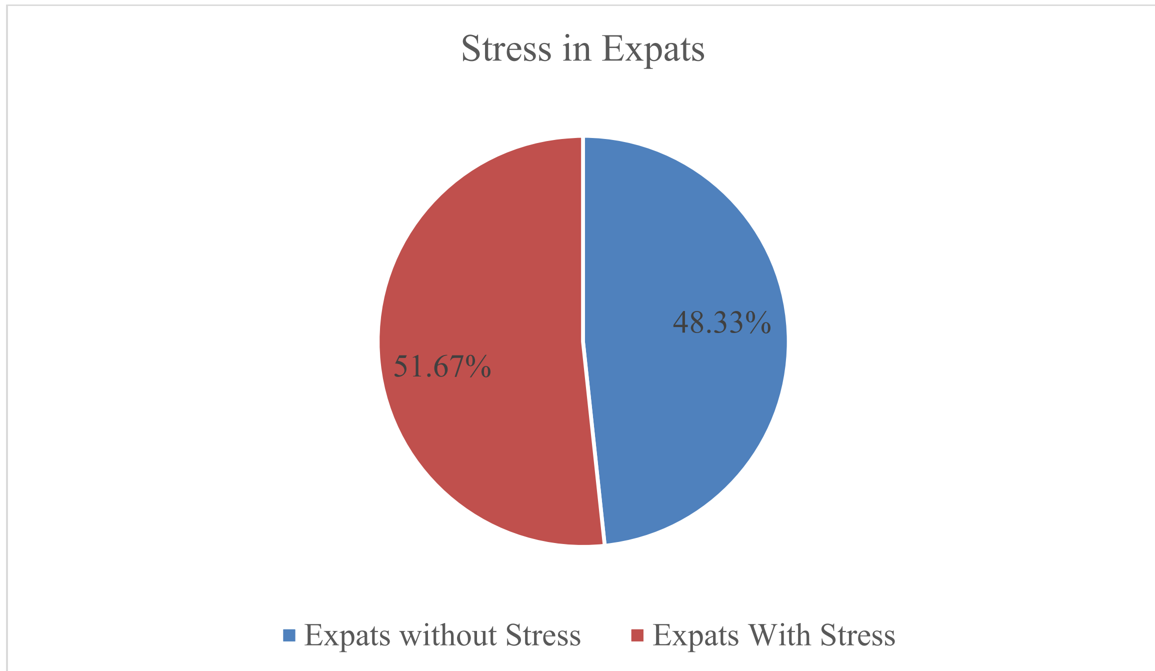


Figure 4.6 Percentage of Stress in Keralite expats in middle east



It seen that more than half of the of keralite expats in middle east has high or moderate Stress, it comes to 51.67 % of the population, 17% of have high stress and 34.67 % have moderate stress. 14.67 % and 19.33 % of male and female have high stress respectively. 32% of male and 37.33% of female facing moderate stress. 55.33% of males and 43.33% of females are facing low stress, that means no stress, it will be 48.33% of the total population.

The results show that 48.33% of Expats did not experience stress, while 51.67% did. There is no much significant difference between Expats with and without stress. This result is somewhat surprising, given that stress is typically expected to be a prevalent issue among expatriates due to the challenges of adjusting to a new country, adapting to a foreign culture, and dealing with work-related pressures (Bhagat & London, 1999). The relatively equal distribution of stress among expatriates in this study may indicate that expatriates have developed effective coping mechanisms or that some contextual factors buffer against stress.

Research by Lazarus and Folkman (1984) suggests that a person's perception of stress and capacity for coping are quite personal. Expatriates who possess problem-focused coping strategies like better communication, social support, or efficient planning may mitigate stress to a greater degree than those who rely solely on emotion-focused coping mechanisms. Additionally, expatriates with prior international experience or language fluency may experience fewer stressors due to their familiarity with cross-cultural challenges (Caligiuri et al., 1998). This could explain why, in this study, expatriates with stress and those without stress are nearly equal in proportion.

Moreover, the lack of significant difference may reflect the importance of organizational support. Many multinational companies provide their expatriates with robust relocation packages, cross-cultural training, and access to expatriate communities, which can serve as stress buffers (Takeuchi, Wang, & Marinova, 2005). These resources might alleviate much of the typical stress associated with expatriation, allowing expatriates to focus on adjusting to their new environments. Companies that invest in pre-departure

training and offer continuous support throughout the expatriation process generally see lower levels of reported stress among their employees (Black & Mendenhall, 1990).

However, it is worth noting that 51.67% of expatriates still reported experiencing stress, indicating that stress remains a significant issue for over half of the expatriate population. This aligns with studies showing that expatriation often involves dealing with high job demands, managing cultural misunderstandings, and handling homesickness (Bhagat, 1983). While organizational and social support can mitigate stress, personal factors such as resilience, emotional intelligence, and individual adaptability play crucial roles in how expatriates experience and manage stress. Therefore, interventions that focus on building resilience, enhancing emotional regulation, and improving work-life balance might be beneficial in reducing stress in this population.

4.6 Anxiety Level of Keralite expatriates in middle east

Anxiety levels of the respondents are assessed from the part C of the questionnaire, State Trait Anxiety Inventory is used to assess the level, which consists 20 Questions, based on the total score, the respondents are categorised in to three as per the manual, Low anxiety (Scores up to 37), Moderate Anxiety (Scores 38-44) and High Anxiety (Scores 45 or Above), High Anxiety and Moderate Anxiety are treated as Anxiety Present and Low Anxiety as No Anxiety.

Table 4.6. Overall Anxiety Level of Keralites expats in middle east

Anxiety levels	Low Anxiety /No Anxiety	Anxiety Present	
		Moderate Anxiety	High Anxiety
Scores	Up to 37	38-44	45 and above
Total	142	114	44
Percentage	47.33	38	14.67
Percentage Net	47.33	52.67	

Figure 4.7 Categorisation of Anxiety level among Keralite expats in middle east

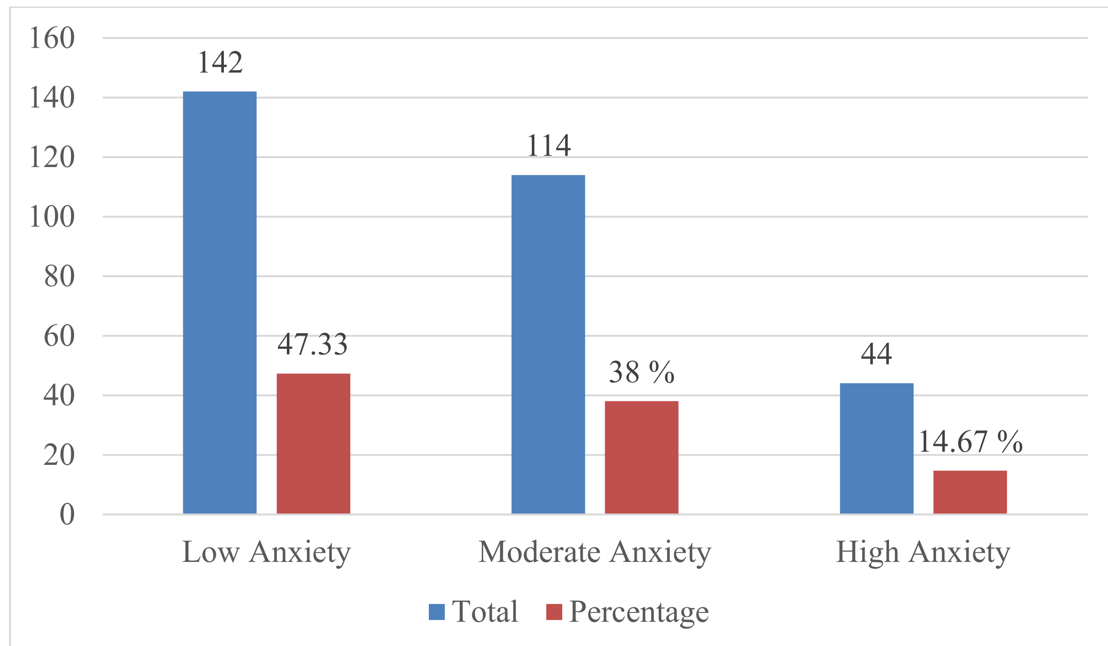


Table 4.7. Gender wise Anxiety Level of Keralites expats in middle east

Anxiety levels	Low Anxiety/No Anxiety	Anxiety Present	
		Moderate Anxiety	High Anxiety
Scores	Up to 37	38-44	45 and above
Male	74	58	18
Percentage	49.33	38.67	12
Percentage Net	49.33	50.67	
Female	68	56	26
Percentage	45.33	37.33	17.33
Percentage (Total)	45.33	54.67	

Figure 4.8 Gender wise of Anxiety levels of Keralite expats in middle east

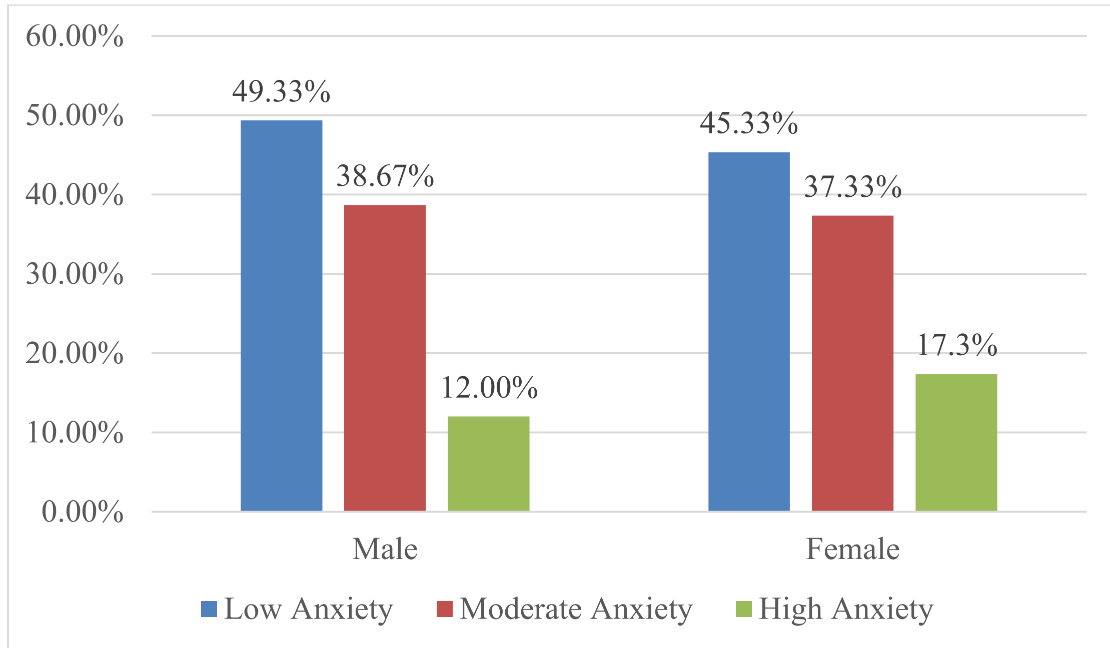
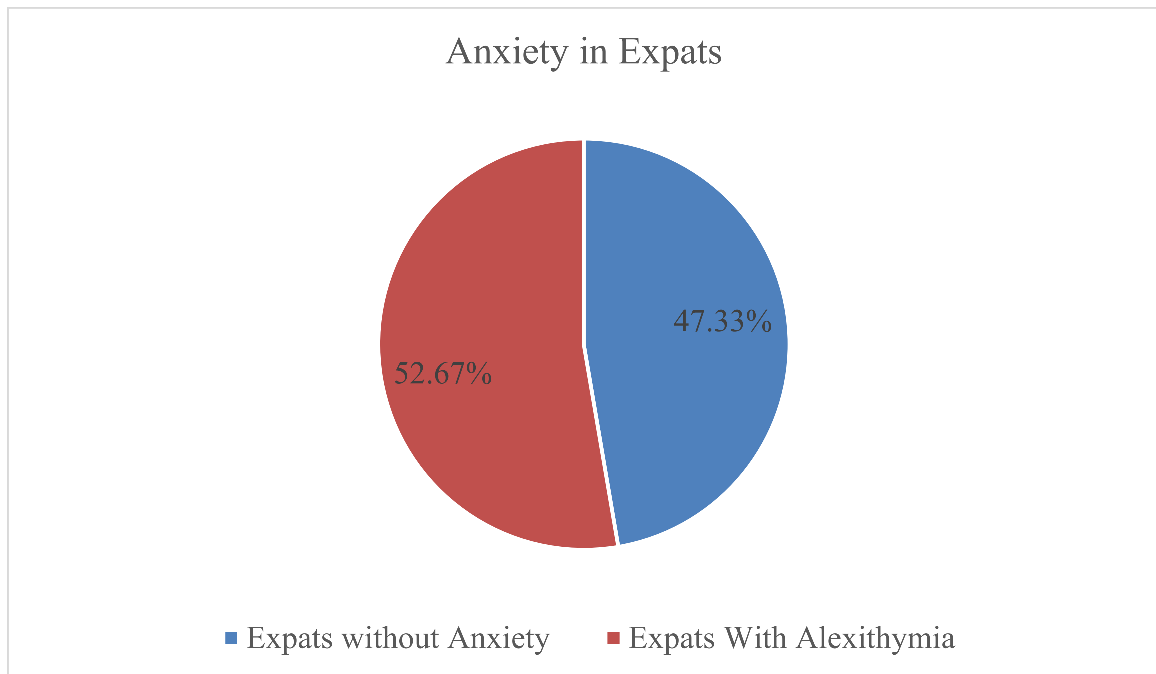


Figure 4.9 Percentage of Anxiety in Keralite expats in middle east



From the above 52.67 % Keralites in middle east feels anxiety, 14.67 % feels high anxiety 38% seen moderate anxiety, 12 % of male and 17.33 % female have high Anxiety. 38.67 % of male and 37.33 % of female facing moderate Anxiety. 47.33% of total population shows no anxiety, 49.33 and 45.33% for male and female have no anxiety

In this study, 52.67% of expatriates were found to have anxiety, while 47.33% did not. There is no discernible difference between Expats who suffer anxiety and those who do not. This finding suggests that anxiety is almost evenly distributed among expatriates, which is consistent with research suggesting that anxiety is a common psychological issue faced by individuals living and working in a foreign environment (Ward & Kennedy, 1993).

Expatriates are often confronted with multiple sources of anxiety, including uncertainties related to job security, cultural adaptation, and family separation. The non-significant difference between the two groups, however, could indicate that Expats have adapted coping mechanisms to deal with their anxieties. Expats who take proactive measures, such learning the language of their new country or looking for social support, are better able to cope with anxiety. Research by Ward and Kennedy (1992) has shown that expatriates who engage in proactive strategies, such as learning the host country's language or seeking social support, are better equipped to manage anxiety. Furthermore, expatriates who perceive greater control over their work and social environment tend to report lower levels of anxiety (Black, Mendenhall, & Oddou, 1991).

The findings may also reflect the role of personality qualities like extraversion and openness to new experiences might moderate anxiety levels. Because they are more inclined to welcome new experiences and adjust to new surroundings fast, Expats with high scores on these characteristics often have lower anxiety levels (Caligiuri, 2000). In contrast, expatriates with higher neuroticism are more prone to anxiety due to their tendency to perceive new situations as threatening (Ward, Bochner, & Furnham, 2001). The relatively balanced proportion of expatriates with and without anxiety in this study may indicate a mix of these personality types within the sample.

The fact that more than half of the Expats reported having anxiety highlights the need for mental health services catered to this community. In order to assist Expats properly manage their anxiety, employers and mental health experts should think about offering resources including counselling services, stress management courses, and mindfulness training.

4.7 Depression level of Keralite expatriates in middle east

Depression levels of the respondents are assessed from the part D of the questionnaire, Beck Depression Inventory II is used to assess the level, which has 21 Questions, the respondents are categorised based on the total score as below

Table 4.8. Classification of Depression Levels

Classification	**Present of Depression**	**Total Score**	**Level of Depression**
Low	No Depression	1-10	Normal ups and Downs
		11-16	Mild mood Disturbance
Moderate	Depression Presents	17-20	Borderline Clinical
		21-30	Moderate
Significant		31-40	Severe
		Over 40	Extreme

Table 4.9. Overall Depression Level Classification of Keralites expats in middle east

Depression levels	Low Depression /No Depression	Depression Present	
		Moderate Depression	Significant Depression
Scores	Up to 16	17-30	31 and above
Total	278	16	6

	92.67	5.33	2
Percentage	92.67	7.33	

Figure 4.10 Categorisation of levels of Keralite expats Depression in middle east

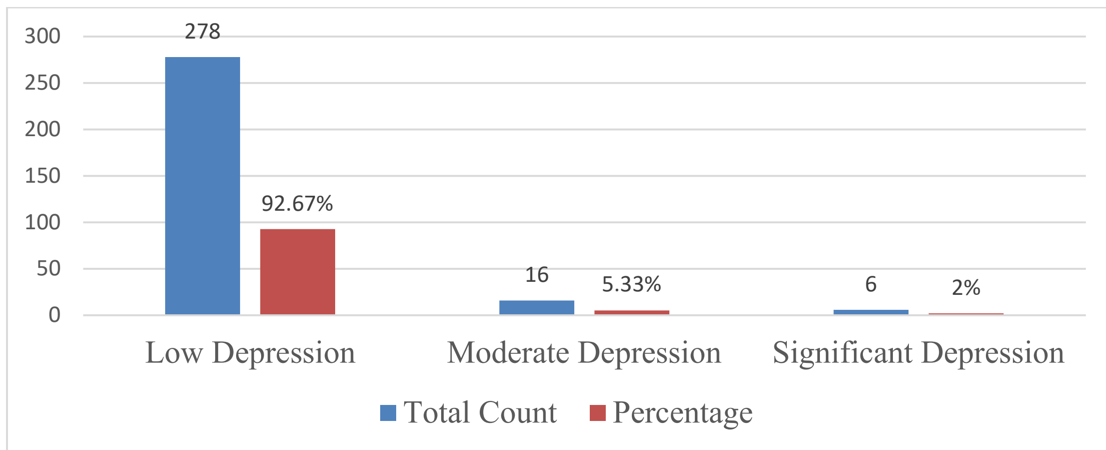


Table 4.10. Detailed Classification of Depression levels with gender of Keralites expats in middle east

Classification /level of Depression	**Low Depression**		**Moderate Depression**		**Significant Depression**	
	Normal ups and Downs	Mild mood Disturbance	Borderline Clinical Depression	Moderate Depression	Severe depression	Extreme Depression
Male	132	4	3	5	6	0
Percentage	88	2.67	2	3.33	4	0
	90		5.33		4	
Female	129	13	4	3	0	0
Percentage	86	8.67	3.33	2	0	0
	94.67		5.33		0	

Total count	261	17	8	8	6	0
Total	**87**	**5.67**	**2.66**	**2.67**	**2**	**0**
Percentage	**92.67**		**5.33**		**2**	

Figure 4.11 Gender wise of Depression level of Keralite expats in middle east

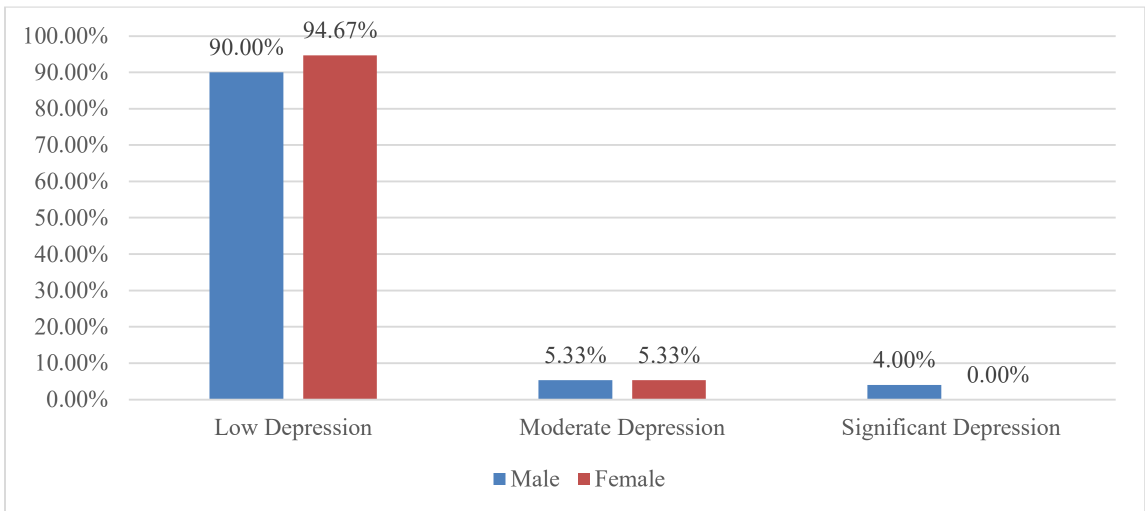
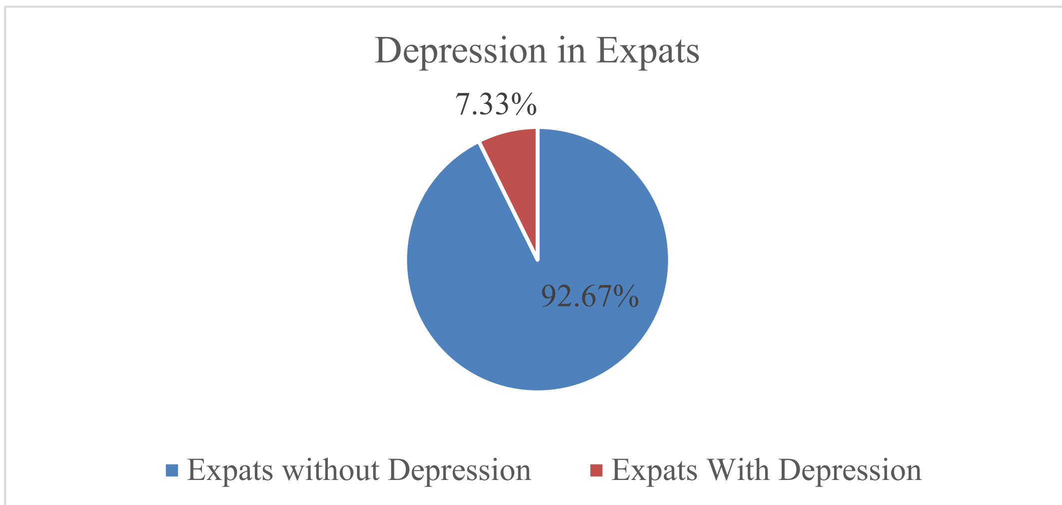


Figure 4.12 Percentage of Depression in Keralite expats in middle east



The findings indicate that 7.33% of expatriates were found to have depression, while 92.67% did not. It shows that depression is significantly less prevalent among

expatriates compared to those without depression. This is an encouraging result, that most expatriates in this study do not experience depressive symptoms. However, for the 7.33% who do, the impact of depression on their well-being and adjustment could be substantial.

From the above tables out of 7.33% having depression, 2% of the population feels significant depression, it's a severe depression and nobody reported extreme depression, only male population falls under this category, also expatriates of 5.33% reports moderate depression and in both male and female, 92.67% of them are without depression, proportion male and female comes to 90% and 94.67% respectively.

Depression among expatriates has been associated with feelings of isolation, cultural shock, and difficulties adjusting to a new work environment (Bhugra & Becker, 2005). The low rate of depression in this research, however, could be due to the presence of robust social support systems, both from fellow expatriates and from family members back home. Studies have shown that expatriates who maintain close ties with family, engage in regular communication with loved ones, and participate in expatriate community activities tend to report lower levels of depression (Ward, Bochner, & Furnham, 2001). Additionally, employers that provide psychological support services and employee assistance programs can help reduce the risk of depression among expatriates.

Moreover, the relatively low rate of depression could be attributed to expatriates' self-selection process. Individuals who choose to work abroad often possess traits such as resilience, optimism, and adaptability, which can protect against depression (Black et al., 1991). Research has shown that expatriates who exhibit these personality traits are better able to navigate the Struggles of cross-cultural adaptation and keep their mental health (Shaffer et al., 1999).

However, for the minority of expatriates who do experience depression, early intervention is critical. Since depression has a substantial negative influence on both job performance and general well-being, employers and expatriate support programs should prioritize mental health screening and provide access to psychological services. The high

demands of expatriate life, coupled with the challenges of cultural adaptation, mean that expatriates who develop depressive symptoms may require additional support to ensure their successful adjustment.

4.8 Adjustment level of Keralite expatriates in middle east

Adjustment levels of the respondents are assessed from the part E of the questionnaire, Bell Adjustment inventory is used to assess the level, which has 160 Questions, high score represents mal adjustments, and lower score represents good adjustment, respondents are categorised into two based on Empirical rule

Table 4.11. Overall Adjustment of Keralites expats in middle east

Adjustment level	Adjustment	Maladjustment
Score	<(Means + SD(84.45))	>=(Means + SD(84.45))
Total	251	49
Percentage	83.67	16.33

Figure 4.13 Categorisation of Adjustment levels among Keralite expats in middle east

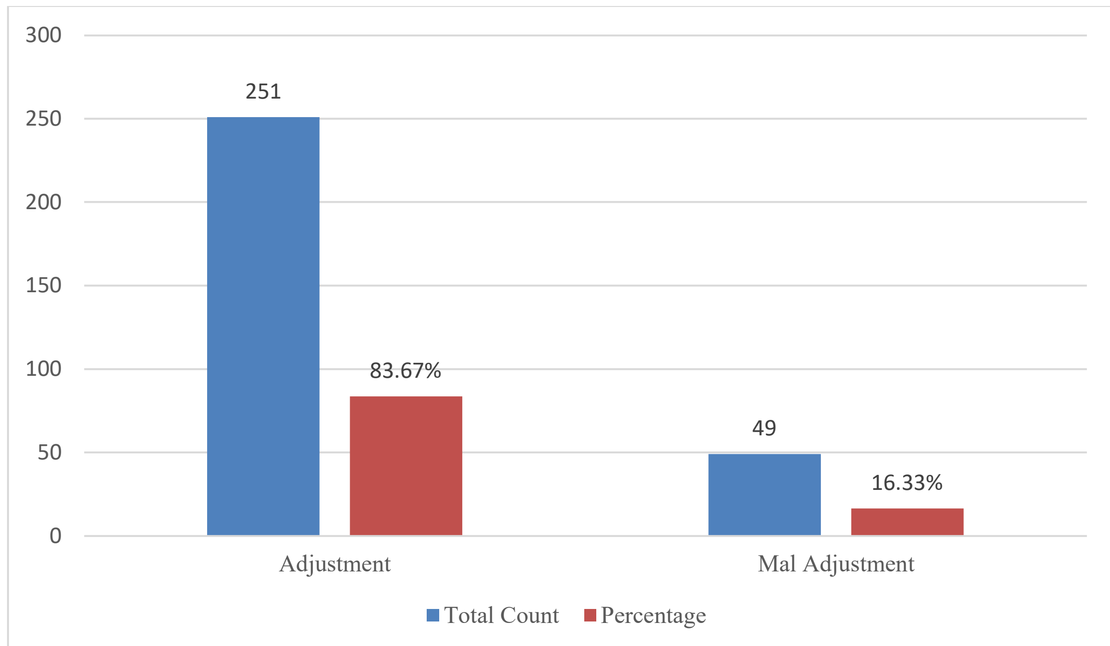
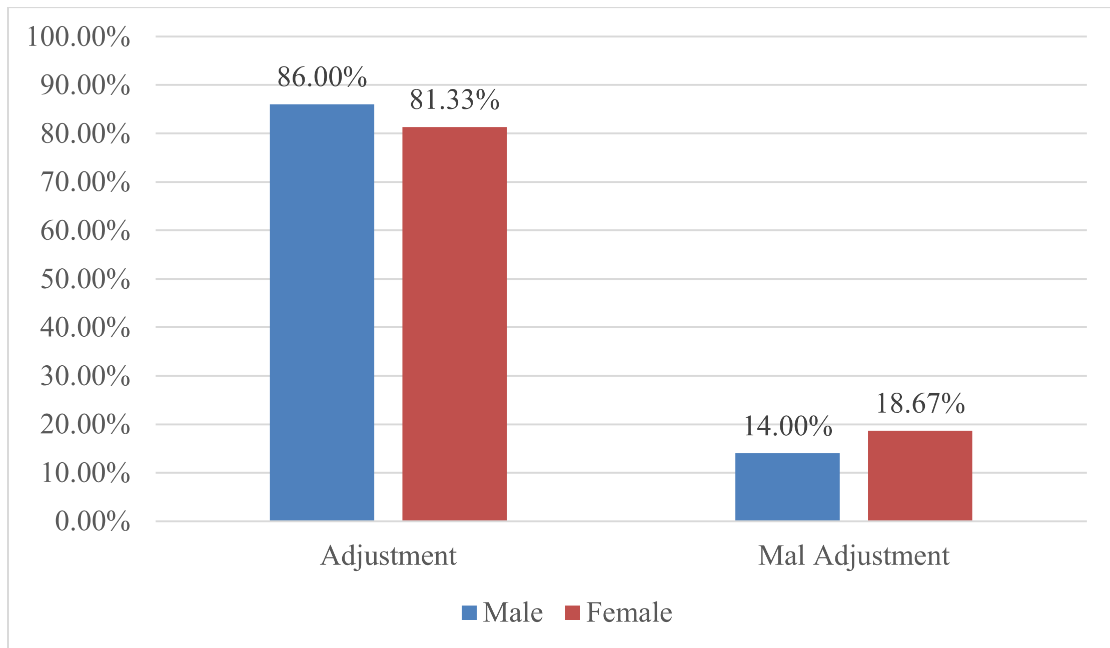


Table 4.12. Overall gender wise Adjustment of Keralites expats in middle east

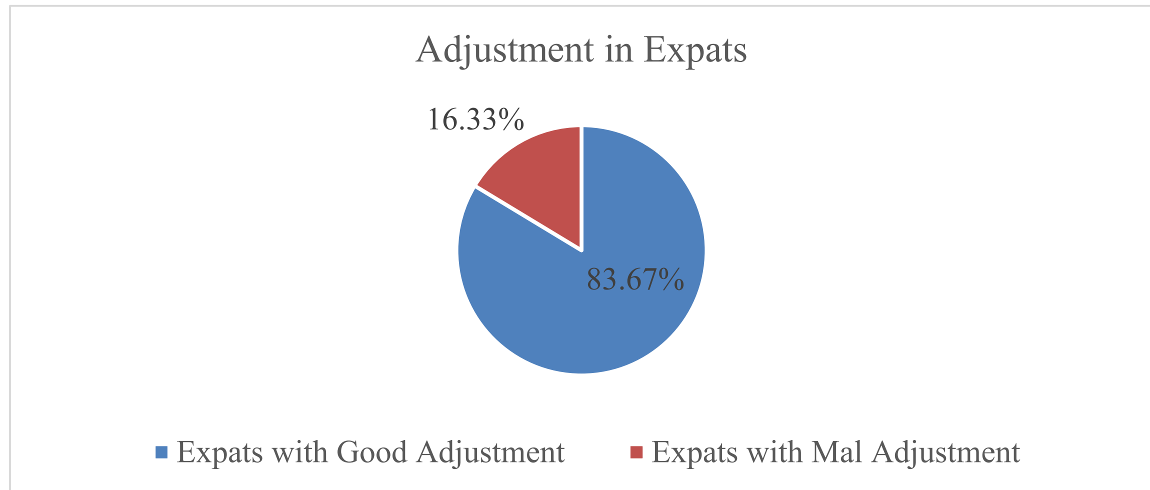
Adjustment level	Adjustment	Maladjustment
Score	<(Means + SD(84.45))	>=(Means + SD(84.45))
Male	129	21
Percentage	86.00	14
Female	122	28
Percentage	81.33	18.67

Figure 4.14 Categorisation of gender wise Adjustment levels of Keralite expats in middle east



From the above 83.67 % are having adjustments, and 86.00 % Male and 81.33 % of females having adjustment, 16.33% feel mal adjustment, it will be 14.00 % in male and 18.67 % in female.

Figure 4.15 Percentage of Adjustment in Keralite expats in middle east



The findings reveal that 83.67% of expatriates were found to have good adjustment, while 16.33% were classified as having poor adjustment. The majority of the Expats in this research seem to be well-adjusted, this is consistent with research showing that expatriates who possess strong personal and professional skills are more likely to successfully adapt to new environments (Shaffer & Harrison, 1998). Good adjustment in expatriates is often associated with factors such as intercultural competence, emotional resilience, and effective social support systems (Black et al., 1991).

The significantly higher percentage of expatriates reporting good adjustment aligns with studies that emphasize the value of cross-cultural training and pre-departure preparation in facilitating expatriate adjustment (Selmer, 2002). Expatriates who receive cultural orientation training before relocation tend to adjust more smoothly to the living country's social and professional environments (Tung, 1987). Additionally, expatriates who actively engage with local communities and develop a sense of belonging in the living country are more likely to experience good adjustment (Ward et al., 2001).

The relatively low percentage of expatriates reporting poor adjustment, though encouraging, still highlights a segment of the population that may struggle with adapting to their new environment. Research has shown that expatriates who lack sufficient social support, face language barriers, or experience cultural dissonance are at higher risk of poor

adjustment (Searle & Ward, 1990). For these individuals, targeted interventions such as mentoring programs, language training, and social integration activities may help improve their adjustment outcomes.

In summary, the study indicate that the majority of expats are well-adjusted, likely due to a combination of personal traits, organizational support, and social resources. However, for the minority who experience poor adjustment, additional support systems may be necessary to help them overcome the challenges of living in a foreign country.

4.9 Correlation Between Alexithymia, Stress, Anxiety, Depression and Adjustment

Table 4.13. Correlation Table of Variables

Variables	Alexithymia	Stress	Anxiety	Depression	Adjustment
Alexithymia	1				
Stress	0.66	1			
Anxiety	0.64	0.63	1		
Depression	0.63	0.61	0.56	1	
Adjustment	0.78	0.56	0.56	0.58	1
Level Significant 0.01					

4.9.1 Correlation Between Alexithymia and Stress

The findings in table 4.13 show a significant positive correlation between stress and alexithymia, with **r = 0.66**, which is significant at the **0.01 level**. This suggests that expatriates who have greater levels of alexithymia are more likely to experience greater levels of stress. Alexithymia is often characterized by difficulties in identifying and expressing emotions, which can lead to increased psychological strain and stress (Bagby et al., 1994). Expatriates with alexithymia may have trouble coping with the emotional challenges of living abroad, thereby exacerbating their stress levels.

Previous studies have shown that alexithymia is a risk factor for experiencing heightened stress, particularly in situations that require emotional regulation and adaptability (Lumley et al., 2007). In the expatriate context, those with alexithymia may struggle to understand and process the cultural and social changes they encounter, leading to increased stress. For example, expatriates who are unable to recognize their own emotional responses to new environments may experience chronic stress due to a persistent sense of unease and alienation (Eirini, 2015).This underscores the need to address emotional regulation challenges in mental health programs for expatriates.

Moreover, this significant positive correlation aligns with stress-coping models, which suggest that individuals who are less capable of emotional self-regulation tend to experience more stress when faced with life changes (Lazarus & Folkman, 1984). Alexithymic individuals are less likely to seek social support or use problem-focused coping strategies, which exacerbates their stress levels (Taylor et al., 1997). This finding emphasizes the necessity for expatriates with alexithymia to receive personalized interventions that focus on recognizing emotions and developing effective coping mechanisms, as enhancing these abilities could help alleviate their stress levels.

4.9.2 Correlation between Alexithymia and Anxiety

In Table 4.13 the study reveals a significant positive correlation between alexithymia and anxiety, with **r = 0.64**, significant at the **0.01 level**. This suggests that expatriates with greater levels of alexithymia are more likely to experience higher levels of anxiety. This is consistent with the broader literature, which has shown that alexithymia is closely linked to anxiety disorders (Taylor, 2000). Individuals with alexithymia often have difficulty understanding their emotional responses, which can heighten their sense of uncertainty and lead to increased anxiety, particularly in unfamiliar or challenging situations.

For expatriates, the inability to process emotions effectively can make the acculturation process more anxiety-inducing. Adjusting to a new country involves many uncertainties-such as navigating cultural differences, language barriers, and new social

norms-that can trigger anxiety in expatriates, especially those who are already prone to emotional dysregulation (Ward & Kennedy, 1993). Research has shown that expatriates who have higher emotional intelligence tend to adapt more quickly and experience less anxiety, while those with alexithymia are more vulnerable to experiencing heightened anxiety in response to the challenges of relocation (Black et al., 1991).

Alexithymia and anxiety are significantly correlated, suggests that interventions designed to improve emotional awareness and regulation could be effective in reducing anxiety among expatriates. Cognitive-behavioral interventions, for example, could help individuals with alexithymia better understand their emotions and reduce their anxiety by reframing their thought patterns and emotional responses to stress (Lumley et al., 2007). This finding highlights the need for mental health programs targeting both alexithymia and anxiety in expatriates.

4.9.3 Correlation between Alexithymia and Depression

The table 4.13 results show a significant positive correlation between alexithymia and depression, with **r = 0.63**, significant at the **0.01 level**. This indicates that expatriates with higher levels of alexithymia are more likely to feel depression. The relationship between alexithymia and depression is well-documented in the literature, with alexithymic individuals being more prone to depression due to their inability to process and express emotions effectively (Taylor et al., 1997). This emotional disconnection often results in feelings of hopelessness and helplessness, which are key symptoms of depression.

For expatriates, depression can be exacerbated by the social isolation and cultural differences they face in their new environment. Individuals with alexithymia may find it particularly difficult to build supportive social networks, as they struggle to communicate their emotions and connect with others on an emotional level (Bagby et al., 1994). This can lead to increased loneliness and despair, which contribute to the development of depressive symptoms. Studies on expatriates have shown that those who are unable to form social bonds and adapt to their new environment are at higher risk for depression (Bhugra & Becker, 2005).

Given the significant relationship between alexithymia and depression, it is important for mental health services for expatriates to include emotional regulation training as part of their treatment plans. By helping expatriates develop the skills to identify and express their emotions, mental health professionals can reduce the likelihood of depression, improve overall emotional well-being (Lumley et al., 2007). This finding reinforces the importance of addressing emotional regulation in preventing depressive symptoms among expatriates.

4.9.4 Correlation between Alexithymia and Adjustment

The results in table 4.13 show a significant **positive** correlation between alexithymia and adjustment, with **r = 0.78**, significant at the **0.01 level**. However, given that adjustment is scored in reverse (higher scores indicate poorer adjustment), this **positive correlation** indicates that higher levels of alexithymia are associated with maladjustment. This finding is aligned with research suggesting that alexithymic individuals are less able to adapt to new environments due to their emotional regulation difficulties (Lumley et al., 1997).

Expatriates with alexithymia may find it particularly challenging to navigate the social and emotional demands of adjusting to a new country. The inability to process emotions effectively can lead to difficulties in forming social connections, understanding cultural norms, and managing the stress of relocation (Ward & Kennedy, 1992). Research has shown that successful adjustment in expatriates is closely linked to emotional intelligence, with those who are more emotionally aware and adaptable being better able to integrate into new environments (Caligiuri, 2000). The significant strong correlation between alexithymia and adjustment in this study underscores the critical role that emotional regulation plays in expatriate adjustment.

Poor adjustment among alexithymic expatriates may also be linked to their difficulties in seeking social support. Studies have shown that individuals who struggle to express their emotions are less likely to seek help from others, which can lead to increased social isolation and further hinder their adjustment process (Bagby et al., 1994). This

finding highlights the importance of providing expatriates with emotional regulation training and social support systems to improve their adjustment outcomes. Addressing alexithymia through mental health interventions could significantly enhance expatriates' ability to adapt to their new environment.

4.9.5 Correlation between Stress and Anxiety

The findings in table 4.13 indicate a significant positive correlation between stress and anxiety, with **r = 0.63**, significant at the **0.01 level**. This suggests that expatriates who experience higher levels of stress are more likely to also experience higher levels of anxiety. This finding aligns with existing research that consistently links stress and anxiety as closely related constructs, where increased stress often exacerbates feelings of anxiety (Lazarus & Folkman, 1984). The experience of stress, especially in high-pressure situations such as relocation to a foreign country, can trigger anxious thoughts and physiological responses.

In the context of expatriates, stress can arise from various sources, including adapting to a new work culture, managing family life in a foreign environment, and navigating the cultural and linguistic barriers (Selmer, 2002). This study's finding mirrors the results of previous studies, which have shown that expatriates often face heightened anxiety due to job insecurity, difficulties in social integration, and isolation (Ward & Kennedy, 1992). The strong correlation between stress and anxiety suggests that expatriates may struggle to compartmentalize stressors, leading to pervasive feelings of worry and apprehension about their circumstances.

The positive relationship between stress and anxiety also highlights the importance of stress management programs for expatriates. Interventions that focus on stress reduction, such as mindfulness techniques, cognitive-behavioral therapy, or relaxation exercises, may help mitigate anxiety by addressing the root causes of stress (Bhagat & London, 1999). Providing expatriates with practical tools to manage their stress can be crucial in preventing the escalation of anxiety, especially during the initial phases of relocation when stress levels tend to peak.

4.9.6 Correlation between Stress and Depression

The findings in table 4.13 reveal a significant positive correlation between stress and depression, with **r = 0.61**, significant at the **0.01 level**. This suggests that expatriates experiencing higher levels of stress are more likely to suffer from depression. The relationship between stress and depression is well-established in psychological research, with stress often acting as a precursor to depressive symptoms, particularly when individuals feel overwhelmed by their circumstances (Cohen et al., 1983). Chronic stress can deplete emotional and psychological resources, making individuals more susceptible to depression.

For expatriates, prolonged exposure to stressors such as cultural adaptation, job demands, and social isolation can lead to the development of depressive symptoms (Bhugra & Becker, 2005). The significant correlation between stress and depression in this study suggests that expatriates who struggle to cope with the pressures of relocation may find themselves at increased risk for depression. This aligns with the stress-vulnerability model, which posits that individuals who are exposed to high levels of stress without adequate coping mechanisms are more likely to develop depression (Beck, 1967).

The findings highlight the need for expatriate support programs that address both stress and depression simultaneously. Providing expatriates with access to mental health services, stress management workshops, and peer support networks could help mitigate the negative effects of stress and reduce the risk of depression. Early intervention is key, as addressing stress before it escalates into depression can improve expatriates' overall mental health and well-being.

4.9.7 Correlation between Stress and Adjustment

The results from table 4.13 show a significant **positive** correlation between stress and adjustment, with **r = 0.56**, significant at the **0.01 level**. Since adjustment is scored in reverse order (higher scores indicate poorer adjustment), this positive correlation indicates a negative relationship between stress and adjustment. This suggests that higher levels of stress are associated with poorer adjustment among expatriates. This finding is consistent

with research that indicates that individuals who experience high levels of stress often struggle to adjust to new environments, particularly when they lack effective coping strategies (Black et al., 1991).

Expatriates who face high levels of stress-whether due to cultural differences, job demands, or social isolation-may find it more difficult to adapt to their new environment. Research has shown that stress can impair cognitive functioning, emotional regulation, and problem-solving abilities, all of which are critical for successful adjustment (Ward & Kennedy, 1993). In this study, the strong correlation between stress and poor adjustment suggests that expatriates who are overwhelmed by stress may be less able to navigate the complexities of their new environment, leading to further emotional and social difficulties.

The significant relationship between stress and adjustment underscores the importance of providing expatriates with stress management resources. Expatriates who are able to reduce their stress levels through organizational support, mental health services, or personal coping strategies are more likely to experience successful adjustment (Selmer, 2002). This finding suggests that interventions aimed at reducing stress could have a positive impact on expatriates' overall adjustment outcomes, helping them integrate more effectively into their new environment.

4.9.8 Correlation between Anxiety and Depression

The findings from table 4.13 depict a significant positive correlation between anxiety and depression, with **r = 0.56**, significant at the **0.01 level**. This suggests that expatriates with higher levels of anxiety are more likely to experience depression. The strong relationship between anxiety and depression is well-documented, with research showing that anxiety often precedes or co-occurs with depressive symptoms (Clark & Watson, 1991). Individuals who experience chronic anxiety may eventually develop feelings of hopelessness or despair, which can lead to depression.

For expatriates, the stressors of relocation-such as job insecurity, cultural dissonance, and social isolation-can trigger both anxiety and depression (Ward et al.,

2001). The significant correlation between these two variables in this study reflects the interconnectedness of emotional distress among expatriates, where anxiety can exacerbate depressive symptoms and vice versa. This is particularly concerning in expatriate populations, as untreated anxiety can lead to long-term mental health issues, including clinical depression.

The findings suggest that mental health interventions for expatriates should address both anxiety and depression in a holistic manner. CBT has been shown to be effective in treating both depression and anxiety by targeting maladaptive thought patterns and promoting emotional regulation (Beck, 1967). Providing expatriates with access to therapy, along with stress-reduction techniques, could help prevent the escalation of anxiety into depression and improve overall mental health outcomes.

4.9.9 Correlation between Anxiety and Adjustment

The findings from table 4.13 reveal a significant **positive** correlation between anxiety and adjustment, with **r = 0.56**, significant at the **0.01 level**. Since adjustment is scored in reverse order, this positive correlation indicates a negative relationship between anxiety and adjustment. This suggests that expatriates with higher levels of anxiety are more likely to experience poor adjustment. Anxiety can impair an individual's ability to cope with new environments, particularly when they are faced with unfamiliar cultural norms and social expectations (Ward & Kennedy, 1992).

Anxiety can hinder an expatriate's ability to adjust in new environment, such as seeking social support or learning new cultural skills, which are essential for successful adjustment. Research has shown that individuals with high levels of anxiety are more likely to avoid social interactions and withdraw from their new environment, which can further impede their adjustment process (Searle & Ward, 1990). The significant correlation between anxiety and poor adjustment in this study suggests that expatriates who experience high anxiety may struggle to integrate into their new surroundings, leading to feelings of isolation and disconnection.

The results highlight the importance of addressing anxiety as part of expatriate adjustment programs. By providing expatriates with tools to manage their anxiety-such as relaxation techniques, mindfulness training, and cognitive restructuring-organizations can help improve their adjustment outcomes (Caligiuri, 2000). Addressing anxiety early in the relocation process may also prevent long-term adjustment difficulties and improve expatriates' overall well-being.

4.9.10 Correlation between Depression and Adjustment

The results show in table 4.13 that there is a significant **positive** correlation between depression and adjustment, with **r = 0.58**, significant at the **0.01 level**. Given that adjustment is scored in reverse order, this positive correlation indicates a negative relationship between depression and adjustment, meaning that higher levels of depression are associated with poorer adjustment. This finding is consistent with previous research that shows that depression impairs individuals' ability to adjust to new environments and manage life stressors effectively (Bhugra & Becker, 2005).

For expatriates, depression can lead to withdrawal from social interactions, difficulties in maintaining daily routines, and a lack of motivation to engage with their new environment (Ward et al., 2001). The strong correlation between depression and poor adjustment in this study suggests that expatriates who experience depression may find it more difficult to build new relationships, adjust to cultural differences, and meet the demands of their work or social life. Depression can also impair cognitive functioning, making it harder for expatriates to learn new cultural norms or navigate the challenges of living in a foreign country.

The significant relationship between depression and adjustment highlights the need for early intervention to prevent depressive symptoms from worsening and hindering adjustment. By addressing depression early on, mental health professionals can help expatriates improve their adjustment outcomes and reduce the long-term impact of depressive symptoms.

4.10 Correlation Between Alexithymia and Domains of Adjustment

Table 4.14: Correlation table -Alexithymia with Domains of Adjustment

Variables	Home Adjustment	Health Adjustment	Social Adjustment	Emotional Adjustment	Occupational Adjustment
Alexithymia	0.61	0.62	0.62	0.60	0.62
Level Significant 0.01					

4.10.1 Correlation between Alexithymia and Home Adjustment

Table 4.14 reveals a significant **positive** correlation between alexithymia and home adjustment, with **r = 0.61**, significant at the **0.01 level**. Since home adjustment is scored in reverse order (higher scores indicate poorer adjustment), this positive correlation reflects a negative relationship between alexithymia and home adjustment, indicating that higher levels of alexithymia are associated with poorer home adjustment. This is consistent with research showing that individuals with alexithymia often struggle with interpersonal relationships and social bonds, which can significantly impact their home life (Taylor et al., 1997).

Expatriates with high levels of alexithymia may find it difficult to communicate their emotional needs within their family or household, leading to strained relationships and poor home adjustment. Studies have demonstrated that emotional awareness and expression are critical for maintaining healthy family dynamics, particularly in high-stress situations like expatriation (Bagby et al., 1994). In the expatriate context, alexithymia can exacerbate feelings of disconnection from loved ones, leading to misunderstandings and emotional distance within the home.

The significant correlation between alexithymia and poor home adjustment suggests that interventions aimed at improving emotional communication within families could enhance home adjustment for expatriates. Family therapy or emotional intelligence training may help expatriates with alexithymia develop the skills needed to express their

emotions more effectively, thereby improving family cohesion and home adjustment. This finding underscores the importance of addressing emotional regulation within family units, especially in expatriate families undergoing significant cultural and environmental changes.

4.10.2 Correlation between Alexithymia and Health Adjustment

The findings in table 4.14 show a significant **positive** correlation between alexithymia and health adjustment, with **r = 0.62**, significant at the **0.01 level**. Since health adjustment is scored in reverse, this positive correlation indicates a **negative relationship**, meaning that higher levels of alexithymia are associated with poorer health adjustment. Alexithymia has been linked to a variety of health problems, as individuals who struggle to identify and express their emotions are more prone to somatic symptoms and stress-related illnesses (Lumley et al., 2007).

Expatriates with alexithymia may neglect their emotional well-being, leading to increased physical health problems. Research has shown that alexithymic individuals are less likely to seek medical help for psychosomatic issues, which can result in deteriorating health conditions (Bagby et al., 1994). In the context of expatriates, the stress of adjusting to a new environment, combined with the inability to process emotions, may manifest as physical ailments such as headaches, gastrointestinal issues, or chronic fatigue.

The significant relationship between alexithymia and poor health adjustment highlights the need for holistic interventions that address both emotional and physical well-being in expatriates. Health programs that integrate emotional awareness and regulation into physical wellness practices, such as stress reduction workshops and mindfulness training, could help expatriates with alexithymia improve their health outcomes. By addressing the emotional roots of their physical symptoms, expatriates may be able to achieve better overall health adjustment.

4.10.3 Correlation between Alexithymia and Social Adjustment

Table 4.14 indicates a significant positive correlation between alexithymia and social adjustment, with r = 0.62, significant at the 0.01 level. Since social adjustment is scored in reverse order, this positive correlation represents a negative relationship, meaning that higher levels of alexithymia are associated with poorer social adjustment. This is in line with previous research, which has shown that alexithymia negatively impacts social interactions and the ability to form meaningful relationships (Taylor et al., 1997).

For expatriates, social adjustment is crucial for integrating into the host country, building social networks, and navigating the cultural differences they encounter. Individuals with alexithymia, however, may struggle to connect with others due to their difficulty in recognizing and expressing emotions, leading to isolation and poor social adjustment (Bagby et al., 1994). The strong correlation between alexithymia and poor social adjustment in this study suggests that expatriates with alexithymia may face significant barriers to building friendships and integrating into the local culture.

Interventions aimed at improving social skills and emotional intelligence could be particularly beneficial for expatriates with alexithymia. Social support groups, cross-cultural training, and social integration programs may help these individuals develop the interpersonal skills needed to form connections and improve their social adjustment. By addressing the emotional barriers to social interaction, expatriates with alexithymia can enhance their ability to adapt to their new environment and build a supportive social network.

4.10.4 Correlation between Alexithymia and Emotional Adjustment

According to table 4.14 there is a significant positive correlation between alexithymia and emotional adjustment, with r = 0.60, significant at the 0.01 level. Given that emotional adjustment is scored in reverse order, this positive correlation indicates a negative relationship-suggesting that higher levels of alexithymia are associated with poorer emotional adjustment. This finding is consistent with research indicating that individuals with alexithymia often experience difficulties in managing and regulating their

emotions, which can lead to emotional instability and poor adjustment (Lumley et al., 2007).

For expatriates, emotional adjustment is a critical aspect of their overall well-being and ability to cope with the challenges of living abroad. Those with alexithymia may find it difficult to process the emotional upheaval that comes with relocating to a new country, leading to feelings of emotional disconnection and distress (Taylor et al., 1997). This study's findings highlight the strong relationship between alexithymia and emotional adjustment, suggesting that expatriates with alexithymia are at a higher risk for emotional maladjustment and related mental health issues.

The significant negative relationship between alexithymia and emotional adjustment underscores the importance of providing emotional regulation training for expatriates. Programs that focus on enhancing emotional awareness, such as mindfulness training or emotional intelligence workshops, could help expatriates with alexithymia improve their emotional adjustment and overall psychological resilience. These interventions could play a critical role in helping expatriates navigate the emotional challenges of living in a foreign country.

4.10.5 Correlation between Alexithymia and Occupational Adjustment

Table 4.14 reveals a significant **positive** correlation between alexithymia and occupational adjustment, with **$r = 0.62$**, significant at the **0.01 level**. Since occupational adjustment is scored in reverse order, this positive correlation indicates a negative relationship between alexithymia and occupational adjustment. This suggests that higher levels of alexithymia are associated with poorer adjustment in the workplace. Previous studies have shown that alexithymia can impact job performance, workplace relationships, and overall job satisfaction due to difficulties in emotional communication and stress management (Bagby et al., 1994).

For expatriates, occupational adjustment is a key component of successful relocation, as the ability to perform well in a new work environment is often a primary

reason for expatriation (Black & Gregersen, 1991). Expatriates with alexithymia may struggle to adapt to the demands of a new workplace, particularly when it comes to navigating interpersonal relationships with colleagues or managing the emotional challenges of a high-pressure job. This can lead to poorer job performance and lower job satisfaction, as indicated by the significant correlation in this study.

Interventions that focus on improving emotional communication and stress management in the workplace could help expatriates with alexithymia achieve better occupational adjustment. Providing expatriates with access to emotional intelligence training, leadership development programs, or workplace counseling services could enhance their ability to adapt to the emotional and social demands of their job. This finding highlights the importance of addressing emotional regulation in the context of expatriate occupational adjustment.

4.11 Predictive Relationship of Alexithymia with Stress, Anxiety, Depression and Adjustment

A multiple regression model is employed to examine the relationships among multiple independent variables and a single dependent variable. In this study, we aim to explore Stress, Anxiety, Depression, and Adjustment. Predicts alexithymia.

Table No 4.15: Summary of Multiple Regression Analysis Predicting Alexithymia

Variable	Coefficient (B)	Standard Error	Standardized Coefficient (Beta)	t-value	p-value	Significance
Constant	18.374	1.591		11.551	.000	Significant
Stress	0.364	0.078	0.209	4.657	.000	Significant
Anxiety	0.170	0.049	0.151	3.470	.001	Significant

Depression	0.290	0.099	0.127	2.937	.004	Significant
Adjustment	0.316	0.026	0.506	12.074	.000	Significant

Dependent Variable: Alexithymia

In this context while considering all the variables with alexithymia, if stress, anxiety, depression and adjustment are zero, the expected level of Alexithymia would be 18.374. Among the predictors, Each of these variables is identified as a statistically significant factor influencing Alexithymia.

Table 4.15 depicts; Stress is a significant factor in predicting Alexithymia ($p < .001$). The unstandardized coefficient ($B = 0.364$) indicates that a one-unit increase in Stress leads to a 0.364 increase in Alexithymia scores. Its standardized beta coefficient (0.209) reflects a moderate effect size, highlighting the importance of stress in influencing emotional awareness. Anxiety is also a statistically significant predictor ($p = .001$), with a Coefficient (B) value of 0.170 and a standardized beta of 0.151. This suggests that as anxiety levels increase by one unit, Alexithymia scores are expected to rise by 0.170 units, although its influence is smaller compared to Stress and Adjustment. Depression contributes significantly as well ($p = .004$), with a coefficient of 0.290 and a standardized beta of 0.127. While the effect is statistically meaningful, it represents a relatively modest contribution to Alexithymia when considered alongside the other variables in the study. Adjustment stands out as the strongest predictor of Alexithymia, with a very high standardized beta value of 0.506 and a highly significant p-value ($p < .001$). A one-unit increase in Adjustment issues corresponds to a 0.316 increase in Alexithymia. This indicates that difficulty in adjustment has the most substantial impact on the development or presence of alexithymic characteristics.

In conclusion, all four variables, Stress, Anxiety, Depression, and Adjustment are significant predictors of Alexithymia in this context. However, Adjustment exhibits the strongest relationship, followed by Stress, Anxiety, and Depression in descending order of influence. This pattern suggests that although Anxiety and Depression are individually

significant, their predictive power is likely moderated by the stronger influence of Adjustment. The findings emphasize the value of interventions aimed at improving adaptive coping skills and reducing stress levels as a way to effectively manage alexithymia, with potential positive ripple effects on symptoms of anxiety and depression.

4.12 Alexithymia and gender difference in Keralite expatriates in Middle east

Table 4.16: Comparison of Alexithymia Levels Between genders: A Test of Significance

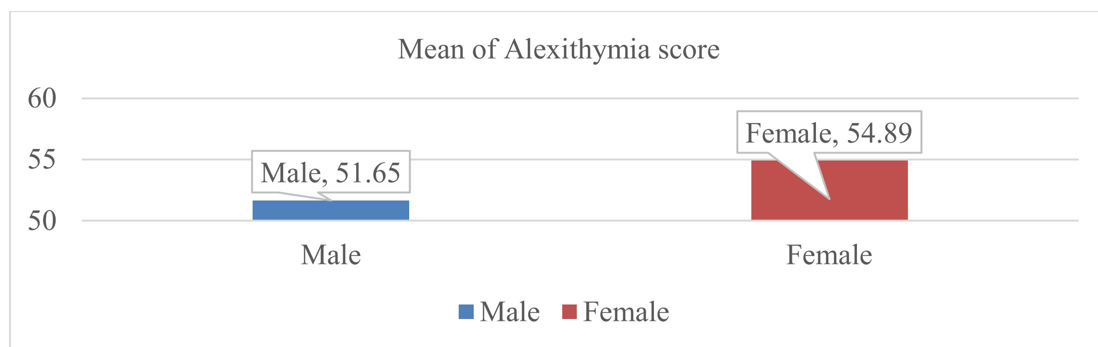
Gender	Number	Mean	Standard deviation	T	Level of significance
Male	150	51.65	14.18	2.04	0.05
Female	150	54.89	13.31		

The findings reveal a significant difference between male and female expatriates in terms of alexithymia, with a **t-value of 2.04**, significant at the **0.05 level**. The mean alexithymia score for female expatriates was higher than that of male expatriates, suggesting that female expatriates are more likely to experience alexithymia than their male counterparts. This result is consistent with some studies that indicate gender differences in emotional regulation and the ability to express emotions, with women often reporting more difficulties in managing emotions in stressful contexts such as expatriation (Moriguchi et al., 2007).

In the context of migration, female expatriates may face unique stressors related to cultural adaptation, societal expectations, and balancing work-life responsibilities, which could exacerbate emotional regulation difficulties. Research has shown that women, in general, are more likely to experience emotional challenges when placed in high-stress environments, and expatriation can amplify these challenges (Ward & Kennedy, 1992). Women who experience alexithymia may find it harder to express their emotions, leading to higher levels of stress and difficulty in social and cultural adaptation.

However, it is essential to note that other studies have found conflicting results regarding gender and alexithymia. Some research suggests that men may underreport emotional difficulties, leading to an underestimation of alexithymia in male populations (Parker et al., 1993). This highlights the need for more gender-specific mental health support for expatriates, ensuring that both men and women receive the emotional support and training needed to manage alexithymia and improve emotional regulation.

Figure 4.16 Mean Alexithymia of male expats from Kerala in middle east and female expats from Kerala in middle east



4.13 Stress and gender difference in Keralite expatriates in Middle east

Table 4.17 Comparison of Stress Levels between genders: A Test of Significance

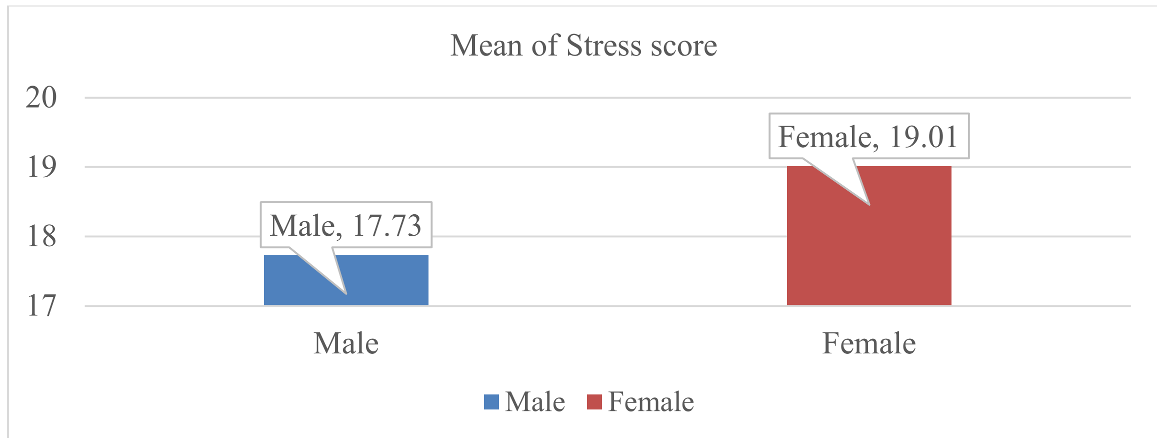
Gender	Number	Mean	Standard deviation	T	Level of significance
Male	150	17.73	7.76	1.4	Not significant
Female	150	19.01	8.06		

The results indicate no significant difference between male and female expatriates in terms of stress, with a **t-value of 1.4**, which is not significant at the **0.05 level**. This suggests that stress levels are more or less equal among male and female expatriates. This finding aligns with some research that shows both men and women face similar levels of stress in expatriate settings due to the common challenges of relocation, such as adjusting to a new culture, job responsibilities, and social isolation (Bhagat & London, 1999).

While stress levels may not differ significantly between genders, the sources and manifestations of stress may vary. Research has suggested that women may experience more stress related to balancing work and family responsibilities, whereas men may experience more stress from job performance and career progression (Caligiuri et al., 1998). Despite these differences in stress sources, the overall levels of stress remain comparable between men and women in this study, which could be due to shared stressors in the expatriation process.

This finding suggests that stress management interventions should be equally available to both male and female expatriates. However, tailoring these interventions to address the specific stressors faced by each gender may enhance their effectiveness. For instance, women may benefit from programs focused on work-life balance, while men may benefit from performance-related stress management techniques. Ensuring that stress reduction resources are inclusive and comprehensive can improve mental health outcomes for all expatriates.

Figure 4.17: Mean Stress of male expats from Kerala in middle east and female expats from Kerala in middle east



4.14 Anxiety and gender difference in Keralite expatriates in Middle east

Table 4.18 Comparison of Anxiety Levels Between genders: A Test of Significance

Gender	Number	Mean	Standard deviation	T	Level of significance
Male	150	36.5	12.2	0.94	Not significant
Female	150	37.84	12.39		

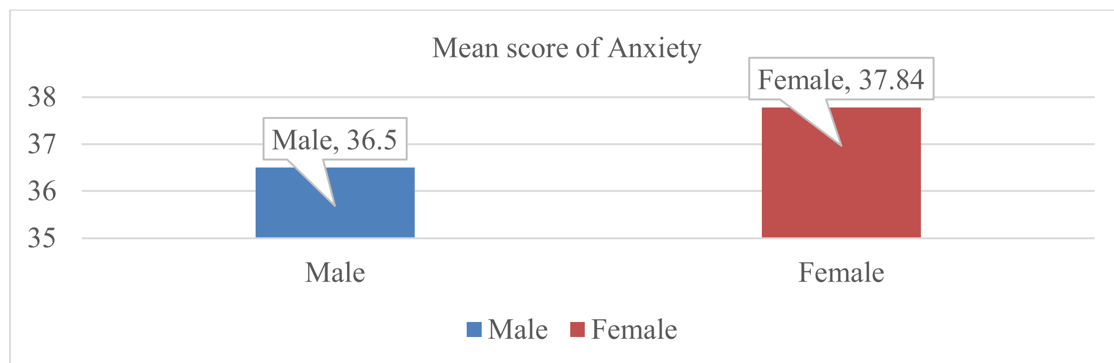
The findings show no significant difference between male and female expatriates in terms of anxiety, with a **t-value of 0.94**, not significant at the **0.05 level**. This indicates that anxiety levels are similar for both male and female expatriates. This result aligns with research that shows both genders experience similar levels of anxiety in high-pressure situations like expatriation, although the coping mechanisms they employ might differ (Ward & Kennedy, 1992).

Anxiety is a common psychological response to the uncertainties and challenges associated with expatriation, such as navigating new cultural environments, managing job

expectations, and dealing with social isolation. Both men and women may experience anxiety due to these factors, and the lack of significant gender differences suggests that expatriation imposes similar emotional demands on both genders (Bhagat, 1983). However, previous studies have noted that men and women may cope with anxiety differently, with women more likely to seek social support, while men may engage in more avoidance-based coping strategies (Lazarus & Folkman, 1984).

This finding suggests that expatriate support programs should focus on anxiety reduction strategies for all expatriates, regardless of gender. Offering resources such as counseling services, mindfulness training, and stress management workshops can help expatriates of both genders manage their anxiety more effectively. Additionally, understanding the different ways men and women cope with anxiety can help tailor interventions to each group's specific needs, enhancing their overall efficacy.

Figure 4.18 Mean Anxiety of male expats from Kerala in middle east and female expats from Kerala in middle east



4.15 Depression and gender difference in Keralite expatriates in Middle east

Table 4.19 Comparison of Depression Levels Between genders: A Test of Significance

Gender	Number	Mean	Standard deviation	T	Level of significance
Male	150	7.80	7.28	0.37	Not significant
Female	150	7.54	4.51		

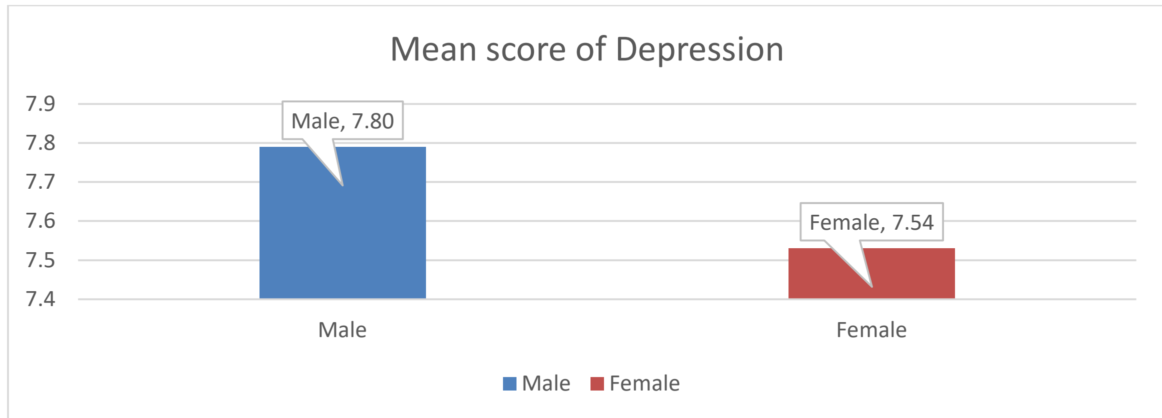
The findings indicate no significant difference between male and female expatriates in terms of depression, with a **t-value of 0.37**, which is not significant at the **0.05 level**. This suggests that depression levels are comparable between male and female expatriates. Depression is a common mental health issue among expatriates, often arising from feelings of isolation, homesickness, and cultural dissonance (Bhugra & Becker, 2005). Both men and women may be equally susceptible to these factors, resulting in similar levels of depression.

Although the overall levels of depression may not differ significantly between genders, research has shown that the expression and experience of depressive symptoms can vary. Women may be more likely to report feelings of sadness and emotional distress, while men may express their depression through irritability or withdrawal (Nolen-Hoeksema, 2001). Despite these differences, the shared experience of expatriation-related stressors such as loneliness and job dissatisfaction could lead to similar overall levels of depression for both genders.

This finding suggests that expatriate support programs should provide mental health services that are accessible and relevant to both male and female expatriates. Depression screening, access to therapy, and peer support groups can help address depressive symptoms in expatriates, improving their emotional well-being and overall adjustment. Additionally, gender-sensitive approaches to mental health support may

enhance the effectiveness of interventions by addressing the unique ways men and women experience and express depression.

Figure 4.19 Mean Depression of male expats from Kerala in middle east and female expats from Kerala in middle east



4.16 Adjustment and gender differences in Keralite expatriates in Middle east

Table 4.20 Comparison of Adjustment Levels Between genders: A Test of Significance

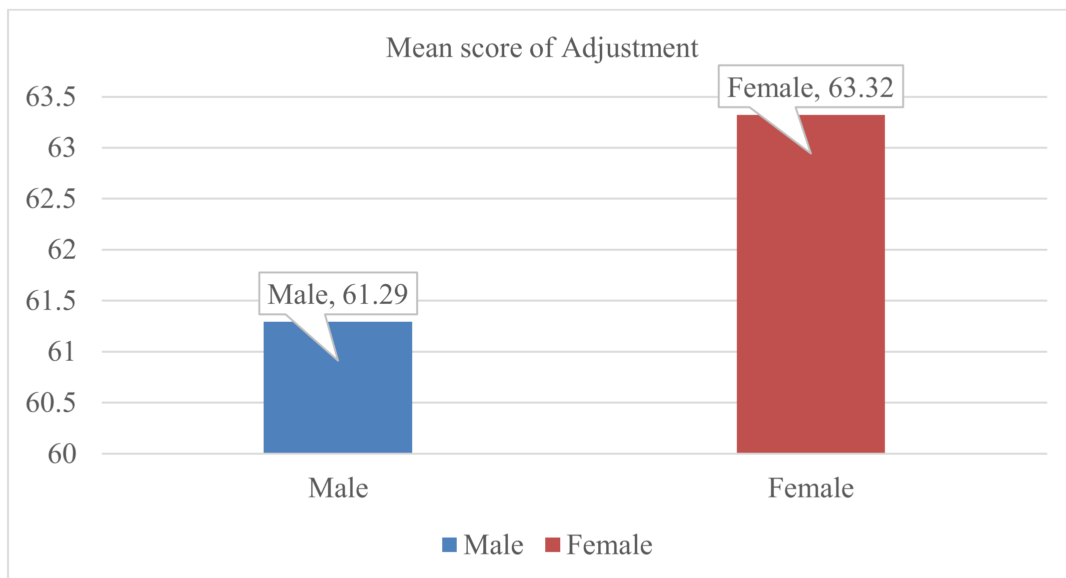
Gender	Number	Mean	Standard deviation	T	Level of significance
Male	150	61.29	21.84	.794	Not significant
Female	150	63.32	22.48		

The findings reveal no significant difference between male and female expatriates in terms of adjustment, with a **t-value of 0.794**, which is not significant at the **0.05 level**. This suggests that both male and female expatriates report similar levels of adjustment to their new environment. This finding contrasts with some research that suggests men and women may experience adjustment challenges differently, particularly in terms of work-life balance, social integration, and emotional well-being (Caligiuri et al., 1998).

Adjustment is a multifaceted construct that encompasses emotional, social, and occupational adaptation to a new environment. Both male and female expatriates face similar challenges in these domains, including learning new cultural norms, adapting to a new work environment, and managing relationships (Ward & Kennedy, 1993). The lack of significant difference between genders in this study suggests that expatriation may impose comparable demands on men and women, leading to similar overall adjustment outcomes.

This finding highlights the importance of providing comprehensive adjustment support for all expatriates, regardless of gender. Cross-cultural training, social integration programs, and work-life balance initiatives can help expatriates adjust more smoothly to their new environment. While men and women may face unique challenges in specific areas of adjustment, the overall support systems in place should be designed to address the shared experiences of expatriates, ensuring that both genders receive the resources they need to thrive in their new environment.

Figure 4. 20 Mean Adjustment of male expats from Kerala in middle east and female expats from Kerala in middle east



4.17 Result Summary

The analysis of data conducted in this study has provided important insights into the psychological well-being of Kerala expatriates in the Middle East. The findings have shown significant relationships of Alexithymia with stress, anxiety, depression, and adjustment, and Significant interrelationship between theses psychological variables. Which have important implications for understanding the mental health challenges faced by expatriates. Through various statistical tests, the study has confirmed several hypotheses while rejecting others, thereby shedding light on the prevalence and interconnection of these psychological factors among expatriates.

The study revealed that alexithymia, which affects emotional regulation and expression, is less prevalent among the expatriate population, with 28.33% of expats found to have alexithymia. Even though the chance of being affected with alexithymia trait is almost same as alexithymia detected people that is 27.67%, for these group further clinical observation and support is needed to enhance their mental health. However, the correlation analyses showed positive and strong relationships between alexithymia and stress, anxiety, depression, adjustment and all domains of adjustment. These significant correlations suggest that expatriates who struggle with identifying and processing their emotions are more likely to experience higher levels of stress, anxiety, and depression, as well as poorer adjustment outcomes. These findings emphasize the critical role of emotional awareness and regulation in expatriate mental health and adaptation.

The regression analysis reveals that all the predictors, such as stress, anxiety, depression and adjustment are significant predictors of Alexithymia. However, Adjustment exhibits the strongest relationship, followed by Stress, Anxiety, and Depression in descending order of influence.

In terms of stress, anxiety, and depression, the results highlight the complexity of expatriate experiences. While no significant differences were found between the percentages of expats with and without, stress and anxiety, despite percentage of stress detected and having anxiety is higher. More than half of the of keralite expats in middle

east has high or moderate Stress, it comes to 51.67 % of the population, 17% of have high stress and 34.67 % have moderate stress. 14.67 % and 19.33 % of male and female have high stress respectively. 32% of male and 37.33% of female facing moderate stress. 55.33% of males and 43.33% of females are facing low stress, that means no stress, it will be 48.33% of the total population.

52.67 % Keralites in middle east feels anxiety, 14.67 % feels high anxiety 38% seen moderate anxiety, 12 % of male and 17.33 % female have high Anxiety. 38.67 % of male and 37.33 % of female facing moderate Anxiety. 47.33% of total population shows no anxiety, 49.33 and 45.33% for male and female have no anxiety.

Furthermore, depression was found to be less prevalent, affecting only 7.33% of the population. 2% of the population feels significant depression, it's a severe depression and nobody reported extreme depression, only male population falls under this category, also expatriates of 5.33% reports moderate depression and in both male and female.

The majority of the Expats in this research seem to be well-adjusted, 83.67% of expatriates were found to have good adjustment, while 16.33% were classified as having poor adjustment. 86.00 % Male and 81.33 % of females having adjustment, 16.33% feel mal adjustment, it will be 14.00 % in male and 18.67 % in female.

The correlations between these variables were significant. These findings underscore the need for targeted interventions that address both the psychological and emotional challenges expatriates face.

The gender-wise comparisons of psychological variables revealed some notable differences. Female expatriates were found to have higher levels of alexithymia than their male counterparts, while no significant gender differences were observed for stress, anxiety, depression, or adjustment. This indicates that while emotional regulation difficulties may be more pronounced in female expatriates, both genders experience similar levels of other psychological challenges. These results call for gender-sensitive approaches

to mental health support, ensuring that emotional regulation difficulties are addressed, particularly among female expatriates.

In conclusion, the analysis chapter has provided a comprehensive understanding of the psychological well-being of Kerala expatriates in the Middle East. The significant relationships between alexithymia, stress, anxiety, depression, and adjustment highlight the interconnected nature of these variables and their impact on expatriate adaptation. The findings suggest that interventions focused on emotional regulation, stress management, and mental health support are essential for promoting the well-being of expatriates. This chapter contributes to the broader understanding of expatriate mental health and lays the groundwork for future research and intervention strategies in this area.

CHAPTER 5

SUMMARY AND

CONCLUSIONS

Chapter 5

Summary and Conclusions

5.1 Conclusion

This study primarily explored the relationships of alexithymia, stress, anxiety, depression, and adjustment among Kerala expatriates in the Middle East, aiming to understand the psychological well-being of this population and inter relationships. The sample consisted of 300 expatriates, and a range of validated psychological tools, including the Toronto Alexithymia Scale (TAS-20), Perceived Stress Scale (PSS-10), State-Trait Anxiety Inventory (STAI), Beck Depression Inventory-II (BDI-II), and Adjustment Inventory (Adult Form), were used to measure the relevant constructs. Descriptive and inferential statistical methods, independent samples t-tests, Pearson correlation analyses, Multiple linear regression, were applied to assess the differences, predictions and relationships.

The findings revealed that a significant portion of expatriates experience alexithymia, stress, anxiety, and adjustment difficulties, though depression was found to be less prevalent. There was a significant positive correlation between alexithymia and stress, anxiety, and depression, indicating that expatriates who struggle with identifying and expressing emotions are more likely to experience these psychological difficulties. Additionally, the reverse scoring of the adjustment variable revealed that higher alexithymia is associated with poorer adjustment across various domains, including home, health, social, emotional, and occupational adjustment. Gender comparisons showed that female expatriates experience significantly higher levels of alexithymia, while no significant differences were found for stress, anxiety, depression, or adjustment between males and females.

In conclusion, this study highlights the Alexithymia is statistically related to the emotional regulation difficulties, stress, anxiety, depression, and adjustment challenges among expatriates, it also shows interconnectedness. The findings suggest that expatriates with higher levels of alexithymia are at greater risk for psychological distress and poor adjustment outcomes, which calls for targeted mental health interventions aimed at improving emotional awareness and regulation. These results contribute to the growing body of research on expatriate mental health and provide valuable insights for developing support systems and interventions to enhance the well-being of expatriates in challenging environments.

5.2 Table No 5.1 Conclusion of Research Hypotheses of the Study

Hypothesis No	Hypothesis	Tenability of Hypothesis
1a	There is a significant relationship between Alexithymia and Stress of Kerala expats in middle east.	Accepted
1b	There is a significant relationship between Alexithymia and Anxiety of Kerala expats in middle east.	Accepted
1c	There is a significant relationship between Alexithymia and Depression of Kerala expats in middle east.	Accepted
1d	There is a significant relationship between Alexithymia and Adjustment of Kerala expats in middle east.	Accepted
1e	There is a significant relationship between Stress and Anxiety of Kerala expats in middle east.	Accepted
1f	There is a significant relationship between Stress and Depression of Kerala expats in middle east.	Accepted
1g	There is a significant relationship between Stress and Adjustment of Kerala expats in middle east.	Accepted

1h	There is a significant relationship between Anxiety and Depression of Kerala expats in middle east.	Accepted
1i	There is a significant relationship between Anxiety and Adjustment of Kerala expats in middle east.	Accepted
1j	There is a significant relationship between Depression and Adjustment of Kerala expats in middle east.	Accepted
2a	There is a significant relationship between Alexithymia and Home Adjustment of Kerala expats in middle east.	Accepted
2b	There is a significant relationship between Alexithymia and Health Adjustment of Kerala expats in middle east.	Accepted
2c	There is a significant relationship between Alexithymia and Social Adjustment of Kerala expats in middle east.	Accepted
2d	There is a significant relationship between Alexithymia and Emotional Adjustment of Kerala expats in middle east.	Accepted
2e	There is a significant relationship between Alexithymia and Occupational Adjustment of Kerala expats in middle east.	Accepted
3	There is a significant prediction of Alexithymia by Stress, Anxiety, Depression, and Adjustment among Keralite expatriates in the Middle East.	Accepted
4a	There is a significant difference between male and female expats from Kerala in middle east in Alexithymia.	Accepted
4b	There is a significant difference between male and female expats from Kerala in middle east in Stress.	Rejected
4c	There is a significant difference between male and female expats from Kerala in middle east in Anxiety.	Rejected
4d	There is a significant difference between male and female expats from Kerala in middle east in Depression.	Rejected
4e	There is a significant difference between male and female expats from Kerala in middle east in Adjustment.	Rejected

5.3 Limitations of the Study

While this study provides valuable insights, it is essential to acknowledge several limitations. Firstly, the study relied on self-reported measures to evaluate psychological variables such as alexithymia, stress, anxiety, depression, and adjustment. Self-reported data can be subject to biases, such as social desirability bias, where participants may underreport or overreport certain symptoms or behaviours to appear more socially acceptable. This could potentially affect the accuracy of the results and findings.

Second, the research only looked at Keralite Expats living in the Middle East, which restricts the generalizability of the results to other expatriate populations from different cultural backgrounds or geographic locations. The specific cultural and socio-economic context of Keralite expatriates may not be representative of other expatriate groups, and thus, the results should be interpreted with caution when generalized to broader expatriate populations.

The cross-sectional design of this study offers only a single-point snapshot of participants' psychological states. This approach limits the ability to observe changes over time or to establish causal relationships between variables. A longitudinal approach would provide a more comprehensive understanding of how psychological factors, such as alexithymia, stress, and adjustment, evolve over time in the expatriate population.

Finally, the sample size of 300 expatriates, while adequate for the purposes of this study, may limit the ability to detect smaller but meaningful effects, particularly in subgroup analyses such as those examining gender differences. A larger sample size could provide more robust statistical power and allow for a more nuanced exploration of other potentially influential factors.

These limitations highlight areas for future research and emphasize the need for cautious interpretation of the results within the specific context of this study.

5.4 Implications of the study

The findings of this study carry significant implications for the mental health and well-being of expatriates, particularly those from Kerala residing in the Middle East. The strong relationships between alexithymia, stress, anxiety, depression, and adjustment suggest that expatriates face considerable emotional and psychological challenges while adapting to a foreign environment. The study highlights alexithymia as a critical factor affecting emotional regulation, with those scoring higher on alexithymia showing poorer adjustment across multiple domains such as home, social, emotional, and occupational adjustment. This suggests that interventions focused on enhancing emotional awareness and expression may be essential in supporting expatriates' adaptation and overall well-being

The significant correlations found between stress, anxiety, depression, and adjustment further emphasize the need for comprehensive mental health services for expatriates. Given the high prevalence of stress and anxiety, mental health professionals should consider offering stress management programs, counseling services, and coping strategies to assist expatriates in managing the psychological strain associated with migration. Employers in the Middle East could also implement workplace wellness programs to alleviate the psychological burden on expatriates, creating a supportive environment that facilitates smoother adjustment to their new surroundings.

The results also indicate that there are gender differences in the experience of alexithymia, with female expatriates showing higher levels of alexithymia than their male counterparts. This underscores the importance of developing gender-sensitive mental health interventions, recognizing that male and female expatriates may experience emotional regulation and adaptation challenges differently. Tailoring mental health programs to address these differences could enhance their effectiveness and lead to better outcomes for both male and female expatriates.

Furthermore, the study's implications extend to policy development. Governments and organizations supporting expatriates should consider creating policies that promote access to mental health services, particularly for vulnerable expatriate populations. These services could focus on enhancing emotional intelligence, improving resilience, and addressing the unique challenges faced by expatriates, including cultural adaptation and isolation. The strong associations between psychological variables and adjustment in this study highlight the need and importance of proactive mental health care in ensuring the successful adaptation and long-term well-being of expatriates.

Finally, this study serves as a foundation for further research on the psychological challenges faced by expatriates, encouraging future studies to explore intervention-based approaches and assess their effectiveness in improving emotional regulation and adjustment

5.5 Scope for Further Research

The study's conclusions offer up several research directions. First, a longitudinal study could be conducted to examine how psychological variables such as alexithymia, stress, anxiety, depression, and adjustment change over time in expatriates. This would allow researchers to explore causal relationships and the long-term impact of these psychological factors on expatriate well-being and adaptation to their new environment.

Additionally, future research could broaden the scope by including expatriates from different cultural and geographic backgrounds. Expanding the sample beyond Keralite expatriates would enable a comparison of how different cultural groups experience and manage emotional regulation, stress, and adjustment in a foreign context. Such cross-cultural studies could provide insights into the universal and culture-specific challenges faced by expatriates and inform the development of more tailored support programs.

Future research could investigate gender differences in alexithymia, as different studies report varying patterns depending on population, environmental, and other influencing factors, and also examine gender differences in stress, anxiety, depression, and

adjustment among expatriates, while exploring the influence of occupational factors on these psychological variables

Further, qualitative research could be undertaken to complement the quantitative findings of this study. Conducting in depth interviews or focus group discussions with expatriates could provide richer, more nuanced insights into the lived experiences of individuals facing alexithymia, stress, and adjustment difficulties. This qualitative data could shed light on the personal and contextual factors that influence these psychological variables and provide more detailed guidance for interventions.

Finally, future research could explore the effectiveness of specific interventions aimed at reducing alexithymia and improving emotional regulation and adjustment in expatriates. Experimental studies could test the efficacy of targeted mental health programs, such as cognitive-behavioural therapy, mindfulness training, or community support initiatives, in reducing stress and anxiety and improving overall adjustment. By focusing on intervention-based research, future studies could offer practical solutions to the psychological challenges faced by expatriates.

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QUESTIONNAIRE

Demographic Questions:

1. Name of the Participant:
2. Gender:
    a. Male
    b. Female
3. Marital Status:
    a. Single
    b. Married
    c. Divorced
4. Age:
    a. 20 – 30 years
    b. 31 – 35 years
5. Hosting Country
    a. UAE
    b. Qatar
    c. Oman
    d. KSA
    e. Kuwait
    f. Bahrain
    g. Other Middle East Countries
6. Educational Qualification:
    a. 10th standard
    b. 12th standard
    c. Graduate
    d. Post Graduate or Above

Part A

Please read carefully and indicate how much you agree or disagree with statement

1. I am often confused about what emotion I am feeling.
    e. Strongly Disagree"
    f. Disagree
    g. Neither Agree nor Disagree
    h. Agree
    i. Strongly Agree
2. It is difficult for me to find the right words for my feelings.
    a. Strongly Disagree"
    b. Disagree
    c. Neither Agree nor Disagree
    d. Agree
    e. Strongly Agree
3. I have physical sensations that even doctors don't understand.
    a. Strongly Disagree"
    b. Disagree
    c. Neither Agree nor Disagree
    d. Agree
    e. Strongly Agree
4. I am able to describe my feelings easily.
    a. Strongly Disagree"
    b. Disagree
    c. Neither Agree nor Disagree
    d. Agree
    e. Strongly Agree
5. I prefer to analyze problems rather than just describe them.
    a. Strongly Disagree"
    b. Disagree
    c. Neither Agree nor Disagree
    d. Agree
    e. Strongly Agree
6. I prefer talking to people about their daily activities rather than their feelings.
    a. Strongly Disagree"
    b. Disagree
    c. Neither Agree nor Disagree
    d. Agree
    e. Strongly Agree
7. I find it hard to imagine what it would be like to be in someone else's shoes.
    a. Strongly Disagree"
    b. Disagree
    c. Neither Agree nor Disagree

    d. Agree
    e. Strongly Agree
8. When I am upset, I don't know if I am sad, frightened, or angry.
    a. Strongly Disagree"
    b. Disagree
    c. Neither Agree nor Disagree
    d. Agree
    e. Strongly Agree
9. I am often puzzled by sensations in my body.
    a. Strongly Disagree"
    b. Disagree
    c. Neither Agree nor Disagree
    d. Agree
    e. Strongly Agree
10. I prefer to just let things happen rather than understand why they turned out that way.
    a. Strongly Disagree"
    b. Disagree
    c. Neither Agree nor Disagree
    d. Agree
    e. Strongly Agree
11. I have feelings that I can't quite identify.
    a. Strongly Disagree"
    b. Disagree
    c. Neither Agree nor Disagree
    d. Agree
    e. Strongly Agree
12. Being in touch with emotions is essential.
    a. Strongly Disagree"
    b. Disagree
    c. Neither Agree nor Disagree
    d. Agree
    e. Strongly Agree
13. I find it hard to describe how I feel about people.
    a. Strongly Disagree"
    b. Disagree
    c. Neither Agree nor Disagree
    d. Agree
    e. Strongly Agree
14. People tell me to describe my feelings more.
    a. Strongly Disagree"

b. Disagree
c. Neither Agree nor Disagree
d. Agree
e. Strongly Agree

15. I don't know what's going on inside me.
    a. Strongly Disagree"
    b. Disagree
    c. Neither Agree nor Disagree
    d. Agree
    e. Strongly Agree
16. I often don't know why I am angry.
    a. Strongly Disagree"
    b. Disagree
    c. Neither Agree nor Disagree
    d. Agree
    e. Strongly Agree
17. I prefer talking to people about their daily activities rather than their feelings.
    a. Strongly Disagree"
    b. Disagree
    c. Neither Agree nor Disagree
    d. Agree
    e. Strongly Agree
18. I prefer to watch "light" entertainment shows rather than psychological dramas.
    a. Strongly Disagree"
    b. Disagree
    c. Neither Agree nor Disagree
    d. Agree
    e. Strongly Agree
19. It is difficult for me to reveal my innermost feelings, even to close friends.
    a. Strongly Disagree"
    b. Disagree
    c. Neither Agree nor Disagree
    d. Agree
    e. Strongly Agree
20. I can feel close to someone, even in moments of silence.
    a. Strongly Disagree"
    b. Disagree
    c. Neither Agree nor Disagree
    d. Agree
    e. Strongly Agree

Part B

Please read carefully and respond based on your feelings and thoughts of last month

1. In the last month, how often have you been upset because of something that happened unexpectedly?
   a. Never
   b. Almost never
   c. Sometimes
   d. Fairly often
   e. Very often
2. In the last month, how often have you felt that you were unable to control the important things in your life?
   a. Never
   b. Almost never
   c. Sometimes
   d. Fairly often
   e. Very often
3. In the last month, how often have you felt nervous and stressed?
   a. Never
   b. Almost never
   c. Sometimes
   d. Fairly often
   e. Very often
4. In the last month, how often have you felt confident about your ability to handle your personal problems?
   a. Never
   b. Almost never
   c. Sometimes
   d. Fairly often
   e. Very often
5. In the last month, how often have you felt that things were going your way?
   a. Never
   b. Almost never
   c. Sometimes
   d. Fairly often
   e. Very often
6. In the last month, how often have you found that you could not cope with all the things that you had to do?

   a. Never
   b. Almost never
   c. Sometimes
   d. Fairly often
   e. Very often
7. In the last month, how often have you been able to control irritations in your life?
   a. Never
   b. Almost never
   c. Sometimes
   d. Fairly often
   e. Very often
8. In the last month, how often have you felt that you were on top of things?
   a. Never
   b. Almost never
   c. Sometimes
   d. Fairly often
   e. Very often
9. In the last month, how often have you been angered because of things that happened that were outside of your control?
   a. Never
   b. Almost never
   c. Sometimes
   d. Fairly often
   e. Very often
10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?
   a. Never
   b. Almost never
   c. Sometimes
   d. Fairly often
   e. Very often

Part C

Please select the appropriate response to indicate how you feel right now, at this moment

1. I feel Calm
   a. Not at all
   b. A little
   c. Somewhat

    d. Very Much So
2. I feel secure
    a. Not at all
    b. A little
    c. Somewhat
    d. Very Much So
3. I am tense
    a. Not at all
    b. A little
    c. Somewhat
    d. Very Much So
4. I feel strained
    a. Not at all
    b. A little
    c. Somewhat
    d. Very Much So
5. I feel at ease
    a. Not at all
    b. A little
    c. Somewhat
    d. Very Much So
6. I feel upset
    a. Not at all
    b. A little
    c. Somewhat
    d. Very Much So
7. I am presently worrying over possible misfortunes.
    a. Not at all
    b. A little
    c. Somewhat
    d. Very Much So
8. I feel satisfied
    a. Not at all
    b. A little
    c. Somewhat
    d. Very Much So
9. I feel frightened
    a. Not at all
    b. A little
    c. Somewhat
    d. Very Much So

10. I feel uncomfortable
    a. Not at all
    b. A little
    c. Somewhat
    d. Very Much So
11. I feel self-confident
    a. Not at all
    b. A little
    c. Somewhat
    d. Very Much So
12. I feel nervous
    a. Not at all
    b. A little
    c. Somewhat
    d. Very Much So
13. I feel Jittery
    a. Not at all
    b. A little
    c. Somewhat
    d. Very Much So
14. I feel indecisive
    a. Not at all
    b. A little
    c. Somewhat
    d. Very Much So
15. I am relaxed
    a. Not at all
    b. A little
    c. Somewhat
    d. Very Much So
16. I feel content
    a. Not at all
    b. A little
    c. Somewhat
    d. Very Much So
17. I am worried
    a. Not at all
    b. A little
    c. Somewhat
    d. Very Much So
18. I feel confused

a. Not at all
b. A little
c. Somewhat
d. Very Much So

19. I feel steady
    a. Not at all
    b. A little
    c. Somewhat
    d. Very Much So
20. I feel pleasant
    a. Not at all
    b. A little
    c. Somewhat
    d. Very Much So

Part D

Please read below each group of statements and pick one Statement which describes the way you have been feeling during the last two weeks

1. Sadness
    a. I do not feel sad.
    b. I feel sad much of the time.
    c. I am sad all the time.
    d. am so sad or unhappy that I can't stand it.
2. Pessimism
    a. I am not discouraged about my future.
    b. I feel more discouraged about my future than 1 used to be
    c. I do not expect things to work out for me.
    d. I feel my future is hopeless and will only get worse.
3. Past Failure
    a. I do not feel like a failure.
    b. I have failed more than I should have.
    c. As I look back, I see a lot of failures.
    d. I fool I am a total failure as a person.
4. Loss of Pleasure
    a. I get as much pleasure as I ever did from the things I enjoy.
    b. I don't enjoy things as much as I used to.
    c. I get very little pleasure from the things I used to enjoy.
    d. 1 can't get any pleasure from the things I used to enjoy.

5. Guilty Feelings.
    a. I don't feel particularly guilty.
    b. I feel guilty over many things I have done or should have done.
    c. I feel quite guilty most of the time
    d. I feel guilty all of the time
6. Punishment Feelings
    a. I don't feel I am being punished.
    b. I feel I may be punished.
    c. I expect to be punished.
    d. I feel I am being punished.
7. Self-Dislike
    a. I feel the same about myself as ever. in myself.
    b. I have lost confidence
    c. I am disappointed in myself.
    d. I dislike myself.
8. Self-Criticalness
    a. I don't criticize or blame myself more than usual.
    b. I am more critical of myself than I used to be
    c. I criticize myself for all of my faults.
    d. I blame myself for everything bad that happens.
9. Suicidal Thoughts or Wishes
    a. I don't have any thoughts of killing myself.
    b. I have thoughts of killing myself, but I would not carry them out.
    c. I would like to kill myself.
    d. I would kill myself if I had the chance
10. Crying
    a. I don't cry anymore than I used to.
    b. I cry more than I used to.
    c. I cry over every little thing.
    d. I feel like crying, but I can't.
11. Agitation
    a. I am no more restless or wound up than usual.
    b. I feel more restless or wound up than usual.
    c. I am so restless or agitated that it's hard to stay still.
    d. I am so restless or agitated that I have to keep moving or doing something.
12. Loss of Interest
    a. I have not lost interest in other people or activities.
    b. I am less interested in other people or things than before.
    c. I have lost most of my interest in other people or things.
    d. It's hard to get interested in anything.

13. Indecisiveness
    a. I make decisions about as well as ever.
    b. I find it more difficult to make decisions than usual.
    c. I have much greater difficulty in making decisions than I used to.
    d. I have trouble making any decisions.
14. Worthlessness
    a. I do not feel I am worthless.
    b. 1 I don't consider myself as worthwhile and useful as I used to.
    c. I feel more worthless as compared to other people.
    d. I feel utterly worthless.
    e. I have as much energy as ever. 1 I have less energy than I used to have.
15. Loss of Energy
    a. I have as much energy as ever.
    b. 1 I have less energy than I used to have
    c. I don't have enough energy to do very much.
    d. I don't have enough energy to do anything.
16. Changes in Sleeping Pattern
    a. I have not experienced any changed in my sleeping pattern
    b. I sleep somewhat more than usual. /I sleep somewhat less than usual.
    c. I sleep a lot more than usual. /I sleep a lot less than usual.
    d. I sleep most of the day. / I Wake up 1-2 hours early and can't get back to sleep
17. Irritability
    a. I am no more irritable than usual.
    b. I am more irritable than usual.
    c. I am much more irritable than usual.
    d. I am irritable all the time.
18. Changes in Appetite
    a. I have not experienced any change in my appetite.
    b. My appetite is somewhat less than usual. / My appetite is somewhat greater than usual.
    c. My appetite is much less than before/My appetite is much greater than usual.
    d. I have no appetite at all/I crave food all the time.
19. Concentration Difficulty
    a. I can concentrate as well as ever.
    b. I can't concentrate as well as usual.
    c. It's hard to keep my mind on anything for very long.
    d. I find I can't concentrate on anything.
20. Tiredness or Fatigue
    a. I am no more tired or fatigued than usual

b. I get more tired or fatigued more easily than usual.
c. I am too tired or fatigued to do a lot of the things I used to do.
d. I am too tired or fatigued to do most of the things I used to do.

21. Loss of Interest in Sex
    a. I have not noticed any recent change in my interest in sex.
    b. I am less interested in sex than I used to be.
    c. I am much less interested in sex now.
    d. I have lost interest in sex completely.

Part E

Please answer on below questions

1. Does the place which you live now in any way interfere with your obtaining the social life which you would like to enjoy? Yes/No
2. Do you have ups and downs in mood without apparent cause? Yes/No
3. Are you troubled occasionally by a skin disease or skin eruption such as athlete's foot, carbuncles, or boils? Yes/No
4. Do you feel self-conscious when you have to ask an employer for work? Yes/No
5. Do you sometimes get badly flustered and "jittery" in your present job? Yes/No
6. Have you had any trouble with your heart h your or your kidneys or your lungs? Yes/No
7. Do you feel that your present home environment allows you enough opportunity to develop your own personality? Yes/No
8. Do you like to participate in festival gatherings and lively parties? Yes/No
9. Do you think you made the wrong selection of your occupation? Yes/No
10. Have you ever been extremely afraid of something which you knew could do you no harm? Yes/No
11. Is any member of your present home very nervous? Yes/No
12. Does your present work allow you time off each year for some vacation? Yes/No
13. Have you ever been anemic (lacking in red blood corpuscles)? Yes/No
14. Do you worry too long over humiliating experiences? Yes/No
15. Do you find it difficult to start a conversation with a stranger? Yes/No
16. Did you disagree with your parents about the type of occupation you should enter? Yes/No
17. Does it upset you considerably to have someone ask you to speak when you had no time to prepare your talk? Yes/No
18. Does some particular useless thought keep coming into your mind to bother you? Yes/No
19. Do you take cold rather easily from other people? Yes/No
20. Do you think you must "play politics" to get promotion or an increase in pay in your present job? Yes/No

21. Do you keep in the background on social occasions? Yes/No
22. Have you had unpleasant disagreements over such matters as religion, politics, or sex with the person or persons with whom you live? Yes/No
23. Do you get upset easily? Yes/No
24. Do you find it necessary to watch your health carefully? Yes/No
25. Has there ever been a divorce among any members of your immediate family? Yes/No
26. Has your employer always treated you firmly? Yes/No
27. Do you frequently come to your meals without really being hungry? Yes/No
28. Are you often in a state of excitement? Yes/No
29. Do you feel embarrassment if you have to ask permission to leave a group of people? Yes/No
30. Do you think that you have to work too long hours on your present job? Yes/No
31. Have any of the members of your present home made you unhappy by criticize your personal appearance? Yes/No
32. Do you find that you tend to have a few close friends rather than many casual acquaintances? Yes/No
33. Have you had an illness from which you feel that you have not completely recovered? Yes/No
34. Does criticism disturb you greatly? Yes/No
35. Are you happy and contended in your present home environment? Yes/No
36. Would you like to secure some other job than the one you now hold? Yes/No
37. Are you often the centre of favourable attention at a party? Yes/No
38. Do you frequently have shooting pains in in the head? Yes/No
39. Are you troubled with idea that people are watching you on the street? Yes/No
40. Do you feel a lack of affection and love in your present home? Yes/No
41. Do you have considerable difficulty in knowing just where you stand with your present employer? Yes/No
42. Do you suffer from sinusitis or any obstruction in your breathing? Yes/No
43. Are you bothered by the feeling that people are reading your thoughts? Yes/No
44. Do you make friends readily? Yes/No
45. Do you feel that your present employer or boss holds a personal dislike or grudge towards you? Yes/No
46. Do the person or persons with whom you now live understand you and sympathize with you? Yes/No
47. Do you daydream frequently? Yes/No
48. Has any illness you have had resulted in permanent injury to your health? Yes/No
49. Do you have to work on present job with certain people whom you dislike? Yes/No

50. Do you hesitate to enter a room by yourself when a group of people are sitting around together? Yes/No
51. Do you feel that your friends have happier home environments than you? Yes/No
52. Do you often hesitate to speak out in a group lest you say and do the wrong thing? Yes/No
53. Do you have difficulty getting rid of a cold? Yes/No
54. Do your ideas often run through your head so that you cannot sleep? Yes/No
55. Does any person with whom you live now become angry at you very easily? Yes/No
56. Are you getting enough pay on your present Job to support those who are dependent upon you? Yes/No
57. Are you troubled with too high or too low blood pressure? Yes/No
58. Do you worry over possible misfortunes? Yes/No
59. If you come into to a meeting, would you rather stand or leave than take a front seat? Yes/No
60. Is your present boss or employer an individual whom you feel you can always trust? Yes/No
61. Are you subject to hay fever or asthma? Yes/No
62. Are the members of your present home congenial and well-suited to each other? Yes/No
63. At a reception or a tea do you seek to meet the important person present? Yes/No
64. Do you feel that your employer is paying you a fair salary? Yes/No
65. Are you feelings easily hurt? Yes/No
66. Are you troubled much with constipation? Yes/No
67. Do you dislike intensely certain people with whom you live now? Yes/No
68. Are you sometimes leader at a social affair? Yes/No
69. Do you like all the people with whom you work on your present job? Yes/No
70. Are you bothered by the feeling that things are not real? Yes/No
71. Do you occasionally have conflicting moods of love and hate for members of your immediate family? Yes/No
72. Do you feel very self-conscious in the presence of peoples you greatly admire but with whom you are not well acquainted? Yes/No
73. Do you frequently experience nausea or vomiting or diarrhoea? Yes/No
74. Do you blush easily? Yes/No
75. Have the actions of any person with whom you now live frequently caused you to feel blue and prepressed? Yes/No
76. Have you frequently changed jobs during the last five years? Yes/No
77. Do you ever cross the street to avoid meeting somebody? Yes/No
78. Are you subject to tonsillitis or other throat ailments? Yes/No

79. Do you often feel self-conscious because of your personal appearance? Yes/No
80. Does your present job fatigue you greatly? Yes/No
81. Is the home where you live now often in a state of turmoil and dissension? Yes/No
82. Do you consider yourself rather a nervous person? Yes/No
83. Do you greatly enjoy social dancing? Yes/No
84. Are you subject to attacks of indigestion? Yes/No
85. Did either of your parents frequently find fault with your conduct when you lived with them? Yes/No
86. Do you feel that you have adequate opportunities to express your own ideas in your present job? Yes/No
87. Do you find it very difficult to speak in public? Yes/No
88. Do you feel tired most of the time? Yes/No
89. Is the pay in your present work so low that you worry lest you be unable to meet your financial obligations? Yes/No
90. Are you troubled with feelings of inferiority? Yes/No
91. Do the personal habits of some of the people with whom you now live irritate you? Yes/No
92. Do you often feel just miserable? Yes/No
93. Has it been necessary for you to have frequent medical attention? Yes/No
94. Have you had a number of experiences in appearing before public gatherings? Yes/No
95. Have you been able to get the promotions you desire in your present job? Yes/No
96. Does any member of your present home try to dominate you? Yes/No
97. Do you often feel fatigued when you get up in the morning? Yes/No
98. Do any of the people with whom you work have personal habits and characteristics which irritate you? Yes/No
99. When you are a guest at an important dinner do you do without something rather than ask to have it passed to you? Yes/No
100. Does it frighten you to be alone in the dark? Yes/No
101. Did your parents tend to supervise you too closely when you lived with them? Yes/No
102. Have you found it easy to make friendly contacts with members of the opposite sex? Yes/No
103. Are you considerably underweight? Yes/No
104. Does your present job force you to hurry a great deal? Yes/No
105. Have you ever, when you were on a high place, been afraid that you might jump off? Yes/No
106. Do you find it easy to get along with the person or persons with whom you live now? Yes/No

107. Do you have difficulty starting conversation with a person to whom you have just been introduce? Yes/No
108. Do you frequently have spells of dizziness? Yes/No
109. Are you often sorry for the things you do? Yes/No
110. Does your present employer or boss take all the credit for a piece of work which you have done? Yes/No
111. Do you have frequent disagreements with the individual or individual where you live now concerting the way things are to be done about the house? Yes/No
112. Do you get discouraged easily? Yes/No
113. Have you had considerable illness during the last ten years? Yes/No
114. Have you had experience in making plans for and directing the actions of other people such as? Yes/No
115. Do you feel you are just a cog in an inhuman machine in your present job? Yes/No
116. Does any person in the place you now live frequently object to the companions and friends with? Yes/No
117. Are you subject to attacks of influenza? Yes/No
118. Does your present employer or boss praise you for work which you do well? Yes/No
119. Would you feel very self-conscious if you had to volunteer an idea to start a discussion among? Yes/No
120. Have you frequently been depressed because of the unkind things others have said about you? Yes/No
121. Are any of the members of yours of your present household very easily irritated? Yes/No
122. Do you have many colds? Yes/No
123. Are you easily frightened by lightning? Yes/No
124. Are you troubled with shyness? Yes/No
125. Did you enter your present job because you yourself really wanted to go into it? Yes/No
126. Have you ever had a major surgical operation? Yes/No
127. At home did your parents frequently object to the kind of companions you went around with? Yes/No
128. Did you find it easy to ask others for help? Yes/No
129. Do you get discouraged in your present work? Yes/No
130. Do things often go wrong for you from no fault of your own? Yes/No
131. Would you like very much to move from the place where you now live so that you might have more? Yes/No
132. When you want something from a person with whom you are not very well acquainted, would you pr? Yes/No
133. Have you ever been seriously injured in any kind of an accident? Yes/No

134. Do you dread the sight of snake? Yes/No
135. Do you feel that your work is supervised by too many different bosses? Yes/No
136. Have you lost considerable weight recently? Yes/No
137. Does the lack of money tend to make your present home life unhappy? Yes/No
138. Would it be difficult for you to give an oral report before a group of people? Yes/No
139. Is your present job very monotonous? Yes/No
140. Are you easily moved to tears? Yes/No
141. Do you frequently feel very tired toward the end of the day? Yes/No
142. When you lived with your parents did either of them frequently criticize you unjustly? Yes/No
143. Does the thought of an earthquake or a fire frighten you? Yes/No
144. Do you feel embarrassed when you have to enter a public assembly by yourself after everyone else has been seated? Yes/No
145. Do you find that you have very little real interest in your present job? Yes/No
146. Do you sometimes have difficulty getting to sleep even when there are no noises to disturb you? Yes/No
147. Is there anyone at the place where you live now insists on your obeying him or her regardless? Yes/No
148. Did you ever take the lead to enliven a dull party? Yes/No
149. Do you feel that your immediate superior or boss lacks sympathy and understanding in dealing w? Yes/No
150. Do you often feel lonesome even when you are with people? Yes/No
151. As a youth did you ever have a strong desire to run away from home? Yes/No
152. Do you have many headaches? Yes/No
153. Have you ever felt that someone was hypnotizing you and making you act against your will? Yes/No
154. Do you often have much difficulty in thinking of an appropriate remark to make in group conversation? Yes/No
155. Do you sometimes feel that your employer does not show real appreciation of your attempts to do your job in a superior manner? Yes/No
156. Have you ever had scarlet fever or diphtheria? Yes/No
157. Do you sometimes feel that you have been a disappointment to your parents? Yes/No
158. Do you take responsibility for introducing people at a party? Yes/No
159. Do you experience a fear of losing your present job? Yes/No
160. Do you frequently have spells of the blues? Yes/No

List of Journal Publication

Sl No	Title	Journal Name	Status
1	Nature Of Alexithymia and Mental Health During Covid 19: A Correlative Study Among Indian Expats In UAE	Journal of Advanced Zoology	Published
2	Impact of Interpersonal relationships and Mental health on Young Indian Expatriate Workers in The Middle East	Indian Journal of Psychology	Published
3	Parental stress in raising a child with Special Needs Abroad: The Mediating Role of Financial Stress in the Relationship Between Mental Well-being and Parental Stress Among Indian Expatriate Parents in the UAE	International Journal of Basic and Applied Sciences (Scopus Journal)	Published

List of Conferences

Sl No	Details	Title	Status
1	**International conference:** Lovely Professional University, Punjab	Nature Of Alexithymia and Mental Health During Covid 19: A Correlative Study Among Indian Expats In UAE	Presented
2	**National Seminar:** Academy of General Education, Manipal Bhandarkars'Arts & Science College, Karnataka	Stress levels of Indian teachers in foreign educational System: Exploring Emotional Regulation and Wellbeing	Presented