

**Effect of Alexithymia on Relationship Quality among Married Adults:
Role of Trait Affection and Social Avoidance**



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2025

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of Trait Affection and Social Avoidance**

Submitted to the Department of Psychology (Female Campus), International
Islamic University Islamabad
in partial fulfilment of the requirements
for the award of degree of

MS

IN

PSYCHOLOGY

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DECLARATION

I, **Ms. HAFSA AZIZ**, Registration No. **516-FSS/MSCP/F23** student of **MS** in the subject of Psychology, session **2023-2025**, hereby declare that the matter printed in the thesis titled: Effect of alexithymia on relationship quality among married adults: role of trait affection and social avoidance is my own work and has not been printed, published and submitted as research work, thesis or publication in any form in any University, Research Institution etc in Pakistan or abroad.

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Certified that the research work contained in this thesis titled: **Effect of alexithymia on relationship quality among married adults: role of trait affection and social avoidance** has been carried out and completed by Ms. Hafsa aziz, Registration No. 516-FSS/MSCP/F23 under my supervision.

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Dedication

First and foremost, I dedicate this work to ALLAH almighty, whose grace, wisdom, and strength have guided me through every step of this journey. Without His blessings, none of this would have been possible. To my beloved parents, thank you for your unconditional love, endless sacrifices, and unwavering support. Your belief in me has been my greatest motivation. I dedicate this work to my dear brother kabeer, who left this world too soon. May your soul rest in eternal peace. Your guidance, love, and memories will always remain a source of strength in my life. To my dear siblings, your encouragement, understanding, and constant presence have been a source of strength and inspiration. I am truly grateful to you. To my respected supervisor, Dr. Mussrat Jabeen Khan, whose guidance, constructive feedback, and academic support have been deeply instrumental in the development and completion of this thesis. To myself, for facing every challenge with resilience, patience, and dedication. Through moments of exhaustion and self-doubt, you held on with discipline and purpose. This work stands as a symbol of your perseverance and personal growth.

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SPSS	Statistical Package for Social Sciences
NMA	Normative Male Alexithymia
EI	Emotional Intelligence
AET	Affection Exchange Theory

Acknowledgement

First, all praise and gratitude are for Allah (SWT), the Most Gracious, the Most Merciful, whose infinite blessings, guidance, and wisdom have enabled me to complete this research. Without His mercy and support, this achievement would not have been possible.

I am deeply grateful to my beloved parents for their unconditional love, constant prayers, and unwavering support throughout my academic journey. Their sacrifices and encouragement have been my foundation and strength.

A heartfelt thanks to my brothers and sisters, whose presence has always brought me comfort and motivation. A special mention to my brother Safeer, whose consistent support, strength, and belief in me have been a true source of motivation. Thank you for always standing by me.

I am profoundly thankful to my supervisor, Dr. Mussrat Jabeen, for her valuable guidance, continuous encouragement, and unwavering support throughout the course of this research. Her insightful feedback and academic expertise have played a pivotal role in shaping this work.

To myself, for facing every challenge with resilience, patience, and dedication. Through moments of exhaustion and self-doubt, you held on with discipline and purpose.

I would also like to acknowledge my dear friends Haleema, tuba and Ayesha, whose encouragement and positivity made this journey more manageable and meaningful. To all those who supported me in one way or another thank you from the bottom of my heart.

Abstract

This research aims to examine the effect of alexithymia on relationship quality in married adults, with trait affection as a mediator and social avoidance as a moderator. A total of 300 married individuals aged 18 years and above were recruited from Islamabad, Rawalpindi, and Wah Cantt using a convenience sampling method. The study employed a quantitative, cross-sectional correlational design and utilized standardized instruments, including the Toronto Alexithymia Scale (Taylor et al., 1991), Relationship Quality Scale (Chonody et al., 2016), Social Avoidance and Distress Scale (Watson & Friend, 1969), and Trait Affection Scale (Hesse & Floyd, 2008). Data analysis was conducted using SPSS, with descriptive statistics computed for demographic and study variables. Pearson's correlation to assess bivariate associations, linear regression to examine predictive effects, and mediation and moderation analyses to test hypothesized models. The findings indicated a negative association between alexithymia and relationship quality and a positive association between alexithymia and social avoidance. Additionally, relationship quality was inversely related to social avoidance. Trait affection emerged as a partial mediator in the link between alexithymia and relationship quality, suggesting that individuals with higher alexithymia reported lower levels of trait affection, which, in turn, was associated with poorer relationship quality. In contrast, social avoidance significantly moderates the relationship between alexithymia and relationship quality. Furthermore, independent-samples t-tests revealed non-significant gender differences in alexithymia, aligning with findings from recent studies conducted in Pakistan. These findings highlight that this research addresses a gap in the Pakistani context, where empirical studies linking alexithymia, relationship quality, social avoidance, and trait affection are rare. The results of this study provide several practical directions for marital counselling, relationship education, and psychological support services in Pakistan. The significant negative association between alexithymia and relationship quality

suggests that interventions should focus on improving emotional awareness and expression among married individuals. Future studies should consider longitudinal and experimental approaches, recruit more diverse and representative samples, and examine additional psychosocial factors to gain a deeper understanding of the complex interplay between emotional processing and marital satisfaction within Pakistani cultural settings.

Keywords: Alexithymia, Relationship Quality, Social Avoidance, Trait Affection.

Introduction

Humans possess a remarkable ability to identify, regulate, and respond to their emotions. Emotions serve as vital internal states that can guide adaptive behavior (Darwin, 1872). Central to these processes is emotional awareness, defined as the conscious perception and understanding of one's feelings, which plays a key role in overall mental functioning. The ability to perceive, manage, understand, and reason about emotions is vital in marriage (Fitness, 2001). Couples who report greater marital satisfaction also tend to have higher emotional regulation (Schutte et al., 2001). Additionally, Kirby and Baucom (2007) found that satisfaction improved when couples were supported in managing their emotions. Effectively regulating emotional arousal allows individuals to protect themselves from being overwhelmed by their partners' emotions. This skill enables them to maintain a clearer emotional perspective, which can be compromised when both partners are experiencing anxiety, fear, frustration, and anger (Weisinger, 2010).

Couples do not marry solely because they can resolve problems easily; rather they marry because they find comfort and support in each other's company. Adaptability in maintaining a supportive and nurturing environment can prevent the decline in marital satisfaction that may arise from the monotony of ongoing conflicts (Bradbury & Karney, 2004). According to Sokolski and Hendrick (1999), marital satisfaction involves both intrapersonal elements such as affection, sexual fulfillment, and a sense of commitment, and interpersonal factors, including communication quality, role balance, self-disclosure, equality, shared responsibilities, and spousal support.

An increasing number of studies indicate that alexithymia, a personality trait marked by difficulties in recognizing and expressing emotions, is linked to significant challenges in forming and maintaining meaningful interpersonal relationships. Previous studies have linked alexithymia to various social and relational difficulties, such as lower sexual activity among women (Brody, 2003), higher rates of insecure attachment (Montebarocci et al., 2004), non-assertive social behaviors (Vanheule et al., 2006), reduced access to supportive social networks (Lumley et al., 1996), and fewer close interpersonal connections alongside diminished physical and social attraction (Hesse & Floyd, 2011).

Substantial empirical evidence also links alexithymia to lower relationship satisfaction, decreased sexual enjoyment, weaker attachment security, and reduced intimacy needs in both dating and marital relationships (Hesse & Floyd, 2011; Yelsma & Morrow, 2003). Clinical accounts indicate that individuals with high intensities of alexithymia may view relationships as easily replaceable, making them more likely to end partnerships with little difficulty (Taylor et al., 1997). Although the association between alexithymia and relationship quality is well established, the specific mechanisms underlying this relationship are less understood. In general, alexithymic individuals often struggle to form strong interpersonal bonds, experience higher rates of social withdrawal, and display reduced levels of trust toward others (Kokkonen et al., 2001).

A key area of investigation examines the relationship between alexithymia and adult attachment patterns. Research has shown that individuals with alexithymia often display a fearful attachment style (Wearden et al., 2005) and tend to experience higher levels of attachment-related anxiety and avoidance (Mallinckrodt & Wei, 2005). Additionally, Montebarocci et al. (2004) reported that alexithymia is positively linked to various attachment challenges, including placing less importance on relationships and exhibiting a

greater need for approval from others. Consistent with these findings, individuals high in alexithymia may encounter persistent difficulties in forming close emotional bonds, contributing to greater social isolation and reduced interpersonal assurance (Kokkonen et al., 2001; Vanheule et al., 2007).

Alexithymia

Sifneos (1973), after observing patients who seemed indifferent during emotionally charged discussions in therapy, introduced the term alexithymia, meaning “no words for emotions.” This concept describes individuals who (1) have difficulty perceiving and processing emotions, (2) struggle to express their emotions to others, and (3) face challenges in internally processing events and behaviors, making it hard to understand their motivations (Taylor et al., 1997). Although alexithymia is considered a personality trait rather than a formal clinical disorder, it is highly prevalent in various medical and psychiatric conditions, including asthma, chronic pain, and hypertension (Lumley et al., 2007; Taylor et al., 2004). While approximately 10% of the general population exhibits alexithymic traits, prevalence rates increase substantially up to 40–60% among patients with psychosomatic disorders (Taylor et al., 1997).

First described in the 1970s by psychoanalytic psychiatrists, alexithymia encompasses a set of cognitive and emotional processing difficulties (Nemiah & Sifneos, 1970). It interferes with both the experience and expression of emotion, often resulting in a restricted or emotionally reserved demeanor and reduced emotional awareness (Sifneos et al., 1994). Studies indicate that alexithymic individuals not only struggle to articulate emotions verbally but also show impairments in the cognitive processing of emotional information (Berenbaum & Prince, 1994; Jessimer & Markham, 1997; Martínez & Marín, 1997; Parker et al., 1993;

Suslow, 1998). Consequently, their emotions often remain poorly differentiated and inadequately regulated (Taylor et al., 1991).

Those with high levels of alexithymia may find it particularly difficult to identify their own feelings, a limitation that can hinder the effective communication of emotional experiences and strain relationships especially intimate ones such as marriage. Alexithymia is regarded as a distinct personality construct, with traits that map onto dimensions of the Five Factor Model of personality (Luminet et al., 1999). Some researchers suggest that alexithymia can also emerge as a consequence of depression, anxiety, or the impact of chronic psychological and physical disorders (Hendryx et al., 1994; Horton et al., 1992).

Relationship between Alexithymia and Psychosomatic Illness

Alexithymia has been consistently linked to psychosomatic conditions in recent research. Individuals with high levels of alexithymia often report physical complaints, such as pain and fatigue, while struggling to recognize and communicate their emotional states. Studies on chronic pain populations have shown that difficulty identifying feelings, a core feature of alexithymia, strongly predicts somatization and the intensity of reported symptoms (Di Tella & Castelli, 2016). Similarly, in patients with fibromyalgia, alexithymia has been associated with poorer mental health outcomes, both directly and indirectly through elevated depressive symptoms (Tesio et al., 2018).

Research with trauma-exposed groups also highlights this relationship, as individuals with chronic PTSD and high alexithymia exhibit greater somatic morbidity compared to those with lower levels of alexithymia (Badura et al., 2013). More broadly, reviews indicate that alexithymia contributes to the persistence of psychosomatic illnesses by amplifying the tendency to interpret emotional distress as physical symptoms, thereby increasing medical

complaints and illness behaviors (De Berardis et al., 2020). While one might expect that limited emotional awareness could shield individuals with alexithymia from negative feelings and reduce anxiety or depression, the reality is different. Their diminished ability to differentiate and process emotions often hampers effective emotional regulation, leading to higher rates of affective disorders in this population (Lumley, 2000; Honkalampi et al., 2018).

Etiology of Alexithymia

Multiple theories have been proposed to explain the origins of alexithymia, encompassing biological, intrapsychic, and interpersonal perspectives (Taylor, 1984). Twin studies have provided evidence that alexithymia has a moderate heritable component, suggesting that genetic factors play a significant role in its development (Tolmunen et al., 2011). Neuroimaging research has further identified structural and functional brain differences in alexithymic individuals, particularly in regions implicated in emotional awareness and regulation, such as the anterior cingulate cortex and insula (Goerlich, 2018).

Beyond biological factors, early relational experiences have also been highlighted as critical in the emergence of alexithymia. Adverse childhood environments, including neglect, emotional invalidation, and trauma, have been shown to predict higher levels of alexithymia in adulthood (Li et al., 2015). More recent studies emphasize the interplay between these biological vulnerabilities and psychosocial factors, suggesting that alexithymia arises from a dynamic interaction of genetic predispositions, brain functioning, and environmental influences (Karukivi & Saarijärvi, 2014).

Alexithymia as the Product of Gender Role Socialization

In exploring the tendency for restricted emotional expression commonly seen in men, Levant (1992) introduced the concept of Normative Male Alexithymia (NMA). Drawing from his work in the Boston University Fatherhood Project and his clinical practice, Levant noted that many men had considerable difficulty articulating their emotional states. This challenge was especially evident when identifying and expressing emotions tied to vulnerability, such as sadness or fear, or those associated with attachment, including affection and care. Levant suggested that these men had been disheartened from communicating emotions during childhood by family members, peers, educators, and in some cases, had even been punished for doing so. As a result, they lacked both the emotional vocabulary and the self-awareness needed to recognize and convey a broad range of feelings. Clients often experienced significant personal difficulties, including marital problems, estrangement from children, substance abuse, domestic violence, and sexual compulsivity issues difficulties potentially rooted in their restricted capacity for emotional expression (Levant & Kopecky, 1992).

The Attention-Appraisal model of Alexithymia

Alexithymia can be understood within the framework of the process model of emotion regulation (Gross, 2015) via the attention appraisal model (Preece et al., 2017). This model proposes that emotional expression and regulation unfold across four sequential stages: situation, attention, appraisal, and response. Individuals assess the features of their environment to the significance of these features concerning their goals. Emotions are triggered when a situation is acknowledged and holds specific meaning within the context of the goals. Emotional regulation involves making an emotion the focus of control. This process entails directing attention to the emotion, evaluating it in the context of its meaning and implications for one's goals, and deciding based on this evaluation. Decisions about

whether to amplify or diminish an emotional response are made by selecting and applying one or more regulation strategies. Within this framework, emotion regulation is conceptualized as a process consisting of four stages (Gross, 2015):

1. Identification: deciding whether to activate an emotion regulation goal.
2. Selection: choosing specific emotion strategies to employ.
3. Implementation: applying the chosen emotion strategies.
4. Monitoring: assessing the effects of these strategies and determining whether to continue, stop, or change them. in which the effect of the emotion regulation strategies is monitored, and the decision to continue, stop, or change them.

Individuals high in alexithymia often struggle to attend to and evaluate their emotions. This difficulty can impair performance at four stages of emotion regulation, as nuanced information about emotions is essential for making optimal decisions regarding emotion regulation (Gross, 2015; Sheppes et al., 2011). For instance, those high in alexithymia may have a harder time making effective decisions during the identification stage, as varying contexts may require different types of emotional regulation (Aldao & Tull, 2015). Moreover, Individuals with high alexithymia may struggle to select adaptive strategies that can vary depending on the specific context (Sheppes et al., 2015). This limitation makes it more difficult to assess the effectiveness of an emotion regulation strategy and to decide whether to continue, adjust, or stop the strategy being employed (Preece et al., 2017).

Relationship quality

A couple's relationship functions on both practical and emotional levels (Gab & Fink, 2015) in ways that aim to meet the needs and expectations of both partners. However, a situation that feels satisfactory to one partner may be perceived quite differently by the other. Marital satisfaction refers to the emotional state of being content with the experiences,

expectations, and interactions shared within the relationship (Ward et al., 2009). This sense of satisfaction often shapes the quality of interactions between partners, with those in successful relationships generally reporting higher levels of happiness and fulfillment in their marriages (Collard, 2006; Ward et al., 2009).

In contemporary research, marital satisfaction has become a well-examined area due to its strong links to personal, familial, and societal well-being (Stack & Eshleman, 1998). The prevalence of marital challenges highlights the need for empirical interventions that can alleviate relationship stress and reduce divorce rates (Jose & Alfons, 2007). Moreover, fostering marital satisfaction contributes to social sustainability by promoting the emotional health of family members and supporting the development of healthy relationships for future generations (Roth & Brooks , 2003).

The Importance of Relationship Quality in Marriage

As one of the main aspects of adult intimate relationships, marriage has a special role in the emotional and social well-being of a person. The quality of relationships can be described as the general feeling of satisfaction, communication, intimacy and the emotional connection between the partners (Karney & Bradbury, 1995). Since marriage is the situation when emotional expression and mutual understanding are vital, it is important to realize how such factor as alexithymia can affect the processes in marital satisfaction. High quality relations are relations with the open communication, links of mutual affection and understanding which leads to the emotional stability of both sides. On the other hand, poor relationships in most cases cause dissatisfaction, emotional alienation and even divorce (Gottman & Levenson, 2000).

Factors that effect relationship quality

Relationship quality is influenced by multiple individual, relational, and contextual variables that contribute to marital satisfaction and stability. Recent research has highlighted factors such as mindfulness, communication patterns, personality traits, attachment styles, and even technology-related behaviors as critical predictors of relationship quality (Abolghasemi et al., 2024; Karremans et al., 2017). Understanding these factors is essential for explaining why some marriages thrive while others face difficulties.

Mindfulness and Conflict Resolution. Mindfulness has been identified as a key factor in fostering positive relational outcomes. Partners who are more mindful are able to describe emotions, regulate reactions, and remain present report higher relationship satisfaction and constructive conflict resolution behaviors (Karremans et al., 2017). These behaviors reduce destructive strategies such as withdrawal or escalation, thereby strengthening overall relationship quality.

Personality Traits. Personality traits are consistent predictors of marital outcomes. High levels of neuroticism are associated with lower relationship quality, while conscientiousness and agreeableness are linked to greater satisfaction and adjustment (Malouff et al., 2010; Decuyper et al., 2012).

Communication and Financial Stability. Effective communication is one of the strongest predictors of marital satisfaction. A recent study on reproductive age women in Iran found that strong communication and constructive conflict resolution significantly enhanced marital satisfaction. In addition, conscientiousness, agreeableness, and financial stability contributed positively to relationship quality (Abolghasemi et al., 2024).

Digital Distraction (Phubbing). Technological distractions have emerged as a modern challenge to relationships. “Partner phubbing,” or ignoring one’s partner to focus on

a mobile phone, has been found to reduce intimacy, trust, and satisfaction, leaving partners feeling neglected and undervalued (Roberts & David, 2016).

Attachment Style. Attachment theory continues to provide insights into relationship dynamics. Adults with secure attachment styles typically report higher satisfaction and intimacy due to healthier communication and emotional regulation. In contrast, anxious and avoidant attachment styles are associated with lower relationship satisfaction and weaker commitment (Li & Chan, 2012).

Cultural Influences on Relationship Quality

Culture plays a central role in shaping how individuals perceive, evaluate, and maintain relationship quality. It affects partners' expectations, communication patterns, conflict resolution strategies, and even the criteria by which satisfaction is judged. Recent research highlights that cultural similarity between spouses, communication norms rooted in cultural values, and culturally specific priorities all contribute to marital outcomes. Studies on immigrant populations reveal that cultural similarity between partners significantly enhances marital satisfaction. Mexican-origin couples in the United States who shared similar levels of acculturation and cultural retention (such as language use and familism) reported greater warmth and overall positive relationship quality, while couples with greater cultural dissimilarity experienced lower quality relationships (Córdova et al., 2014). Communication patterns have also been found to differ cross-culturally. Among American and Chinese newlywed couples, positivity in communication predicted higher satisfaction for American husbands, whereas negativity had a stronger negative effect on Chinese husbands. These differences reflect deeper cultural orientations, with individualistic societies valuing directness and expressiveness, while collectivistic cultures emphasize harmony and restraint (Xu et al., 2020).

Cultural values also shape the priorities couples place on intimacy and satisfaction. Research from Greece demonstrated that relationship quality was strongly linked to harmony and emotional closeness, with intimacy and sexual fulfillment considered central to marital satisfaction (Kafetsios & Kateri, 2020). Similarly, a large cross-cultural study across five countries (Britain, the United States, China, Turkey, and Russia) found that while couples across cultures faced common sources of conflict such as finances, division of household labor, sexual fulfillment, and parenting the weight assigned to these stressors varied. For instance, financial disagreements were less problematic in Russia, whereas parenting-related conflicts had a greater impact in the United States (Georgas et al., 2015). These findings demonstrate that cultural context shapes not only how relationship quality is defined but also which factors most strongly affect it. In individualistic cultures, emotional expressiveness and direct communication may be central, while in collectivist societies, harmony, cohesion, and shared family values may be more important.

Social avoidance

A specific form of social withdrawal is social avoidance, in which an individual experiences anxiety in social contexts and actively seeks to avoid contact with others while preferring solitude (Asendorpf, 1990). Social Avoidance is commonly categorized into two subtypes: specific and generalized. Specific SAD is marked by fear and avoidance of particular social situations, encompassing performance anxiety, interaction anxiety (apprehension during social interactions or when being observed), and concerns about showing visible signs of anxiety that others might notice (Bögels et al., 2010). In contrast, generalized SAD involves fear and avoidance across a wide range of social and performance contexts (Ruipérez et al., 2002). Such avoidance is critical, as it reinforces SAD symptoms by hindering opportunities for fear reduction through social exposure (Stangier et al., 2006).

Avoidance and disengagement are also important factors in communication patterns within romantic relationships. Spouses who display deactivating behaviors tend to report lower levels of marital satisfaction and often experience further declines in satisfaction over time (Smith et al., 1990). Disengagement can also manifest as part of the demand withdraw communication pattern, in which one partner attempts to engage in discussion while the other withdraws or avoids the interaction. This destructive dynamic is frequently observed among couples experiencing higher levels of relationship distress. Moreover, couples who use this pattern during conflict are more likely to experience decreases in relationship satisfaction in the future (Eldridge & Christensen, 2002).

Factors Contributing to Social Avoidance Behavior

Social avoidance behavior refers to a consistent tendency to withdraw from social interactions due to anxiety, fear of negative evaluation, or discomfort in social settings. Multiple factors contribute to this behavior, encompassing biological, psychological, and social dimensions.

Biological Factors. Neurobiological mechanisms have been implicated in social avoidance. Dysregulation of the hypothalamic-pituitary-adrenal (HPA) axis, which governs the stress response, has been linked to heightened social anxiety and avoidance (Spence et al., 1999). Structural and functional irregularities in brain regions such as the amygdala, prefrontal cortex, and insula have also been associated with difficulties in processing social and emotional cues, predisposing individuals to avoid social situations (Stein et al., 2002; Blumberg et al., 2003). Genetic factors may further influence vulnerability, as heritability studies suggest a moderate genetic contribution to social anxiety traits (Hettema et al., 2001).

Attachment and Early Life Experiences. Attachment theory posits that early interactions with caregiver's shape expectations and behaviors in social contexts. Insecure attachment styles, particularly avoidant or anxious patterns, may predispose individuals to socially withdraw to protect themselves from perceived rejection or criticism (Mikulincer & Shaver, 2007; Lyvers et al., 2019).

Low Self-Esteem and Fear of Negative Evaluation. Adults with low self-esteem are more sensitive to rejection and social judgment, which fosters avoidance behaviors. Fear of negative evaluation amplifies this tendency, leading individuals to withdraw from interactions to protect themselves from perceived criticism (Orchard & Evans, 2016).

Perceived Stress and Interpersonal Alienation. Chronic stress and feelings of alienation contribute significantly to adult social avoidance. When individuals perceive their social environment as unsupportive or hostile, they may reduce interactions as a coping strategy (Wang et al., 2023).

Gender Differences in Social Avoidance

Research suggests that gender differences exist in the prevalence and expression of social avoidance. Several studies indicate that women generally report higher levels of social anxiety and avoidance compared to men. This difference has been attributed to gender socialization processes, where women may experience greater pressure to meet interpersonal expectations and fear of negative evaluation (McLean et al., 2011).

A large-scale study on adolescents and young adults found that females consistently exhibited higher social anxiety symptoms, including social avoidance, than males. The authors argued that hormonal, cognitive, and social factors may contribute to this disparity (Asher, Asnaani, & Aderka, 2017). Similarly, women tend to experience more intense

interpersonal sensitivity, which can increase vulnerability to avoidance behaviors in social settings (Cohen & Khalil, 2014). However, some research highlights that men may underreport social avoidance due to cultural expectations of masculinity, which discourage the open acknowledgment of emotional distress (Wong & Halim, 2016).

Trait affection

Over the past few decades, social scientists have increasingly recognized the fundamental human need to be loved and appreciated (Baumeister & Leary, 1995). This need is not merely emotional but is deeply tied to overall well-being. A substantial body of literature demonstrates that the expression of love and appreciation particularly through consistent affectionate behavior yields significant psychological and physiological benefits (Floyd, 2006). Such benefits include enhanced mental health and emotional well-being (Floyd et al., 2005), improved cardiovascular functioning (Floyd et al., 2007), and greater relationship satisfaction and stability (Huston et al., 2001).

Affectionate communication serves as both an emotional bond and a protective factor, reinforcing relationship quality while also fostering resilience against stress and relational strain. According to Floyd (2006), affection can be described as the emotional nature of fondness and strong positive feelings that are aimed at a target that lives or lived at some point. Warm communication is an adaptive behavior that provokes human beings to obtain reproductive and survival benefits through the establishment and sustenance of relationships (Floyd & Mikkelson, 2004).

Factors Affecting Trait Affection in Married Couples

The affective traits of married couples are the lifelong propensity to demonstrate love, warmth, and closeness in the marriage. There are some factors that determine the way affection is expressed and experienced as one grows.

Personality Traits. personal character contributes significantly in the love of traits. To give an example, extraverted and agreeable people tend to reveal their affection publicly (McCrae & Costa, 1999). On the other hand, individuals who are more neurotic can be unable to engage in repeated loving actions because they are unstable.

Attachment Style. The personality of individual is a key factor in trait affection. To give an example, people who score highly on extraversion and agreeableness will make their affection more open (McCrae & Costa, 1999). On the other hand, individuals of a higher neuroticism level might have problems with consistent affectionate behavior because of the emotional instability.

Communication Patterns. Good communication is a good indicator of loving behavior. Those couples that open, empathetic and responsive conversation show greater degree of affection (Gottman & Silver, 1999). Misunderstanding and emotional distancing may result because of poor communication.

Stress and External Pressures. Financial problems, occupational stress or parenting problems can diminish affectionate behavior among spouses. Emotional depletion and a decline in the satisfaction of relationships may be the results of chronic stress (Karney & Bradbury, 1995).

Cultural and Familial Background. The way people show affection is also determined by cultural expectations and the family-of-origin experience. Depending on the background, individuals brought up in emotionally expressive families are more likely to

express love, whereas those brought up in more restrained families may express love less (Julien et al., 2003).

Relationship Satisfaction. Partners that report higher satisfaction in their marriages tend to be more affectionate with their partners. Love usually serves as a source and outcome of relationship delight (Floyd, 2006).

Affection as a Trait

When the affectionate relations are put on a trait level, the concept connotes the extent to which one is affectionate towards the others (Floyd, 2006). A trait affection is a measure of an individual disposition toward and ease to communicate affectionately in any one of several interpersonal relationships, unlike other theoretical constructions of affectionate interaction (Floyd & Riforgiate, 2008). Floyd (2002) was among the first to investigate trait affectionate communication. In his study, undergraduate participants were asked to provide two questionnaires, one for the person they considered the most affectionate in their lives and another for the person they perceived as the least affectionate. But the number of questionnaires sent and returned had been reduced tremendously (109 out of 150), yet the variation between very affectionate and very unaffectionate persons was distinct. The loving individuals were more contented, possessed better self-esteem, greater general mental health, and general sociability than the non-affectionate individuals. Conversely, the lack of affectionate scored high on stress, depression, fear of intimacy, discomfort of close compared to the highly affectionate. In general, people characterized by high levels of affectionate behavior tended to be involved in long-term romantic partnerships more often than those who were less expressive. Additionally, individuals in such relationships typically reported higher satisfaction compared to those displaying lower affection. Floyd et al (2005) was a

continuation of the study carried out by Floyd (2002) which was reanalysed and it also gathered information on three other studies that gave the same hypothesis as well.

The second significant departure of the initial experiment involved the determination to explore the outcomes of expressed affection and at the same time regulate the impacts of received affection. All in all, the love that was given outside the equation did not eliminate the importance of all the relations that were unearthed by Floyd (2002). According to the three other studies which were revealed by Floyd et al. (2005), the findings showed that there was positive correlation of trait expressed affection and self-esteem, relational satisfaction and extraversion and negative correlation of trait expressed affection and Stress, depressive symptoms, psychotic tendencies, heightened neurotic traits, fear of emotional closeness, and unease with intimacy.

Theoretical Framework

Theories of alexithymia

Neurobiological Theory. Neurobiological studies indicate that alexithymia may be rooted in structural and functional brain differences, which contribute to difficulties in emotional processing and regulation. Functional alterations in regions such as the amygdala, insula, and medial prefrontal cortex have been repeatedly linked to challenges in experiencing, identifying, and managing emotions (Velde et al., 2013). Similarly, voxel-based morphometry (VBM) studies have reported volumetric differences in the brains of individuals with alexithymia. For instance, reductions in insula volume critical for assessing affective value and generating emotional experiences, as well as in the amygdala, have been observed (Donges & Suslow, 2017; Goerlich et al., 2015; Ihme et al., 2013; Laricchiuta et al., 2015).

Additionally, alexithymia has been linked to decreased volumes in striatal and orbitofrontal regions, potentially impairing reward processing and emotion valuation (Borsci et al., 2009; Goerlich et al., 2015; Kubota et al., 2011). However, findings on structural brain differences are not entirely consistent. Some research has reported reduced gray matter in the anterior cingulate cortex among individuals with alexithymia, a region also implicated in reward processing and emotional evaluation (Borsci et al., 2009; Grabe et al., 2014; Ihme et al., 2013; Velde et al., 2014).

The Attachment Theory. Attachment theory posits that early childhood experiences and attachment styles have a significant influence on emotional regulation and expression later in life. Individuals with insecure or avoidant attachment styles may struggle to recognize or articulate their emotions, especially as their attachment related anxiety and security fluctuates. According to Bowlby (1969), attachment refers to a "lasting psychological contentedness between human beings," stemming from our innate capacity to form bonds of affection and love with significant others that endure across time and space. Based on Bowlby's (1988) attachment theory and its extension to adult attachment (Mikulincer et al., 2003), insufficient bonding with primary caregivers during childhood can disrupt the development of emotional self-awareness and self-regulation abilities. Such disruptions may lead to challenges in forming stable and secure relationships with peers (Lyvers et al., 2019).

Positive interactions with caregiver's foster attachments characterized by caring feelings (Slade, 1999), creating what Bowlby (1988) refers to as a secure base. Adult attachment integrates with other motivational systems, such as caregiving, cooperation, and sexuality, facilitating romantic relationships. In that regard, attachment is an essential aspect of our biological makeup, crucial for the survival of our species (Schimmenti et al., 2014). Although adult attachment styles can change over time (Zhang & Labouvie, 2004), they

remain a crucial factor in intimate relationship satisfaction (Butzer & Campbell, 2008; Kimmes et al., 2015; Mikulincer & Shaver, 2007). Individuals with insecure attachment styles whether anxious or avoidant often exhibit traits of alexithymia, such as low trust in a partner, fear of losing attachment, and reluctance to disclose personal concerns. This discomfort frequently presents as a fear of intimacy (Thelen et al., 2000). Recent studies in marital contexts indicate that alexithymia is negatively associated with both relationship alignment and overall marital satisfaction (Cordova et al., 2005; Epözdemir, 2012; Kim et al., 2011; Yelsma & Morrow, 2003). Together, these findings suggest that alexithymia may impede an individual's ability to develop and maintain close, satisfying relationships

Theories of relationship quality

Interpersonal Theory of Psychiatry. Sullivan's (1953) Interpersonal Theory of Psychiatry posits that personality is fundamentally shaped by relationships. From this perspective, personality is defined by relatively stable patterns of recurring interpersonal experiences that shape an individual's life. Sullivan also highlighted that the most significant psychosocial threats to well-being are social in nature, including experiences of loneliness, isolation, and rejection. The breakdown or loss of interpersonal connections, therefore, can contribute significantly to clinical symptoms. In this framework, the healthy or unhealthy development of the mind is largely determined by an individual's responses to their relationships.

Building on this perspective, Neyer and Lenhart (2006) argue that relationships form the social context in which personality develops, with ongoing interactions continuously influencing personality traits. Long term, stable relationships not only affect general well-being but can also have lasting impacts on health. Together, Sullivan's (1953) theory and Neyer and Lenhart's (2006) work underscore the importance of examining how individuals

perceive the quality of their relationships a construct referred to as relationship quality. However, this concept can be difficult to define, as it may encompass both objective and subjective assessments of a relationship (Hardie & Lucas, 2010).

Theories of social avoidance

Attachment theory. Attachment theory provides a strong framework for understanding the development and maintenance of social avoidance. According to Bowlby's foundational work, attachment patterns formed in early caregiver-child interactions shape expectations about intimacy, closeness, and social relationships in adulthood. Individuals with avoidant attachment styles who typically experienced inconsistent or unresponsive caregiving tend to minimize emotional expression and maintain distance in relationships as a self-protective strategy (Mikulincer & Shaver, 2007).

This avoidant orientation strongly overlaps with social avoidance behaviors, where individuals withdraw from interpersonal interactions to regulate emotional discomfort. Research shows that adults with avoidant attachment are more likely to report difficulties with self-disclosure, intimacy, and reliance on others, which mirrors the core features of social avoidance (Wei, Russell, & Zakalik, 2005). In romantic relationships, avoidantly attached individuals often engage in emotional distancing, leading to reduced satisfaction and lower relationship quality (Li & Chan, 2012). Furthermore, empirical studies demonstrate that social avoidance mediates the link between attachment insecurity and poor social functioning. Avoidant individuals may consciously suppress attachment needs, which manifests as reluctance to engage socially or seek support (Gillath et al., 2016). Over time, this pattern reinforces isolation, limits opportunities for corrective relational experiences, and increases vulnerability to interpersonal difficulties.

Theories of trait affection

Attachment Theory and Trait Affection. According to attachment theory, humans possess a natural inclination to develop emotional connections and participate in purposeful, meaningful interactions (Bowlby, 1969). These bonds serve as a secure base, shaping emotional regulation, interpersonal trust, and the ability to sustain social connections throughout life. In marital relationships, attachment patterns can influence relationship quality: secure attachment typically fosters intimacy and trust, whereas insecure attachment may contribute to relational difficulties such as social avoidance and reduced affectionate expression. This attachment need is initially formed through early interactions with primary caregivers and continues to shape relational dynamics in adulthood, extending to sibling, friendship, and romantic bonds (Guerrero, 2008).

Floyd (2002) found that both expressing and receiving affection, whether in high or low amounts, affect attachment attitudes (fear of intimacy, prioritizing relationships as secondary) and attachment styles. Earlier research confirmed that approaches toward attachment and affectionate communication are interconnected, particularly when affection is expressed but not reciprocated (Floyd et al., 2005). Building on this perspective, Bartholomew and Horowitz (1991) categorized individuals into four attachment styles: secure (positive view of self and others), preoccupied (negative self, positive others), fearful avoidant (negative self and others), and dismissive (positive self, negative others). Secure individuals tend to be open and receptive to relationships; preoccupied individuals seek acceptance from others to affirm self-worth; fearful-avoidant individuals often withdraw from relationships to avoid rejection; and dismissive individuals maintain independence to minimize vulnerability to rejection. Floyd (2002) argued that, because affection is a key communicative resource in forming and maintaining close relationships, higher levels of affectionate expression should correspond with lower levels of insecure attachment. In other words, people who consciously steer clear of rejection might also limit both giving and receiving affectionate

communication. Later studies have identified notable differences in how affection is expressed among individuals with different attachment styles (Floyd et al., 2005).

Affection Exchange Theory. Affectionate communication, expressed both verbally and nonverbally, encompasses behaviors that convey love, care, and emotional support toward another person (Floyd, 2006). Building on this concept, Floyd (2006) introduced the Affection Exchange Theory, which proposes that the expression of affection contributes to human survival and reproductive success by aiding in the creation and maintenance of close, intimate bonds. Research informed by AET has consistently found that giving and receiving affection are linked to greater relational well-being, including higher levels of closeness, satisfaction, the number of meaningful interpersonal connections, and greater investment in relationships (Floyd, 2002; Hesse & Floyd, 2008; Horan & Booth, 2010).

Within the AET framework, affection is regarded as a basic communicative necessity for forming and sustaining healthy relationships (Floyd, 2006). The theory maintains that humans have an inherent need for affection, driving them to develop meaningful attachments with significant others. While this idea is shared with other frameworks such as Baumeister and Leary's (1995) belongingness hypothesis AET uniquely situates it within a neo-Darwinian perspective, emphasizing two evolutionary imperatives: viability and fertility, as the main forces behind affectionate behavior.

Although AET addresses both the social and psychological implications of affection, much of the empirical literature has concentrated on its physiological benefits, which in turn help maintain and strengthen affectionate ties. Furthermore, several studies have explored affection as a stable personality trait, investigating how consistent displays of affectionate behavior relate to relationship quality, overall health, and other positive life outcomes (Floyd et al., 2007).

Literature review

Researchers have explored how alexithymia relates to interpersonal functioning, particularly its connection to attachment patterns. A considerable amount of research links alexithymia to insecure attachment tendencies. For instance, individuals with elevated levels of alexithymia are more prone to exhibit fearful attachment styles (Wearden et al., 2005) and tend to score higher on measures of both attachment-related anxiety and avoidance (Mallinckrodt & Wei, 2005). Similarly, Montebanocci, Codispoti, Baldaro, and Rossi (2004) reported positive correlations between alexithymia and multiple attachment-related difficulties, such as viewing relationships as secondary and relying heavily on others for approval. On the whole, alexithymics seem to be more deprived in forming bonds, inclined to social isolation and short of trust (Kokkonen et al., 2001, Vanheule et al., 2007). This dearth is evident in the capacity of alexithymic to establish and sustain meaningful relationships with other people. In a group of undergraduate students, alexithymia was negatively correlated by Hesse and Floyd (2008) with the degree of affection that one accorded to their most important relationship and their closeness to such a person.

According to Cooley (2006), alexithymia was found to have a negative correlation with marital satisfaction. As Brody (2003) noted, alexithymia was negatively correlated with the number of vaginal intercourse in females. All these were confirmed by the results of other studies carried out by Humphreys, Wood and Parker (2009) who discovered an inverse relationship between alexithymia and relational and sexual satisfaction. Finally, Hesse and Floyd dedicated their attention to the short-term consequences of alexithymia in first-impression interaction. Alexithymia high and low participants were involved in a 10-minute initial interaction with a participant who scored at a midpoint on the alexithymia scale. According to partners, after the interaction, they became less physically and socially attracted to high alexithymic participants than to non-alexithymic participants (Hesse & Floyd, 2006).

Generally, the study showed that alexithymia had a direct impact on the attachment ability. More credence has been given to that assertion by a recent study that found a relationship between the expression of affection and receipt of affection and an entire array of psychological and physiological benefits (Floyd, 2006).

Psychologically, individuals who express higher levels of affection tend to experience lower rates of stress and depression (Floyd, 2002), reduced feelings of loneliness (Downs & Javidi, 1990), and greater emotional stability (Davies et al., 2004), along with higher levels of happiness (Floyd et al., 2005). Physiological research also links affectionate behavior to lower concentrations of stress-related biomarkers, including cortisol, blood pressure, blood glucose, and total cholesterol (Floyd, 2006; Floyd et al., 2007). Moreover, trait and state affection have been positively associated with oxytocin levels, a hormone related to bonding and stress regulation (Floyd et al., 2005). Experiencing and expressing love within relationships has been consistently connected to greater intimacy, satisfaction, and overall relational quality (Floyd, 2006), suggesting that affection may be a vital pathway to improved health and well-being.

In this research, the impacts of alexithymic tendencies of spouses and the maintenance behaviors of the relations were studied on the quality of marriages. In line with the previous studies (Cordova et al., 2005; Epo˘zdemir, 2012; Kim et al., 2011; Yelsma & Marrow, 2003), we discovered that the sample with alexithymia reported lower relational maintenance and marital quality. The partner effects were however less robust. Namely, the alexithymia of husbands affected negatively wives in terms of their views about the quality of marriage, whereas the alexithymia of wives had the main effect on husbands in terms of their maintenance behaviors (positivity and task sharing) rather than the quality of marriage (Frye-Cox & Hesse, 2013). Such findings indicate the possible gender disparity in the effect of

emotional communication on marital satisfaction since women are likely to be influenced by emotional competence given the socialization of emotion in society (Kuebli, Butler, & Fivush, 1995). Additionally, although the personal maintenance behaviors had a strong connection with the quality of their marriage (Canary et al., 2002), the partner effects were not as apparent, which can be explained by the peculiarities of the sample or the measures used to assess adjustment. The dynamics of such relationships should also be investigated in further research especially when the sample is more varied in their emotional variability and examine the possibility of gendered variation in emotional communication in marital relationships.

Alexithymia and Relationship Quality

The effects of alexithymia on the quality of relationships has been an issue of several studies with most of the studies indicating that highly alexithymic people have a higher likelihood of experiencing marital distress. Particularly, alexithymia has been associated with a lack of communication, emotional support and intimacy in marriages (Grabe et al., 2004). In couples where one or both partners have alexithymia, there is a problem in the process of solving emotional problems, which are accompanied by frustration, lack of understanding, and dissociation of feelings (Nathans et al., 2012). Such emotional processing and expression problems can derail the emotional intimacy that is so critical to relationship satisfaction and quality.

Relationship Quality and Emotional Intelligence

Alexithymia and emotional intelligence (EI) are conceptually inversely related, as alexithymia involves difficulties in identifying, describing, and regulating emotions, while EI emphasizes the ability to recognize, understand, and manage emotions in oneself and others

(Mikolajczak et al., 2015). Empirical research has consistently shown a negative correlation between alexithymia and EI, suggesting that higher levels of alexithymia are associated with lower emotional awareness and poorer regulation skills (Ghorbani et al., 2017; Keefer et al., 2019).

Studies have found that individuals with elevated alexithymic traits often score significantly lower on measures of emotional perception, emotional understanding, and empathy core components of EI (Morie et al., 2020). This impaired capacity for emotional awareness can have implications for interpersonal functioning, as lower EI combined with high alexithymia is linked to difficulties in communication, reduced relationship satisfaction, and higher levels of psychological distress (Velotti et al., 2019). Collectively, these findings indicate that alexithymia and EI exist on opposite ends of the emotional functioning spectrum, where deficits in one contribute to limitations in the other. Similarly, Fitness (2001) suggested that emotional intelligence can influence both the seeking and granting of forgiveness by enabling individuals to navigate the delicate emotional exchanges such processes require. Higher emotional intelligence, by extension, may improve conflict management skills, which can lead to fewer disputes and greater relationship satisfaction.

Social Avoidance and Relationship Quality

Social avoidance has been consistently linked to lower relationship quality, as it restricts the development of intimacy, trust, and effective communication between partners. Individuals who engage in high levels of avoidance often struggle with expressing emotions and disclosing personal information, which are essential for building closeness in romantic relationships (Spokas & Cardaciotto, 2014). When one partner withdraws from social interaction, it can create emotional distance and reduce satisfaction in the relationship.

Research further indicates that socially avoidant individuals tend to experience difficulties in maintaining long-term partnerships. Higher avoidance has been associated with lower levels of relationship satisfaction, intimacy, and commitment, as well as an increased likelihood of conflict and dissatisfaction (Kashdan et al., 2011). This is because avoidance behaviors often interfere with constructive problem-solving and emotional regulation within relationships. Attachment theory also provides a useful framework for understanding this connection. Individuals with avoidant attachment styles characterized by discomfort with closeness and emotional intimacy often report lower relationship quality compared to securely attached individuals. Such avoidant tendencies limit emotional responsiveness, thereby reducing the partner's sense of validation and support (Li & Chan, 2012).

In addition, longitudinal findings suggest that when social avoidance is present, relationships are more vulnerable to instability. Couples where one partner demonstrates avoidance behaviors are more likely to experience dissatisfaction, reduced communication, and eventually relationship dissolution (Heerey & Kring, 2007).

Affection and Interpersonal Relationship

Affection is considered a fundamental component of human relationships, serving as both a communicator of closeness and a mechanism for relational maintenance. In interpersonal contexts, expressions of affection whether verbal, nonverbal, or behavioral are strongly associated with intimacy, trust, and emotional security (Horan & Booth-Butterfield, 2011). Research shows that affectionate communication fosters stronger relational bonds by promoting positive emotions, reducing stress, and enhancing perceptions of relational satisfaction (Floyd & Mikkelson, 2013). Affectionate behaviors are not only important for sustaining romantic relationships but also play a central role in friendships and family ties, high levels of affectionate expression are associated with greater relational stability and lower

likelihood of conflict escalation (Floyd, 2006). Within close relationships, affection functions as a signal of commitment and emotional investment, which helps partners navigate challenges more effectively and strengthens resilience against stressors (Floyd & Hess, 2020).

In addition to relational benefits, affection is linked to positive individual outcomes. Adults who both give and receive affection report higher psychological well-being, lower levels of loneliness, and improved physical health outcomes (Floyd, 2014). These findings highlight that affection is not merely an expression of emotion but an essential relational behavior that underpins the quality and longevity of interpersonal relationships. Many favorable relationship outcomes associated with strong trait affection may also arise from other elements, including strategies for relationship maintenance, overall happiness, and commitment (Dainton & Stafford, 2000).

Rationale

Pakistan cultural traditions play a great role in marriage as they emphasize on emotional control and family cohesion. There are increasing numbers of studies that indicate that alexithymia is a personality characteristic, which substantially affects the quality of relationships (Eid & Boucher, 2012; Humphreys et al., 2009). Interpersonal problems have been related to Alexithymia that is the inability to recognize and express emotions, lower relationship satisfaction, and higher psychological distress. The low level of relationship contentment, sexual satisfaction, dyadic trust, and perceived social support in dating and married couples have been associated with alexithymia (Eizaguirre, 2002; Frenn et al., 2022; Humphreys et al., 2009)). People who are high in alexithymia also experience issues regarding long-term relationships since they view relationships as highly disposable and they are quicker to split up existing relationships (Frye-Cox & Hesse, 2013).

Research has shown that alexithymia is an issue that is encountered by individuals with high level of alexithymia and such problem is defined by the inability to communicate their feelings and this leads to communication problems and relationship conflicts. One such illustration is that one study had found out that alexithymia was associated with low relationship satisfaction, sexual satisfaction, dyadic trust and perceived social support in dating and married couples (Eizaguirre, 2002; Humphreys et al., 2009). Floyd (2006) considers affection as the emotional state of being fond of something or somebody with a strong positive feeling directed at a living or once existing object. The loving communication is a developmental trait that drives human beings to obtain reproductive and survival gains employing creating and being able to maintain relationships (Floyd & Mikkelsen, 2004). A particular being warm and emotionally close, trait affection, is significant in forming intimacy and satisfaction in relationships.

On the contrary, Social avoidance refers to a specific subtype of social withdrawal, whereby there is an inclination to avoid socialization as a result of anxiety, and doing so, they prefer to be alone in seclusion (Asendorpf, 1990). This withdrawal inclination may enhance the adverse impact of alexithymia on the relationship quality. Although all these factors have been researched separately, the same cannot be said about their joint effect on marital relationships in Pakistani setting.

A research on the young adults in Pakistan has shown the positive correlation between alexithymia, loneliness, and interpersonal problems to be significant which means that the individuals that have high levels of alexithymia are prone to have problems with establishing and maintaining connections (Saleem et al., 2015). The proposed study will fill the gap by assessing the direct effects of alexithymia on the quality of relationships in the marital adults of Pakistan, mediating effect of trait affection, and the moderating effect of social avoidance. Though there is an increment in the research on alexithymia and its impact on interpersonal

relationship, a research on its effects on the Pakistani marital relationship is yet to be conducted. The available literature is primarily on western populations and very little has been done on cultural variables that can mediate the effects. Additionally, even though the mediating role of trait affection and the moderating role of social avoidance have already been identified in the body of psychological research, their specific impact on the quality of relationships between married adults in Pakistan has not been empirically examined yet.

Objectives of the Study

The present study carries the following objectives:

1. To examine the effect of alexithymia on relationship quality among married adults.
2. To examine the relationship between alexithymia, trait Affection, relationship quality, and social avoidance among married adults.
3. To examine the mediating role of trait affection in the relationship between alexithymia and relationship quality among married adults.
4. To examine the moderating role of social avoidance in the relationship between alexithymia and relationship quality among married adults.
5. To study the differences based on demographic variables like gender, family system, education level, nature of job, marriage duration, number of children, and socioeconomic status and dual earning among alexithymia, relationship quality, trait affection, and social avoidance in married adults.

1.5 Research Hypotheses

1. There is a negative correlation between alexithymia and relationship quality among married adults.

2. There is a negative correlation between relationship quality and social avoidance among married adults.
3. There is a positive correlation between alexithymia and social avoidance among married adults.
4. Social avoidance positively moderates the relationship between alexithymia and relationship quality among married adults.
5. Trait affection experience mediates the relationship between alexithymia and relationship quality among married adults.
6. Married men score significantly higher on alexithymia compared to married women.

Conceptual framework

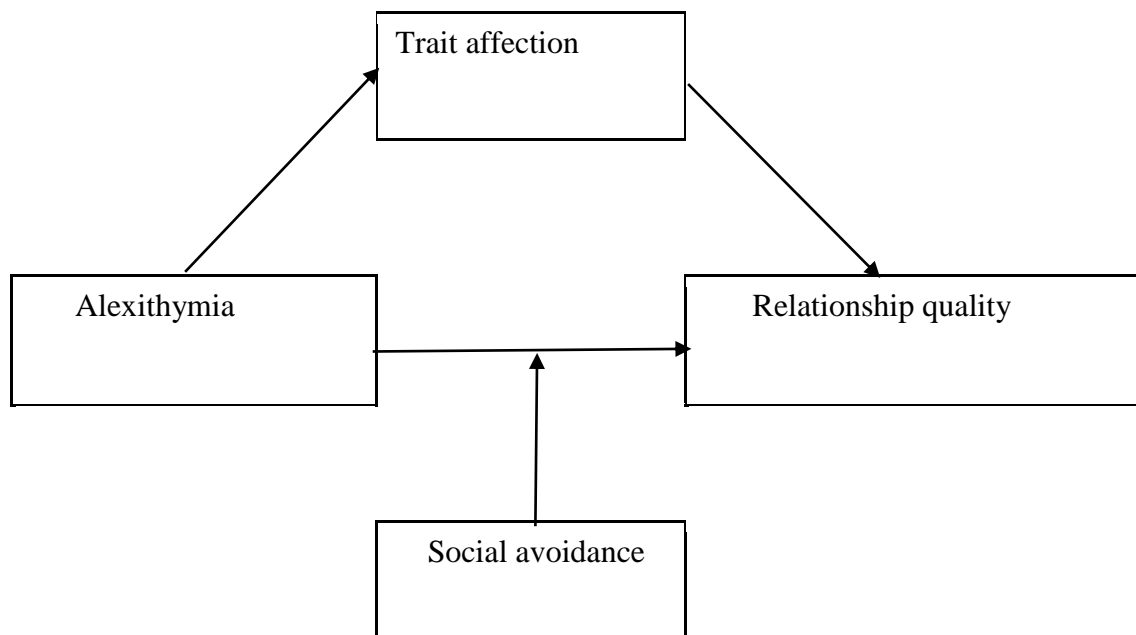


Figure 1: conceptual framework

Method

Research Design

The current research is quantitative, which adheres to the correlational cross-sectional research design, which is carried out simultaneously on various groups of individuals. It is research that is based on questionnaires, and it involves a series of questions to be used in obtaining information about the respondents. Thus, by physical survey and our self-report structured questionnaire, which is available to the participants, and the data is gathered on the basis of demographics.

Sample

The sample of study was comprised of married adults (N=300) with equal numbers of male and female adults (n=150 females, n= 150 males). The convenient sampling technique were used to collect data from organizations, hospital, educational institutes of Wah Cantt and Islamabad, Pakistan, and the age range was 18 years and above.

Inclusion criteria. In order to obtain an appropriate sample, certain inclusion criteria have been developed: the participants should be aged 18 or more, married at least one year, and be ready to participate in the study.

Exclusion criteria. On the other hand, some exclusion criteria have been outlined to ensure that the study is not compromised. Any participant who has a diagnosed mental illness have been excluded and also divorced or widowed participants are also excluded.

Operational Definition

Alexithymia. Alexithymia is “a personality trait characterized by difficulty identifying and describing feelings, a limited imagination, and an externally oriented cognitive style” (Taylor, Bagby, & Parker, 1997). To measure alexithymia, the Toronto Alexithymia Scale (Taylor et al., 1994), consisting of 20 items, was used. Higher scores indicate greater difficulty in emotional awareness and expression, while lower scores reflect better emotional understanding and communication.

Relationship quality. The couple relationship is reasonable at the practical or emotional level (Gab & Fink, 2015) in a manner that satisfies the needs and expectations of the couple. The quality of relationships was measured using the Relationship Quality Scale (Chonody et al., 2016), which consists of 9 items. Higher scores on this scale indicated better relationship quality, whereas lower scores reflected poorer relationship quality.

Social avoidance. Social avoidance is a specific subtype of social withdrawal which is characterized by the wish to avoid social contact because of anxiety and the desire to spend time alone (Asendorpf, 1990). This scale measures the extent to which individuals avoid social interactions and the level of distress or discomfort they experience in social situations. It consists of 28 true-false items, where higher scores indicate greater social avoidance and higher social anxiety, while lower scores represent more comfort and ease in social settings. (Watson & Friends, 1969).

Trait affection. According to Floyd (2006), affection is a state of feeling fondness and strong positive feeling that is aimed at a living object. The level of affection between married people were assessed with the help of the Trait Affection Scale. Higher scores indicate a greater dispositional tendency to express affection toward others, whereas lower scores reflect lesser

levels of affectionate expression and emotional warmth in interpersonal relationships. (Floyd, 2002).

Instruments

Demographic sheet. The demographic sheet includes details of age, gender, monthly income, employment status, working hours, employment sector, year of employment, number of children, year of marriage and occupation of spouse.

Toronto Alexithymia Scale. The Toronto Alexithymia Scale (TAS-20) is a commonly used self-report tool for measuring alexithymia. It includes three dimensions: difficulty identifying feelings, difficulty expressing feelings, and a tendency toward externally focused thinking. The scale contains 20 items rated on a five-point Likert scale, from 1 (strongly disagree) to 5 (strongly agree). Four items (4, 5, 10, and 18) are reverse scored, with the scoring order reversed from 1 (strongly agree) to 5 (strongly disagree) (Taylor et al., 1991). Higher total scores reflect a greater degree of alexithymia. The reliability of this scale is .81.

Social Avoidance and Distress Scale. The Social Avoidance and Distress Scale (SADS) is a 28-item true/false self-report measure that assesses social anxiety indicators such as fear, discomfort, distress, and avoidance in interpersonal settings. Lower scores generally indicate more adaptive functioning, reflecting higher self-esteem and greater social engagement. However, extremely low scores have been associated with a higher need for social control and dominance, potentially leading to reluctance toward prosocial behaviors (Geist & Borecki, 1982). The reliability of this scale is .94. Higher scores are associated with lower self-confidence, reduced need for social affiliation, diminished desire for dominance, and increased need for deference (Watson & Friend, 1969).

Trait affection scale. Trait affection was measured using a combined score from two subscales: the 10-item Trait Affection Scale–Given (TAS-G) and the 6-item Trait Affection Scale–Received (TAS-R) (Floyd, 2002). The TAS-G assesses the extent to which individuals typically express affection toward others, while the TAS-R measures the extent to which individuals typically receive affection from others. Items are rated on a Likert scale, most commonly a seven-point format (1 = strongly disagree to 7 = strongly agree), although a five-point format has also been used in prior research (Lewis, Heisel, Reinhart, & Tian, 2011). Previous studies have reported high internal consistency for the combined measure (e.g., Hesse & Floyd, 2008), which was also observed in the present study ($\alpha = .93$).

Relationship quality scale. The Relationship Assessment Scale (RAS) is a self-report instrument designed to evaluate overall relationship quality. The original version included 15 items, which was later refined to a 9-item format. Each item is rated on a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree), with higher scores reflecting greater perceived relationship quality. The 9-item version has demonstrated strong psychometric properties, including convergent construct validity and high internal consistency ($\alpha = .89$) across diverse samples (Chonody et al., 2016).

Ethical Consideration

The confidentiality and anonymity of the participant were guaranteed as long as the information was utilized in the research. Informed consent was obtained after seeking and obtaining the permission and approval of the supervisor, and all the participants were at liberty to withdraw at any time without any reason being given. In addition, they were informed about the aim, purpose, objective, and benefit of the study. By promising them that the information collected will be used only in the research, and by informing them about all

the ethics that were observed during the process of this research. All these are indicated at the beginning of the questionnaire.

Procedure

With the approval of the concerned authorities, the researcher approached married adults residing in Wah Cantt, Rawalpindi, and Islamabad. Both male and female participants were included in the study. Prior to data collection, participants were provided with detailed information regarding the objectives of the research, and informed consent was obtained. The questionnaires were then administered, and demographic information was recorded. Participants were assured that their responses would remain confidential and would be used solely for research purposes. Furthermore, they were informed of their right to withdraw from the study at any stage without any consequences.

Results

Table 1

Frequencies and percentages of demographic variables of married adults (N=300).

Variable	Category	<i>f</i>	%	Range
Age				18-60
Gender	Male	150	50	
	Female	150	50	
Family system	Nuclear	120	40	
R	Joint	180	60	
Educational level	Undergraduate	179	59.7	
	Postgraduate	121	40.3	
Nature of job	Unemployed	94	31.3	
	Employee	206	68.7	
Socio economic status	Lower class	2	.7	

	Middle class	278	92.7
	Upper class	20	6.7
Dual earning	Yes	97	32.3
	No	203	67.7

Table 1 presents the frequency and percentage of demographic variables, including gender, family system, educational level, nature of job, socioeconomic status, and dual earnings. The sample consisted of 300 married adults, with an equal distribution of gender: 50% males and 50% females. Regarding family structure, 40% lived in a nuclear family system, while the majority, 60%, lived in a joint family system. In terms of education, 59.7% were undergraduates and 40.3% were postgraduates. Regarding employment, most participants were employed 68.7%, whereas 31.3% were unemployed. A substantial portion of the sample reported that both partners contributed to the household income, with 32.3% of participants were from dual-earning families, while 67.7% belonged to single-earning households. Socioeconomic status was predominantly middle class, with 92.7% participants identifying as such. The remaining respondents included 6.7% from the upper class and only 0.7% from the lower class.

Table 2*Descriptive statistics and psychometric properties of the scales used in the study (N=300)*

Variables	K	M	SD	α	Range		Skewness	Kurtosis
					Potential	Actual		
AS	20	59.45	12.2	.86	20-100	36-92	-.01	-.90
RQS	9	32.09	9.80	.96	9-45	9-45	-.09	-0.3
TAS	16	50.07	6.62	.61	16-80	24-69	-.52	.21
SAS	28	14.87	3.50	.71	0-28	5-24	-.64	.71

Note: AS=alexithymia scale, RQS= relationship quality scale, TAS =trait affection scale, SAS= social avoidance scale

Table 2 presents the number of items, Cronbach's alpha, mean, standard deviation, and both potential and actual score ranges for the scales, along with skewness and kurtosis values. All alpha coefficients fall within acceptable limits, confirming the reliability of the measures for subsequent analysis. Skewness and kurtosis values lie within ± 1 , indicating that the data meet the criteria for normality.

Table 3*Correlations for study variables (N=300)*

<i>Variables</i>	<i>1.</i>	<i>2.</i>	<i>3.</i>	<i>4.</i>
Relationship quality	-	-.40**	.15**	-.22**
Alexithymia		-	-.33**	.14*
Trait affection			-	-.21
Social avoidance				-

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

In Table 3, correlation analysis was conducted to examine the relationships among the alexithymia, relationship quality, trait affection, and social avoidance. The results showed a significant negative correlation between the alexithymia and, relationship quality, indicating that high alexithymia scale scores were associated with lower levels of relationship quality. A significant positive correlation was found between the Trait Affection and the relationship quality. Similarly, the Social avoidance was significantly negatively correlated with the relationship quality. The Alexithymia was also negatively correlated with Trait Affection and positive correlated with the Social Avoidance.

Table 4

Simple linear regression predicting relationship quality through alexithymia (N=300).

	B	SE	β	t	P
Constant	51.40	2.64		19.44	.000
Alexithymia	-.32	.044	-.39	-7.45	.000

Note. $R = -.39$, $R^2 = .157$

A simple linear regression was conducted to examine the effect of Alexithymia on relationship quality. The results indicated that alexithymia significantly predicted relationship quality, $B = -0.32$, $SEB = 0.04$, $\beta = -0.39$, $t = -7.46$, $p < .001$. The unstandardized coefficient suggests that for each one-unit increase in Alexithymia, the relationship quality score decreased by approximately 0.33 units. The negative standardized beta value indicates a moderate inverse relationship between Alexithymia and relationship quality. These results provide evidence that higher levels of Alexithymia are associated with lower levels of Relationship quality.

Table 5

Moderating effect of social avoidance on alexithymia and relationship quality among married adults (N=300)

Predictors	Relationship Quality						
	<i>B</i>	<i>SEB</i>	<i>t</i>	<i>P</i>	<i>LL</i>	<i>UL</i>	ΔR^2
Constant	32.55	0.50	64.63	.000	31.56	33.54	
Alexithymia	-0.27	0.04	-6.43	.000	-0.35	-0.19	
Social avoidance	-0.63	0.14	-4.37	.000	-.92	-0.35	
AS x SAS	-0.08	0.01	-5.24	.000	-0.10	-0.05	.068

Note: F=27.50, B = Unstandardized Coefficient, SEB =Standard Error, p = Significance value, LL = Lower Limit, UL = Upper Limit

Table 5 examines Social avoidance moderates the relationship between Alexithymia and Relationship quality. The analysis indicated that alexithymia was a significant negative predictor of relationship quality ($B = -0.27$, $SE = 0.04$, $t = -6.43$, $p < .001$), such that higher alexithymia scores were associated with lower Relationship quality. Scores when Social avoidance was held constant. Social avoidance was also a significant negative predictor of Relationship quality ($B = -0.63$, $SE = 0.14$, $t = -4.38$, $p < .001$), indicating that higher Social avoidance scores corresponded to lower Relationship quality scores when Alexithymia was held constant.

The interaction between Alexithymia and Social avoidance was significant, demonstrating that effect of alexithymia on relationship quality depended on the level of social avoidance. The inclusion of the interaction accounted for a significant increase in

explained variance, indicating a meaningful moderation effect. This suggests that the negative association between alexithymia and relationship quality becomes stronger as social avoidance increases.

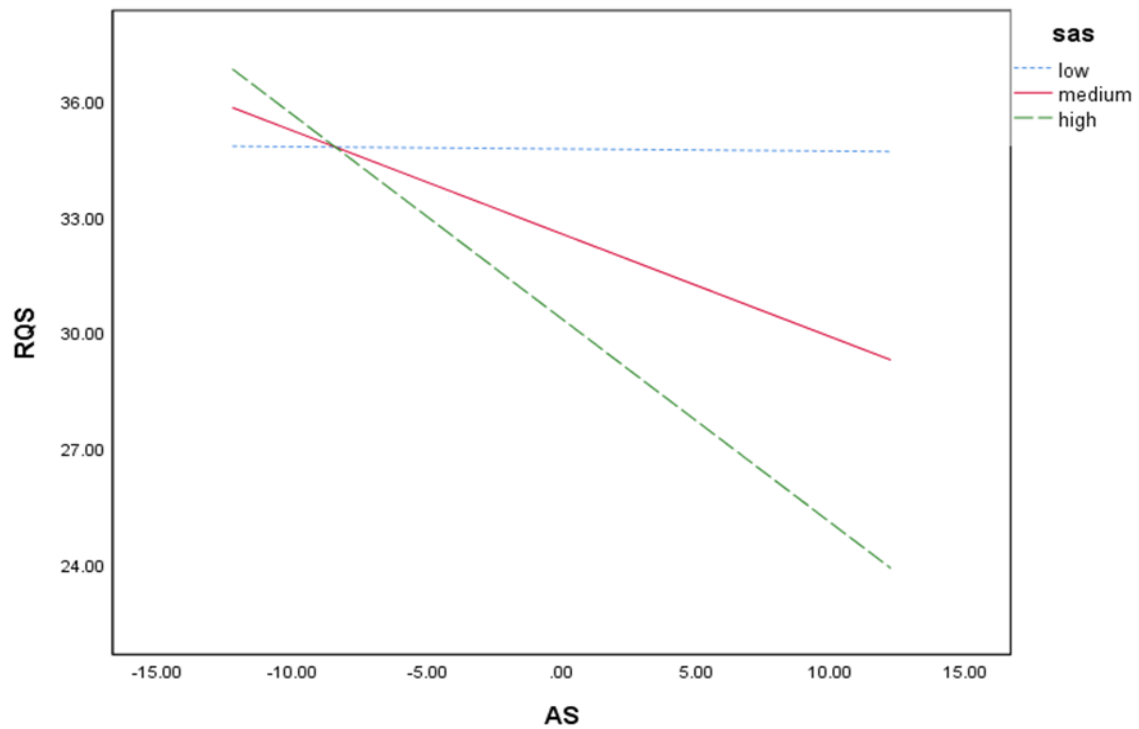


Figure 2: moderation graph

Table 6

Mediating effect of trait affection on alexithymia and relationship quality among married adults(N=300).

Path	B	SE	β	t	P	LL	UL
AS → TAS	-0.19	0.03	-0.33	-5.99	.000	-0.12	-0.25
TAS → RQS	0.44	0.07	0.33	5.99	.000	0.29	0.59
Path c ASS → RQS	-0.32	0.04	-0.39	-7.46	.000	-0.41	-0.23
Path c' ASS → RQS	-0.41	0.04	-0.49	-9.41	.000	-0.49	-0.32

Note CI = Confidence Interval; β = Standardized Coefficient; SE = Standard Error; B = Unstandardized Coefficient.

In table 6 the mediation analysis was conducted to examine whether Trait affection mediated the relationship between alexithymia and relationship quality. Results indicated that alexithymia significantly predicted Trait affection ($B = -0.19$, $\beta = -.33$, $p < .001$), with higher alexithymia scores associated with lower Trait affection levels. In turn, Trait affection significantly predicted relationship quality ($B = 0.4443$, $\beta = .33$, $p < .001$), such that higher Trait affection was associated with better relationship quality.

The total effect of alexithymia on relationship quality was significant ($B = -0.32$, $\beta = -.40$, $p < .001$), indicating that higher alexithymia was related to lower relationship quality. The direct effect remained significant after accounting for Trait affection ($B = -0.41$, $\beta = -.50$, $p < .001$), suggesting partial mediation.

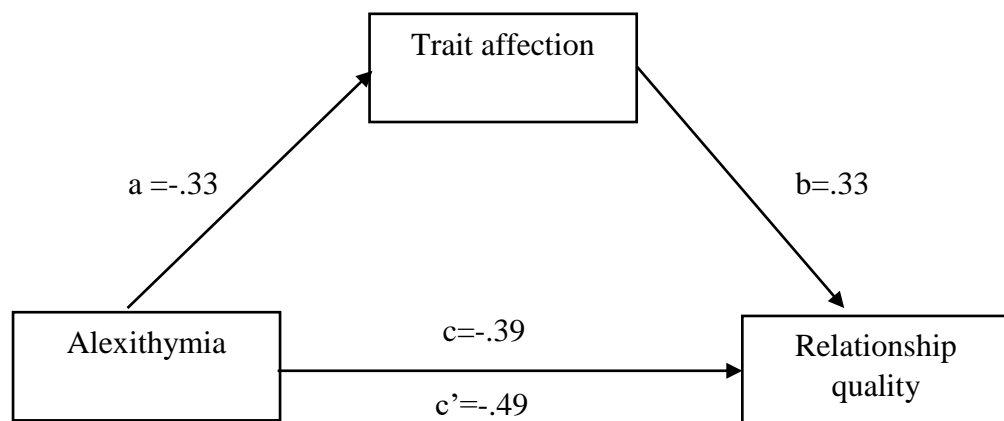


Figure no 3: mediation model

Table 7

Mean, Standard Deviations and t-values along gender on study variables (N=300).

Variables	Male	Female				
	(n = 150)	(n = 150)	95% CI			
	<i>M (SD)</i>	<i>M (SD)</i>	<i>t</i>	<i>p</i>	<i>LL</i>	<i>UL</i>
AS	58.42(12.51)	60.48(11.86)	-1.46	.14	-4.83	.711
RQ	32.37(9.90)	31.82(10.12)	.47	.63	-1.72	2.83
TAS	50.05(6.99)	50.09(7.38)	-.04	.96	-1.67	1.59
SAS	14.32(3.07)	13.92(3.83)	.99	.32	-.39	1.19

Note. CI = Confidence Interval; LL = Lower Limit; UL = Upper Limit.

Table 7 presents the results of the independent-samples t-tests comparing males and females on study variables. Overall, the findings suggest no meaningful gender differences across alexithymia, relationship quality, trait affection, and social avoidance.

Table 8

Mean, Standard Deviations and t-values along family system on study variables (N=300).

	Nuclear	Joint			95% <i>CI</i>	
	(<i>n</i> = 120)	(<i>n</i> = 180)				
Variables	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)	<i>t</i>	<i>p</i>	<i>LL</i>	<i>UL</i>
RQS	32.46(9.79)	31.86(10.17)	0.51	.61	-1.72	2.93
AS	58.98(12.90)	59.77(11.77)	-0.55	.58	-3.63	2.05
TAS	49.71(7.43)	50.32(7.03)	-0.72	.47	-2.28	1.06
SAS	14.33(3.30)	13.99(3.59)	0.84	.40	-0.46	1.15

Note. CI = Confidence Interval; LL = Lower Limit; UL = Upper Limit.

Table 3 presents the results of independent-samples t-tests comparing nuclear and joint family systems on study variables. Overall, the findings suggest that the family system does not significantly influence relationship quality, alexithymia, trait affection, or social avoidance in this sample.

Table 9

Independent Samples t-Test Comparing Undergraduate and Postgraduate married adults on Study Variables(N=300).

Variables	Undergraduate	Postgraduate				
	(n = 179)	(n = 121)	95% CI			
	<i>M (SD)</i>	<i>M (SD)</i>	<i>t</i>	<i>p</i>	<i>LL</i>	<i>UL</i>
RQS	32.58(9.92)	31.39(10.13)	1.01	.31	-1.13	3.50
AS	59.79(12.63)	58.94(11.62)	0.59	.56	-1.98	3.68
TAS	49.98(7.12)	50.21(7.31)	-0.26	.79	-1.89	1.44
SAS	14.25(3.53)	13.94(3.41)	0.76	.45	-0.50	1.11

Note. CI = Confidence Interval; LL = Lower Limit; UL = Upper Limit

Table 9 presents the results of the independent-samples t-tests comparing undergraduate and post-graduate married adults on study variables. Overall, the findings suggest no meaningful differences between these two groups across alexithymia, relationship quality, trait affection, and social avoidance.

Table 10

Independent Samples t-Test Comparing employee and unemployed on Study

Variables(N=300).

Variables	Employee	Unemployed	<i>t</i>	<i>P</i>	95%CL	
	(n=296)	(n=94)			LL	UL
	M (SD)	M (SD)				
RQS	32.13 (10.06)	32.02 (9.95)	0.09	.93	-2.35	2.56
ASS	58.89 (12.46)	60.68 (11.65)	-1.18	.24	-4.78	1.20
TAS	49.78 (7.23)	50.71 (7.07)	-1.04	.30	-2.69	0.83
SAS	14.23 (3.54)	13.90 (3.33)	0.75	.45	-0.53	1.18

Note. CI = Confidence Interval; LL = Lower Limit; UL = Upper Limit

Table 10 presents the results of the independent-samples t-tests comparing employee and unemployed married adults on study variables. Overall, the findings suggest no meaningful differences between these two groups across alexithymia, relationship quality, trait affection, and social avoidance.

Table 11

One-way anova comparing socio economic status among study variables (N=300).

variables	Lower-class (n=2)	Middle-class (n=278)	Upper-class (n=20)	F	p	η^2
	M(SD)	M(SD)	M(SD)			
RQS	21.50(17.67)	31.92(10.06)	35.55(7.68)	2.38	.095	.016
AS	58.50(19.09)	59.66(12.29)	56.55(2.39)	0.63	.532	.004
TAS	58.50(0.70)	49.97(7.24)	50.55(6.16)	1.45	.236	.010
SAS	13.50(.707)	14.05(3.47)	15.20(3.60e)	1.05	.352	.007

Note: Relationship quality = RQS, Trait affection = TAS, Alexithymia = AS, social avoidance = SAS

Table 11 presents one-way ANOVA to examine socioeconomic status on relationship quality, trait affection, alexithymia, and social avoidance. Across all four variables, the results showed no statistically significant group differences. For relationship quality, these differences were not significant, $F(2, 297) = 2.38$, $p = .095$, $\eta^2 = .016$, indicating that socioeconomic status did not meaningfully predict relationship quality.

Similarly, trait affection did not differ significantly across socioeconomic groups, $F(2, 297) = 0.63$, $p = .532$, $\eta^2 = .004$. For alexithymia, although the lower-class group showed a higher mean score compared to the middle and upper class groups, the difference was not statistically significant, $F(2, 297) = 1.45$, $p = .236$, $\eta^2 = .010$. Finally, social avoidance also showed no significant differences between groups, $F(2, 297) = 1.05$, $p = .352$, $\eta^2 = .007$.

Discussion

The present study aimed to investigate the effect of alexithymia on relationship quality among married adults. In addition, it examined the moderating role of social avoidance in the association between alexithymia and relationship quality, as well as the mediating role of trait affection. The convenient sampling technique was used to collect data from organizations, hospitals, educational institutes of Wah Cantt, and Islamabad, Pakistan, and the age range was 18 years and above. Data for the study were obtained from married adults representing various geographical locations. Data collection involved well-established and psychometrically validated measures: the Toronto Alexithymia Scale (Taylor et al., 1991) to assess difficulties in emotional processing, the Relationship Quality Scale (Chonody et al., 2016) to evaluate perceived quality of marital relationships, the Social Avoidance and Distress Scale (Watson & Friend, 1969) to measure discomfort in social contexts, and the Trait Affection Scale (Floyd, 2002) to assess dispositional tendencies toward affectionate expression.

The first hypothesis of this study was that there is a positive relationship between alexithymia and relationship quality among married adults. Table 3 results revealed that there is a significant negative correlation between alexithymia and relationship quality, indicating that individuals with higher levels of alexithymia tend to experience lower relationship satisfaction. Attachment Theory further explains that individuals with limited emotional expression and responsiveness are less able to form secure and supportive bonds, leading to relationship dissatisfaction (Mikulincer & Shaver, 2016). Based on these theoretical perspectives, it was hypothesized that alexithymia would be negatively correlated with relationship quality among married adults. Multiple studies have documented the detrimental

impact of alexithymia on intimate relationships. Yelsma and Marrow (2003) reported that high alexithymia was associated with low marital satisfaction and reduced affectionate behaviors in both partners. Similarly, Foran and O'Leary (2013) found that alexithymia was inversely related to intimacy and satisfaction in community couples, with loneliness and poor communication mediating this relationship. Cross-cultural evidence supports this pattern. Panahi et al. (2018), in an Iranian sample, found that alexithymia indirectly reduced marital satisfaction through increased loneliness and decreased social support.

The current study's results revealed a significant negative correlation between alexithymia and relationship quality, confirming the hypothesis. This moderate negative correlation suggests that higher levels of alexithymia are meaningfully associated with lower relationship satisfaction among married adults. In light of Attachment Theory, these results may indicate that alexithymic individuals display behaviors characteristic of avoidant attachment such as emotional withdrawal and reluctance to disclose personal feelings which have been shown to predict lower satisfaction in romantic relationships (Mikulincer & Shaver, 2016). The replication of this pattern in the present sample strengthens the evidence for a robust, cross-contextual negative association between alexithymia and relationship quality.

The second hypothesis of this study was that there is a negative correlation between relationship quality and social avoidance among married adults. In the context of close relationships, such avoidance can significantly undermine intimacy, emotional support, and conflict resolution, all essential elements of relationship quality (Collins & Feeney, 2004). Attachment Theory offers a framework for understanding this link: individuals with avoidant attachment styles often engage in behaviors that minimize closeness and emotional disclosure, thereby impeding the development of secure, satisfying relationships (Mikulincer

& Shaver, 2016). Based on these perspectives, it was hypothesized that higher levels of social avoidance would be associated with lower relationship quality among married adults. Empirical research consistently supports a negative link between social avoidance and relationship quality. Wenzel and Lystad (1998) found that individuals high in social avoidance reported lower satisfaction in romantic relationships due to reduced self-disclosure and emotional sharing. Likewise, Kachadourian et al. (2004) demonstrated that avoidance behaviors in couples were associated with decreased perceptions of partner support and intimacy. In married populations, Barry et al. (2007) observed that withdrawal during marital conflict predicted declines in relationship satisfaction over time.

In the current study, a significant negative correlation was found between relationship quality and social avoidance, supporting the hypothesis. This finding suggests that married adults who tend to avoid social interactions and emotionally charged exchanges are more likely to report lower relationship satisfaction. The result aligns with Attachment Theory, which predicts that avoidant interpersonal styles limit opportunities for emotional bonding, leading to diminished relationship quality (Mikulincer & Shaver, 2016).

The third hypothesis of this study was that there is a positive correlation between alexithymia and social avoidance among married adults. In the present study, a small but statistically significant positive correlation was found between alexithymia and social avoidance, supporting the hypothesis. This result indicates that married adults who have greater difficulty identifying and expressing emotions are slightly more likely to engage in social withdrawal behaviors.

From a theoretical standpoint, these findings align with Attachment Theory, as the combination of emotional processing deficits and avoidance strategies is characteristic of insecure avoidant interpersonal functioning. From the perspective of Attachment Theory,

individuals with insecure avoidant tendencies often regulate negative affect through emotional withdrawal and suppression (Mikulincer & Shaver, 2016). When combined with the cognitive affective deficits of alexithymia, such withdrawal can manifest as social avoidance, reducing contact with others and limiting emotionally intimate interactions. The Interpersonal Theory of Psychiatry (Sullivan, 1953) further suggests that persistent avoidance patterns restrict opportunities for corrective emotional experiences, reinforcing interpersonal distance. Based on these frameworks, it was hypothesized that alexithymia would be positively associated with social avoidance in married adults.

Empirical studies consistently indicate that alexithymia is associated with higher levels of interpersonal withdrawal. Lumley et al. (2007) found that individuals high in alexithymia reported less social engagement and more avoidance in close relationships. Similarly, Spitzer et al. (2005) demonstrated that alexithymia was linked to both reduced initiations of social contact and avoidance of emotionally demanding situations. Furthermore, Kauhanen et al. (1992) reported that alexithymia predicted social isolation and avoidance behaviors in both healthy adults and patients with psychosomatic disorders.

The fourth hypothesis of this study was that Trait Affection experience mediate the relationship between alexithymia and relationship quality among married adults. In the present study, mediation analysis showed that trait affection partially mediated the relationship between alexithymia and relationship quality. Specifically, higher alexithymia was associated with lower trait affection, which in turn predicted lower relationship quality. The indirect effect was statistically significant, indicating that part of alexithymia's negative impact on relationship satisfaction operates through its effect on affectionate tendencies.

These findings are consistent with Affection Exchange Theory, which emphasizes the relational benefits of affectionate behavior (Floyd, 2006). They also align with Panahi et al.'s

(2018) conclusion that emotional expressiveness mediates the alexithymia–relationship quality link. The partial mediation observed here suggests that while trait affection is an important pathway, other mechanisms, such as emotional support provision, conflict resolution skills, or social avoidance, may also transmit the effects of alexithymia on relationship quality.

Several studies have examined the link between emotional expressiveness, alexithymia, and relationship satisfaction. Hesse and Floyd (2008) found that individuals higher in affectionate behavior reported greater relational closeness and satisfaction, whereas alexithymia predicted lower levels of affectionate communication. Similarly, Carpenter and Floyd (2011) observed that individuals with low emotional awareness exhibited fewer verbal and non-verbal affectionate behaviors, which was associated with poorer relationship outcomes.

Collectively, these findings suggest that reduced affectionate communication may be a key mechanism linking alexithymia to diminished relationship quality, making trait affection a theoretically relevant mediator. According to Affection Exchange Theory (Floyd, 2006), affectionate communication enhances relational satisfaction by meeting fundamental human needs for closeness and social connection. When alexithymia limits emotional awareness and expression, the ability to display affectionate behaviors may be diminished, leading indirectly to reduced relationship quality. This framework suggests that trait affection could act as a mediating variable, explaining part of the pathway from alexithymia to relationship quality.

The fifth hypothesis of this study was that Social avoidance moderate the relationship between alexithymia and relationship quality among married adults. The rationale stems from the idea that individuals with high alexithymia often have difficulty identifying and

expressing emotions, which can already impair marital communication. According to Attachment Theory (Bowlby, 1988; Mikulincer & Shaver, 2016), when such individuals also exhibit high social avoidance a tendency to withdraw from interpersonal closeness, the combined effect can further erode intimacy and satisfaction. Avoidant behaviors reduce opportunities for emotional disclosure and mutual support (Collins & Feeney, 2000), amplifying the relational deficits linked to alexithymia.

Previous research suggests that avoidant interpersonal tendencies intensify the relational consequences of emotional processing deficits. Spitzer et al. (2005) found that individuals high in alexithymia and interpersonal avoidance reported greater relational strain. Similarly, Barry et al. (2007) showed that withdrawal behaviors during conflict predicted greater declines in relationship satisfaction, particularly among partners low in emotional expressiveness. Attachment theory research also indicates that when an avoidant attachment style combines with low emotional awareness, couples are less likely to engage in constructive conflict resolution and affectionate behaviors, leading to long-term declines in relationship quality (Overall & Lemay, 2015; Mikulincer & Shaver, 2016). These findings suggest that social avoidance could act as a moderator, magnifying the negative association between alexithymia and relationship satisfaction.

Results from the moderation analysis supported this hypothesis. The interaction term between alexithymia and social avoidance was statistically significant, indicating that social avoidance strengthens the negative relationship between alexithymia and relationship quality. Specifically, for individuals with high levels of social avoidance, the detrimental effect of alexithymia on relationship quality was considerably stronger than for those with low avoidance.

This aligns with prior findings by Wenzel and Lystad (1998), who observed that avoidant tendencies exacerbate interpersonal difficulties in emotionally restricted individuals, and with Collins and Feeney (2000), who showed that avoidant partners are less likely to provide emotional support during stressful interactions.

The sixth hypothesis of this study was that married males exhibit more alexithymia as compared to married female adults. Gender differences in alexithymia have been widely documented, with many studies reporting that men tend to score higher than women on measures of difficulty identifying and describing feelings, as well as on externally oriented thinking (Levant et al., 2009). From a neurobiological perspective, sex differences in brain structures and connectivity patterns, particularly in regions involved in emotional processing, such as the anterior cingulate cortex and amygdala, may partially account for variations in emotional awareness between men and women (Kano et al., 2003). Additionally, Attachment Theory suggests that early social experiences shape emotional competence, and boys are often raised in environments where emotional expression is less encouraged, potentially leading to higher alexithymia scores in adulthood.

In this study, comparing male and female alexithymia scores was non-significant, indicating no reliable difference between genders. This aligns with the Pakistani validation study of the TAS-20 and adolescent research, both of which report similar findings (Zahid et al., 2024; Jafar et al., 2021). This convergence suggests that, unlike Western samples, alexithymia may be more evenly distributed across genders in Pakistan. Measurement invariance testing confirms that the scale functions equivalently for men and women, reducing the likelihood that response bias explains the result (Zahid et al., 2024). Conversely, some studies have found minimal or no gender differences, often attributing the discrepancy to sample characteristics, cultural shifts in gender norms, or the influence of situational

factors (Kauhanen et al., 1992). Nonetheless, the majority of evidence supports the expectation that men exhibit higher alexithymia levels than women.

Several studies support higher male alexithymia levels. Large-scale investigations in Western samples, including Mattila et al. (2006), have found significantly higher TAS-20 scores among men. However, regional studies in Pakistan tell a different story. A validation study of the Urdu TAS-20 in a Pakistani adult sample found no significant gender difference in alexithymia scores, and also established measurement invariance across sexes, allowing meaningful comparison (Zahid et al., 2024). These findings suggest that in Pakistani contexts, possibly due to evolving gender roles or cultural norms, men and women may not differ significantly in emotional awareness capacities.

Table 8 examines the impact of belonging to a nuclear or joint family system on relationship quality, affection, alexithymia, and social avoidance. Results indicated no significant differences between the two family structures across all four variables. This suggests that in the current sample, family system may not play a decisive role in shaping emotional functioning or relational outcomes. According to Attachment Theory (Bowlby, 1988), it is the security and consistency of caregiver child interactions that shape internal working models of relationships, which in turn influence how individuals experience affection, manage emotions, and engage in social connections. This theoretical perspective helps explain why no significant differences emerged between family systems: both nuclear and joint families can foster either secure or insecure attachment depending on the emotional climate and caregiving practices.

Recent research also supports this view, emphasizing that interpersonal trust, communication patterns, and emotional support predict relationship outcomes more strongly than structural family differences (Feeney & Collins, 2015; Malik & Shafi, 2021). Therefore,

the non-significant results highlight the importance of relational quality over family composition, aligning with attachment based explanations of psychosocial functioning.

Table 9 indicate non-significant differences between undergraduate and postgraduate participants across the variables of relationship quality, affection, alexithymia, and social avoidance. These results suggest that academic attainment does not necessarily determine how individuals experience or regulate emotions in close relationships.

From the perspective of Attachment Theory (Bowlby, 1988), the ability to develop fulfilling relationships and regulate emotions is largely shaped by early attachment bonds rather than by educational achievement. Securely attached individuals, regardless of their level of education, are more likely to exhibit greater emotional awareness, lower avoidance, and higher relationship satisfaction. In contrast, insecure attachment may continue to influence emotional regulation difficulties (such as alexithymia) or avoidance behaviors even at advanced educational levels.

Consistent with prior research, interpersonal skills and relational outcomes appear more closely tied to attachment security and emotional intelligence than to formal education (Mikulincer & Shaver, 2019; Tariq & Masood, 2020). Thus, the lack of significant differences in this study highlights that while higher education may enhance knowledge and critical thinking, it does not automatically transform emotional or relational functioning, which are more deeply rooted in early caregiving experiences.

Table 10 shows non-significant differences between employed and unemployed participants in relationship quality, affection, alexithymia, and social avoidance. This suggests that one's job status alone does not strongly determine how individuals experience closeness, regulate emotions, or avoid social interactions.

According to Attachment Theory (Bowlby, 1988), emotional regulation and relationship patterns are shaped primarily by early caregiver-child interactions, which establish secure or insecure attachment orientations. These orientations continue to influence interpersonal functioning throughout life, regardless of external factors such as employment. For instance, securely attached individuals may maintain stable relationships and emotional expression whether or not they are employed, while those with insecure attachment may struggle with alexithymia or avoidance independent of job status.

Previous studies support this notion, highlighting that employment may provide external structure and financial stability, but it does not fundamentally alter internal attachment dynamics (Mikulincer & Shaver, 2019; Malik & Khalid, 2021). In other words, relational satisfaction and emotional adjustment depend more on attachment-related processes and emotional intelligence than on whether an individual is employed or unemployed.

Limitations and suggestions

While this study contributes to the understanding of alexithymia, relationship quality, social avoidance, and trait affection in the context of married adults in Pakistan, there are several limitations and suggestions.

- The sample was drawn through non-probability convenience sampling from Islamabad, Rawalpindi, and Wah Cantt. Participants may not be representative of all married adults in Pakistan, particularly those from rural or less-educated backgrounds. Expanding research to include rural areas and different provinces will improve the generalizability of findings within Pakistan.

- English versions of questionnaire were used in present study and were explained by the researcher to participant as participants were found some difficulty in understanding wording of questionnaire. To address this limitation future study should consider translating the questionnaire into the participants' native language.
- The present research appears to have utilized self-report instruments for assessing the study variables. Although widely used, such measures can be influenced by biases, including social desirability and memory recall errors. To strengthen validity, future investigations might incorporate objective indicators or draw on reports from multiple informants. Additionally, combining qualitative approaches, such as interviews or focus groups with quantitative analysis could offer richer insights into the underlying processes and mechanisms.

Implications

The findings of this study can guide future research and clinical practice in the field of marital relationships and emotional health. Researchers can build upon the results to explore in greater depth the mechanisms by which alexithymia, trait affection, and social avoidance influence relationship quality among married adults. Understanding the role of trait affection in mediating the negative effects of alexithymia on relationship quality, as well as the moderating impact of social avoidance, can help develop targeted strategies for enhancing marital satisfaction and emotional connection.

These findings have important implications for relationship counseling and therapy. Marriage counselors and psychologists may consider designing interventions that simultaneously improve emotional awareness, reduce avoidance behaviors, and foster affectionate communication between partners. Since the study found that higher trait affection can buffer the negative influence of alexithymia, counseling programs could

integrate specific modules that encourage the regular expression of verbal and non-verbal affection. In collectivistic cultures like Pakistan, where open emotional expression is often limited by social norms, such strategies may help couples maintain closeness and stability in their marriages.

The results could also inform community-based and preventive programs. Premarital counseling, marital enrichment workshops, and public awareness campaigns could focus on teaching emotional literacy skills, conflict resolution strategies, and the value of affectionate communication. Importantly, the study's finding of no significant gender differences in alexithymia suggests that such programs should be designed to address both men and women equally, avoiding stereotypes and ensuring inclusivity.

In addition, this research can contribute to policy development by emphasizing the need for culturally sensitive marital support systems. Religious institutions, family welfare organizations, and community centers may incorporate emotional skill-building and affection training into their services for couples. Mental health professionals can also benefit from these insights by tailoring assessments and interventions to identify and address both alexithymia and social avoidance patterns during therapy. Ultimately, applying these findings in practice can promote healthier, more resilient marital relationships, leading to greater emotional well-being for couples and their families.

Conclusion

The present research set out to examine the complex interplay between alexithymia, relationship quality, social avoidance, and trait affection among married adults in Pakistan. Rooted in the frameworks of Attachment Theory, the Attention Appraisal Model of Alexithymia, Interpersonal Theory, and Affection Exchange Theory, the study addressed a

significant gap in the literature by investigating how deficits in emotional awareness and expression influence marital relationships in a collectivistic cultural setting.

A quantitative, cross-sectional correlational design was employed with a sample of 300 married individuals aged 18 years and above, recruited from Islamabad, Rawalpindi, and Wah Cantt through convenience sampling. Standardized instruments were used to measure each construct: the Toronto Alexithymia Scale (TAS-20), Relationship Quality Scale, Social Avoidance and Distress Scale, and Trait Affection Scale. Data analysis involved descriptive statistics, Pearson's correlation, linear regression, mediation, and moderation analyses to test six hypotheses.

The results consistently supported the theoretical assumptions. Alexithymia demonstrated a significant negative association with relationship quality, suggesting that difficulties in identifying and describing emotions, along with an externally oriented thinking style, undermine marital satisfaction. Relationship quality was also negatively correlated with social avoidance, indicating that withdrawal behaviors and discomfort in close interactions erode relational bonds. Furthermore, alexithymia was positively associated with social avoidance, implying that emotional unawareness and detachment may reinforce patterns of avoidance in intimate relationships.

The mediation analysis revealed that trait affection partially explained the link between alexithymia and relationship quality, underscoring the protective role of affectionate behaviors in offsetting the relational costs of emotional processing deficits. The moderation analysis further indicated that social avoidance exacerbates the negative impact of alexithymia on relationship quality, highlighting the compounded risk when both emotional detachment and avoidance tendencies coexist. Contrary to much of the Western literature, no significant gender differences in alexithymia were found, aligning with certain local studies

and suggesting that cultural norms in Pakistan may influence emotional expression patterns across genders.

This research contributes both theoretically and practically. Theoretically, it extends the application of well-established psychological models to the Pakistani marital context, integrating emotional, behavioral, and relational variables into a comprehensive framework. Practically, it offers clear directions for marital counseling, premarital education, and culturally adapted interventions aimed at enhancing emotional literacy, reducing avoidance behaviors, and fostering affectionate communication.

While the study has limitations including, the cross-sectional design, self-report measures, and convenience sampling, it lays the groundwork for future longitudinal, experimental, and mixed-methods research that can deepen understanding of these dynamics. By emphasizing the importance of emotional awareness and affectionate engagement, this research advocates for interventions that can strengthen marital bonds, enhance relational satisfaction, and promote emotional well-being among couples in Pakistan.

In conclusion, the study affirms that emotional and relational competencies are not merely individual skills but shared resources that sustain the quality, resilience, and longevity of marital relationships. Addressing alexithymia and social avoidance, while nurturing affectionate exchanges, can be a decisive step toward fostering healthier, more connected marriages in culturally diverse contexts.

REFERENCES

- Abolghasemi, J., Jafari, F., Samani, L. N., & Rimaz, S. (2024). Predictors of marital satisfaction among reproductive-age women based on personality traits: A study in Iran. *Cureus*, 16(3), e58876.
- Aldao, A., & Tull, M. T. (2015). Putting emotion regulation in context. *Current Opinion in Psychology*, 3, 100–107.
- Alden, L. E., & Taylor, C. T. (2004). Interpersonal processes in social phobia. *Clinical Psychology Review*, 24(7), 857–882.
- Asendorpf, J. B. (1990). Beyond social withdrawal: Shyness, unsociability, and peer avoidance. *Human Development*, 33(4-5), 250–259.
- Asher, M., Asnaani, A., & Aderka, I. M. (2017). Gender differences in social anxiety disorder: A meta-analysis. *Clinical Psychology Review*, 56, 1–12.
- Badura, A. S., Cottone, J. G., & Schermer, C. R. (2013). Alexithymia and posttraumatic stress disorder: A prospective study of burn survivors. *Journal of Psychosomatic Research*, 75(6), 555–561.
- Barry, R. A., & Lawrence, E. (2013). An attachment perspective of disengagement and avoidance in marriage. *Journal of Family Psychology*, 27(3), 484

- Bartholomew, K. (1990). Avoidance of intimacy: An attachment perspective. *Journal of Social and Personal relationships*, 7(2), 147-178.
- Barry, R. A., Bunde, M., Brock, R. L., & Lawrence, E. (2007). Validity and utility of a multidimensional model of received support in intimate relationships. *Journal of Family Psychology*, 21(3), 354–365.
- Baron, R. M., & Kenny, D. A. (1986). The moderator–mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of Personality and Social Psychology*, 51(6), 1173–1182.
- Barbato, C. A., & Perse, E. M. (1992). Communicating affection in intimate relationships: The influence of gender and communication satisfaction. *Western Journal of Communication*, 56(3), 172–188.
- Baumeister, R. F., & Leary, M. R. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin*, 117(3), 497–529.
- Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development*. Basic Books.
- Bowman, M. L. (1990). Coping efforts and marital satisfaction: Measuring marital coping

- and its correlates. *Journal of Marriage and the Family*, 52, 463–474.
- Böhm, K., & et al. (2021). *Alexithymia and emotional intimacy in romantic relationships*. *Emotion*, 21(5), 1010-1022.
- Borens, I., et al. (1977). Social learning and social behavior. *Journal of Abnormal Psychology*, 86(4), 342–350.
- Brody, S. (2003). Alexithymia is inversely associated with women's frequency of vaginal intercourse. *Archives of Sexual Behavior*, 32, 73–77.
- Brackett, M. A., Warner, R. M., & Bosco, J. S. (2005). Emotional intelligence and relationship quality among couples. *Personal relationships*, 12(2), 197-212.
- Carpenter, C. J., & Floyd, K. (2011). Affection in the structure of supportive relationships. *Communication Monographs*, 78(3), 273–292.
- Cohen, Z. D., & Khalil, D. (2014). Gender differences in interpersonal sensitivity and social avoidance. *Journal of Anxiety Disorders*, 28(2), 103–110.
- Clark, D. M., & Wells, A. (1995). A cognitive model of social phobia. In R. Heimberg et al. (Eds.), *Social phobia: Diagnosis, assessment, and treatment* (pp. 69–93). Guilford Press.
- Collins, N. L., & Feeney, B. C. (2004). Working models of attachment shape perceptions of

- social support: Evidence from experimental and observational studies. *Journal of Personality and Social Psychology*, 87(3), 363–383.
- Cordova, J. V., Gee, C. B., & Warren, L. Z. (2005). Emotional skillfulness in marriage: Intimacy as a mediator of the relationship between emotional skillfulness and marital satisfaction. *Journal of Social and Clinical Psychology*, 24(2), 218–235.
- Córdova, D., Crouter, A. C., & Hayashi, S. (2014). Cultural adaptation, familism, and marital quality in Mexican-origin families. *Journal of Family Psychology*, 28(2), 203–213.
- D., & Kring, A. M. (1998). Emotion, social function, and psychopathology. *Annual Review of Psychology*, 49(1), 99-125.
- De Berardis, D., Fornaro, M., Orsolini, L., Valchera, A., Carano, A., Vellante, F., ... & Martinotti, G. (2020). Alexithymia and its relationships with acute phase and lifetime psychopathology in psychiatric disorders: A systematic review. *Frontiers in Psychiatry*, 11, 311.
- Decuyper, M., De Bolle, M., & De Fruyt, F. (2012). Personality traits and relationship satisfaction: The mediating role of communication styles. *Journal of Social and Personal Relationships*, 29(3), 295–317.
- Di Tella, M., & Castelli, L. (2016). Alexithymia in chronic pain disorders. *Current*

Rheumatology Reports, 18(7), 41. <https://doi.org/10.1007/s11926-016-0592-x>

Downs, V. C., & Javidi, M. (1990). Affectional expression and relational satisfaction: A study of friends and lovers. *Communication Research Reports*, 7(1), 57–63.

Duggan, E. S., & Brennan, K. A. (1994). Social avoidance and its relation to Bartholomew's adult attachment typology. *Journal of Social and Personal Relationships*, 11(1), 147-153.

Eldridge, K. A., & Christensen, A. (2002). Demand-withdraw communication during couple conflict: A review and analysis. In P. Noller & J. A. Feeney (Eds.), *Understanding marriage: Developments in the study of couple interaction* (pp. 289–322). Cambridge University Press.

Epözdemir, H. (2012). The relationship between alexithymia and marital satisfaction. *Educational Research and Reviews*, 7(20), 424–430.

Farooqi, S. R. (2014). The construct of relationship quality. *Journal of Relationships Research*, 5, e2.

Feeney, B. C., & Collins, N. L. (2015). A new look at social support: A theoretical perspective on thriving through relationships. *Personality and Social Psychology Review*, 19(2), 113–147.

Floyd, K., & Morman, M. T. (1998). The measurement of affectionate communication.

Communication Quarterly, 46(2), 144–162.

Floyd, K. (2006). Communicating affection: *Interpersonal behavior and social context*.

Cambridge University Press. <https://doi.org/10.1017/CBO9780511606649>

Floyd, K. (2002). Human affection exchange: V. Attributes of the highly affectionate.

Communication Quarterly, 50, 135–152.

Floyd, K., Sargent, J. E., & DiCorcia, M. (2005). Human affection exchange: V. Attributes of

the highly affectionate. *Communication Quarterly*, 53(3), 197–210.

<https://doi.org/10.1080/01463370500101071>

Floyd, K., Pauley, P. M., & Hesse, C. (2010). State and trait affectionate communication

buffer adults' stress reactions. *Communication Monographs*, 77(4), 618–636.

Foran, H. M., & O'Leary, K. D. (2013). The role of relationships in understanding the

alexithymia depression link. *European Journal of Personality*, 27(3), 283–291.

<https://doi.org/10.1002/per.1887>

Frawley, W., & Smith, R. N. (2001). *A processing theory of alexithymia. Cognitive System*

Research, 2(3), 189–206.

Frye-Cox, N. E., & Hesse, C. R. (2013). Alexithymia and marital quality: The mediating

roles of loneliness and intimate communication. *Journal of Family Psychology*, 27(2), 203.

Gab, W., & Fink, B. (2015). *Emotion and cognition in romantic relationships: A review of recent research findings*. *Journal of Relationships Research*, 6, e4.

Georgas, J., Berry, J. W., van de Vijver, F. J. R., Kagitcibasi, C., & Poortinga, Y. H. (2015). Sources of marital conflict across five cultures. *Journal of Cross-Cultural Psychology*, 46(1), 39–56.

Goerlich, K. S. (2018). The multifaceted nature of alexithymia. A neuroscientific perspective. *Frontiers in Psychology*, 9, 1614.

Gottman, J. M., & Krokoff, L. (1989). Marital interaction and satisfaction: A longitudinal view. *Journal of Consulting and Clinical Psychology*, 57, 47–52.

Gottman, J. M., & Levenson, R. W. (2000). The timing of divorce: Predicting when a couple will divorce over a 14-year period. *Journal of Marriage and Family*, 62(3), 737–745.

Goerlich-Dobre, K. S., Lamm, C., Pripfl, J., Habel, U., Votinov, M., Eickhoff, S. B., & Herpertz, S. C. (2014). The left dorsal anterior insula is involved in the modulation of pain intensity: A neuroimaging meta-analysis. *Human Brain Mapping*, 35(11), 5480–5492.

- Grabe, H., Spitzer, C., & Freyberger, H. J. (2004). Alexithymia and personality in relation to dimensions of psychopathology. *American Journal of Psychiatry*, 161(7), 1299–1301.
- <https://doi.org/10.1176/appi.ajp.161.7.1299>
- Greene, K., Derlega, V. J., Yep, G. A., & Petronio, S. (2006). *Self-disclosure in relationships: Advances in theory, research, and practice*. Routledge.
- <https://doi.org/10.4324/9780203776071>
- Green, M. C., & Wildermuth, S. M. (1993). Gender differences in communication and emotional expression in relationships. *Communication Quarterly*, 41(1), 56–72.
- Gross, J. J. (2015). Emotion regulation: Current status and future prospects. *Psychological inquiry*, 26(1), 1-26.
- Heerey, E. A., & Kring, A. M. (2007). Interpersonal consequences of social anxiety. *Journal of Abnormal Psychology*, 116(1), 125–134.
- Hesse, C., & Floyd, K. (2011). Affection mediates the impact of alexithymia on relationships. *Personality and individual Differences*, 50(4), 451-456.
- Hesse, C., & Floyd, K. (2008). Affectionate experience mediates the effects of alexithymia on mental health and interpersonal relationships. *Journal of Social and Personal Relationships*, 25(5), 793–810

- Hesse, C., & Trask, S. L. (2014). Trait affection and adult attachment styles: Analyzing relationships and group differences. *Communication Research Reports*, 31(1), 53-61.
- Hesse, C., Pauley, P. M., & Frye-Cox, N. E. (2015). Alexithymia and marital quality: The mediating role of relationship maintenance behaviors. *Western Journal of Communication*, 79(1), 45-72.
- Hesse, C., & Floyd, K. (2008). Affectionate experience mediates the effects of alexithymia on mental health and interpersonal relationships. *Journal of Social and Personal Relationships*, 25, 793–810.
- Hettema, J. M., et al. (2001). A review and meta-analysis of the genetic epidemiology of anxiety disorders. *American Journal of Psychiatry*, 158(10), 1568–1578.
- Hogeveen, J., & Grafman, J. (2021). Alexithymia. *Handbook of clinical neurology*, 183, 47-62.
- Honkalampi, K., Lehtonen, J., Jylhä, P., & Koivumaa-Honkanen, H. (2000). Alexithymia and social anxiety in the general population. *Psychotherapy and Psychosomatics*, 69(5), 257-264.
- Horan, S. M., & Booth-Butterfield, M. (2010). Investing in affection: An investigation of affection exchange theory and relational qualities. *Communication Quarterly*, 58(4),

394-413.

Humphreys, T. P., Wood, L. M., & Parker, J. D. (2009). Alexithymia and satisfaction in intimate relationships. *Personality and Individual Differences*, 46(1), 43-47.

Jafar, S., Ashraf, F., & Arif, A. (2021). Alexithymia and anxiety symptoms in Pakistani adolescents: A study of compounded directions. *Journal of the Pakistan Medical Association*, 71(4), 1139–1143

Kafetsios, K., & Kateri, M. (2020). Exploring the dimensions of relationship quality: Harmony, intimacy, and sexuality in Greek couples. *Sexuality & Culture*, 24(3), 763–780.

Karney, B. R., & Bradbury, T. N. (1995). The longitudinal course of marital quality and stability: A review of theory, methods, and research. *Psychological Bulletin*, 118(1), 3–34.

Karukivi, M., & Saarijärvi, S. (2014). Development of alexithymic personality features. *World Journal of Psychiatry*, 4(4), 91–102.

Karukivi, M., Hautala, L., Kaleva, O., Haapasalo-Pesu, K. M., Liuksila, P. R., Joukamaa, M., & Saarijärvi, S. (2012). Alexithymia is associated with anxiety among adolescents. *Journal of Affective Disorders*, 138(3), 352–357.

- Karremans, J. C., Schellekens, M. P., & Kappen, G. (2017). Bridging the sciences of mindfulness and romantic relationships: A theoretical model and research agenda. *Personality and Social Psychology Review*, 21(1), 29–49.
- Kashdan, T. B., Volkmann, J. R., Breen, W. E., & Han, S. (2011). Social anxiety and romantic relationships: The role of emotion regulation and partner buffering. *Journal of Anxiety Disorders*, 25(4), 478–486
- Kauhanen, J., Kaplan, G. A., Cohen, R. D., Salonen, R., & Salonen, J. T. (1992). Alexithymia and social support. *Psychosomatic Medicine*, 54(6), 655–662.
<https://doi.org/10.1097/00006842-199211000-00007>
- Keng, S. L., & Boucher, M. (2019). Social avoidance and its impact on relationship quality in the context of alexithymia. *Journal of Relationships Research*, 10(2), 76-88.
- Kim, J. H., Lee, Y. H., & Park, H. J. (2011). The impact of alexithymia on marital satisfaction: Mediating effect of communication. *The Korean Journal of Counseling and Psychotherapy*, 23(4), 963–983.
- Kirby, J. S., & Baucom, D. H. (2007). Emotions in couples therapy: Toward a deeper understanding of the therapeutic process. In L. S. Greenberg & S. L. Johnson (Eds.), *Emotionally focused therapy for couples* (pp. 49–71).

<https://doi.org/10.1037/11541-003>

Kleinstäuber, M., & et al. (2016). Social avoidance and its effects on relationship quality in

Individuals with alexithymia. *Personality and Individual Differences*, 99, 104-109.

Kokkonen, P., Karvonen, J. T., Veijola, J., Laksy, K., Jokelainen, J., Jarvelin, M., et al.

(2001). Prevalence and sociodemographic correlates of alexithymia in a population

sample of young adults. *Comprehensive Psychiatry*, 42, 471–476.

Kooiman, C. G., et al. (2004). Alexithymia and social anxiety: The role of interpersonal

interactions. *Journal of Psychosomatic Research*, 57(5), 473-478.

Laricchiuta, D., Petrosini, L., & Piras, F. (2015). Linking the insula to social behavior: New

evidence from lesion and neuroimaging studies. *Neuroscience & Biobehavioral*

Reviews, 55, 117–133. <https://doi.org/10.1016/j.neubiorev.2015.04.017>

Levant, R. (1992). Toward the reconstruction of masculinity. *Journal of Family Psychology*,

5, 379 – 402.

Levant, R. F., Rankin, T. J., Williams, C. M., Hasan, N. T., & Smalley, K. B. (2020).

Evaluation of the factor structure of the Toronto Alexithymia Scale (TAS-20) with a

sample of U.S. male and female adults. *Journal of Clinical Psychology*, 76(4), 638–

659.

Li, S., Zhang, B., Guo, Y., & Zhang, J. (2015). The association between alexithymia as assessed by the 20-item Toronto Alexithymia Scale and depression: A meta-analysis.

Psychiatry Research, 227(1), 1–9.

Li, T., & Chan, D. K. (2012). How anxious and avoidant attachment affect romantic relationship quality differently: A meta-analytic review. *European Journal of Social*

Psychology, 42(4), 406–419

Lumley, M. A., Neely, L. C., & Burger, A. J. (2007). The assessment of alexithymia in medical settings: Implications for understanding and treating health problems. *Journal of Personality Assessment*, 89(3), 230–246.

<https://doi.org/10.1080/00223890701629698>

Lyvers, M., Pickett, L., Needham, K., & Thorberg, F. A. (2022). Alexithymia, fear of intimacy, and relationship satisfaction. *Journal of Family Issues*, 43(4), 1068-1089.

Lyvers, M., et al. (2019). Early life experiences, attachment, and adult social avoidance.

Journal of Social and Personal Relationships, 36(2), 453–471.

Malik, S., & Khalid, R. (2021). Attachment orientations and emotional intelligence as predictors of relationship satisfaction. *Journal of Behavioral Sciences*, 31(2), 45–61.

Malouff, J. M., Thorsteinsson, E. B., Schutte, N. S., Bhullar, N., & Rooke, S. E. (2010). The

- five-factor model of personality and relationship satisfaction of intimate partners: A meta-analysis. *Journal of Research in Personality*, 44(1), 124–127.
- Masaviru, M. (2016). Self-disclosure: Theories and model review. *Journal of Culture, Society and Development*, 18(1), 43-44.
- Masaviru, M. W., Murang'a, S. K., & Muriuki, N. W. (2015). Effects of self-disclosure on marital satisfaction among couples in Kiambu County, Kenya. *International Journal of Education and Research*, 3(9), 139–152.
- Mattila, A. K., Salminen, J. K., Nummi, T., & Joukamaa, M. (2006). Age is strongly associated with alexithymia in the general population. *Journal of Psychosomatic Research*, 61(5), 629–635. <https://doi.org/10.1016/j.jpsychores.2006.04.013>
- Maxwell, J. A., Spielmann, S. S., Joel, S., & MacDonald, G. (2013). Attachment theory as a framework for understanding responses to social exclusion. *Social and Personality Psychology Compass*, 7(7), 444-456.
- Martínez-Sánchez, F., Ato-García, M., & Ortiz-Soria, B. (2003). Alexithymia state or trait? *The Spanish journal of psychology*, 6(1), 51-59.
- Martin, J.B., & Pihl, R.O. (1986). Influence of alexithymic characteristics on physiological and subjective stress responses in normal individuals. *Psychotherapy and*

Psychosomatics, 45,66-77.

Mackinnon, A., Henderson, A. S., & Andrews, G. (1993). Parental bonding and affective disorder in adulthood. *Psychological Medicine*, 23(1), 135–142
<https://doi.org/10.1017/S0033291700038968>

Mathias-Riegel, B. (1999). Love and sexuality in later life. *Generations*, 23(2), 29–33.

McLean, C. P., Asnaani, A., Litz, B. T., & Hofmann, S. G. (2011). Gender differences in anxiety disorders: Prevalence, course of illness, comorbidity, and burden of illness. *Journal of Psychiatric Research*, 45(8), 1027–1035.

Meyer, I. A., & Shack, J. R. (1989). Social support and social anxiety. *Journal of Social and Clinical Psychology*, 8(2), 152-165

Miers, A. C., Blöte, A. W., Heyne, D. A., & Westenberg, P. M. (2014). Developmental pathways of social avoidance across adolescence: The role of social anxiety and negative cognition. *Journal of anxiety disorders*, 28(8), 787-794.

Mikulincer, M., & Shaver, P. R. (2016). *Attachment in adulthood: Structure, dynamics, and change* (2nd ed.). Guilford Press.

Mikulincer, M., & Shaver, P. R. (2007). *Attachment in adulthood: Structure, dynamics, and change*. New York: Guilford Press.

Moriguchi, Y., Ohnishi, T., Lane, R. D., Maeda, M., Mori, T., Nemoto, K., ... & Komaki, G.

(2006). Impaired self-awareness and theory of mind: An fMRI study of mentalizing in alexithymia. *NeuroImage*, 32(3), 1472–1482.

<https://doi.org/10.1016/j.neuroimage.2006.04.186>

Nathanson, L., Shorey, R. C., Tirone, V., & Rhatigan, D. L. (2012). The prevalence of

alexithymia in a domestic violence shelter. *Journal of Aggression, Maltreatment & Trauma*, 21(10), 1146–1159. <https://doi.org/10.1080/10926771.2012.724457>

Oliver, M. B., Rubin, R. B., & Martin, M. M. (1993). Communication competence and

satisfaction with family relationships. *Communication Reports*, 6(1), 18–26.

Orchard, F., & Evans, L. (2016). Self-esteem and depression: The role of social avoidance

and rumination. *Journal of Affective Disorders*, 206, 220–226.

Panahi, M. S., Hoseinzadeh, A., Razaghpour, M., & Hosieni, N. (2018). Formulating a model

for the relationship between alexithymia, social support, loneliness, and marital

satisfaction: Path analysis model. *Journal of Family Medicine and Primary Care*, 7(5), 1068–1073.

Pauley, P. M., Hesse, C., & Mikkelsen, A. C. (2014). Trait affection predicts married

couples' use of relational maintenance behaviors. *Journal of Family*

Communication, 14(2), 167-187.

Parsons, J. E., Cox, M. J., & Kimboko, P. J. (1989). Family support and psychological well-being across the adult life span. *Family Relations*, 38(3), 340–345.

<https://doi.org/10.2307/583795>

Pendell, S. D. (2002). Affection in interpersonal relationships: Not just “a fond or tender feeling”. *Annals of the International Communication Association*, 26(1), 67-110.

Prager, K. J., & Buhrmester, D. (1998). Intimacy and need fulfillment in couple relationships. *Journal of Social and Personal Relationships*, 15(4), 435–469.

<https://doi.org/10.1177/0265407598154001>

Preece, D. A., & Gross, J. J. (2023). Conceptualizing alexithymia. *Personality and Individual Differences*, 215, 112375

Preece, D. A., Mehta, A., Petrova, K., Sikka, P., Bjureberg, J., Becerra, R., & Gross, J. J. (2023). Alexithymia and emotion regulation. *Journal of affective disorders*, 324, 232-238.

Preece, D., Becerra, R., Allan, A., Robinson, K., & Dandy, J. (2017). Establishing the theoretical components of alexithymia via factor analysis: Introduction and validation of the Attention appraisal model of alexithymia. *Personality and Individual*

Differences, 119, 341-352

Prescott, D. L., & Wallace, R. A. (1978). Affectional bonds and marital satisfaction. *Journal*

of Marriage and the Family, 40(3), 527–536. <https://doi.org/10.2307/351734>

Preece, D. A., Becerra, R., Robinson, K., Allan, A., Boyes, M., Chen, W., & Gross, J. J.

(2020a). What is alexithymia? Using factor analysis to establish its latent structure

and relationship with fantasizing and emotional reactivity. *Journal of Personality*,

88(6), 1162–1176

Reis, H. T., & Shaver, P. (1988). Intimacy as an interpersonal process. *In The Handbook of*

Personal Relationships (pp. 367-389). Wiley.

Roberts, R. E., & Bengtson, V. L. (1996). Relationships with parents, self-esteem, and

psychological well-being in young adulthood. *Journal of Marriage and the Family*,

58(4), 847–857.

Roberts, J. A., & David, M. E. (2016). My life has become a major distraction from my cell

phone: Partner phubbing and relationship satisfaction among romantic partners.

Computers in Human Behavior, 54, 134–141.

Rubin, R. B., Perse, E. M., & Barbato, C. A. (1998). Affectionate communication in close

relationships. *Journal of Social and Personal Relationships*, 15(4), 567–585.

<https://doi.org/10.1177/0265407598154004>

Saleem, A., Ashraf, S., Yousaf, I., & Dogar, I. H. (2015). Alexithymia, Loneliness and Interpersonal Problems in Young Adults. *Pakistan Postgraduate Medical Journal (PPMJ)*, 26(2), 55-62.

Salovey, P., & Mayer, J. D. (1990). Emotional intelligence. *Imagination, Cognition and Personality*, 9(3), 185–211. <https://doi.org/10.2190/DUGG-P24E-52WK-6CDG>

Schimmenti, A., & Caretti, V. (2018). Attachment, trauma, and alexithymia. *Alexithymia: Advances in research, theory, and clinical practice*, 127-141.

Schimmenti, A., Passanisi, A., Gervasi, A. M., Manzella, S., & Famà, F. I. (2014). Insecure attachment attitudes in the onset of problematic internet use among late adolescents. *Child Psychiatry & Human Development*, 45(5), 588–595.

Shahid, H., & Kazmi, S. F. (2016). Role of emotional regulation in marital satisfaction. *International journal for social studies*, 2(4), 47-60.

Sheppes, G., Scheibe, S., Suri, G., & Gross, J. J. (2011). Emotion-regulation choice. *Psychological science*, 22(11), 1391-1396.

Sheppes, G., Suri, G., & Gross, J. J. (2015). Emotion regulation and psychopathology. *Annual review of clinical psychology*, 11, 379-405.

- Sifneos, P. E. (1973). The prevalence of 'alexithymic' characteristics in psychosomatic patients. *Psychotherapy and Psychosomatics*, 22, 255–262
- Smith, D. A., Vivian, D., & O'Leary, K. D. (1990). Longitudinal prediction of marital discord from premarital expressions of affect. *Journal of Consulting and Clinical Psychology*, 58, 790–798.
- Spence, S. H., et al. (1999). Biological and environmental influences on social anxiety. *Behaviour Research and Therapy*, 37(1), 21–33.
- Spitzer, C., Siebel-Jürges, U., Barnow, S., Grabe, H. J., & Freyberger, H. J. (2005). Alexithymia and interpersonal problems. *Psychotherapy and psychosomatics*, 74(4), 240-246.
- Spokas, M., & Cardaciotto, L. (2014). The impact of social avoidance on relationships: Examining interpersonal functioning in socially anxious individuals. *Journal of Anxiety Disorders*, 28(1), 83–90.
- Stein, M. B., et al. (2002). Structural and functional brain abnormalities in social phobia. *Biological Psychiatry*, 51(1), 68–77.
- Tariq, S., & Masood, S. (2020). The role of attachment styles and emotional intelligence in predicting relationship satisfaction. *Pakistan Journal of Psychological Research*,

35(1), 23–41.

Taylor, G. J., et al. (1997). Alexithymia and somatic complaints in psychiatric outpatients.

Journal of Clinical Psychology, 53(3), 259-269.

Taylor, G. J., & Bagby, R. M. (2004). New trends in alexithymia research. *Psychotherapy*

and psychosomatics, 73(2), 68-77.

Taylor, G. J., Bagby, R. M., & Parker, J. D. A. (1997). *Disorders of affect regulation:*

Alexithymia in medical and psychiatric illness. Cambridge University Press.

<https://doi.org/10.1017/CBO9780511526831>

Taylor, G. J., Bagby, R. M., & Parker, J. D. A. (1997). *Disorders of affect regulation:*

Alexithymia in medical and psychiatric illness. Cambridge University Press.

Tang, C. S., Bloor, M., & Measham, F. (2013). Young people and risk: A comparative study

of sexual behaviour in Hong Kong and the United Kingdom. *Journal of Youth*

Studies, 16(5), 614–628. <https://doi.org/10.1080/13676261.2012.744814>

Thorberg, F. A., et al. (2010). Alexithymia and relationship satisfaction. *Journal of Clinical*

Psychology, 66(4), 391-404.

Tesio, V., Di Tella, M., Ghiggia, A., Romeo, A., Colonna, F., Fusaro, E., ... & Castelli, L.

(2018). Alexithymia and depression affect quality of life in patients with chronic pain:

- A study on 366 patients with fibromyalgia. *Frontiers in Psychology*, 9, 442.
- Tolmunen, T., Heliste, M., Lehto, S. M., Hintikka, J., Honkalampi, K., & Saarijärvi, S. (2011). Stability of alexithymia in the general population: An 11-year follow-up. *Comprehensive Psychiatry*, 52(5), 536–541.
- Toth, I., & Neumann, I. D. (2013). Animal models of social avoidance and social fear. *Cell and tissue research*, 354, 107-118.
- Levant, R. F., Hall, R. J., Williams, C. M., & Hasan, N. T. (2009). Gender differences in alexithymia. *Psychology of men & masculinity*, 10(3), 190.
- Montebarocci, O., Codispoti, M., Baldaro, B., & Rossi, N. (2004). Adult attachment style and alexithymia. *Personality and Individual Differences*, 36, 499–507.
- Noftle, E. E., & Shaver, P. R. (2006). Attachment dimensions and the big five personality traits: Associations and comparative ability to predict relationship quality. *Journal of research in personality*, 40(2), 179-208.
- Quinn, W. H. (1983). A model of psychological well-being in late life. *Family Relations*, 32(4), 557–565. <https://doi.org/10.2307/583894>
- Vanheule, S., Desmet, M., Meganck, R., & Bogaerts, S. (2007). Alexithymia and interpersonal problems. *Journal of Clinical Psychology*, 63, 109–117.

van der Velde, J., Servaas, M. N., Goerlich, K. S., Bruggeman, R., Horton, P., Costafreda,

S. G., & Aleman, A. (2013). Neural correlates of alexithymia: A meta-analysis of emotion processing studies. *Neuroscience & Biobehavioral Reviews*, 37(8), 1774–1785.

Vega, W. A., Kolody, B., Aguilar-Gaxiola, S., & Catalano, R. (1996). Gaps in service utilization by Mexican Americans with mental health problems. *American Journal of Psychiatry*, 153(7), 918–924. <https://doi.org/10.1176/ajp.153.7.918>

Villard, J. A. (1976). Affectional needs and adult psychological adjustment. *Journal of Clinical Psychology*, 32(2), 394–397

Wang, X., Sun, Y., Wu, X., & Chen, J. (2023). Autistic traits and social avoidance in adults: The mediating roles of perceived stress and interpersonal alienation. *Frontiers in Psychology*, 14, 1160348.

Watson, D., & Friend, R. (1969). Measurement of social-evaluative anxiety. *Journal of Consulting and Clinical Psychology*, 33(4), 448–457.

Wearden, A. J., Lambertson, N., Crook, N., & Walsh, V. (2005). Adult attachment, alexithymia, and symptom reporting: An extension to the four category model of attachment. *Journal of psychosomatic research*, 58(3), 279-288.

- Wenzel, A., & Lystad, C. (1998). Interpersonal consequences of social anxiety. *Journal of Cognitive Psychotherapy, 12*(1), 43–58.
- Wei, M., Russell, D. W., & Zakalik, R. A. (2005). Adult attachment, social self-efficacy, self-disclosure, loneliness, and subsequent depression for freshman college students: A longitudinal study. *Journal of Counseling Psychology, 52*(4), 602–614.
- Wong, Y. J., & Halim, M. L. (2016). Masculinity and emotional suppression: Implications for social avoidance in men. *Psychology of Men & Masculinity, 17*(2), 147–155.
- Wood, R. L., & Doughty, C. (2013). Alexithymia and avoidance coping following traumatic brain injury. *The Journal of head trauma rehabilitation, 28*(2), 98-105.
- Yelsma, P., & Marrow, S. (2003). An examination of couples' difficulties with emotional expressiveness and their marital satisfaction. *The Journal of Family Communication, 3*(1), 41–62.
- Xu, F., Luo, S., & Snider, J. B. (2020). Communication behavior and relationship satisfaction among American and Chinese newlywed couples. *Journal of Social and Personal Relationships, 37*(5), 1350–1369.

Appendices

Appendix A

INFORMED CONSENT

Respected Participant,

I am student of MS Psychology enrolled at the International Islamic University Islamabad, and conducting a research study on the topic. **“Effect of alexithymia on relationship quality among married adults: Role of trait affection and social avoidance”**. The purpose of this research is to examine how alexithymia impact relationship quality of married adults and how social avoidance and trait affection effect the relationship between these variables. For this purpose, few questionnaires are required to be completed by university students. The information you provide will be kept confidential. Your participation in this survey is completely voluntarily. Only the researcher will evaluate the filled forms. The survey will take approximately 10-15 minutes to complete. So, I request you to fill the questionnaire with accurate information. However, while filling the questionnaire, you have a right to withdraw at any stage if it is inconvenient for you. Your cooperation will be highly appreciated.

Thank you for your cooperation in advance.

Participant Sign

Appendix B

DEMOGRAPHIC SHEET

Gender: Male/female

Age (in year) _____

Education level _____

Family system _____

Educational level: undergraduate/post graduate

Nature of job: unemployed/ emplooyee

Socio economic status _____

Dual earning Yes/ No

Appendix C

Toronto Alexithymia Scale(TAS-20)

By reading the following statements, indicate how often each statement describes you by choosing a number from one to five as outlined below. Whereas 1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree.

Sr. no	Statement	Strongly disagree	disagree	Neutral	agree	Strongly disagree
1	I am often confused about what emotion I am feeling	1	2	3	4	5
2	It is difficult for me to find the right words for my feelings.	1	2	3	4	5
3	I have physical sensations that even doctors don't understand	1	2	3	4	5
4	I am able to describe my feelings easily.	1	2	3	4	5
5	I prefer to analyze problems rather than just describe them.	1	2	3	4	5
6	When I am upset, I don't know if I am sad, frightened, or angry.	1	2	3	4	5
7	I am often puzzled by sensations in my body.	1	2	3	4	5
8	I prefer to just let things happen rather than to understand why they turned out that way.	1	2	3	4	5

9	I have feelings that I can't quite identify.	1	2	3	4	5
10	Being in touch with emotions is essential.	1	2	3	4	5
11	I find it hard to describe how I feel about people.	1	2	3	4	5
12	People tell me to describe my feelings more.	1	2	3	4	5
13	I don't know what's going on inside me.	1	2	3	4	5
14	I often don't know why I am angry.	1	2	3	4	5
15	I prefer talking to people about their daily activities rather than their feelings.	1	2	3	4	5
16	I prefer to watch "light" entertainment shows rather than psychological dramas.	1	2	3	4	5
17	It is difficult for me to reveal my innermost feelings, even to close friends.	1	2	3	4	5
18	I can feel close to someone, even in moments of silence.	1	2	3	4	5
19	I find examination of my feelings useful in solving personal problems.	1	2	3	4	5

20	Looking for hidden meanings in movies or plays distracts from my enjoyment.	1	2	3	4	5
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Appendix D

Trait affection Scale

By reading the following statements, indicate how often each statement describes you by choosing a number from one to seven as outlined below. Whereas 1=strongly disagree, 2=disagree, 3= neutral, 4= agree, 5= strongly agree.

Sr no	Statement	S.disagree	disagree	neutral	Agree	s.agree
1	I consider myself to be a very affectionate person	1	2	3	4	5
2	I am always telling my loved ones how much I care about them.	1	2	3	4	5
3	When I feel affection for someone, I usually express it.	1	2	3	4	5
4	I have a hard time telling people that I love them or care about them.*	1	2	3	4	5
5	I'm not very good at expressing affection.*	1	2	3	4	5
6	I'm not a very affectionate person.*	1	2	3	4	5
7	I love giving people hugs or putting my arms around them.	1	2	3	4	5

8	I don't tend to express affection to other people very much.*	1	2	3	4	5
9	Anyone who knows me well would say I'm pretty affectionate.	1	2	3	4	5
10	Expressing affection to other people makes me uncomfortable.*	1	2	3	4	5
11	People hug me quite a bit.	1	2	3	4	5
12	People are always telling me that they like me, love me, or care about me.	1	2	3	4	5
13	I don't get very much affection from other people.*	1	2	3	4	5
14	I get quite a bit of affection from others.	1	2	3	4	5
15	Many people I know are quite affectionate with me.	1	2	3	4	5
16	Most of the people I know don't express affection to me very often.*	1	2	3	4	5

Appendix E

Social avoidance and distress scale

By reading the following statements, indicate how often each statement describes you by choosing true and false.

Sr no	Statement	True	False
1	I feel relaxed even in unfamiliar social situations	0	1
2	I try to avoid situations, which force me to be very sociable	1	0
3	It is easy for me to relax when I am with strangers	0	1
4	I have no particular desire to avoid people	0	1
5	I often find social occasions upsetting	1	0
6	I usually feel calm and comfortable at social occasions	0	1
7	I am usually at ease when talking to someone of the opposite sex	0	1
8	I try to avoid talking to people unless I know them well	1	0
9	If the chance comes to meet new people, I often take it	0	1
10	I often feel nervous or tense in casual get-togethers in which both sexes are present	1	0
11	I am usually nervous with people unless I know them well	1	0
12	I usually feel relaxed when I am with a group of people	0	1
13	I often want to get away from people	1	0
14	I usually feel uncomfortable when I am in a group of people I don't	1	0
15	I usually feel relaxed when I meet someone for the first time	0	1
16	Being introduced to people makes me tense and nervous	1	0

17	Even though a room is full of strangers, I may enter it anyway	0	1
18	I would avoid walking up and joining a large group of people	1	0
19	When my superiors want to talk with me, I talk willingly	0	1
20	I often feel on edge when I am with a group of people	1	0
21	I tend to withdraw from people	1	0
22	I don't mind talking to people at parties or social gatherings	0	1
23	I am seldom at ease in a large group of people	1	0
24	I often think of excuses in order to avoid social engagements	1	0
25	I sometimes take the responsibility for introducing people to each other	0	1
26	I try to avoid formal social occasions	1	0
27	I usually go to whatever social engagements I have	0	1
28	I find it easy to relax with other people	0	1

Appendix F

Relationship quality scale

By reading the following statements, indicate how often each statement describes you by choosing a number from one to five as outlined below. Whereas 1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree.

Sr no	Statements	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	I am content in our Relationship	1	2	3	4	5
2	This is the relationship I always Dreamed of	1	2	3	4	5
3	We have grown apart over time*	1	2	3	4	5
4	I am totally committed to making this relationship work	1	2	3	4	5
5	We enjoy each other's company	1	2	3	4	5
6	My partner is usually aware of my needs	1	2	3	4	5
7	I think of my partner as my soul mate	1	2	3	4	5
8	My partner makes me laugh	1	2	3	4	5
9	We have shared values	1	2	3	4	5