



**ALEXITHYMIA, AGGRESSION AND COPING SELF-EFFICACY
IN UNIVERSITY STUDENTS**

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BS Psychology

By

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Submitted to

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DECLARATION OF AUTHENTICATION

We certify that the research work presented in this research project, to the best of our knowledge, is our own. All the sources used, and any help received in the preparation of this thesis have been acknowledged. We hereby declare that we have not submitted this material, either in whole or in part, for any other degree at this or any institution.

Signature(s):

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DEDICATION

This thesis is dedicated to our respected parents, institution, & honorable supervisor, for their unconditional love, endless support and constant encouragement throughout this journey.

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In the name of Allah, the Most Merciful and Most Beneficent. All praises to Allah Almighty on whom we all depend for ultimate guidance and sustenance. Allah's blessings bestowed upon us the strength to finish the research. We would like express our deep and sincere gratitude to our research supervisor Ms. Sana Shaheen, lecturer at Bahria University, Islamabad Campus, for her invaluable guidance and motivation throughout the research.

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Ammara Sohaib and Sadia Nawaz

THESIS REVISION CERTIFICATE

It is to clarify that _____ and _____,
Enrolment No. _____, _____ respectively, session Fall 2020
from School of Professional Psychology, Bahria University Islamabad conducted their
undergraduate thesis entitled “Alexithymia, Aggression and Coping Self-Efficacy in
University Students” under my supervision. They have revised their thesis in the light of the
examiner’s suggestions, and to my satisfaction and to the best of my belief, its standard is
appropriate for acceptance. Moreover, this thesis is an excellent work in terms of scope and
quality for the award of the degree of BS psychology.

Supervisor _____

Dated _____

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ABBREVIATIONS

BPAQ-SF	Buss-Perry Aggression Questionnaire-Short Form
CSES	Coping Self Efficacy Scale
EF	Emotion Focused Coping
GAD	Generalized Anxiety Disorder
PF	Problem Focused
SS	Social Support
TAS	Toronto Alexithymia Scale

ABSTRACT

Coping self-efficacy (CSE) is a necessary component of university student's overall well-being because they frequently deal with a variety of stressors linked to social pressure, academic pressure, and personal development. The objective of this study was to find the correlation between alexithymia, aggression and CSE in university students. The research was conducted to address the gap regarding the psychological factors influencing CSE in students. Data was collected from 320 university students in Islamabad, by using convenience sampling. To assess the study variables, three instruments were used; The Toronto-Alexithymia Scale (TAS), Bryant and Smith Aggression Questionnaire Short Form (BASQ-SF) and the Coping Self-Efficacy Scale (CSES). The research findings demonstrated significant positive correlation between alexithymia and aggression. Likewise, CSE was found to be significant and positively correlated with subscales i.e. Problem focused (PF), Emotion focused (EF) and Social-support (SS) coping. Conversely, alexithymia and aggression found to be negatively correlated with CSE and its subscales. Regression analysis indicated that both alexithymia and aggression negatively predicted CSE and its subscales. Additionally, gender differences were observed, with females exhibiting higher levels of alexithymia, while males showed higher levels of CSE, PF, and EF. Aggression and SS were higher in females, but the difference was not significant. In order to ensure student's mental health, it is important to investigate the relationship between alexithymia and coping mechanisms. This research provides insight into how emerging adults handle their emotional circumstances. This knowledge can be used to improve student's coping abilities. Further researches can be applied nature and intervention based. Additionally, these researches can plan interventions based on the findings of this study.

Keywords: Alexithymia, Aggression, Coping Self-Efficacy

INTRODUCTION

Starting university and beginning an academic career is a memorable and exciting experience for many students. However, for some students the transformation to university and striving academic career can prove more exhausting than exciting. Students are undergoing a phase of transformation period from adolescence to adulthood filled with many obstacles in life due to numerous changes and decisions that they have to make in order to get educational qualification. As people enter adulthood, the unfamiliarity of college life can put their sense of personal security, need for acceptance, need for comfort, and social support system to the test. Many incoming freshmen may therefore find it challenging to adjust to university life. People in this era, who are generally between the ages of 18 and 25, do not see themselves as either adolescents or adults because they are actively exploring their identities (Blimling & Miltenberg 1981; Beck et al., 2003).

Academic demands, the change in academic systems from high school to university, moving away from home, dealing with money difficulties, and making new friends are just a few of the stressful events that occur in the lives of university students. When recurring stressors happen within certain facet of life, students can be left feeling both personally lacking and mentally incompetent (Jackson & Finney 2002). Inadequate stress management can lead to feelings of anxiety, restlessness, loneliness, and excessive worrying (Ross et al., 1999).

The cognitive appraisal theory of stress developed by Lazarus and Folkman (1984) states that psychological stress can arise when people believe that demands from their environment pose a threat to their personal health. The appraisal component is the process of comparing one's own capacity for adjustment to the demands of the situation. Students experience stress when they believe that the demands of their environment exceed their resources. As a result, this transactional process has a significant impact on how they perceive psychological stress and the coping behaviour they choose to engage in as a result (Childs et al., 2016).

The coping strategies that students select to deal with stress have a significant impact on their academic, behavioral, psychological, and physical health (Brougham et al., 2009). Coping refers to continually modifying one's thoughts and actions in order to deal with specific external and/or internal demands that are appraised to be too demanding or beyond person's resources (Lazarus & Folkman 1984, p. 141).

Coping mechanisms have been divided into two categories: Emotion Focused (EF), which involve controlling emotional reactions to a problematic situation, and Problem-Focused (PF), which involve actively trying to change a problematic situation. Student's capacity to manage life's obstacles can aid in lowering their psychological stress levels. Conversely, pupils who are unable to manage excessive stress may suffer grave consequences on their mental, physical, and psychological well-being (Snyder, 1999; Lazarus & Folkman 1984).

Eisenbarth (2012) conducted a study in which two groups of coping strategies were distinguished and found who employ high PF and EF coping in combination with moderate Social Support (SS) seeking and low avoidance coping are categorized as adaptive coping members. Those who use high avoidance coping, moderate SS seeking, and low levels of PF and EF coping are categorized as maladaptive coping. Individuals with an adaptive coping profile reported lesser symptoms of psychological suffering, while those with a maladaptive coping profile reported the more psychological distress. The results indicated, the use of avoidance coping is associated with higher psychological distress and may become difficult when paired with low use of other coping mechanisms, such as PF and EF mechanisms.

An individual's susceptibility to depression and emotional suffering is directly impacted by their views about Coping Self-Efficacy (CSE) (Bandura, 1997). People who have confidence in their capacity for coping are less prone to panic in the face of danger, and they are also better allowed to restrain negative thinking and take preventative measures to lessen the likelihood that unfavorable things would happen to them (Bandura, 1997).

CSE is a factor that influences variations in responses to negative situations, such as peer aggression (Bandura, 1997; Benight & Bandura 2004). CSE can be explained as the conviction that one can control one's own functioning and obtain the drive, knowledge, and strategies necessary to take control over adverse situations (Benight & Bandura 2004; Ozer & Bandura 1990). Physiological stimulation and stress responses were actually lower in individuals who believed they could handle particular dangerous situations; conversely, symptoms of low self-efficacy beliefs increased the degree of distress in those individuals. A reduction in distress results from the application of successful coping strategies, which is facilitated by beliefs in CSE (Bandura et al., 1982; Bandura et al., 1969).

CSE is thought to be a strong cognitive, affective, and motivational factor that determines student behavior. It has a major influence on student's action, achievement, perseverance, self-

control, and academic success (Schunk & Pajares 2010; Honicke & Broadbent 2016; Ritchie, 2016; Zumbrunn et al., 2019).

Multiple stresses brought on by academic pressure have an impact on student's physical and mental health. Because social cognition tasks require people to think about, recognize, and understand emotions and mental states, students who struggle with emotion processing are likely to perform poorly on these types of tasks. This is connected to a decline in social cognition skills, such as the capacity to interpret the emotions expressed on the faces of others, and is known as alexithymia.

Academic pressure leads to multiple stresses which effect students mentally and physically. Students who have difficulty processing emotions are likely to perform poorly on social cognition tasks because these abilities require individual to consider, identify and comprehend emotions and mental states. This is associated with alexithymia, that is linked to a decrease in social cognition abilities, such as the ability to read emotions on other's face (Brewer et al., 2015; Tella et al., 2018; Pedrosa et al., 2009).

The term alexithymia is characterized as lack of affect (Sifenos, 1972). The Greek words *a/to* lack, to miss, *lexis/words*, and *thymos/mood* are combined to form this word. Three primary characteristics of people with alexithymia set are: (a) their inability to completely differentiate between emotions; (b) their difficulty describing feelings; and (c) their incapacity to conjure up fantasies (Nemiah, 1996).

People with alexithymia are less likely to (a) seek support from others and (b) use creative mental activities to control their emotions since they often struggle with recognizing, comprehending, and expressing their emotions. Personality construct of alexithymia can also be regarded as a significant risk factor for interpersonal issues, people who do not share what they feel, or unable to express and communicate their problems may find difficult to cope with the stressors as they usually don't seek the support from other people (Bagby & Taylor 1997; Sifneos, 2000).

Additional traits include the inability to discriminate between emotions and the physical sensations (states) that accompany emotional excitement, a lack of reflection, a propensity for social conformity, a decrease in daydreaming, thinking that is externally focused, a deficiency in the ability to perceive emotions in oneself or others, and more (Prkachin & Coll 2009), employing unsuitable defense strategies (e.g. projection) (Parker & coll 1998), a lack of empathy, and a distant and reticent demeanour toward others (Moriguchi & coll 2007), a lack of social skills and an inability to build close relationships (Lumley & coll 1996). Students who have alexithymia find it difficult to express

verbally how distressed they are psychologically and are reluctant to ask for help. Consequently, this may result in a negative effect and a sense of loneliness and not being understood by others which can be stressful for students.

Students who have alexithymia have trouble adjusting to stress (Taylor & Bagby 2000; Taylor et al., 1991) and have trouble self-soothing (Krystal, 1982; McDougall, 1989). Because they don't receive emotional cues, people with alexithymia may over-rely on logic when making decisions (Krystal, 1979). Students who have alexithymia frequently have low self-esteem in social situations because they depend too much on outside input to help them regulate their emotions. Consequently, these individuals are probably sensitive to loss and separation (Finell, 1997).

In addition to the role that alexithymia plays in mental disorders, it also impacts the overall psychological well-being of people with this trait. Research has shown that increased alexithymia increases the ability to express negative mood, and that high levels of alexithymia are associated with decreased emotional self-control (Lyvers et al., 2017). People with alexithymia are reported to lack effective coping strategies, with more escape-avoidance strategies and fewer social support-seeking strategies (Tominaga et al., 2014).

Students frequently experience challenging social interactions characterized by a sense of insecurity or risk to the accomplishment of their needs or aspirations. They deal with varieties of issues related to their family, university life and peers on daily basis. These issues increase the burden among the students, they become overwhelmed due to work overload, fulfilling their families' demands, peer expectations and academic requirements in order to give their best. Thus, the burden leads to the increment in the aggressive tendencies in them and conflicting situations arise, most are social conflicts. Social conflict scenarios are one kind of challenging social interaction scenario where an individual's goals are at odds or incompatible with others' goals and the achievement of their own goals is in danger. A fight could start after a conflict, a common misconception is that conflict is synonymous with overt hostility that exacerbates already-existing contradictions and direct physical or verbal aggression. Negative emotions abound in this kind of conflict. The bulk of events that can be classified as conflicts typically take the form of brief arguments, discussions, or altercations (Olubiński, 1992).

Most of the students and young adults unexpectedly show aggression towards their teachers, peers and even parents. They intentionally or unintentionally harm them physically or verbally and cope emotionally with the ongoing situation, but some of the students or adults try avoid those

situations by keeping the avoidance coping mechanism. For instance, some students become aggressive towards their teacher because of the grade system which is a common issue in the university life, they argue with them in an aggressive manner. Grades, a teacher's indifferent behavior, controlling pressure, and strict requirements are the areas that cause the most friction between students and teachers. That's the emotion focused coping of the students they find arguments, verbal aggression more authentic rather than adopting problem focused coping. Students have the tendency to work better on their academic performances by adapting problem focused coping in order to achieve their expected grades instead of blaming teachers, procrastinating and showing verbal aggression to cope with the situation (Miłkowska, 2012).

In social psychology, aggression is refers to any action that is meant to harm someone who does not wish to be harmed (Baron & Richardson 1994). Aggression is not an internal emotion like feeling angry; rather, it is an outward behavior that is visible. Aggression is not an accident; for example, a drunk driver does not run over a child on a tricycle mistakenly. Furthermore, it is not the only intentional behavior that causes harm to others. Due to its diversity, multifaceted nature, and presence in everyday life, aggression is a phenomenon that affects nearly every aspect of a person's experience within a society (Anderson & Huesmann 2003; Onukwufor et al., 2013).

Aggressive acts are not always violent. However, all violent behaviors are aggressive. Aggressive behavior frequently takes the form of planned social exclusion of other people. It is important to recognize the impact of these behaviors and how they affect the happiness, social standing, and self-esteem of those who engage in them (Sadock & Sadock 2007).

Differentiating between the functions and forms of aggression is helpful. The ways in which aggressive acts are expressed, such as verbal and physical, direct and indirect, and active and passive. In physical aggression, someone is intentionally hurting another person by punching, kicking, stabbing, or killing them. Whereas using words to hurt someone else (e.g., yelling, screaming, swearing, name calling) is known as verbal aggression. Aggression can take either an active or passive form. When someone engages in active aggression, they will often react negatively (e.g., hitting, swearing). When someone engages in passive aggression, they don't react in a constructive way, for example, they might forget to give the victim a crucial message (Buss, 1964).

Moffitt's (1993) developmental taxonomy, distinguishes between two categories of aggressive individuals. (1) Those for whom aggression is life-course persistent meaning stable and consistent and (2) those for whom aggression is situational (limited to adolescent years). Several

longitudinal studies have identified few number of people who fit the category of adolescent-limited aggression. Compared to those who are life-course persistent, their aggressive behaviors are far less severe (Broidy et al., 2003; Moffitt, 2007; Huessman et al., 2009).

According to Miłkowska (2012), the literature on the subject provides empirical evidence that the youth react in a variety of ways to deal with school-related issues. The most common verbal forms of aggression are name-calling and making fun of another person or their property. Physical aggression is more common and includes actions like pushing, punching, and kicking. Rage and anger are associated emotional states that share similarities in subjective experiences and are linked to aggressive behaviours (Losiak, 2009).

According to studies, it seems that in natural circumstances, fear promotes flight while rage promotes the fight response. Nonetheless, observations suggest that fear may result in an attack if there is no way out and aggression is the only option left (Borecka-Biernat, 2006; Janowski, 2005; Nowosad, 2002). Adolescents who exhibit a high degree of communication fear, faced with conflict with their peers, those students often resort to physical violence against other people and objects, or they use derogatory, hurtful, and humiliating remarks to express their hostility toward others. Instead of trying to resolve or lessen the issue, they attack the problem (Sikorski, 2015).

Literature Review

Numerous researches have been conducted in the field of social psychology, including those on alexithymia, aggression and CSE in university students. A few of them are presented below.

Alexithymia and Coping Self-Efficacy

Messedji et al. (2017) studied the relationship between coping mechanisms and alexithymia in medical students and found a significant correlation between the condition and smoking and physical inactivity. The majority of students chose PF strategies, their alexithymia levels were low as compare to students who used EF strategy. This study investigated the part that alexithymia plays in the common stress management practiced by university students. An excessive amount of alexithymia may be harmful to one's capability to manage stress.

Levant et al. (2009) conducted a meta-analysis. Covered 32 non-clinical samples and 13 clinical samples. The study aimed to find direction and magnitude of gender differences in alexithymia. Findings, which are based on the accumulation of empirical findings across multiple

alexithymia measures and the combination of clinical and nonclinical samples, clearly demonstrate that men score higher than women on average on these measures.

Luzumlu and Kiran-Esen (2017) conducted research on coping mechanisms used by college students depending on their gender and degree of alexithymia. There are 877 students participating in the study overall, with 383 males and 494 females in the sample group. The Toronto Alexithymia Scale (TAS-20) and the Stress Coping Strategies Scale were employed in the study. The findings imply that people use the stress-reduction techniques of self-confidence approach, positive approach, and seeking out SS more when their alexithymia level is low, and submissive and helplessness approaches more when their alexithymia level rises. Participants, both male and female, display distinct coping mechanisms when under stress. Male students are more likely than female students to use the stress-reduction techniques of self-assurance and positivity, while female students are more likely to use the techniques of helplessness and looking for SS.

Karki (2023) carried out a study on the pervasiveness of alexithymia among medical students in Nepal. The results showed that there was no statistically significant impact on the presence and absence of alexithymia among the following factors: sex categories, year of study, living, participation in extracurricular activities, daily exercise, yoga, outdoor sports, and smoking habit.

Baykan and Can (2023) conducted a study which indicated that in anxiety disorders, the frequency of alexithymia traits ranges widely, from 12.5% to 58%, and it is a personality trait that is present even in fit individuals. Study investigated the association between alexithymia characteristics and coping behaviors in patients with Generalized Anxiety Disorder (GAD). The study involved 40 patients diagnosed with GAD and 39 healthy volunteers. The study included 19 patients with GAD and having alexithymia characteristics, 21 patients with only GAD, and 39 healthy volunteers. Although significant differences were observed between the PF and EF coping subscale scores, there were no differences between the three groups in dysfunctional coping styles. The coping attitude subscale showed there was a positive correlation between alexithymia and PF ($r=-0.442$). Additionally, there was a moderate negative correlation between alexithymia and EF ($r=-0.425$).

Chung and Chen (2020) conducted research on gender difference in alexithymia which revealed distinct findings, indicating that male reported significantly higher level of emotional and physical neglect, and difficulty with processing emotions which were associated with alexithymia as compare to females. Whereas, females reported significantly more anxiety symptoms and problem with learning than males.

Mason et al. (2010) conducted research on a British-undergraduate students about alexithymia and its prevalence. Findings showed that female were found to have higher levels of alexithymia than males, and the highest presence of alexithymia was in female science students.

Besharat et al. (2010) conducted a study on the association between coping mechanisms, interpersonal issues and alexithymia. 346 students (156 males and 190 females) made the total population for study. Results showed that students with low and non-alexithymia levels, compared to students with high alexithymia levels, scored significantly lower on the PF coping and significantly higher on the EF and avoidance-oriented coping. Furthermore, students with high alexithymia levels showed having high difficulties with cognitive processing of emotional information. Findings indicated that they employed a notably higher number of maladaptive coping strategies than students with low alexithymia levels. According to the findings, maladaptive coping mechanisms and interpersonal relationships are linked to alexithymia.

Kokkonen et al. (2001) conducted a study to look at the prevalence of alexithymia and its relationships to sociodemographic variables. The correlation between alexithymia and psychological distress is well-established. Nine percent of male subjects and five percent of female subjects had alexithymia (TAS-20 score > 60). Alexithymia was more prevalent in subjects who were single and was linked to low income and education levels. The statistical significance of these associations persisted even after controlling for psychological distress. Men were more likely than women to have alexithymia, and the condition was linked to unfavorable social circumstances.

Aggression and Coping Self-Efficacy

Kozhukhar and Belousova (2016) conducted a study to investigate the connections between various forms of aggression and coping mechanisms. Total of 63 third-fourth year students doing majors in psychology—54 young women and 9 young men—made up the sample. Two research questions are posed in this study: the first addresses how hostility and aggression affect coping. Second, the kinds of coping mechanisms that can predict student's displays of aggression and hostility. Students with different levels of aggression and hostility indicated significantly similar level of coping strategies, by seeking SS as well as impulsive actions. The findings showed that the decrease in overall aggression could be predicted in cases of reducing aggressive behaviors and increasing the frequency of cautious behaviors.

Csibi and csibi (2011) conducted research with 447 students. Findings indicate a strong relationship between coping strategies, aggressive expression, and self-appreciation. Depending on

the subject's gender, there are variations in the aggressiveness's inward or outward direction. There is a stronger positive correlation between boy's self-appreciation and their use of coping mechanisms and aggressive behavior. The findings showed that repressed rage and self-worth have a significant relationship as well. The act of expressing anger outwardly was linked to deliberate problem-solving, maintaining distance, and exercising self-control, while anger expressed inward was more closely linked to avoidant coping. Inward anger expression may be a sign of hostile acts that have occurred during the past six months, according to analysis of variance.

Uccula et al. (2023) conducted a study on coping in anger episodes. Although it has been acknowledged that anger is a normal emotion, mishandling it during adolescence can have negative developmental effects. This study compared the causes and coping mechanisms of angry episodes in adults and adolescents, as well as the impact of perceived self-efficacy on coping mechanisms. A total of 94 adults (49 female, Mage = 28.11 years, SD = 5.82) and 88 adolescents (44 female, Mage = 16.81 years, SD = 1.21) reported having had an angry episode and the coping mechanism they used. The Regulatory Emotional Self-Efficacy Scale (RESE) was completed by participants as well. The results show that adults and adolescents use coping mechanisms differently. In particular, there was a tendency for teenagers to employ maladaptive tactics like denial and avoidance more frequently, but there was also evidence of inaction which is thought to be an adaptive strategy when it came to addiction. Adults report feeling helpless far more frequently, although using fewer maladaptive coping mechanisms. The subjects' varying levels of self-efficacy beliefs also account for the adaptive disparities in coping. These results are examined in relation to the coping methods' adaptive function.

Lawrence et al. (2006) carried out a study to compare the coping mechanisms used by first-year male and female students in a university setting and to determine how much of an effect these strategies had on academic achievement and self-worth. The results showed that there were notable differences in academic achievement and the use of coping mechanisms between males and females. In particular, men were better at distancing themselves from the emotions in a given circumstance, more likely to exhibit emotional inhibition, or bottling up, their feelings, and had higher self-esteem. Furthermore, a significantly higher level of achievement was attained by females compared to males.

Indigenous Researches

Sarwar et al. (2020) execute a study to evaluate the connection between psychopathology, coping styles, and emotional intelligence in medical students in Peshawar, Pakistan. 200 participants were chosen, there were 117 male participants and 83 female participants, ranging in age from 18 to

25. Participants were chosen from both public and private medical schools. Age, gender, father income, education, and self-report measures of emotional intelligence scale, brief cope inventory, and psychopathic deviation were used to ascertain the role of demographic variables. Study discussed about emotional intelligence, which is the main area of interest in scientific community. The term Alexithymia, which refers to the inability to express feelings (Nemiah et al., 1970). It appears to be negatively correlated with emotional intelligence. In addition to demonstrating that women possessed higher emotional intelligence than men, the findings also showed that students with low emotional intelligence resorted to unhealthy coping mechanisms. Therefore, the study's conclusion was that there is a strong positive link between coping mechanisms and emotional intelligence.

Zaidi et al. (2015) conducted a study to investigate the gender disparity in alexithymia among Pakistani graduation students. Participants in the study were 200 students—100 men and 100 women—who were chosen from academic organizations in the Punjabi city of Faisalabad, Pakistan. TAS-20 (Bagby et al., 1994), was employed. It was determined that men are more likely than women to experience high levels of alexithymia.

Tanveer et al. (2023) conducted a study in which 400 adolescents who were enrolled in various private and public schools made up the sample. The findings demonstrated a significantly positive correlation between emotional dysregulation and the first factor of coping strategies, EF, as well as post-traumatic stress symptoms. This suggests that as emotional dysregulation rises, so does the occurrence of post-traumatic stress symptoms and EF. Nearly every component of emotion regulation difficulties showed a significant positive correlation with EF. Post-traumatic stress symptoms and EF were also found to have a strong positive correlation.

Mughal et al. (2019) conducted a study to investigate how female athletes from several universities in Lahore, Pakistan, dealt with aggression and coping mechanisms. The findings indicated that aggression and anger were negatively correlated with proactive and preventive coping mechanisms. However, hostility also showed a negative relationship between proactive coping. Subsequent investigation revealed that proactive and preventive coping strategies are positively correlated with SS, and hostility is negatively correlated with it.

Theoretical Framework

To understand the relationship between Alexithymia, Aggression and Coping Self-Efficacy, following theories are adopted in order to explain them:

The Theory of Cognitive Adaptation

The Theory of Cognitive Adaptation (Taylor, 1983) suggest that alexithymia is linked to a cognitive bias in processing emotions. Individuals with alexithymia may have cognitive difficulties in understanding and labeling emotional experiences. This cognitive bias can lead to difficulty in understanding emotions and in choosing adaptive coping strategies. According to a theory, an individual with alexithymia have limited capacity for processing emotions cognitively so that they are experienced as conscious feeling states causes them to either focuses on and amplify the somatic sensations that accompany emotional arousal or take immediate, physical action in response to unpleasant arousal.

Lazarus and Folkman's Transactional Model of Stress and Coping

The Transactional Model of Stress and Coping, individual capacity to control stress and overcome problems is determined by the interactions or transactions that occur between them and environment. According to this theory, how people interpret a stressful event and the coping mechanisms they employ afterward greatly influence how they feel and behave. Due to its difficulty identifying and expressing emotions, alexithymia may have an impact on how people perceive stressors, which may then have an impact on the coping mechanisms they choose, including aggression (Lazarus & Folkman 1984).

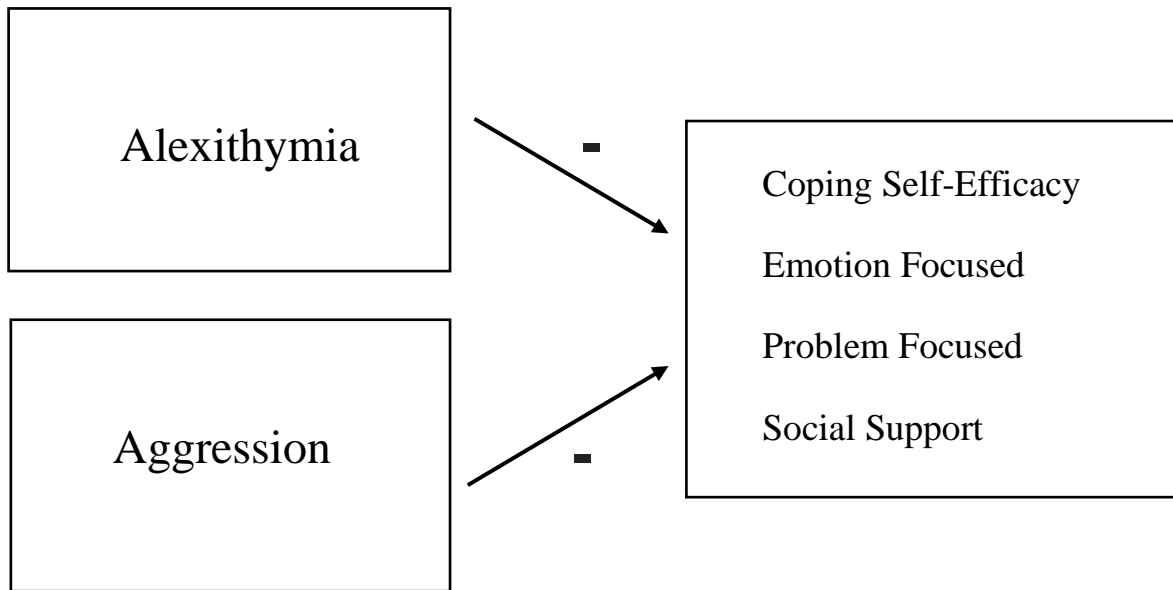
Conceptual Framework

Figure 1: The Above-Mentioned Figure Illustrates the Conceptual Framework of The Study.

Rationale/Significance of the Study

Students at universities are entering the phase of emerging adulthood, which is characterized by identity formation and emotional development. Their health and well-being as well as significant outcomes like academic success and adaptation are known to be correlated with the emotions they experience in the academic environment. However, conditions like stress and anxiety can cause poor academic performance (Austin et al., 2010; Saklofske et al., 2012). Their stress level is frequently elevated by the demands of coursework, peer relationship, financial issues and family problems. University life is inherently marked by psychological suffering, which manifests itself in various forms and to varying degrees. The most frequent source of psychological distress are the challenges faced by the students in carrying out projects, research, and achieving scientific independence (Louzada et al., 2005).

In response to these, students use a variety of coping strategies to handle challenges and reduce their stress. They vary to some degree in selecting functional and maladaptive coping strategies (Baeriswyl, 2016; Baethge et al., 2019). They can either choose an EF, PF or SS coping (Lazarus & Folkman 1984). However, there are some other alternatives to cope with stressful situations (Dewe et al., 2010). These sorts of coping strategies appear to be significant at least in the near future (i.e., putting in more time and effort to achieve goals), but they also deplete internal resources (Dettmers et al., 2016), which could result in a spiral of loss with further negative effects (Hobfoll, 1989; Baethge et al., 2019).

In addition to stress, alexithymia, also interfere with student's ability to cope. Without a clear understanding of their feelings and how to control them, students may feel overwhelmed and powerless within the face of stressors, further reducing their coping self-efficacy. As alexithymia affect their coping behavior due to which they are less likely to ask others for support and control feelings of stress by means of imaginativeness. Alexithymia interferes with cognitive functioning of students in using techniques to balance their emotional states elicited by stressful circumstances, which increases the possibility of utilizing dysfunctional coping behaviors. Further, it can prevent students' ability to seek social support and communicate their needs effectively. Students who struggle to express their feelings may avoid seeking assistance from others or may struggle to express their feelings, leading to a lack of support and understanding from peers and teachers (Bagby & Taylor 1997; Sifneos, 2000).

Moreover, when students constantly deal with stressful situations and overwhelming routine, they may experience heightened arousal, which may lead to aggression in students. In universities, students are in their transitional period (Wang et al., 2014) and are continuously confronting with different personal and social stressors (Omigbodun et al., 2004) which increases the possibility of the student's aggressive behaviors. It usually expressed as verbal, physical, hostile behavior or anger. Students may internalize their aggressive reactions as evidence of their failure to cope constructively with stress, propagating feelings of powerlessness and inadequacy. Aggression disrupts their coping behaviors shifting their focus from effective coping behaviors to maladaptive ones.

In spite of the increase of aggression tendencies in student's population (Lochman et al., 2006), it has been rarely explored within the educational setup of Pakistan. Moreover, in Pakistan, cultural effects on emotional expressiveness and intense academic pressure present major obstacles for university students along with high expectations from their families and society in general. The pressure exacerbates mental health issues, such as anger and stress. Furthermore, there were scarce researches that examined how alexithymia and aggression are linked to CSE.

The current study aimed to diminish the literature gap in these constructs by focusing on areas which include, the impact of alexithymia on student's CSE. Moreover, how aggression impacts CSE of students. Examining the connection between these variables can reveal important information about how emerging adults manage their emotional situations. This study aligns with the broader effort to improve student's psychological health, as higher education becomes more and more aware of the value of student's holistic well-being. Further, it could add significantly to the understanding of university student's experiences during this profound stage by shedding light on their emotions and ways of coping.

Research Objectives

1. To investigate the relationship between alexithymia, aggression and coping self-efficacy in university students.
2. To investigate the predictive role of alexithymia and aggression on coping self-efficacy.
3. To investigate the gender difference among alexithymia, aggression and coping self-efficacy.

Research Hypotheses

1. There will be a negative significant relationship between alexithymia and coping self-efficacy.
2. There will be a negative significant relationship between aggression and coping self-efficacy.
3. Alexithymia and aggression will negatively predict coping self-efficacy in university students.
4. Male students will have higher level of alexithymia, problem focused coping and emotion focused coping.
5. Female students will have higher level of aggression and social support coping.

METHOD

The research goal is to examine the relationship between alexithymia, aggression and CSE in university students.

Research Design

In this study, quantitative approach was used with correlational and cross-sectional research design. Survey method was used to collect data by using questionnaires.

Sample

Convenient sampling method was used to obtain data from designated participants which were university students from Islamabad. G-power (version 3.1.9.7) was used to calculate the size of the sample. The sample size was 320.

Inclusion Criteria

University students of Islamabad, both males and females aged between 18 and 24 years were selected.

Exclusion Criteria

Foreign students and students with any diagnosed physical or mental illness were excluded from the study.

Operational Definitions***Alexithymia***

Alexithymia, refers to a personality trait marked by difficulties in recognizing and expressing emotions. It has different aspects of emotional functioning, including difficulty identifying feelings, difficulty describing feelings, and externally-oriented thinking (Bagby et al., 1994).

Aggression

Aggression is the term used to describe a person's propensity for hostile and angry behaviours, as well as their propensity to act in a threatening way, either physically or verbally (Bryant & Smith 2001).

Coping Self-Efficacy

Coping Self-Efficacy refers to an individual's perceived ability and confidence in effectively utilizing specific coping strategies to manage stressors and challenges. These coping strategies may include PF, EF, and SS (Chesney et al. 2006).

Assessment Protocol

The questionnaires employed for this study consists of the following forms and instruments.

Informed Consent Form

Before distributing the questionnaire, participants in the research were presented with an informed consent document. This document provided a comprehensive explanation of the study's objectives and procedures. Participants were granted the authority to withdraw from the research at any moment if they choose. Moreover, participants were reassured that all data they provide will remain strictly confidential, not disclosed to any third party, and solely utilized for research purposes.

Demographic Information Sheet

The demographic information sheet included age, gender, ethnicity, education, marital status, family system, socioeconomic status, employment status, and lastly about diagnosed physical or psychological illness.

Toronto Alexithymia Scale (TAS-20)

The Toronto Alexithymia Scale (Bagby et al., 1994), a self-report questionnaire consisting of 20 items was used. Respondents provided ratings on a 5-point Likert scale, with 1 indicating strongly disagree and 5 denoting strongly agree. The TAS-20 comprises three distinct subscales, the Difficulty Describing Feelings subscale assesses one's capacity to articulate emotions and includes 5 items i.e. 2, 4, 11, 17, the Difficulty Identifying Feeling subscale gauges one's ability to recognize emotions and encompasses 7 items i.e. 1, 3, 6, 7, 9, 13, 14, the Externally-Oriented Thinking subscale evaluates

the inclination of individuals to direct their attention outward and is composed of 8 items (5, 8, 10, 15, 16, 18, 19, 20). Five of the items are reverse coded (4, 5, 10, 18 and 19).

The overall alexithymia score is derived from the sum of responses to all 20 items, and each subscale score is calculated by summing the responses to the respective items within that subscale. Scoring range is 20-100 (higher scores on the TAS-20 suggest a higher degree of alexithymia, indicating greater challenges in emotional awareness and expression).

The internal consistency (Cronbach's Alpha) of the TAS-20 total score was $\alpha = .88$, and those of the TAS-20 subscales were $\alpha = .86$ (difficulty identifying feelings), $\alpha = .80$ (difficulty describing feelings), and $\alpha = .58$ (externally oriented thinking).

Buss-Perry Aggression Questionnaire (BPAQ-SF)

The Buss- Perry Aggression Questionnaire-Short Form (Bryant & Smith 2001), a concise adaptation of the BPAQ was used. It includes a total of 12 items, divided into four subscales, each comprising three items: Physical Aggression items (3, 8, 11), Verbal Aggression (1, 6, 9), Anger (5, 7, 12) and Hostility items include (2, 4 and 10). The scale is graded on a scale of 1-5 point, with 5 being the highest frequency. To obtain a summed total score for AQ, the responses for the 12 items are added together and to obtain the mean total score the sum of the responses is divided by the total items (i.e.: 12). The BPAQ-SF's Cronbach's alpha was assessed as $>.84$ and those of the BPAQ-SF subscales were $\alpha = .71$ (physical aggression), $\alpha = .63$ (verbal aggression), $\alpha = .62$ (anger) and $\alpha = .75$ (hostility).

Coping Self-Efficacy Scale (CSES)

The coping self-efficacy scale (CSES), was developed in 2006. An evaluation of CSES was assessed with using 26-item measure of perceived self-efficacy for handling challenges and threats. It has three subscales: Emotion-focused (EF) items include 10, 12, 15, 19. Problem-focused (PF) items 3, 5, 6, 7, 8, 20 and Social Support (SS) items include 4, 16, 17 (Chesney et al., 2006)

Participants are asked about, 'When things aren't going well for you, or when you're having problems, how confident or certain are you that you can do the following, then asked to rate on an 11-point scale the extent to which they believe they could perform behaviors important to adaptive coping. Anchor points on the scale were 0 (cannot do at all), 5 (moderately certain can do) and 10 (certain can do). To create an overall coping self-efficacy score, the scores for the 26-items are added.

The CSES-26 item's Cronbach's alpha was assessed as .95 and those of the CSES-26 subscales were $\alpha = .91$ (PF), $\alpha = .91$ (EF), and $\alpha = .80$ (SS).

Procedure

For the execution of this research study, firstly permissions from respective authors of aforementioned scales were obtained via electronic mail. Moreover, a survey method was employed in data collection process. Survey questionnaires were distributed among participants in person to ensure the smoothness throughout the process of gathering relevant data. The research participants of the study include population of different private, semi-government and government universities in vicinity of Federal Capital Islamabad.

The informed consent was given at the start of the questionnaire. Participants were requested to fill out self-report questionnaires encompassing demographic information, the Toronto-Alexithymia Scale Questionnaire (TAS-20), The Short-Form Buss-Perry Aggression Questionnaire (BPAQ-SF), and the Coping Self Efficacy Scale (CSES). These questionnaires were distributed to willing participants encompassing different universities. The participants were authorized to withdraw at any time without facing any penalty and their participation was completely voluntarily. The provision of the questionnaire was contingent upon voluntary consent, with instructions provided verbally and in written form.

Initially, the purpose of carrying out this research and its significance was briefed to the potential participants while doing so, maintenance of confidentiality was also guaranteed. The average time an individual took to completely fill the form was approximately fifteen minutes. After the process of data collection, data was computed and examined using statistical package for social sciences (SPSS-version 26.0).

Ethical Considerations

This study was completed following all the procedures and highest ethical standards of research that was designed by respective department and was approved by ethical committee of Bahria University, Islamabad. The research was supervised and managed by research evaluation team, consisting of research supervisor and coordinator. Prior to data collection phase, a permission letter signed by the Head of Department was presented to various universities that were shortlisted for data collection. Before any data collection occurred, participants were provided with a detailed information sheet and an informed consent form to complete. They received a comprehensive briefing on the study's purpose, objectives, and anticipated duration, with a strong emphasis on maintaining the confidentiality and privacy of their information. Participants received the assessment protocol after they willingly expressed their consent. Participants retained the full right to withdraw from the study at any point. Additionally, it was paramount to ensure the accuracy and objectivity of the study's results, with a commitment to avoid any subjective biases, fabrication, falsification, or misinterpretation of data throughout the research process, prioritizing ethical considerations and participant confidentiality at every step.

RESULTS

Following the completion of data collection and data entry, Statistical package for social sciences (SPSS-IBM Version 27) was used to conduct statistical analysis. Frequency, mean and percentages for demographic variables were computed using descriptive statistics. Reliabilities of measure and their subscales were measured by Cronbach Alpha reliability. To measure the degree to which variables are related to each other, Pearson product-moment correlation was used. To measure the predictive relationship between variables multiple linear regression was used. Difference between two groups was measured by independent sample t-test.

Table 1*Sociodemographic Characteristics of Study (N=320)*

Demographics	(n)	(%)	<i>M</i>	<i>SD</i>
Gender				
Women	160	50.0	.50	.50
Men	160	50.0	.50	.50
Age			20.98	2.0
Family System			.71	.45
Joint	64	29.4		
Nuclear	226	70.6		
Marital Status			.21	.68
Single	272	85.0		
Committed	39	12.2		
Married	6	19		
Separated	2	1.6		
Widow/Widower	-	-		
Divorced	-	-		
Current Education Program			.06	.44
BS	308	96.3		
MS	10	3.1		
PhD	1	0.3		

Semester			4.39	2.24
Living situation			.23	.46
Day Scholars	249	77.8		
Hostelite	68	21.3		
Socioeconomic Status			1.79	.72
Lower Class	21	6.6		
Lower Middle Class	62	19.4		
Upper Middle Class	201	62.8		
Upper Class	36	11.3		
Categorize Yourself as			.24	.53
Unemployed	259	80.9		
Part-time employed	45	14.1		
Full-time employed	16	5.0		
Any Physical Illness				
Yes				
No	320	100		
Any Mental Illness				
Yes				
No	320	100		

Note. *n* = Number of participants, *M* = Mean, *SD* = Standard Deviation, % = Percentage

Table 1 illustrates the descriptive statistics of the participants (N=320). The sample consists of 50% males and 50% females. The participants' age means and standard deviation were 20.98 and

2.00 respectively. The current educational program of 96.3% participants were BS (undergraduate), 3.1% were from Masters, 0.3% from PhD. 85.0% of the sample were single, 12.2% committed, 1.9% married and 1.6% were separated. Furthermore, 29.4% were from joint and 70.6% were from nuclear family system. 6.6% of the participants were from the lower-class socioeconomic background, 19.4% from lower middle class, 62.8% from upper middle class and 11.3% were from upper class. Moreover, 77.8% from them were day scholars and 21.3% were hostilities. The employment status of 80.9% participants was unemployed, 14.1% part-time employed and 5.0% full-time employed. All the participants were not having any physical or psychological illness.

Table 2*Descriptive Analysis of Study Variables (N=320)*

Scale	k	M	SD	Range	α
Alexithymia	20	64.61	12.87	31-96	0.76
Aggression	12	33.93	8.09	14-68	0.74
CSE	26	153.33	37.91	48-242	0.90
Problem Focused	6	36.40	10.47	1-59	0.74
Emotion Focused	4	22.57	7.86	0-40	0.71
Social Support	3	16.89	6.58	2-30	0.63

Note. M = Mean, SD = Standard Deviation, α = Cronbach's alpha, k = no of items, CSE = Coping Self Efficacy

Table 2 illustrates the alpha reliability coefficient for study variables which are Alexithymia, Aggression and CSE along with CSE's subscales that are PF, EF and SS. The alexithymia exhibits the mean score of (64.61), SD is (12.87), range is from (31-96) while the alpha is (0.76). In Aggression, the mean score is (33.93), SD is (8.09), range is from (14-68) and alpha reliability is (0.74).

While in CSE, the value of mean is (153.33), SD is (37.91) and Cronbach alpha is (.90) while for CSE's subscales the mean score for PF is (36.40), for EF is (22.57) whereas for SS is (16.89). The range for these subscales is from (1-59) for PF (0-40), for EF and (2-30) for SS. While the SD for SS is (6.58) with alpha reliability (0.63), for EF is (7.86) and alpha (0.71) and for PF is (10.47) with alpha (0.74).

Table 3

Pearson Product Moment Correlation among Alexithymia, Aggression and Coping Self Efficacy
(*N* = 320)

Variable	<i>M</i>	<i>SD</i>	1	2	3	4	5	6
1.Alexithymia	64.61	12.87	-	.457**	-.383**	-.342**	-.317**	-.189**
2.Agression	33.93	8.09		-	-.275**	-.248**	-.234**	-.230**
3.CSE	153.3	37.91			-	.835**	.805**	.615**
4.Problem Focused	36.40	10.43				-	.555**	.389**
5.Emotion Focused	22.57	7.86					-	.422**
6.Social Support	16.89	6.58						-

Note. CSE = Coping Self Efficacy ***p* < 0.01

Table 3 illustrate the correlation between independent variables which are alexithymia and Aggression with subscales of CSE i.e. PF, EF and SS. The result of Pearson product moment analysis showed alexithymia was found to be significant and positively correlated with aggression which is (.457**). Similarly, CSE was found to be significant and positively correlated with subscales i.e. PF, EF and SS, i.e. (.835**), (.805**) and (.615**). In like manner, PF was also significant and positively correlated with EF which is (.555**) and SS that is (.389**). Likewise, EF is also positively correlated with SS i.e. (.422**). On the other hand, alexithymia was found to be significant and negatively correlated with CSE which is (-.383**) and CSE's subscales, follows as PF, EF and SS with values (-.342**), (-.317**) and (-.189**). Moreover, aggression was also significant and negatively correlated with CSE which is (-.248**) and subscales PF (-.234**), EF (-.230**) and SS i.e. (-.275**).

Table 4*Multiple Linear Regression Analysis with Dependent Variable Problem Focused Coping (N=320)*

	<i>B</i>	<i>SE</i>	β	<i>P</i>	95% CI
Constant	56.62	3.03		<.00	[50.64, 62.59]
Alexithymia	-.14	.07	-.11	.05	[-.29, .00]
Aggression	-.23	.04	-.29	<.00	[-.32, -.14]

*R*²=.128, *F*=23.22*Note.* CI = Confidence Interval

Table 4 illustrates the multiple regression which was computed to predict the impact of alexithymia and aggression on PF in university students. The R^2 value of .128 indicates that the predictors explained 12.8% variance in the outcome variables with $F= 23.22$, $p<.00$. The findings revealed that alexithymia and aggression significantly predicted PF Model is fit for data $F = (23.22, p<.00)$

Table 5*Multiple Linear Regression Analysis with Dependent Variable Emotion Focused Coping (N=320)*

	<i>B</i>	<i>SE</i>	β	<i>P</i>	95% CI
Constant	36.76	2.30		<.00	[32.22, 41.31]
Alexithymia	-.10	.05	-.11	.06	[-.22, .00]
Aggression	-.16	.03	-.26	<.00	[-.23, -.09]

*R*²=.111, *F*=19.72

Note. CI = Confidence Interval

Table 5 illustrates the multiple regression which was computed to predict the impact of alexithymia and aggression on EF in university students. The R^2 value of .111 indicates that the predictors explained 11.1% variance in the outcome variables with $F= 19.72$, $p<.00$. The findings revealed that alexithymia and aggression significantly predicted EF. Model is fit for data $F = (19.72, p<.00)$

Table 6*Multiple Linear Regression Analysis with Dependent Variable Social Support (N=320)*

	<i>B</i>	<i>SE</i>	β	<i>P</i>	95% CI
Constant	25.40	1.98		<.00	[21.49, 29.31]
Alexithymia	-.05	.03	-.10	.08	[-.11, -.00]
Aggression	-.14	.05	-.18	.00	[-.24, -.05]

*R*²=.062, *F*=10.43*Note.* CI = Confidence Interval

Table 6 illustrates the multiple regression which was computed to predict the impact of alexithymia and aggression on SS in university students. The *R*² value of .062 indicates that the predictors explained 6.2% variance in the outcome variables with *F*= 10.43, *p*<.00. The findings revealed that alexithymia and aggression significantly predicted SS. Model is fit for data *F* = (10.43, *p*<.00).

Table 7

Independent Sample t-test Analysis between Gender on the Variables of Alexithymia, Aggression and Coping Self Efficacy (N=320)

Variable	Male (n=160)		Female (n=160)		t	p	95% CI		Cohen's d
	M	SD	M	SD			LL	UL	
Alexithymia	62.26	12.23	66.96	13.10	3.32	.00	1.91	7.49	.37
Aggression	33.71	8.39	34.15	7.79	.48	.62	-1.34	2.21	-
CSE	158.2	35.31	148.4	39.84	2.34	.02	-18.13	-1.57	-.26
Problem Focused	38.01	9.43	34.79	11.15	2.78	.00	-5.48	-.94	-.31
Emotion Focused	23.54	7.58	21.60	8.03	2.22	.02	-3.66	-.22	-.24
Social Support	16.45	6.39	17.34	6.75	1.20	.22	-.56	2.33	-

Note. CSE = Coping Self Efficacy, CI = Confidence Interval

Table 8 shows the independent sample t-test which indicates the gender difference on variable CSE. The analysis demonstrated significant gender differences among males and females in correspondence to alexithymia ($p < .00$) where mean value of females was higher i.e. (66.96) than males (62.26), whereas in CSE ($p < .01$), male's mean was higher than females i.e. (158.2), (148 > 4). Similarly in PF ($p < .00$) the gender difference was higher in males with mean score (38.01) than females mean (34.79). Likewise in EF ($p < .01$) the mean value of male was higher i.e. (23.54) than female's i.e. (21.60) as result is significance. While in both, mean difference in the aggression was high in females with (34.15) than males (33.71) along with SS, where also females mean (17.34) was higher than male's (16.45), but the difference is insignificant.

DISCUSSION

The purpose of the study was to determine the link between alexithymia, aggression and CSE in university students. In addition, the study investigates the gender difference on study variables and predictive role of alexithymia and aggression on coping self-efficacy. The primary goal of the study, however was to investigate the link between alexithymia, aggression and CSE in university students of Islamabad.

Statistical package for social sciences (SPSS) version 27.0 was used in current research study. The frequency distribution, bi-variate correlation, independent sample t-test, reliability analysis and regression analysis were used, that showed the relationship between variables, gender difference of university students and psychometric properties of instruments.

The psychometric analysis yielded the Cronbach's Alpha of scales mentioned in Table 2. To access, alexithymia, 20 item questionnaire of TAS-20 was used by Bagby et al. (1994). Cronbach's Alpha analysis showed the reliability coefficient as (.76), which is considered a high reliability. Research conducted by Coraile et al. (2012) also shows a high reliability of the scale which is (.79). Similarly, Gabriel et al. (2016) conducted a study which also shows a good reliability of TAS-20 that is (.78).

To measure aggression in university students, 12 items scale of BPAQ-SF developed by Bryant and Smith (2001) was used. Cronbach's Alpha analysis showed the reliability coefficient as (.74). Study conducted by Pechorro et al. (2015) also show significant reliability of BPAQ-SF i.e. (.84). Torregrosa et al. (2020) conducted a study using BPAQ-SF also indicates a high reliability that is (.78).

CSES (Chesney et al., 2006) consists of 26-items with subscales PF, EF and SS was used to asses CSE in university students. CSE showed a good reliability coefficient of (.90), along with subscales PF, EF and SS and their reliabilities were as follows (.74), (.71) and (.63). Previous research conducted by Cunningham et al. (2020) that used this scale also shows a good reliability value for total CSE i.e. (.93) and subscales PF with reliability coefficient (.86), EF i.e. (.91) and SS with reliability (.75). Similarly, Colodro et al. (2010) conducted research using CSE Scale which shows a

high reliability coefficient value i.e. (.95), along with subscales PF, EF and SS that is (.91), (.91) and (.80).

According to first hypothesis that is, there is a negative significant relationship between alexithymia and CSE, Pearson Product Moment correlation was used to investigate the relationship. Alexithymia was found to be significant and negatively correlated with CSE and its subscale PF, similarly a study conducted by Yilmaz et al. (2023) also showed significant negative correlation between alexithymia and PF strategy which stated that coping mechanisms people employ to manage their stress are negatively impacted by alexithymia. Likewise, another study by Baykan et al. 2023 also demonstrated negative correlation between the alexithymia, PF and EF subscales. Moreover, aggression was found to be significant and negatively correlated with PF and SS, it is also demonstrated in a previous study by Csibi and Csibi (2011) in which, aggression was significant and negatively correlated with PF strategy and SS.

According to second hypotheses, multiple linear regression analysis revealed significant results as alexithymia and aggression has significantly predicted PF subscale of CSE. As, results are consistent with previous study conducted by Di-Tella et al. (2017) indicated that alexithymia significantly predicted PF which stated individuals who score high on alexithymia are less able to cope with the stress of a challenging situation by taking direct action to address the cause of the event. It is possible that PF strategies are used less because of the difficulties in determining the cause of stress and pursuing a suitable resolution for it. In addition, EF subscale of CSE has significantly predicted alexithymia and aggression. Study conducted by Joybari (2014) shows consistent results which indicated that alexithymia predicted EF which stated that maladaptive coping behaviors becomes more likely in individuals with alexithymia levels as they are unable to use cognitive strategies to regulate their emotional states evoked by stressful situations.

Moreover, alexithymia and aggression significantly predicted SS. Results are consistent with previous study conducted by Posse et al. (2009) which indicated alexithymia significantly predicted SS. It stated individuals with alexithymia have lack of social support which leads to high level of negative emotions and to social distress.

To test the third hypothesis that there will be gender difference in alexithymia, aggression and CSE, independent sample t test was carried out. That evaluated the mean differences for males and females related to study variable. Results showed that alexithymia was higher in females than in males, the results align with earlier research by Yosep et al. (2023) indicated that, women experience

alexithymia more frequently than men, according to Youssef et al. (2020) separate findings, women have a greater average alexithymia score than men.

The results showed that in PF, the mean score difference was higher in males than females, like-wise PF technique were clearly preferred by males than females (Guszkowska et al., 2016). Additionally, in another research study by Baker et al. (2007) demonstrated more PF in males than females. Furthermore, findings revealed that, females show preference to SS than males, are compatible with previous findings conducted by Theodoratou et al. (2023) which also demonstrated that females preferred to seek out SS to engage in stress-relieving activities. There has been a claim made that female university students are more prone than male students to use SS as a coping mechanism (Guszkowska et al., 2016). Further findings in our study showed that EF was illustrated higher in males than females, in a study by Madhyastha et al. (2014) males use more EF.

In addition, our results revealed that gender difference on the aggression in females was higher than males, the results correspond with earlier research that females show more aggression, such hostility and anger, than do males. The results of this investigation offer crucial details about how aggressive behavior arises (Tsorbatzoudis et al., 2013). According to Campbell and Muncer (1994) females typically display hostility as a sign of an inability to control their anger. There is a connection between higher maladjustment and aggression in females (Crick, 1997), depression, lower self-esteem (Prinstein et al., 2001), and lower peer acceptance (Ostrov & Keating 2004).

Conclusion

The aim of this study was to determine the link between Alexithymia, Aggression and Coping Self Efficacy in university students. This section provided complete explanation of the analyzed findings done through correlation analysis, regression and independent-t test related to current study. Moreover, in this study 320 participants were included in which 50% were males and 50% were females from different universities of Islamabad including private, government and semi-government. According to this study there is a substantial negative association between both independent variables i.e. alexithymia and aggression and CSE.

Correlation analysis was conducted which revealed positive significant correlation between alexithymia and aggression, Similarly, CSE was found to be significant and positively correlated with subscales i.e. PF, EF and SS. On the other hand, alexithymia was found to be significant and negatively correlated with CSE and CSE's subscales, including PF, EF and SS. Aggression was also significant and negatively correlated with CSE and subscales PF, EF and SS. Linear regression

analysis was used to find the predictive role of alexithymia and aggression on CSE which showed significant results. The findings revealed that alexithymia and aggression negatively predicted CSE and its subscales, PF, EF and SS and it was significant. While t test conducted to find the gender differences, the analysis demonstrated significant gender differences among males and females, in correspondence to alexithymia it was higher in females than males, whereas in CSE it was higher in males than females. Similarly in PF, the gender difference was higher in males than females. Likewise, EF was illustrated higher in males than females and significant. While in both, aggression and SS was high in females than males, this difference was insignificant.

Suggestions

Further research should be done with a larger sample size and with universities from other Pakistani cities in addition to Islamabad in order to improve understanding and enable results to be more broadly applicable. While other population segments may potentially be studied to gain a more thorough understanding of the subject, the current study focuses primarily on university students. This research can also be used to examine the subjectivity of diverse cultural norms and values among different ethnic groups and cultural contexts. To broaden the scope of the research, the variables examined here can be combined with other variables and investigated in combination.

Limitations

The current study has limitations even if it produces some very significant findings about alexithymia, aggression and CSE. The majority of study participants were predominantly from the universities in Islamabad, which limited the study's ability to be broadly applied to a wider range of Pakistani cities. Mostly urban people were accessible as compared to rural areas. Furthermore, environmental and situational factors may be experienced by the participants. This research was correlational study it could not see the directionality, causes and effect of variables. Additionally, the sample size was moderate (N=320) and the majority of the participants were undergraduate students.

Implications

There are various implications to the study on the connection between alexithymia, aggression and CSE in university students. It sheds light on psychological dynamics, demonstrates risk factors for aggression and mental health issues, and provides guidance for the creation of educational programs and counselling services. Examining the connection between alexithymia and coping strategies can reveal important information about how emerging adults manage their emotional

situations, to guarantee student's good mental health, educational institutions should take action to enhance psychological care. If teachers see changes in their students conduct, they might have a conversation with them and provide assistance.

Comprehending the correlation between aggression and coping styles is not only important for the mental health of university students but also has wider social ramifications. Recognizing how these factors relate to one another can help with the establishment of centered interventions and resources for university students. The findings could result in personalized treatments, wellness initiatives, and policy changes that support the wellbeing of students. Furthermore, by identifying particular risk variables and protective factors associated to alexithymia and aggression, mental health professionals and teachers can better design their programs and methods to meet the unique needs of this population. Moreover, the study might inspire more investigation into the long-term effects on student's social and academic functioning. All things considered, it may have an impact on a number of facets of academic and psychological assistance in educational institutions.

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ANNEXURES

ANNEXURE – A

PERMISSION FOR TORONTO ALEXITHYMIA SCALE (TAS-20)



6 of 12 < > [icon]

Permission to use Toronto Alexithymia Scale Inbox x



Sadia Nawaz <sadianawaz451@gmail.com>
to graeme.taylor, sana.buic ▾

Sun, Oct 22, 2023, 8:09 PM ☆ 😊 ↶ ⋮

Respected Sir,

I hope this email finds you well. I am an undergraduate student of BS Psychology from Bahria University Islamabad, Pakistan. I am writing this email to seek your permission to use the "Toronto Alexithymia Scale (TAS-20)" developed in 1994 for my thesis project. We're doing correlation research on Alexithymia along with other variables and it is being supervised by my teacher Ms. Sana Shaheen. You can contact her at sana.buic@bahria.edu.pk
Please attach TAS-20 scale along with the scoring and psychometric properties of the scale.

Looking forward to your kind response

Best regards,
Sadia Nawaz
sadianawaz451@gmail.com



Aqsa Zahid <aqsa.zahid@mail.utoronto.ca>
to Michael, me, sana.buic@bahria.edu.pk ▾

Sun, Nov 5, 2023, 10:09 PM ☆ 😊 ↶ ⋮

Perfect, thank you!

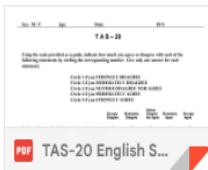
Please find the TAS20 (English) attached here.

Aqsa Zahid



<CamScanner 11-05-2023 14.13_1.jpg>

2 Attachments • Scanned by Gmail



ANNEXURE – B

PERMISSION FOR BUSS-PERRY AGGRESSION QUESTIONNAIRE-SF

← 📄 ⌚ 🗑️ 📧 ⌚ 🔄 📁 🗑️ ⋮ 49 of 49 < >

Permission to Use The Short Form Buss-Perry Aggression Questionnaire (BPAQ-SF) ✕ 🖨️ 📄

Inbox x



Sadia N <saadianawaz10@gmail.com>
to fbryant, sana.buic ▾

Sun, Nov 5, 2023, 10:27 PM ☆ 😊 ↶ ⋮

Respected Sir,

I hope this email finds you well. I am an undergraduate student of BS Psychology from Bahria University Islamabad, Pakistan. I am writing this email to seek your permission to use the "The Short Form Buss-Perry Aggression Questionnaire (BPAQ-SF)" developed in 2001 for my thesis project. We're doing correlation research on Aggression along with other variables and it is being supervised by my teacher Ms. Sana Shaheen. You can contact her at sana.buic@bahria.edu.pk

Please attach BPAQ-SF scale along with the scoring and psychometric properties of the scale.

Looking forward to your kind response

Best regards,

Sadia Nawaz

saadianawaz10@gmail.com



Bryant, Fred <fbryant@luc.edu>
to me, sana.buic@bahria.edu.pk ▾

Mon, Nov 6, 2023, 7:04 AM ☆ 😊 ↶ ⋮

Dear Sadia:

Thank you for your interest in the short form of the Buss-Perry Aggression Questionnaire (AQ), which Bruce Smith and I developed and published in 2001 (Bryant & Smith, 2001).

I am pleased to give you permission to use the short form of the AQ in your research. There is no cost for you to use the short form of the AQ for your thesis research.

In response to your request, I have attached two Word documents -- one containing an electronic version of the 12-item short form of the AQ; the other, detailed instructions for scoring the short form of the AQ.

Note that the version of the short form of the AQ that I have attached here (and the instructions for scoring the short form of the AQ) uses the original 5-point response scale that Buss and Perry used, rather than the 6-point response scale that Bruce Smith and I used. Feel free to modify the response scale to a 6-point format, if you wish to use this alternative response scale.

I have also attached an electronic reprint of my original 2001 article with co-author Bruce Smith (Bryant & Smith, 2001) reporting the development and validation of the short form of the Buss-Perry AQ. Note that this article reports the psychometric properties of the short form of the AQ.

ANNEXURE – C

PERMISSION FOR COPING SELF EFFICACY SCALE

← [Icons] 47 of 49 < >

Permission to Use "The Coping Self-Efficacy Scale" Inbox x

✕ 🖨️ 📧

S **Sadia N** <saadianawaz10@gmail.com>
to chesneym, sana.buic ▾

Tue, Nov 21, 2023, 9:44 AM ☆ 😊 ↶ ⋮

Respected Sir,

I hope this email finds you well. I am an undergraduate student of BS Psychology from Bahria University Islamabad, Pakistan. I am writing this email to seek your permission to use the "The Coping Self-Efficacy Scale" developed in 2006 for my thesis project. We're doing correlation research on Coping Styles along with other variables and it is being supervised by my teacher Ms. Sana Shaheen. You can contact her at sana.buic@bahria.edu.pk

Please attach The Copin the English Version of The Coping Self-Efficacy Scale along with its scoring and psychometric properties.

Looking forward to your kind response

Best regards,
Sadia Nawaz
sadianawaz451@gmail.com

C **Chesney, Margaret** <chesneym@ocim.ucsf.edu>
to Margaret, me, sana.buic@bahria.edu.pk ▾

📧 Sun, Nov 26, 2023, 7:24 PM ☆ 😊 ↶ ⋮

Dear Sadia,

Thank you for writing back and giving me more information about your plans for using the Coping Self-Efficacy Scale. You mentioned that you will be relating it to other variables and I am interested in what other variables you will be studying. Thank you for giving me the name of your supervisor. With this email, you have permission to use the scale in your final year research project. It is most important that you use the full CSES scale with the response categories as they are on the scale. I have attached a copy of the scale and instructions for scoring. The full 26-item scale will give you the most reliable measure and is the form of the CSES that other investigators are using. Therefore, if you wish to use the scale, I have to ask that you use the full scale and the items as they are presented in the copy I have attached.

I developed the CSES for a major intervention study when I found that the other existing coping questionnaires or scales are not able to measure change in coping over time. In addition, as I wrote you before, for my research, I wanted a scale based on a strong theoretical model of coping. The CSES is based on the coping theory developed by Drs. Richard Lazarus and Susan Folkman, which separates out problem-focused and emotion-focused coping. It also recognizes the importance of social support in coping. Dr. Folkman wrote extensively about their theory. The CSES can also be given on one occasion for studies that don't have an intervention or training component. This is how I understand you will be using the CSES.

By using the full scale, you will have the total CSE score, which is so important. At the same time, you will also be able to score the CSES for three subscales, which are described in the attached paper on the reliability and validity of the scale (see Chesney, Neilands, et al., 2006). To aid you in identifying the subset of items that contribute to the three subscales, I have also enclosed a copy of the CSES that indicates the items that contribute to the subscales. I'm sure you understand that this is a guide and you would not administer this form of the scale that includes this information. You don't want the people completing the scale to see the which items are for which subscale. Using the full CSES scale is important because we established the validity of the total CSE scale first, then we built the subscales, but the subscales were developed only on our studies with HIV patients and your population of students will certainly be different. We are still developing the validity of

ANNEXURE – D

Detailed Information Sheet

We,

Ammara Sohaib and Sadia Nawaz are students of BS in the Bahria School of Professional Psychology E-8 Campus, Islamabad. We are conducting research on the Alexithymia, Aggression and Coping Self-Efficacy in University Students, under the supervision of Ms. Sana Shaheen. You are invited to take part in this research study but before you decide to participate or not, it is important for you to understand why the research is being conducted and what it will involve. Please take time to read the following information carefully.

Purpose of the study

The purpose of this study is to investigate the Impact of alexithymia and aggression on coping self-efficacy in university students.

What you will be asked to do

A set of questionnaires will be given to you to fill up. Approximately 15 to 20 minutes will be required to complete the questionnaires. The questionnaires are including the questions about alexithymia, aggression and coping self-efficacy.

What will happen to your responses on the questionnaires?

A code number instead of your name will be used on the questionnaires and only this code number will be linked to your answers which will be stored in a computer file. Only researchers and the university professor who is supervising our study will have access to these computer files. In reporting the results of this study, all the answers from all participants will be combined and it will not be possible to identify any particular individual's responses. Thus, the anonymity and confidentiality of data will be maintained.

Your Rights

Your participation is voluntarily and you have right to withdraw from participation at any time without giving the reason. Nothing bad will happen to you as a result.

Your decision

It is up to you to decide whether or not to take part if you decide to take part you will be given this information sheet to keep and be asked to sign consent form. If you have any query regarding study or participation you may ask. You may contact us through email.

Supervisor

Ms. Sana Shaheen

Sana.buic@bahria.edu.pk

Students

Ammara Sohaib

Sadia Nawaz

Thank you for taking time to read the information sheet.

Informed Consent Form

We, Sadia Nawaz and Ammara Sohaib students of Bahria School of Professional Psychology, Islamabad Campus (E-8), are conducting our final year research under the supervision of Ms. Sana Shaheen. The aim of the study is to investigate Alexithymia, Aggression and Coping Self Efficacy in University students.

Therefore, we request you to participate in our research and ensure you that the provided information will remain confidential and used for research purpose only. Your participation in the study is completely voluntary and you can withdraw from it at any time without any penalty.

Your participation will be highly appreciated.

Therefore, if you are willing to participate in our research please give us your consent by signing below. Thank you!

Participant's signature: _____

Date: _____

ANNEXURE – E

If yes specify _____

Any diagnosed psychological illness

- a. Yes
- b. No

If yes specify _____

ANNEXURE – F

Scale. 1 Toronto Alexithymia Scale TAS-20

INSTRUCTIONS: Using the scale provided as a guide, indicate how much you agree or disagree with each of the following statements by circling the corresponding number. Give only one answer for each statement.

Circle **1** if you **STRONGLY DISAGREE**, Circle **2** if you **MODERATELY DISAGREE**, Circle **3** if you **NEITHER DISAGREE NOR AGREE**, Circle 4 if you **MODERATELY AGREE**, Circle 5 if you **STRONGLY AGREE**.

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.	I look for hidden meanings in movies or plays.	1	2	3	4	5

ANNEXURE – G

Scale 2. Buss-Perry Aggression Questionnaire Short-Form

INSTRUCTIONS: Please use the scale provided below to indicate how well each of the following statements describes you. For each statement, circle a number from **1 (“extremely uncharacteristic of me”)** to **5 (“extremely characteristic of me”)** to indicate how well the particular statement describes you.

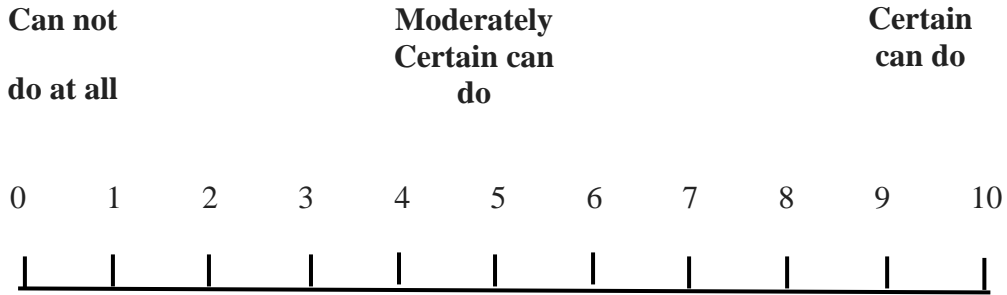
1.	I often find myself disagreeing with people.	1	2	3	4	5
2.	At times I feel I have gotten a raw deal out of life.	1	2	3	4	5
3.	I have threatened people I know.	1	2	3	4	5
4.	I wonder why sometimes I feel so bitter about things	1	2	3	4	5
5.	I have trouble controlling my temper.	1	2	3	4	5
6.	My friends say that I’m somewhat argumentative.	1	2	3	4	5
7.	I flare up quickly but get over it quickly.	1	2	3	4	5
8.	Given enough provocation, I may hit another person.	1	2	3	4	5
9.	I can’t help getting into arguments when people disagree with me.	1	2	3	4	5
10.	Other people always seem to get the breaks.	1	2	3	4	5
11.	There are people who pushed me so far that we came to blows.	1	2	3	4	5
12.	Sometimes I fly off the handle for no good reason.	1	2	3	4	5

ANNEXURE – H

Scale 3. Coping Self-Efficacy Scale

INSTRUCTIONS: When things aren't going well for you, or when you're having problems, how confident or certain are you that you can do the following:

For each of the following items, **write a number from 0 - 10**, using the scale above. When things aren't going well for you, how confident are you that you can:



- | | | |
|-----|--|---|
| 1. | Keep from getting down in the dumps. | <input style="width: 100%;" type="text"/> |
| 2. | Talk positively to yourself. | <input style="width: 100%;" type="text"/> |
| 3. | Sort out what can be changed, and what cannot be changed. | <input style="width: 100%;" type="text"/> |
| 4. | Get emotional support from friends and family. | <input style="width: 100%;" type="text"/> |
| 5. | Find solutions to your most difficult problems. | <input style="width: 100%;" type="text"/> |
| 6. | Break an upsetting problem down into smaller parts. | <input style="width: 100%;" type="text"/> |
| 7. | Leave options open when things get stressful. | <input style="width: 100%;" type="text"/> |
| 8. | Make a plan of action and follow it when confronted with a problem. | <input style="width: 100%;" type="text"/> |
| 9. | Develop new hobbies or recreations. | <input style="width: 100%;" type="text"/> |
| 10. | Take your mind off unpleasant thoughts. | <input style="width: 100%;" type="text"/> |
| 11. | Look for something good in a negative situation. | <input style="width: 100%;" type="text"/> |
| 12. | Keep from feeling sad. | <input style="width: 100%;" type="text"/> |
| 13. | See things from the other person's point of view during a heated argument. | <input style="width: 100%;" type="text"/> |
| 14. | Try other solutions to your problems if your first solutions don't work. | <input style="width: 100%;" type="text"/> |
| 15. | Stop yourself from being upset by unpleasant thoughts. | <input style="width: 100%;" type="text"/> |
| 16. | Make new friends. | <input style="width: 100%;" type="text"/> |
| 17. | Get friends to help you with the things you need. | <input style="width: 100%;" type="text"/> |
| 18. | Do something positive for you when you are feeling discouraged. | <input style="width: 100%;" type="text"/> |
| 19. | Make unpleasant thoughts go away. | <input style="width: 100%;" type="text"/> |
| 20. | Think about one part of the problem at a time. | <input style="width: 100%;" type="text"/> |
| 21. | Visualize a pleasant activity or place. | <input style="width: 100%;" type="text"/> |
| 22. | Keep yourself from feeling lonely. | <input style="width: 100%;" type="text"/> |
| 23. | Pray or meditate. | <input style="width: 100%;" type="text"/> |

24. Get emotional support from community organizations or resources.
25. Stand your ground and fight for what you want.
26. Resist the impulse to act hastily when under pressure.

ANNEXURE – I



Bahria University
Discovering Knowledge

15-Dec-2023

TO WHOM IT MAY CONCERN

REQUEST FOR DATA COLLECTION

It is stated that **Sadia Nawaz** Enrollment No. 01-171202-063 is a student of BS Psychology (7th Semester) Bahria University Islamabad Campus conducting research on "**Alexithymia, aggression and coping self efficacy in University students**" under supervision of undersigned. It is requested that kindly allow him to collect the data from your esteemed institution.

Regards,

Sana Shaheen
15-Dec-23
Ms. Sana Shaheen
Lecturer
Department of Professional Psychology
Bahria University, Islamabad

Sana Shaheen

Lecturer

Bahria School of Professional Psychology (BSPP)

Bahria University

E-8 Islamabad

Bahria School of Professional Psychology (BSPP) Shangrilla Road E-8 Islamabad
Tel: 051-9260002 Fax No: 1406 E-mail: 051-9260009



Bahria University
Discovering Knowledge

15-Dec-2023

TO WHOM IT MAY CONCERN

REQUEST FOR DATA COLLECTION

It is stated that **Ammara Sohaib** Enrollment No. 01-171202-008 is a student of BS Psychology (7th Semester) Bahria University Islamabad Campus conducting research on "**Alexithymia, aggression and coping self efficacy in University students**" under supervision of undersigned. It is requested that kindly allow him to collect the data from your esteemed institution.

Regards,

Sana Shaheen
15-Dec-23

Ms. Sana Shaheen
Lecturer
Department of Professional Psychology
Bahria University, Islamabad.

Sana Shaheen

Lecturer

Bahria School of Professional Psychology (BSPP)

Bahria University

E-8 Islamabad

ANNEXURE – J

sadia ammara

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Lina Marie Mülder, Nicole Deci, Antonia Maria Werner, Jennifer L. Reichel et al. "Antecedents and Moderation Effects of Maladaptive Coping Behaviors Among German University Students", *Frontiers in Psychology*, 2021

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Sagun Karki, Oshan Shrestha, Niranjana Thapa, Satish Gupta, Amit Chaudhary, Abijeet Yadav, Pradeep Manandhar. "Prevalence of alexithymia among medical students in Nepal: A cross-sectional study based on a self-administered questionnaire", *Health Science Reports*, 2023

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