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PREVALENCE OF ALEXITHYMIA AMONG COLLEGE-AGED UNDERGRADUATE STUDENTS: DIFFERENCES BY SELECTED DEMOGRAPHIC FACTORS

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Abstract

The purpose of this study was to investigate the prevalence of alexithymia among undergraduate students, with a focus on selected demographic differences. The study adopted a cross-sectional research design. A total of 678 undergraduate students (302 male and 376 female participants), selected through non-proportional stratified sampling, participated in the study. Data were collected using the Toronto Alexithymia Scale-20 (α = .81). Descriptive statistics, including frequency counts, means, and standard deviations, and inferential statistics, including the independent-samples t-test, analysis of variance, and univariate general linear model (GLM), were used for data analysis. The findings indicated a high level and a substantial proportion of participants exceeding the established cut-off for alexithymia. Gender, age group, and academic level jointly explained 10.3% of the variance in alexithymia scores. After adjusting for the number of predictors in the model, the explained variance was 9.5%. Furthermore, female participants reported significantly higher levels of alexithymia than male participants. Significant differences in alexithymia scores were also observed across age groups, although the effect size was small. A statistically significant difference with a moderate effect size was found in alexithymia scores across academic levels, with 300-level students recording the highest mean score. The findings were discussed, and it was recommended that psychotherapeutic interventions aimed at supporting students with difficulties in emotional awareness and strengthening emotional competencies among vulnerable students be implemented by university authorities.

Keywords: alexithymia; difficulty identifying feelings; difficulty describing feelings; externally oriented thinking

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Introduction

There is growing global concern about mental health challenges among adolescents and young adults. It has been estimated that approximately 15.2% of young people experience various forms of psychological disorders (Castaldelli-Maia, 2025). Among college-age young people, approximately 30% have been classified as being at risk of mental health disorders (Ishimaru et al., 2023). These challenges may be associated with the psychosocial stressors young people encounter while attempting to cope with academic demands, social pressures, financial difficulties, and developmental tasks associated with the transition to adulthood. Such challenges may be compounded when young people experience difficulties in recognising and processing their emotions or encounter barriers to seeking appropriate psychological support. Research has also shown that young people may experience alexithymia, a psychological construct characterised by difficulties in identifying and describing feelings and distinguishing emotional experiences from bodily sensations associated with emotional arousal (Aljaffer et al., 2022). Elevated alexithymia has been associated with difficulties in emotional functioning and may also be related to poorer interpersonal and academic functioning among young adults, particularly undergraduate students (Homayouni, 2025; Vasquez-Romero & Pérez-Lara, 2026).

The term *alexithymia* is derived from Greek words: *a*, meaning absence or lack; *lexis*, referring to words or speech; and *thymos*, referring to emotions or feelings (Petrosini et al., 2024). The term therefore broadly conveys the idea of having difficulty putting emotional experiences into words. Various scholars have provided closely related conceptualisations of alexithymia. Franzoi et al. (2020), for example, described alexithymia in terms of difficulties in recognising and describing emotions and distinguishing emotional experiences from bodily sensations associated with emotional arousal. Similarly, Nemiah et al. (1976) viewed as alexithymia as involving limited emotional awareness, including difficulties in identifying and describing feelings and differentiating emotional experiences from bodily sensations.

Alexithymia has been portrayed as occurring in primary and secondary forms. Primary alexithymia is generally regarded as a relatively stable dispositional characteristic with possible neurobiological or developmental foundations, whereas secondary alexithymia is considered more reactive and may emerge in association with psychological or physical trauma, emotional difficulties, or certain medical conditions (Messina et al., 2014). Consequently, primary alexithymia may demonstrate greater stability over time, while secondary alexithymia may be more responsive to changes in underlying psychological or environmental conditions (Messina et al., 2014). Earlier conceptualisations have also described alexithymia in terms of difficulties in recognising and verbalising emotions, limited imaginative or fantasy processes, and an externally oriented cognitive style.

Researchers have identified three core components of alexithymia (Bagby et al., 1994). These include Difficulty Identifying Feelings (DIF), which refers to difficulties in recognising and understanding one's emotional experiences; Difficulty Describing Feelings (DDF), which involves difficulties in communicating or verbalising emotions to others; and Externally Oriented Thinking (EOT), which reflects a tendency to focus on external events and concrete details rather than on internal emotional experiences. These components may have different relationships with psychological well-being and social functioning. For instance, individuals with elevated DIF and DDF may experience greater difficulties in recognising and communicating their emotions, which may be associated with difficulties

in emotional functioning. Accordingly, DIF and DDF have been associated with negative psychological outcomes, including depressive symptoms and anxiety (Suslow & Donges, 2017; Quinto, 2022), as well as non-suicidal self-injury (Ruan et al., 2024). In contrast, the relationship between EOT and negative emotional outcomes appears to be less consistent or less direct (Suslow & Donges, 2017; Ruan et al., 2024). These findings suggest that the three components of alexithymia may have differential associations with psychological, emotional, and social functioning.

Alexithymia has been described as a dimensional psychological characteristic that can occur to varying degrees within the general population (Darvishi et al., 2022). Although alexithymia is not itself classified as a mental disorder, higher levels of alexithymia have been associated with a range of psychological, behavioural, and physical health outcomes. For instance, alexithymia has been associated with difficulties in empathic functioning (Valdespino et al., 2017), as well as depressive symptoms, anxiety, and hostility (Macia et al., 2023). Other studies have reported associations between alexithymia and behavioural or psychological difficulties, including mobile phone addiction (Lv et al., 2023), binge drinking (Alpay et al., 2024), problem gambling, and psychotic experiences (Fekih-Romdhane et al., 2024). It has also been associated with suicidal behaviours and insomnia (Daghigh, 2024), quality of life (Gündoğmuş et al., 2023), perceived stress (Preece et al., 2024), and substance use (Honkalampi et al., 2022). Furthermore, Rady et al. (2021) reported associations between alexithymia and somatic complaints, including general fatigue, headaches, and dyspepsia.

Existing research also indicates that alexithymia occurs to a considerable extent among university students, although reported estimates vary across studies and populations (McGillivray et al., 2017). For example, Hamaideh (2018) reported that approximately 25% of Jordanian university students met the criteria for alexithymia, whereas Franzoi et al. (2020) reported a lower proportion of 16% among university students. Among medical students, Alzahrani et al. (2020) reported a prevalence of approximately 49%, while Aljaffer et al. (2022) found a prevalence of 27% among medical students in Saudi Arabia. Carosa and Button (2020), using a different classification approach, reported that 90% of college students demonstrated moderate-to-high levels of normative alexithymia, while approximately half of the sample showed moderate-to-high levels of clinical alexithymia. Similarly, Ng and Chan (2020) reported that approximately 36% of emerging adults exhibited alexithymic characteristics.

Although numerous studies have examined alexithymia among undergraduate and university students in developed countries, much of this literature has focused on its prevalence, associated factors, and psychological and behavioural correlates. However, there remains a relative paucity of empirical research on alexithymia within the African context, particularly in Nigeria. Furthermore, although some studies have examined demographic characteristics such as gender, age, and academic level in relation to alexithymia, relatively few have investigated these factors among Nigerian undergraduate students. For example, Boukar and Dane (2019) examined the relationship between sex, educational level, marital status, and alexithymia. Nevertheless, further empirical investigation is needed to enhance understanding of how selected demographic characteristics are associated with alexithymia among Nigerian undergraduates. This gap provides a basis for examining differences in alexithymia scores across gender, age, and academic level among undergraduate students in Nigeria.

Previous research has also produced inconsistent findings regarding gender differences in alexithymia among students. While Faramarzi and Khafri (2017), Janiec et al. (2019), and Ziaei et al. (2024) reported no statistically significant gender differences in alexithymia, other researchers have reported significant differences between men and women. For example, Chung and Chen (2020), Aljaffer et al. (2022), and Mendia et al. (2024) reported statistically significant gender differences in alexithymia. However, the direction of these differences has not been consistent. Muzi (2020), Aljaffer et al. (2022), and Germani et al. (2023) reported higher alexithymia scores among women than men, while Aleisa et al. (2022) reported that women were approximately twice as likely as men to meet the criteria for alexithymia. In contrast, Darvishi et al. (2022) found significantly higher levels of alexithymia among men than women. Similarly, Hamaideh (2018) reported higher alexithymia among male students. These conflicting findings suggest that the nature and direction of gender differences in alexithymia among students remain inconclusive, thereby providing a rationale for further investigation

Some studies have further suggested that gender differences in alexithymia may be domain-specific rather than uniform across all dimensions. For example, Szepietowska et al. (2023) reported that women experienced greater difficulties in identifying and describing feelings than men, whereas no statistically significant gender difference was observed in externally oriented thinking. In contrast, Mendia et al. (2024) reported statistically significant gender differences across all three dimensions of alexithymia. Similarly, Shang et al. (2024) found that men exhibited a greater tendency towards externally oriented thinking than women. These findings suggest that gender differences in alexithymia may vary across its constituent dimension.

Compared with gender, relatively fewer studies have examined age-related differences in alexithymia, particularly among undergraduate students. Nevertheless, available evidence suggests that alexithymia scores may vary across age groups. Mattila et al. (2006), for instance, reported a positive association between age and alexithymia. Similarly, Myles and Merlo (2021) found that age was significantly associated with alexithymia. Mendia et al. (2024) also identified age as a relevant variable in alexithymia and examined its moderating role in the relationship between gender and alexithymia. In addition, Aftab et al. (2023) reported a statistically significant association between age and alexithymia. However, the relatively limited number of studies examining age differences among undergraduate students, together with variations in the reported findings and study contexts, suggests that further investigation is warranted.

Another demographic variable examined in the present study is academic level. Previous research has produced inconsistent findings regarding differences in alexithymia across students' academic levels. For instance, Alharthi et al. (2022) found no statistically significant association between students' academic year and alexithymia. In contrast, Mattila et al. (2006) reported higher levels of alexithymia among students in the earlier years of their studies. Similarly, Myles and Merlo (2021) observed differences in alexithymia across students at different levels of education. Alzahrani et al. (2020) further reported that students at higher levels of education had a lower likelihood of exhibiting alexithymia. In addition, Aftab et al. (2023) found evidence of an association between educational level and alexithymia. These divergent findings suggest that the pattern of alexithymia across academic levels remains inconclusive and therefore warrants further investigation.

Research questions

What are the level and prevalence of alexithymia among university undergraduate students in the study sample?

Hypotheses

The following hypotheses were tested at a .05 alpha level:

H_i1: There is a significant difference in alexithymia scores between male and female undergraduate students.

H_i2: There is a significant difference in alexithymia scores among undergraduate students across different age groups.

H_i: There is a significant difference in alexithymia scores among undergraduate students across academic levels.

Method and measure

A cross-sectional survey design was adopted to examine the level, proportion of participants meeting the established criteria for alexithymia, and variations in alexithymia scores among undergraduate students. The study specifically examined differences in alexithymia scores across gender, age, and academic level. The cross-sectional design was considered appropriate because it enabled data to be collected from different groups of participants at a single point in time, thereby allowing the researchers to describe the distribution of alexithymia within the study sample and examine differences across selected demographic characteristics. Using a standardised instrument, the Toronto Alexithymia Scale-20 (TAS-20), the study quantitatively assessed alexithymia scores and compared them across the demographic groups. The resulting data were subjected to appropriate statistical analyses to determine whether statistically significant differences existed among the groups.

The study sample comprised 678 undergraduate students from Emmanuel Alayande University of Education, Oyo, Nigeria, including students of the university and students enrolled through its affiliation with Ekiti State University. A stratified sampling technique was used to select participants across the faculties and academic levels. The population was divided into relevant strata based on faculty and academic level, after which participants were selected from each stratum. Non-proportional allocation was used to ensure adequate representation of participants across the identified strata, irrespective of the relative size of each stratum in the study population. This approach facilitated meaningful comparisons across faculties and academic levels. The demographic characteristics of the participants are presented in Table 1.

Table 1

Characteristics of the Participants

Variable		Frequency	Percentage
Faculty	Arts Education	150	22.1
	Social Science Education	73	10.8
	Science Education	78	11.5
	Specialised and Professional Education	263	38.8
	Vocational, Vocational, Innovation and Engineering Education	114	16.8
Academic Level	First-year	187	27.58
	Second-year	98	14.45
	Third-year	128	18.88
	Fourth-year	265	39.09
Gender	Male	302	44.5
	Female	376	55.5
Age	16 – 20 Years	214	31.56
	21 – 25 Years	412	60.77
	26 – 30 Years	52	7.69
Mean Age	21.81 (SD= 2.89)		

Measure

The Toronto Alexithymia Scale-20 (TAS-20; Bagby et al., 1994) was used to assess participants' levels of alexithymia. The TAS-20 is a 20-item self-report instrument designed to assess three core dimensions of alexithymia: Difficulty Identifying Feelings (DIF), comprising seven items; Difficulty Describing Feelings (DDF), comprising five items; and Externally Oriented Thinking (EOT), comprising eight items. Each item is rated on a 5-point Likert-type scale ranging from 1 (strongly disagree) to 5 (strongly agree). Five items (Items 4, 5, 10, 18, and 19) are reverse-scored before computing the total score.

Total scores on the TAS-20 range from 20 to 100, with higher scores indicating greater alexithymia. Based on the established TAS-20 cut-off criteria, scores of 51 or below indicate non-alexithymia, scores between 52 and 60 indicate possible alexithymia, and scores of 61 or above indicate alexithymia. The possible score ranges for the three subscales are 7–35 for DIF, 5–25 for DDF, and 8–40 for EOT. The TAS-20 has demonstrated good internal consistency, with a Cronbach's alpha coefficient of .81, and evidence of convergent, discriminant, and concurrent validity (Bagby et al., 1994).

Procedure

The study was conducted during the Second Semester of the 2024/2025 Academic Session. The research instrument was administered with the assistance of two trained research assistants who were knowledgeable in questionnaire administration and familiar with the study locations. Prior to participation, respondents were informed about the voluntary nature of the study and were assured that participation was entirely optional. They were also informed that the information provided would be treated confidentially and used solely for academic purposes. Participants were further informed of their right to withdraw from the study at any stage without penalty.

On average, participants required approximately 10 minutes to complete the research instrument, and the entire data-collection process was completed within two weeks. Ethical approval was obtained from the University Ethics Committee before data collection commenced. The research proposal submitted for ethical review outlined the procedures for protecting participants' confidentiality, ensuring voluntary participation, and minimising potential risks associated with participation. The study received ethical approval from the committee (Date: 16 December 2024; Reference No. EAUED/Y/R/DRMlP/38/03).

A total of 700 copies of the research instrument were distributed, of which 678 were fully completed and returned, representing a 96.86% response rate. The remaining 22 copies were either not returned or were inadequately completed and were therefore excluded from the analysis.

Method of data analysis

Data analysis was carried out using IBM SPSS Statistics, version 26.0. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to describe the level and proportion of undergraduate students meeting the established criteria for alexithymia. The independent-samples t-test was used to examine differences in alexithymia scores between two demographic groups, while one-way analysis of variance (ANOVA) was used to examine differences in alexithymia scores across demographic variables comprising more than two groups. In addition, a univariate general linear model (GLM) was conducted to examine the simultaneous effects of gender, age group, and academic level on alexithymia scores.

Results

The aim of this study was to examine the level and prevalence of alexithymia among undergraduate students and by extension examine the behavioural expression across some demographic factors. The research question and hypotheses were subjected to statistical scrutiny, and the results are presented in tables.

The research question, which examined the level and prevalence of alexithymia among undergraduate students, was analysed, and the results are presented in Tables 2a and 2b.

The descriptive statistics for the level of alexithymia among undergraduate students, both for the overall scale and its subcomponents, are presented in Table 2a. For Difficulty Identifying Feelings (DIF), participants' scores ranged from 7.00 to 34.00, with a mean score of 21.70 (SD = 5.02). For Difficulty Describing Feelings (DDF), scores ranged from 5.00 to 24.00, with a mean of 15.67 (SD = 3.51). With

respect to Externally Oriented Thinking (EOT), participants recorded a mean score of 23.50 (SD = 3.45) on a possible score range of 8–40.

For the overall alexithymia measure, participants' scores ranged from 36.00 to 83.00, with a mean of 60.87 (SD = 8.55). The proportion of individual participants who exceeded the relevant cut-off is presented separately in Table 2b. Examination of the skewness and kurtosis values showed that the subcomponents and overall alexithymia scores were within the conventional ±1 range (George & Mallery, 2010), indicating that the distributions did not show substantial departures from normality.

Table 2a

Descriptive Analysis of Level Alexithymia among Undergraduate students

Variable	Reliability(α)	Min.	Max.	Mean	SD	Skewness	Kurtosis
DIF	.71	7.00	34.00	21.70	5.02	-.025	-.355
DDF	.85	5.00	24.00	15.67	3.51	-.307	-.031
EOT	.74	12.00	37.00	23.50	3.45	.096	.420
Overall TAS-20	.87	36.00	83.00	60.87	8.55	-.250	-.226

To estimate the sample prevalence of alexithymia, the proportion of undergraduate students whose individual scores exceeded the established cut-off for overall alexithymia was determined using descriptive statistics. The results are presented in Table 2b. The findings showed that 55.0% of the participants met the criterion for alexithymia. Thus, within the study sample, more than half of the participants met the established criterion for alexithymia.

Table 2b.

Descriptive Statistics of Prevalence of Alexithymia among Undergraduate students

Variable	Severity of Alexithymia	TAS-20 score	No.	%
Alexithymia	No Alexithymia	≤ 51	97	14.3
	Possible Alexithymia	52–60	208	30.7
	Alexithymia	≥ 61	373	55.0

The first hypothesis, which postulated a significant gender difference in alexithymia among undergraduate students, was tested using an independent-samples t-test. The alexithymia scores of male and female undergraduate students were compared, and the results are presented in Table 3. The findings showed that female undergraduate students (M = 62.27, SD = 8.12) had significantly higher alexithymia scores than their male counterparts (M = 59.12, SD = 8.70), $t_{(676)} = 4.85$, $p < .01$. The effect size was small to moderate (Cohen's d = 0.38), indicating that the observed gender difference, although

statistically significant, was of modest practical magnitude. Thus, female participants reported higher levels of alexithymia than male participants. The hypothesis was therefore supported.

Table 3

Independent Samples t-test Comparing Gender Disparity in Alexithymia

Group	N	*M*	SD	df	t	p	Cohen's d
Male	302	59.12	8.70	676	4.85	<.001	0.38
Female	376	62.27	8.12				

The second hypothesis proposed that there would be a significant difference in alexithymia scores among undergraduate students across age groups. A one-way analysis of variance (ANOVA) was conducted to examine differences in alexithymia scores across the age groups. The assumptions underlying ANOVA were examined and found to be adequately satisfied. Specifically, Levene's test for homogeneity of variances was non-significant, $F = 0.139$, $p = .870$, indicating that the assumption of homogeneity of variance was met.

The findings revealed a statistically significant difference in alexithymia scores across the age groups, $F_{(2, 675)} = 4.913$, $p = .008$, $\eta^2 = .015$. The second hypothesis was therefore supported, indicating that alexithymia scores differed significantly across the age groups. Age group accounted for approximately 1.5% of the variance in alexithymia scores, representing a small effect size based on Cohen's (1988) guidelines.

Table 4a

One-Way ANOVA Summary Table for Alexithymia across Age Groups

Source	SS	df	MS	F	p	η
Between Groups	710.786	2	355.393	4.913		.008
0.015						
Within Groups	48831.267	675	72.343			
Total	49542.053	677				

Further, to determine the specific age groups in which significant differences in alexithymia scores occurred, post hoc comparisons were conducted using the Scheffé test. As presented in Table 4b, participants aged 26–30 years recorded a significantly higher mean alexithymia score ($M = 63.63$, $SD = 8.68$) than those aged 16–20 years ($M = 59.71$, $SD = 8.55$), with the difference being statistically significant ($p = .012$). However, the difference between participants aged 16–20 years and those aged 21–25 years was not statistically significant ($p = .146$). Similarly, no statistically significant difference was observed between participants aged 21–25 years and those aged 26–30 years ($p = .134$). Although the overall ANOVA indicated a statistically significant difference in alexithymia across age groups, the Scheffé post hoc analysis showed that this difference was specifically attributable to the comparison

between participants aged 16–20 years and those aged 26–30 years. Although participants aged 26–30 years recorded the highest mean alexithymia score, the findings do not indicate that all age groups differed significantly from one another.

Table 4b

Scheffé Post Hoc Comparisons of Mean Scores among the Age Groups

Age	N	M	SD	Comparison	MD	SE	95% CI for MD	p
16-20 Years	214	59.71	8.55	21-25 Years	1.41	.72	[-3.1668, .3495]	.146
21-25 Years	412	61.12	8.46	26-30 Years	2.52	1.25	[-5.5864, .5550]	.134
26-30 Years	52	63.63	8.68	16-20 Years	3.92	1.32	[.6984, 7.1503]	.012

The third hypothesis was tested using a one-way analysis of variance (ANOVA) to determine whether alexithymia scores differed significantly across academic levels. The assumptions underlying ANOVA were examined and considered adequately satisfied. Specifically, Levene's test for homogeneity of variances was non-significant, $F = 1.086$, $p = .354$, indicating that the assumption of equal variances was met. The results revealed a statistically significant difference in alexithymia scores across academic levels, $F(3, 674) = 15.026$, $p < .001$, $\eta^2 = .063$. The effect size indicated that academic level accounted for approximately 6.3% of the variance in alexithymia scores, representing a medium effect based on Cohen's (1988) guidelines.

Table 5a

One-Way ANOVA Summary Table for Alexithymia Based on Academic Level

Source	SS	df	MS	F	p	η^2
Between Groups	3105.750	3	1035.250	15.026	<.001	.063
Within Groups	46436.303	674	68.897			
Total	49542.053	677				

In addition, post hoc comparisons using the Scheffé test were performed to determine the specific academic-level groups that differed significantly in their alexithymia scores. The results showed that 100-level students recorded a significantly lower mean alexithymia score ($M = 58.13$, $SD = 8.68$) than students in 200 level (mean difference [MD] = 2.93, $p = .046$), 300 level ($MD = 6.38$, $p < .001$), and 400 level ($MD = 2.84$, $p = .005$). A statistically significant difference was also observed between 200-level students ($M = 61.06$, $SD = 8.45$) and 300-level students ($MD = 3.45$, $p = .023$). However, there was no statistically significant difference between 200-level and 400-level students ($MD = 0.09$, $p = 1.000$). Furthermore, a statistically significant difference was found between 300-level and 400-level students ($MD = 3.54$, $p < .001$). Overall, the findings indicated that 300-level students recorded the highest mean alexithymia score, whereas 100-level students recorded the lowest, with significant pairwise differences observed across several academic-level comparisons.

Table 5b

Scheffé Post Hoc Comparisons of Mean Scores based on Academic Level

Age	N	M	SD	Comparison	MD	SE	95% CI for MD	p
100 Level	187	58.13	8.68	200 Level	2.93	1.04	[-5.8338, -.0319]	.046
				300 Level	6.38	.95	[-9.0481, -3.7109]	<.001
				400 Level	2.84	.79	[-5.0631, -.6198]	.005
200 Level	98	61.06	8.45	300 Level	3.45	1.11	[-6.5690, -.3242]	.023
				400 Level	.09	.98	[-2.6588, 2.8417]	1.00
300 Level	128	64.51	8.09	400 Level	3.54	.89	[-6.0419, -1.0341]	.001
400 Level	265	60.97	8.07					

Multivariable analysis

Although the bivariate analyses showed significant differences in alexithymia scores based on gender, age group, and academic level, a univariate general linear model was also carried out to examine the distinctive contribution of these demographic variables when considered simultaneously. The overall model was statistically significant ($F_{(6, 671)} = 12.908$, $p < .001$, $R^2 = .103$, adjusted $R^2 = .095$). Therefore, gender, age group, and academic level jointly accounted for 10.3% of the variance in alexithymia scores, with the adjusted model accounting for 9.5%.

The analysis revealed a statistically significant main effect of gender ($F_{(1, 671)} = 23.959$, $p < .001$). Age group also had a statistically significant main effect on alexithymia ($F_{(2, 671)} = 3.204$, $p = .041$). Similarly, academic level had a statistically significant main effect ($F_{(3, 671)} = 13.489$, $p < .001$). Thus, the significant associations observed in the bivariate analyses for sex, age group, and academic level remained statistically significant when the three demographic variables were considered simultaneously.

Table 6

Univariate General Linear Model of Gender, Age Group, and Academic Level on Alexithymia

Source	Type III SS	df	MS	F	*p*	η^2
Corrected Model	5126.505	6	854.418	12.908	<.001	.103
Gender	1585.941	1	1585.941	23.959	<.001	.034
Age group	424.183	2	212.091	3.204	.041	.009
Academic level	2,678.724	3	892.908	13.49	< .001	.057
Error	44415.548	671	66.193			
Corrected total	49542.053	677				

Discussion of the findings

The focus of the study was to examine the level and prevalence of alexithymia among undergraduate students and, by extension, to investigate variations in its expression across selected demographic factors. The findings indicated a high level of alexithymia and a substantial proportion of participants exceeding the established cut-off score. These findings are consistent with earlier studies by Alzahrani et al. (2020), Carosa and Button (2020), Ng and Chan (2020), and Aljaffer et al. (2022), which reported that alexithymia was relatively common among university students and was observed at elevated levels. However, the present findings differ somewhat from those of Franzoi et al. (2020), who also reported the presence of alexithymia among students but at a comparatively lower level.

The observed level of alexithymia may be associated with developmental and contextual challenges characteristic of emerging adulthood (van der Cruijsen et al., 2019). This developmental period is often characterised by identity exploration, increasing educational and social demands, and changes in interpersonal relationships. Accordingly, the academic demands, social transitions, and uncertainty about the future commonly experienced by university students may be associated with difficulties in emotional awareness and the identification and expression of emotions (Sun et al., 2024). However, given the cross-sectional nature of the present study, these factors should be regarded as possible contextual explanations rather than established causes of the observed level of alexithymia.

The findings further indicate that a substantial proportion of undergraduate students experience difficulties in identifying and describing their emotions and distinguishing between emotional states and bodily sensations. This is noteworthy because difficulties in emotional awareness, identification, and description have been associated with poorer psychological well-being, interpersonal difficulties, and challenges in academic functioning (Preece et al., 2024; Preece et al., 2026). Furthermore, alexithymia may co-occur with difficulties in emotion regulation and may be associated with psychological difficulties such as stress, anxiety, depressive symptoms, and reduced quality of life (Daghigh, 2024; Gündoğmuş et al., 2023; Preece et al., 2024).

The General Linear Model (GLM) showed that a combination of gender, age group, and academic level explained 10.3% of the variance in alexithymia scores ($R^2 = .103$). After adjusting for the number of predictors in the model, the explained variance was 9.5% (adjusted $R^2 = .095$). The relatively small difference between the two values implies that the model's explanatory value was not substantially inflated by the number of predictors included. However, the results also indicate that a large proportion of the variability in alexithymia (approximately 89.7%) was associated with other factors that could not be accounted for by these demographic variables.

The study further found a gender difference in alexithymia. This finding was observed in both the bivariate analysis and the multivariable general linear model, suggesting that the observed gender difference remained statistically significant after accounting simultaneously for age group and academic level. The outcome is consistent with a body of research suggesting that alexithymia varies among young people according to gender (Chung & Chen, 2020; Aljaffer et al., 2022; Mendia et al., 2024). However, the finding is inconsistent with the reports of Faramarzi and Khafri (2017), Janiec et al. (2019), and Ziaei et al. (2024), who found no significant gender difference in alexithymia. Moreover, the present findings diverge from those of Darvishi et al. (2022) and Hamaideh (2018), whose studies identified significant

gender differences but found higher alexithymia among male participants than among female participants. In contrast, the present study found higher levels of alexithymia among female participants than among their male counterparts. This finding is in consonance with earlier studies by Muzi (2020), Aljaffer et al. (2022), Germani et al. (2023), and Aleisa et al. (2022), which reported similar gender-related variations.

This outcome challenges the widely held assumption regarding gender and emotional expression. In line with the Normative Male Alexithymia perspective, traditional masculine socialisation may encourage male individuals to suppress vulnerable emotional expression and conform to norms emphasising emotional control, toughness, and self-reliance (Levant & Parent, 2025). Such gendered expectations may discourage male individuals from openly expressing vulnerable emotions and may promote emotionally restrained behaviours from an early age (Ezeugwu & Ojedokun, 2020; Mancini et al., 2025). These gender-role ideologies may, in turn, constrain the development of emotional language and emotional self-awareness, both of which are important components of emotional competence.

Nevertheless, the finding that female participants reported higher levels of alexithymia than male participants in the present study may be associated with the diverse ways in which gendered socialisation and broader social pressures influence emotional experiences. Although female participants are often socialised to be more emotionally expressive and relationally oriented than male individuals, traditional gender-role expectations and social pressures may influence how they experience and process emotions, potentially contributing to maladaptive patterns such as emotional inhibition, overregulation, or rumination (Chaplin, 2015; Nolen-Hoeksema, 2012). For example, female participants may be disproportionately exposed to emotionally distressing experiences, including sexual harassment, relationship difficulties, gender discrimination, restrictive gender stereotypes, and social expectations concerning marriage and family life. Some may also experience economic and relational pressures that could further contribute to emotional distress.

Among undergraduate students, these experiences may interact with academic demands, multiple responsibilities, and pressures to maintain socially expected standards of composure. Collectively, such challenges may contribute to difficulties in emotional awareness, identification, and description. However, these explanations should be interpreted cautiously, as the present cross-sectional findings demonstrate gender-related differences in alexithymia but do not establish the specific social or psychological mechanisms responsible for the observed difference.

One other finding of the study was a statistically significant difference in alexithymia scores across age groups, although the effect size was small. The effect remained significant both in the bivariate and multivariable models. This finding is consistent with the earlier studies of Mendia et al. (2024) and Aftab et al. (2023), which reported significant associations between age and alexithymia. In the present study, participants in the older age groups generally recorded higher mean alexithymia scores than those in the younger age groups. The most pronounced statistically significant difference was observed between participants aged 16–20 years and those aged 26–30 years. This finding is also in agreement with the reports of Mattila et al. (2006), Myles and Merlo (2021), and Mendia et al. (2024), who similarly reported differences in alexithymia across age groups.

The results revealed a small effect of age on alexithymia, with a significant difference observed between adolescents aged 16–20 years and young adults (26–30 years), such that the young adults reported higher levels of alexithymia. This finding suggests that the two age groups differed modestly in alexithymic behaviour. However, given the cross-sectional design of the study, this difference should not be interpreted as evidence that alexithymia increases as individuals grow older. Rather, it indicates that the age groups represented in the sample differed in their levels of alexithymia at the time of assessment. The observed difference may reflect variations in the psychosocial experiences, social responsibilities, academic demands, or other contextual characteristics of adolescents and young adults. The small effect size further indicates that age accounted for only a limited proportion of the variation in alexithymia. This suggests that other individual and environmental factors may be more important in explaining differences in alexithymia.

The results of the third hypothesis revealed a statistically significant difference in alexithymia scores among undergraduate students across academic levels, with a moderate effect size. This statistically significant association of academic level with alexithymia is demonstrated in both the bivariate and multivariable analyses. The persistence of this association in the GLM indicates that differences across academic levels were not fully explained by differences in participants' gender or age group. This finding is consistent with the studies of Myles and Merlo (2021), Alzahrani et al. (2020), and Aftab et al. (2023), which similarly reported significant associations between academic level and alexithymia. However, the finding contrasts with Alharthi et al. (2022), who reported that the relationship between students' academic level and alexithymia was not statistically significant.

Across the academic levels, the mean alexithymia scores varied, with higher mean scores observed among 200- and 300-level students and the highest mean recorded among 300-level students, followed by a modestly lower mean among 400-level students. The statistically significant differences observed between 200 and 300 levels and between 300 and 400 levels, but not between 200 and 400 levels, may reflect differences in the academic and contextual demands associated with these levels. In the context of the present study, the third year of undergraduate study may represent a particularly demanding period, during which students may encounter increased academic workload and responsibilities, including teaching practice, the Students' Industrial Work Experience Scheme (SIWES), efforts to improve grade-point averages, preparation for areas of specialisation, and increasing expectations concerning final-year projects. These demands may be accompanied by heightened academic stress and emotional pressure, which could be associated with greater difficulties in identifying and describing emotions and, consequently, higher alexithymia scores.

The comparatively lower mean score observed among 400-level students may, alternatively, reflect differences in the academic and social experiences of students at this level. Students in their final year may have greater familiarity with university demands and may have developed more effective ways of responding to academic and interpersonal challenges. Such experiences could potentially be associated with fewer difficulties in emotional awareness and expression. However, this interpretation should be treated cautiously because the present study was cross-sectional. The observed pattern may reflect differences between cohorts at different academic levels rather than developmental changes occurring

within the same students over time. Therefore, the findings do not establish that progression through academic levels causes changes in alexithymia.

Conclusion

To conclude, the study demonstrated that the overall constituents of alexithymia collectively showed a high level among undergraduate students. This suggests that a considerable proportion of the participants experienced challenges across multiple dimensions of emotional functioning. Specifically, difficulties in identifying feelings, describing feelings, and externally oriented thinking were observed at relatively high levels among the participants. In addition, a significant gender difference was observed in alexithymia, with female participants reporting higher levels than their male counterparts. The findings also revealed significant differences in alexithymia across age groups, although the effect size was small, indicating that the observed age-group difference was modest. Furthermore, significant differences in alexithymia were observed across academic levels, with the highest level reported among 300-level students. Given the cross-sectional nature of the study, these differences should be interpreted as variations among the demographic groups at the time of the study rather than as evidence that alexithymia increases or decreases as a function of age or academic progression.

The findings, particularly the high level of alexithymia observed among the undergraduate students, show the importance of strengthening emotional awareness and psychological support within the university environment. This is particularly relevant because difficulties in identifying and expressing emotions may be associated with challenges in seeking appropriate help, maintaining social support, and coping with psychological distress. Accordingly, universities may consider developing comprehensive mental health programmes that promote emotional awareness, emotional regulation, and psychological well-being among students. Such initiatives could include the integration of emotional regulation and emotional awareness skills into student orientation programmes, periodic psychological screening or assessment, and accessible counselling services. These interventions should not be limited to students experiencing marked emotional difficulties but should also promote emotional competence and psychological well-being across the broader student population.

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