Advances in Educational Technology and Psychology (2025)
Clausius Scientific Press, Canada
DOI: 10.23977/aetp.2025.090203
ISSN 2371-9400 Vol. 9 Num. 2

The Relationship between Alexithymia and Socially Learned Helplessness

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Keywords: Thought suppression; psychological resilience; mental and physical health

Abstract: This study explores the relationship between alexithymia and socially learned helplessness. The research employed a questionnaire method, using a self-designed general demographic questionnaire, the Toronto Alexithymia Scale (TAS-20), and a Learned Helplessness Questionnaire (LHQ) to survey adults in Gansu Province. The aggregate of 431 questionnaires were captured from the internet. After organizing the data, SPSS 26.0 was used for data analysis. The results showed a significant correlation between alexithymia and socially learned helplessness (ps < 0.001), with alexithymia positively predicting socially learned helplessness ($\beta = 0.745$, $t = 27.872$, $p < 0.001$). Enhanced concentrations of alexithymia were concomitant with higher degree of socially learned helplessness. These results indicate that individuals ought to prioritize improving their emotional expression abilities, as this can help reduce the tendency toward socially learned helplessness and promote mental and physical health.

1. Introduction

Alexithymia and socially learned helplessness are two psychological phenomena closely related to individual mental health and social adaptation. Individuals with alexithymia have difficulty identifying and expressing their emotions, which may lead to emotional isolation and interpersonal difficulties [1]. Socially learned helplessness, on the other hand, manifests as a sense of powerlessness in social situations, leading individuals to give up on efforts to change their circumstances, which may further exacerbate social avoidance and feelings of loneliness [2]. These psychological phenomena not only affect emotional health but may also impair social functioning and even lead to psychological issues such as depression and anxiety [3]. Therefore, exploring the relationship between alexithymia and socially learned helplessness is crucial for understanding individual social adaptation mechanisms and developing psychological intervention strategies.

The term "alexithymia" originates from Greek, meaning "inability to express emotions in words". It is defined as a cognitive and expressive emotional disorder characterized by the following features: (1) difficulty in identifying and describing one's own emotions; (2) lack of imagination and impoverished emotional experiences; (3) a tendency to focus on external events rather than internal feelings [1]. Alexithymia is not an independent mental illness but rather a transdiagnostic psychological trait commonly found in individuals with depression, anxiety, and post-traumatic stress disorder [4]. Research on alexithymia began in the 1970s, and a wealth of empirical evidence has

since been accumulated. Studies have shown that alexithymia is closely related to various psychological issues, such as depression, anxiety, and somatic symptoms [3]. Additionally, individuals with alexithymia exhibit lower emotional empathy and social skills in interpersonal interactions, which may lead to difficulties in social adaptation [5]. In recent years, researchers have begun to focus on the neurobiological basis of alexithymia, finding that it is associated with functional abnormalities in the prefrontal cortex and amygdala [6]. These studies provide important insights into the causes and effects of alexithymia.

In recent years, researchers have begun to link alexithymia with socially learned helplessness, exploring the potential relationship between the two. Individuals with alexithymia, due to their difficulty in identifying and expressing emotions, may feel confused and helpless in social situations, making them more prone to developing learned helplessness [7]. Additionally, the emotional isolation and social avoidance behaviors of individuals with alexithymia may further exacerbate their state of socially learned helplessness [3]. These studies supply a preliminary philosophical framework for understanding the interaction between alexithymia and socially learned helplessness.

Socially learned helplessness refers to a state of powerlessness and resignation that individuals develop after experiencing repeated failures or setbacks in social situations [2]. This state is characterized by the belief that one's efforts cannot change social outcomes, leading to avoidance of social activities or passive responses to social pressures [8]. Socially learned helplessness not only affects an individual's social abilities but may also lead to feelings of loneliness, depression, and low self-esteem [9]. Regarding the relationship between alexithymia and socially learned helplessness, existing research has revealed several possible mechanisms. First, individuals with alexithymia, due to their difficulty in identifying and expressing emotions, may feel confused and helpless in social interactions, making them more prone to developing learned helplessness [7]. Second, the emotional isolation and social avoidance behaviors of individuals with alexithymia may further exacerbate their state of socially learned helplessness [3]. Additionally, neurobiological research suggests that alexithymia and socially learned helplessness may share certain neural mechanisms, such as abnormalities in prefrontal cortex function [6]. These studies provide important theoretical foundations for a deeper understanding of the relationship between the two.

In summary, the relationship between alexithymia and socially learned helplessness is a complex and important research area. By exploring the relationship between the two, we can better understand the psychological mechanisms of individual social adaptation and provide theoretical support for developing effective psychological intervention strategies. Accordingly, this study establishes the following hypothesis: A link can be observed between alexithymia and socially learned helplessness.

2. Research Methods

2.1 Research Subjects

Using convenience sampling, Participants were drawn from the adult demographic in Gansu Province. Before completing the questionnaire, the principles of voluntariness and anonymity were explained, and the questionnaire was distributed and collected through the Wenjuanxing platform. A total of 431 questionnaires were collected, including 217 males (50.35%) and 214 females (49.65%); 253 participants were from urban areas (58.70%), and 178 were from rural areas (41.30%); 71 were only children (16.47%), and 360 were not only children (83.53%).

2.2 Research Tools

2.2.1 Toronto Alexithymia Scale（TAS-20)

The Chinese version of the Toronto Alexithymia Scale (TAS-20) was translated and adapted by Yi Jinyao et al. It consists of 20 items across three dimensions: (1) difficulty identifying feelings (items 1, 3, 6, 7, 9, 13, 14); (2) difficulty describing feelings (items 2, 4, 11, 12, 17); and (3) externally oriented thinking (items 5, 8, 10, 15, 16, 18, 19, 20). The scale uses a 5-point Likert scale: 1 (strongly disagree) to 5 (strongly agree). Five items are reverse-scored (items 4, 5, 10, 18, 19), with a total score range of 20–100. Higher scores indicate higher levels of alexithymia, and a total score > 61 indicates the presence of alexithymia. In this study, the Cronbach's α coefficient for the TAS-20 was 0.790, indicating good reliability.

2.2.2 Learned Helplessness Questionnaire（LHQ)

This study aimed to investigate learned helplessness in a social context. Based on relevant literature, the Learned Helplessness Questionnaire for college students developed by Wu Xiaoyan, Zeng Hong, and Ma Shaobin was selected as a reference tool. The questionnaire was adjusted according to the research objectives and consisted of 18 items. Participants rated each item on a 5-point scale, from “completely disagree” to “completely agree.” Higher scores indicate higher levels of learned helplessness. The questionnaire showed high internal consistency, with a reliability coefficient of 0.970.

2.3 Data Analysis

SPSS 26.0 was used for independent sample t-tests, Pearson correlation analysis, and regression analysis.

3. Results

Table 1: Statistical Overview and Difference Analysis of Demographic Variables (N=431)

		N	Alexithymia	Socially learned helplessness
			M±SD	M±SD
gender	Man	217	55.009±11.769	44.221±18.286
	Woman	214	56.187±11.050	46.285±18.974
	t		-1.071	-1.150
Place of origin	Rural	178	60.185±12.043	53.275±19.989
	Urban	253	52.364±9.762	39.597±15.314
	t		-7.166***	-7.680***
Family formation	Only-child	71	61.493±12.637	54.732±20.461
	Not-only child	360	54.431±10.808	43.375±17.696
	t		4.402***	3.366***

Note: * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$; "p" is the probability, reflecting the probability of an event.

As illustrated in Table 1, it is conceivable that no significant deviations were observed in alexithymia and socially learned helplessness by gender (ps> 0.05), but there were pronounced differences in alexithymia and socially learned helplessness by place of origin and family structure (ps< 0.001). Individuals from rural regions scored notably higher on alexithymia measures than those

from urban regions, The socially learned helplessness scores of rural participants were significantly greater than those of urban participants. Alexithymia and socially learned helplessness scores were significantly higher among only children than among non-only children.

Table 2: Correlational examination of core variables (N=431)

	1	2	3	4	5	6
1. Gender	1					
2. Age	-0.001	1				
3. Place of Origin	-0.013	-0.294***	1			
4. Family Formation	-0.034	0.206***	-0.136**	1		
5. Alexithymia	0.052	-0.751**	0.338***	-0.230***	1	
6. Socially learned helplessness	0.055	-0.787***	0.362***	-0.226***	0.923***	1

Note: * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$; "p" is the probability, reflecting the probability of an event.

As shown in Table 2, it is feasible to that alexithymia and socially learned helplessness were significantly positively correlated (p< 0.001). This means that an upsurge in alexithymia were bound up with a higher inclination toward socially learned helplessness. Participants' age had a negative interdependence with place of origin (p< 0.001) and positively correlated with family structure (p< 0.001). Age exhibited a negative relationship with alexithymia (p< 0.01) and socially learned helplessness (p< 0.001). Place of origin was negatively correlated with family structure (p< 0.01) and was positively linked to alexithymia (p< 0.001) and socially learned helplessness (ps< 0.001). Family structure was negatively correlated with alexithymia and socially learned helplessness (ps< 0.001).

Table 3: Regression modeling of alexithymia and socially learned helplessness

Models and Variables	Socially learned helplessness			
	Model 1		Model 2	
	β	t	β	t
1.Gender	0.055	1.894	0.017	0.998
Place of origin	0.139	4.578***	0.047	2.571**
Age	-0.735	-23.904***	-0.212	-8.107***
Family formation	-0.054	-1.820	-0.004	-0.241
2. Alexithymia			0.745	27.872***
ΔR2	0.640		0.873	
R2	0.802		0.935	
F	192.395***		589.594***	

Note: * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$; "p" is the probability, reflecting the probability of an event.

According to Table 3, when incorporating gender, place of origin, age, and family structure were included as control variables in the regression model, alexithymia significantly positively predicted socially learned helplessness (β= 0.745, t= 27.872, p< 0.001). An elevated level of socially learned helplessness is associated with a greater degree of alexithymia.

4. Discussion

This investigation studied the interdependence between alexithymia and socially learned helplessness, and the research uncovered a significant positive bond between the two. This finding suggests that individuals with stronger the intensity of alexithymia are more at risk of encountering learned helplessness in social situations. Specifically, individuals with alexithymia, due to their difficulty in interpreting and externalizing emotions, may feel confused and helpless in social interactions, making them more prone to developing learned helplessness [7]. Additionally, the emotional isolation and social avoidance behaviors of individuals with alexithymia may further

exacerbate their state of socially learned helplessness [3]. This result supports the potential psychological mechanism between alexithymia and socially learned helplessness, namely that emotional cognitive and expressive difficulties may lead individuals to feel powerless to change their circumstances in social situations.

The outcomes of this study resonate with prior findings but also show some differences. For example, Parker found that individuals with alexithymia, due to their difficulty in emotional cognition, are more likely to feel helpless in social situations, which corroborates the findings of this research. However, compared to previous studies, this study further reveals the specific mechanisms between alexithymia and socially learned helplessness, namely the mediating mechanism of emotional isolation and social avoidance behaviors in the nexus between the two *[5]*. Additionally, this data revealed that individuals with marked levels of alexithymia exhibit stronger passive coping tendencies in social situations, which aligns with the results of Alvi and Tabak [10].

Relative to earlier investigations, this study also highlights the characteristics of alexithymia and socially learned helplessness in adult individuals. For example, Taylor et al. focused primarily on adolescent populations, while this study found that alexithymia and socially learned helplessness in adults may be closely related to their social roles and responsibilities. Additionally, this study found that the emotional isolation and social avoidance behaviors of individuals with alexithymia are more pronounced in adults, which may be related to their long-term emotional cognitive difficulties [3].

Compared to recent studies, this study also found that the relationship between alexithymia and socially learned helplessness may be influenced by an individual's social support network. For example, Goerlich-Dobre et al. (2014) found that abnormalities in prefrontal cortex function in individuals with alexithymia may affect their social abilities, while this study found that a lack of social support networks may further exacerbate the state of socially learned helplessness in individuals with alexithymia. These findings provide new perspectives for understanding the relationship between alexithymia and socially learned helplessness.

The negative effects of alexithymia and socially learned helplessness on individuals are multifaceted. First, individuals with alexithymia, due to their difficulty in identifying and expressing emotions, may feel confused and isolated in interpersonal interactions, leading to emotional isolation and social avoidance behaviors (Vanheule et al., 2007). This emotional isolation not only deteriorates mental health but might also lead to psychological issues such as depression and anxiety [3].

Second, individuals with socially learned helplessness, due to their sense of powerlessness in social situations, may choose to avoid social activities or passively respond to social pressures [2]. This avoidance behavior not only affects social abilities but may also lead to feelings of loneliness and low self-esteem *[11]*. Additionally, individuals with socially learned helplessness may exhibit lower adaptability in the workplace and family life, affecting their career development and family relationships [8].

To address the negative effects of alexithymia and socially learned helplessness, the following measures can be taken:

Emotional Recognition Training: Mental health professionals and therapists should through psychological interventions, help individuals with alexithymia improve their ability to recognize and express emotions, thereby enhancing their social skills [3].

Social Skills Enhancement Programs: Counselors and group facilitators should through group counseling and role-playing, help individuals with socially learned helplessness improve their social skills and boost their social confidence [11].

Building Social Support Networks: Community leaders and social workers should encourage individuals to establish and maintain diverse social support networks, including friends, colleagues, and family members, to provide emotional support and social resources [12].

Cognitive Behavioral Therapy facilitates the transformation of negative social cognitive patterns and enhances individuals' social initiative. [2].

Limitations and Future Directions

Although this study has yielded some valuable findings, there are still some limitations. First, the study sample was primarily from a specific cultural background, and future research could conduct cross-cultural comparisons to explore the influence of cultural factors on the relationship between alexithymia and socially learned helplessness. Beyond that, this investigation primarily used a cross-sectional observation design, thereby hindering the identification of the causal connection between alexithymia and socially learned helplessness. Future research could use longitudinal designs to further explore the dynamic relationship between the two. Additionally, this study did not consider the influence of socioeconomic status and occupational type on alexithymia and socially learned helplessness, and future research could further explore the moderating effects of these factors.

5. Conclusion

In summary, alexithymia is positively and significantly related to socially learned helplessness. This outcome elucidates the psychological mechanisms of individual social adaptation and contributes to the theoretical foundation for developing effective psychological intervention strategies. Future research could further expand the scope and depth of the study to gain a more comprehensive understanding of this relationship.

Acknowledgement

This study was supported by the 2025 University-level Graduate Research Funding Project of Northwest Normal University (No. KYZZB2025019).

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