SIGNIFICANCE OF ALEXITHYMIA AND MINDFULNESS AMONG YOUNG ADULT SUBSTANCE USERS

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ABSTRACT

Substance use has been emerging as one of the most confounding problems among young adults affecting various facets of their lives and our society in a broad way. Reducing the levels of alexithymia and increasing mindfulness among such people have been found benefiting to help them reduce this compulsive and harmful behaviour. Objective: In the current study, effort was made to study the role of alexithymia and mindfulness among young adults with regards to their gender and status of involvement. Method: A sample of 120 adults aged 20 to 30 years were selected wherein 60 male and 60 female adults, with 30 substance users and 30 non – users present in each group. Purposive sampling technique was used to collect the sample. Tools used were the Alcohol, Smoking, and Substance Involvement Screening Test, Toronto Alexithymia Scale and the Mindfulness Attention Awareness Scale. (2 x 2) factorial design F – test and Pearson’s Correlation ‘r’ were used to statistically analyse the data. Result & Conclusion: The results showed higher alexithymia in substance users than the non – users. Difficulty in identifying feelings was also found to be higher in the substance users than the non – user adults. Also a moderate negative correlation was found between mindfulness and alexithymia. There was no significant difference found in context to gender for either of the scales and the respective dimensions. Key words: substance use, alexithymia, mindfulness, young adults, gender

INTRODUCTION

For alcohol and drug use, young adulthood is a peak time (SAMHSA, 2005). In a research using a normative sample, the National Survey on Drug Use and Health (NSDUH; SAMHSA, 2008) discovered that 68% and 90% of adults aged 21-25 reported alcohol use over the past month and lifetime, respectively, while 19% and 61% reported illicit drug use over the past month and lifetime, respectively. It is therefore normative to experiment with drugs during young adulthood. Notably, for this age group, alcohol use is somewhat exclusive compared to other drug use, since young adulthood covers the age at which alcohol
use becomes legal. New legality may explain the maximum level of binge drinking at 21 years of age (estimated at 48 percent) among young adults, with a general estimated level of 41 percent among 18-25 years of age (SAMHSA, 2005). Substance use may jeopardize an already demanding shift to adulthood for young adults with severe mental health illnesses. The existence of severe mental health ailments during this alteration period may hinder effective negotiation of developmental difficulties (Davis & Vander Stoep, 1997), with potential for dropping out of college, unemployment, and legal issues (Armstrong, Dedrick & Greenbaum, 2003; Davis et al, 2007).

Alexithymia
Alexithymia, an emotional and cognitive structure, is described as an absence of emotional self-awareness and is characterized by difficulty in defining and describing emotions, a tendency for outwardly focused thinking, and an absence of fantasy life. Sifneos (1975) defined Alexithymia as a characteristic of personality connected with a multitude of psychosomatic diseases. The incidence of alexithymia ranges between 8% and 15% in population-based research, rates of up to 67% in patients with alcohol use disorders (AUD) and up to 50% in patients with other drug use disorders (SUD). Alexithymia was linked with the elderly generation, low level of education, low socio-economic status, low perceived health, and depression in socio-demographic researches, although not all of these associations were consistently noted in all studies. Alexithymia was also associated with state-anxiety and depression in SUD. As alexithymia has been defined as a possible risk factor for SUD, and in some researches, it has been associated with detrimental treatment results, enhancing knowledge of the relationship between alexithymia and SUD may be important in treating SUD and optimizing treatment measures. Prevalence figures reported in several pieces of research that between 40 and 50 percent of alcohol-dependent people met alexithymia criterion and their scores on the TAS-20 are often considerably higher than college pupils or community people (Loas, Otmani, Lecercle, & Jouvent, 2000; Handelsman et al., 2000; Haviland, Hendryx, Shaw, & Henry, 1994; Ziolkowski, Gruss, & Rybakowski, 1995).

Mindfulness
Mindfulness has been defined as a deliberate direction of attention toward experience as it emerges at the current instant, characterized by a non-judgmental, open receptiveness towards all phenomena (Bishop et al., 2004). It is most frequently described as being attentive to what is happening in the present and being conscious about it. Interventions of
mindfulness may work well because the mechanisms of thought behind substance abuse and methods of mindfulness are conflicting (Garland et al., 2010). For instance, alcohol abuse, misuse, and craving are often caused by stress, aggravated by the absence of efficient coping strategies, and may be characterized by unawareness, inattention, and bias towards alcohol signs; relapse is further determined by the suppression of thought (Garland et al., 2010; Garland, et al., 2012). By distinction, the idea of mindfulness emphasizes being conscious of one's thoughts and paying attention to them (Bishop et al., 2004).

Mindfulness has been associated with the processing of emotions (Hayes and Feldman 2004). Alexithymia can be contrasted with the principle of mindfulness to the extent that mindfulness promotes open exploration and alertness to internal experiences and become acquainted with the rising thoughts or emotions in the body (De la Fuente et al. 2010; Gilbert et al. 2012). Mindfulness was discovered to be negatively associated with alexithymia, emotional regulatory problems, and fear of feelings (Lykins and Baer 2009).

**OBJECTIVE OF THE STUDY**

The aim of the present research was to study and analyse whether alexithymia as well as mindfulness have any role to play in the involvement of substance use among male and female young adults. The purpose of the study was also to contribute an understanding of alexithymia as a personality trait among substance users and non – users with regards to non-clinical population in India as there are not many studies of this kind done in our country. Also, the study aims at finding out if there is any relationship between alexithymia and mindfulness.

**HYPOTHESES**

The main hypotheses for the present research are as follows:

1. There will be significant difference as well as interaction between gender (male and female) and status of involvement (user and non-user) among young adults with regards to alexithymia and its dimensions (difficulty identifying feelings, difficulty describing feelings, and externally – oriented thinking).

2. There will be significant difference as well as interaction between gender (male and female) and status of involvement (user and non-user) among young adults with regards to mindfulness.
3. There will be significant relation between alexithymia and mindfulness among young adults.

**METHODOLOGY**

**Sample**
The total sample comprised of 120 persons, out of approximately 150 people who were approached, and were in the age range of 20 – 30 years. Purposive sampling technique was used to collect the sample from different institutions and colleges of Ahmedabad city. Here in this research study, the individuals in the sample were chosen based upon their gender and the status of involvement for substance use.

**Variables**

**Independent Variables:**
- Gender (Male and Female)
- Status of involvement (User and Non-user)

**Dependent Variables:**
- Alexithymia (difficulty identifying feelings, difficulty describing feelings, and externally – oriented thinking)
- Mindfulness

**Research Measures**

**Inclusion Criteria:**
- Only people in the age range of 20 – 30 years were selected as sample for the present study.
- Equal number of substance users as well as non – users were screened out and selected for both the genders.
- People who used any form of tobacco products, alcoholic beverages, and/or illicit drugs at least once or twice (or more than that) in the past 3 months were included under the category of substance users.
- Such people were only selected as a sample from the general population who were not seeking any form of psychological treatment for substance use when they were approached for data collection.

**Exclusion Criteria:**
• Persons not knowing basic English to understand and respond to the questionnaires were excluded from the study.
• Those living in the rural area were not selected to be a part of the research.
• People taking some form of drugs (like amphetamines, sedatives, and so on) as part of medication prescribed by a doctor were not included as a sample.

Tools
In the present research study, one screening test and two psychometric tools were used for the purpose of data collection. The list of tools used is as follows:

1) The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) – 2002
The alcohol, smoking, and substance involvement screening test (ASSIST) was created by an international group of professional addiction investigators and clinicians through the World Health Organization (WHO) (World Health Organization ASSIST Working Group, 2002). The tool was intended to check for the issue or dangerous use of tobacco, alcohol, marijuana, cocaine, amphetamine-type stimulants, sedatives, hallucinogens, inhalants, opioids, and ‘other substances’. It has been established that the ASSIST has outstanding concurrent, construct, predictive and discriminative validity (Humeniuk & Ali, 2006). For most domains and items of ASSIST, internal consistency (Cronbach's alpha) was over 0.80. The test-retest reliability ranged from good to excellent, with coefficients varying from 0.90 (consistency of reporting ‘ever’ drug usage) to 0.58 (lamented what was done under drug impact) (Ali et al., 2002; World Health Organization ASSIST Working Group, 2002). Eight questions are included in the ASSIST V3.0. Scoring is easy and may take 10-15 minutes to deliver the instructions provided inside the tool.

2) Toronto Alexithymia Scale (TAS-20) – 1994
Authors: R. Michael Bagby, James D. A. Parker and Graeme J. Taylor
TAS is a 20-item tool that is one of alexithymia's most frequently used measures. The TAS-20 consists of three subscales: Difficulty Describing Feelings, Difficulty Identifying Feelings, and Externally Oriented Thinking. Completing this whole test generally takes no more than 10 minutes. Items are valued using a Likert scale of 5 points under which 1= strongly disagree and 5= strongly agree. The tool shows strong internal consistency (Cronbach's alpha=.81) and reliability for test-retest (.77, p<.01). Studies using the TAS-20 shows satisfactory convergent and concurrent validity.
3) The Mindfulness Attention Awareness Scale (MAAS) – 2003

Authors: Kirk W. Brown & Richard M. Ryan

The trait MAAS scale consists of 15 items intended to evaluate mindfulness. Respondents are asked to show how often they have had the experience outlined in each of the 15 sentences using a Likert scale of 6-points, ranging from 1 (almost always) to 6 (almost never). Completing the whole measure does not take more than 10 minutes. The MAAS was reported to be of strong internal consistency, with alphas ranging of .82 and .87 in student and adult samples (respectively) and high test-retest reliability was also proved. The MAAS shows convergent and discriminant correlations with other well-established comparable measures in the anticipated direction.

Procedure of data collection

To obtain the sample group, official permission was taken from the authorities in charge from different colleges of Ahmedabad city. Followed by a brief rapport, informed consent was obtained from each subject promising confidentiality and anonymity. The tools were then administered after giving relevant instructions and ensuring that the subject has understood them. Privacy and comfortable atmosphere were ensured throughout the data collection. All the subjects were thanked for giving their valuable time and consent to participate in the study. After completion of data collection, responses of each respondent on all the tools were scored with the help of respective scoring keys.

Statistical Analysis

To find out the mean and interaction effect of the two independent variables (gender and status of involvement) on the scores of Alexithymia and Mindfulness, Two - way (2 x 2 factorial design) ANOVA F-test was used. Pearson’s Correlation Coefficient was also calculated to find out the relationship between Mindfulness and Alexithymia.

RESULTS

The results of this research study have been interpreted and presented in form of tables below:
Table no.1 Results of ANOVA for Alexithymia among young adults

<table>
<thead>
<tr>
<th>Source of variance</th>
<th>Sum of Squares</th>
<th>Degrees of Freedom</th>
<th>Mean Sum of Squares</th>
<th>F</th>
<th>Level of Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>249.408</td>
<td>1</td>
<td>249.408</td>
<td>2.186</td>
<td>NS</td>
</tr>
<tr>
<td>Status of involvement</td>
<td>612.008</td>
<td>1</td>
<td>612.008</td>
<td>5.365</td>
<td>0.05</td>
</tr>
<tr>
<td>Gender * Status of involvement</td>
<td>170.408</td>
<td>1</td>
<td>170.408</td>
<td>1.494</td>
<td>NS</td>
</tr>
<tr>
<td>Error</td>
<td>13232.167</td>
<td>116</td>
<td>114.070</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>305233.000</td>
<td>120</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corrected Total</td>
<td>14263.992</td>
<td>119</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*NS (Non-significant)/S (Significant)

Table no.1 shows the result of ANOVA for Alexithymia among young adults. The F ratio for Alexithymia with regards to gender is 2.186 which is not significant. It means that the male adults do not differ significantly on Alexithymia as compared to the female adults. F ratio for Alexithymia for status of involvement is 5.365 which is significant at 0.05 level of significance. It means that the young adults who use substance differ significantly to the adults who do not use substance. This indicates that adults who are users are more alexithymic than those adults who are non-users. F ratio for Alexithymia for gender of adults and their status of involvement is 1.494 which is not significant. Hence, it could be stated that significant interaction does not exist between gender and status of involvement in adults with regards to Alexithymia.
Table no.2 Results of ANOVA for Alexithymia – dimension 1 (Difficulty identifying feelings) among young adults

<table>
<thead>
<tr>
<th>Source of variance</th>
<th>Sum of Squares</th>
<th>Degrees of Freedom</th>
<th>Mean Sum of Squares</th>
<th>F</th>
<th>Level of Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>54.675</td>
<td>1</td>
<td>54.675</td>
<td>1.519</td>
<td>NS</td>
</tr>
<tr>
<td>Status of involvement</td>
<td>185.008</td>
<td>1</td>
<td>185.008</td>
<td>5.139</td>
<td>0.05</td>
</tr>
<tr>
<td>Gender * Status of involvement</td>
<td>60.208</td>
<td>1</td>
<td>60.208</td>
<td>1.673</td>
<td>NS</td>
</tr>
<tr>
<td>Error</td>
<td>4175.700</td>
<td>116</td>
<td>35.997</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>35613.000</td>
<td>120</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corrected Total</td>
<td>4475.592</td>
<td>119</td>
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<td></td>
<td></td>
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</tbody>
</table>

*NS (Non-significant)/S (Significant)

Table no.2 shows the result of ANOVA for Alexithymia – dimension 1 (Difficulty identifying feelings) among young adults. The F ratio for Alexithymia – dimension 1 with regards to gender is 1.519 which is not significant. It means that male adults do not differ significantly on ‘Difficulty identifying feelings’ as compared to female adults. F ratio for Alexithymia – dimension 1 for status of involvement is 5.139 which is significant at 0.05 level of significance. It means that the adults who use substance differ significantly to the adults who do not use substance on Difficulty identifying feelings. This indicates that adults who use substance are more inclined to face difficulty in identifying their feelings than adults who do not use substance. F ratio for Alexithymia – dimension 1 for gender of adults and their status of involvement is 1.673 which is not significant. Hence, it could be stated that significant interaction does not exist between gender and status of involvement in adults with regards to Difficulty identifying feelings.
Table no.3 Results of ANOVA for Alexithymia – dimension 2 (*Difficulty describing feelings*) among young adults

<table>
<thead>
<tr>
<th>Source of variance</th>
<th>Sum of Squares</th>
<th>Degrees of Freedom</th>
<th>Mean Sum of Squares</th>
<th>F</th>
<th>Level of Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>10.208</td>
<td>1</td>
<td>10.208</td>
<td>.702</td>
<td>NS</td>
</tr>
<tr>
<td>Status of involvement</td>
<td>44.408</td>
<td>1</td>
<td>44.408</td>
<td>3.054</td>
<td>NS</td>
</tr>
<tr>
<td>Gender * Status of involvement</td>
<td>3.675</td>
<td>1</td>
<td>3.675</td>
<td>.253</td>
<td>NS</td>
</tr>
<tr>
<td>Error</td>
<td>1686.833</td>
<td>116</td>
<td>14.542</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>22417.000</td>
<td>120</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corrected Total</td>
<td>1745.125</td>
<td>119</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*NS (Non-significant)/S (Significant)

Table no.3 shows the result of ANOVA for Alexithymia – dimension 2 (Difficulty describing feelings) among young adults. The F ratios for Difficulty identifying feelings with regards to gender is 0.702 and with respect to status of involvement is 5.139 which are not significant. It means that male adults do not differ significantly on Alexithymia – dimension 2 as compared to female adults. As well as, the adults who use substance do not differ significantly to the adult non-users with respect to difficulty in describing their feelings. F ratio for Alexithymia – dimension 2 for gender of adults and their status of involvement is 0.253 which is not significant. Hence, it could be stated that significant interaction does not exist between gender and status of involvement in adults with regards to Difficulty describing feelings.
Table no.4 Results of ANOVA for Alexithymia – dimension 3 (Externally – oriented thinking) among young adults

<table>
<thead>
<tr>
<th>Source of variance</th>
<th>Sum of Squares</th>
<th>Degrees of Freedom</th>
<th>Mean Sum of Squares</th>
<th>F</th>
<th>Level of Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>28.033</td>
<td>1</td>
<td>28.033</td>
<td>1.400</td>
<td>NS</td>
</tr>
<tr>
<td>Status of involvement</td>
<td>20.833</td>
<td>1</td>
<td>20.833</td>
<td>1.041</td>
<td>NS</td>
</tr>
<tr>
<td>Gender * Status of involvement</td>
<td>14.700</td>
<td>1</td>
<td>14.700</td>
<td>.734</td>
<td>NS</td>
</tr>
<tr>
<td>Error</td>
<td>2322.133</td>
<td>116</td>
<td>20.018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>50626.000</td>
<td>120</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corrected Total</td>
<td>2385.700</td>
<td>119</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*NS (Non-significant)/S (Significant)

Table no.4 shows the result of ANOVA for Alexithymia – dimension 3 (Externally – oriented thinking) among young adults. The F ratios for Alexithymia – dimension 3 with regards to gender is 1.400 and with respect to status of involvement is 1.041 which are not significant. It means that male adults do not differ significantly on Externally – oriented thinking as compared to female adults. Also the adults who use substance do not differ significantly to the adults who are non – users on Externally – oriented thinking. The F ratio for Alexithymia – dimension 3 for gender of adults and their status of involvement is 0.734 which is not significant. Hence, it could be stated that significant interaction does not exist between gender and status of involvement in adults with regards to Externally – oriented thinking.
Table no. 5 Results of ANOVA for Mindfulness among young adults

<table>
<thead>
<tr>
<th>Source of variance</th>
<th>Sum of Squares</th>
<th>Degrees of Freedom</th>
<th>Mean Sum of Squares</th>
<th>Sum</th>
<th>F</th>
<th>Level of Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>4.800</td>
<td>1</td>
<td>4.800</td>
<td>.028</td>
<td>NS</td>
<td></td>
</tr>
<tr>
<td>Status of involvement</td>
<td>264.033</td>
<td>1</td>
<td>264.033</td>
<td>1.567</td>
<td>NS</td>
<td></td>
</tr>
<tr>
<td>Gender * Status of involvement</td>
<td>634.800</td>
<td>1</td>
<td>634.800</td>
<td>3.767</td>
<td>NS</td>
<td></td>
</tr>
<tr>
<td>Error</td>
<td>19546.333</td>
<td>116</td>
<td>168.503</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>522522.000</td>
<td>120</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corrected Total</td>
<td>20449.967</td>
<td>119</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*NS (Non-significant)/S (Significant)

Table no. 5 shows the result of ANOVA for Mindfulness among young adults. The F ratios for Mindfulness with regards to gender is 0.028 and with respect to status of involvement is 1.567 which are not significant. It means that the male adults do not differ significantly as compared to female adults as well as adults who use substance do not differ significantly as compared to the non-users on Mindfulness. F ratio for Mindfulness for gender of adults and their status of involvement is 3.767 which is not significant. Hence, it could be stated that significant interaction does not exist between gender and status of involvement in adults with regards to Mindfulness.
Table no.6 Result of Pearson’s Correlation between Mindfulness and Alexithymia among young adults

<table>
<thead>
<tr>
<th></th>
<th>Alexithymia</th>
<th>Mindfulness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pearson Correlation</td>
<td>-0.579**</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>.000</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>120</td>
</tr>
</tbody>
</table>

** Correlation is significant at the 0.01 level (2-tailed).

Table no.6 shows the result of Pearson’s Correlation between Mindfulness and Alexithymia of young adults. The value of Pearson’s ‘r’ obtained is -0.579 which is significant at 0.01 level of significance. It means that there is a significant relationship between Alexithymia and Mindfulness. The relationship between these two variables is moderate and negative in nature. Hence, it can be clearly stated that as the level of Mindfulness will increase, the level of Alexithymia will decrease.

DISCUSSION

Substance use is one of the most serious obstacles to the development of societies. Studies have been presented discussing several risk factors for this disorder. Which among them, high levels of family conflict, academic problems, comorbidity of mental disorders such as depression and personality disorders, substance use by peers or parents, impulsivity and early onset of smoking, can be pointed out (Sadock & Sadock, 2011). In addition to the mentioned factors, the significant role of emotional problems such as inability to control or regulate emotions in general, and alexithymia in particular, can be mentioned. Although at first alexithymia was presented as a deficiency in cognitive processing and emotional regulation in psychosomatic patients, today, it’s known as a normal personality trait that is distributed among all members of society (G. J. Taylor, 1994).

The findings of the current research showed that alexithymia is significantly higher in substance users as compared to non – user adults. The mean of alexithymia scores in all three subscales of TAS-20 among users was greater than non – users. The mean difference was
statistically significant for DIF subscale but not for DDF and EOT subscales. These results are consistent with findings of many such similar researches done in the past. However, there was no significant difference seen in relation to gender for alexithymia and its subscales.

To explain the difference between users and non–users in alexithymia, it can be said that people with alexithymia misinterpret bodily symptoms of emotional arousal, express their emotional distress through bodily complaints and they seek therapeutic measures just for treating bodily symptoms (G. J. Taylor, Parker, Bagby, & Acklin, 1992), for these reasons it is likely for them to have the tendency towards drug addiction. In this regard, Jeammet (1994) showed that consumption of psychoactive substances, such as self-medication, is in order to reduce anxiety and depression (Pierrehumbert et al., 2002). Alcohol consumption can be a way to appease people with alexithymia in stressful situations. As a result, alcohol consumption facilitates people's emotional and verbal connection, and the pleasant experience of alcohol use can eventually lead to alcohol dependence (Uzun, 2003). The self-medication hypothesis suggests that people use substances and drugs in order to deal with their negative emotions (Wills, Vaccaro, & McNamara, 1992).

Mindfulness is a rapidly growing study area with a broad range of applications, but the variability with which it can be described and assessed has often led to paradoxical or inconsistent results. The present study aimed at finding out the role of dispositional mindfulness in the involvement of substance use among young adults. Finding of this research showed that there is no significant difference between users and non–users, for both male and female adults, in relation to mindfulness. While this finding contradicts other studies that have found an inverse relationship between dispositional mindfulness and substance misuse (Fernandez et al., 2010; Garland et al., 2010; Garland et al., 2012; Levin et al., 2014), it is not wholly unexpected. Kashdan et al. (2011) found that people who are in high in both curiosity and mindfulness are less guarded in the face of threats to their worldviews; a similar process could have been at work here. Heightened mindful curiosity may decrease inhibitions and counteract judgment, simultaneously making the misuse of substances more attractive and less threatening.

According to the findings of Ricardo and Pereira (2015), mindfulness appears to be a construct with excellent therapeutic and research prospect at distinct stages, indicating that some elements of mindfulness appear to encourage greater self-differentiation and avert alexithymia. The current research found that a moderate negative correlation exists between mindfulness and alexithymia, which is consistent with past studies. According to Bowen (1976), weakly differentiated people with a diminished coherent sense of self are less
competent to stand the intense emotional experience and are incapable of distinguishing thoughts from emotions. It would, therefore, make sense that higher levels of alexithymia are reported by less differentiated people. The poor ability for mindfulness (i.e. quality of mindfulness, awareness, and acceptance) anticipated higher clinical alexithymia. Baer et al. 2004 discovered that alexithymia had considerable negative correlations with scores of mindfulness. The results visibly favour a partial intermediating effect of mindfulness.

CONCLUSION
The young adult substance users have higher alexithymia and have difficulty in identifying their feelings as compared to adults who are non – user. Mindfulness has also shown to have a negative correlation with alexithymia, that is, increasing the level of mindfulness will eventually decrease the level of alexithymia in substance users supposedly. Thus, mindfulness based interventions or therapies can be used with alexithymic adults who use alcohol and substance in order to reduce this behaviour of using such potentially harmful substances by targeting alexithymia and making people more aware of their true emotions and helping them cope with their negative emotions in better ways.

LIMITATIONS and SUGGESTIONS
The present research was carried out on a small sample; hence the results cannot be generalized on the complete population. The sample for the research comprised particularly of young adults (20 – 30 years of age) from the Ahmedabad city only. Also, other demographic details like socio – economic status, educational level, occupation, and so on were not considered for this study which could have possible impacts. Moreover, the duration, severity as well as the frequency with which the drug and/or alcohol is consumed were not investigated in the present study.

The present research has been carried out taking into consideration substance use as an umbrella term, but same study can be done with regards to a specific form of substance use like opioid use, hallucinogen use, stimulants use, and so on. This same study can also be conducted on people who are diagnosed as addicts and are seeking some form of psychopharmacological treatment or psychotherapy. The effectiveness of mindfulness technique can also be studied in reducing level of alexithymia among substance users.
PRACTICAL IMPLICATIONS
The research findings can be useful to psychologists and other mental health professionals to understand the reason behind the involvement in substance use from this cognitive perspective which will help them work with substance users more effectively and also different treatment plans can thus be established keeping in mind the individual’s personality. Substance users themselves, as well as their family members and friends, will be able to better understand the motive behind indulging in such compulsive and maladaptive behaviour. As a result, they may gain insight which will help them to refrain from substance use and adapt to more constructive ways for channelizing their emotions.

REFERENCES


