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The Relationship Between Alexithymia, Childhood Trauma and Anxiety: Comparison Between Joint and Nuclear Family System

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ABSTRACT

The purpose of the current study was to investigate the association between childhood trauma, alexithymia, and anxiety in adults 18-40 years ($M=23.43$, $SD=3.53$). A comparison of differences in these variables was also examined with respect to family system (joint and nuclear). A correlational research design along with causal-comparative research design was used. The sample was made up of 301 adult members with various educational and social backgrounds gathered by convenience sampling. The data were collected by Childhood Trauma Questionnaire–Short Form (CTQ-SF; Bernstein et al., 2003), Toronto Alexithymia Scale (TAS-20; Bagby et al., 1994), and Generalized Anxiety Disorder Scale (GAD-7; Spitzer et al., 2006). The results showed both childhood trauma and alexithymia positively correlated with anxiety, and alexithymia had a significant positive correlation with childhood trauma. A preliminary analysis revealed that there were greater mean levels of childhood trauma, and alexithymia amongst people from joint family system compared to nuclear family system. In the amount of anxiety experienced in different family systems, however, no significant difference was found. The results indicated that experiencing adverse childhood events is linked to challenges with experiencing emotions and higher anxiety symptoms in adulthood. Alexithymia appears to be an important factor linked with the psychological consequences of childhood trauma. The study emphasizes a need to consider emotional awareness and childhood adversity in the context of mental health interventions and adds to the scant literature in situational Pakistani context.



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Introduction

Childhood trauma is regarded as an important psychological risk factor for emotional and mental health over the lifespan (Xiao et al., 2023). Emotional abuse, physical abuse, poor parental care, parental rejection, family conflict, domestic violence, and unstable family care environments all can have a negative impact on the development of children's emotions and psychological adjustment (Holt et al., 2008; Margolin & Gordis, 2000). The role of family environment and how it contributes to emotional security, coping mechanisms and personality development in childhood is very important (Wu, 2024). Children's emotional experiences and their development of emotional regulation can be negatively impacted by dysfunctional families with emotionally invalidating or threatening communications (Mphaphuli, 2023). Lack of emotional support and potentially fear arousing communications occur in the family and increase children's vulnerability to emotional stressors and emotional dysfunction. The consistent evidence in previous studies has suggested that childhood trauma is significantly related to anxiety symptoms, emotional regulation issues and chronic mental health conditions (Kuzminskaite et al., 2022). Likewise, Kurtoğlu et al. (2024) found social anxiety symptoms were strongly predicted by adverse childhood experiences through the maladaptive cognitive and emotional processes. Additionally, it has been found that negative childhood experiences can have lasting impacts on emotional regulation, stress reactions and psychological adjustment in adulthood (Xiao et al., 2023). Emotional neglect and dysfunctional family environments have also been shown to make young people more likely to be sensitive to stress and emotionally unstable (Van Landeghem & Jakobson, 2024). From these findings, inferences are made of a potential life-long impact of traumatic childhood experiences on emotional and psychological functioning at various ages and across the lifespan. The term alexithymia has been a part of the psychological constructs associated with childhood trauma.

Alexithymia is a state of mind in which one may struggle to recognize one's emotional state, to

describe emotions/experiences, and to respond to emotions through verbal expression (Taylor et al., 1997). Those with alexithymia may be unable to identify their emotional experiences, to name their feelings and to differentiate feelings from bodily sensations (Bagby et al., 1994; Taylor et al., 1997). Because of this, when confronted in stressful situations, they might suppress, avoid, or get confused by their emotions (Preece et al., 2023; Allen et al., 2026). Alexithymia is also linked to interpersonal communication problems, lack of emotional clarity and ineffective emotional regulation (Meganck et al., 2009; Preece et al., 2023). It has been proposed that traumatic childhood experiences can negatively affect emotional learning and emotional expression, leading to higher levels of alexithymia in adulthood (Dita & Bubuioc, 2026). Among adolescents, Chung and Chen (2021) discovered that alexithymia and psychological symptoms are directly related to child abuse and emotional processing difficulties. Likewise, Zdankiewicz-Ścigała and Ścigała (2020) found significant correlations between alexithymia and dissociation with attachment dysfunctions and early childhood trauma. It is also likely that childhood trauma may impact our emotional processing systems, making our emotions feel unclear and fuzzy (Hogeveen & Grafman, 2021). Other studies show that people with alexithymia tend to avoid emotions, have trouble with emotional remembrances, and lack emotional regulation skills (Milliken & Lilly, 2020). Studies in young adults have suggested that Alexithymia is positively linked to emotional stress, psychological exhaustion and maladaptive coping patterns (Sun et al., 2024). In addition, emotional disclosures will be inhibited because of emotionally invalidating family dynamics, leading to potentially reduced emotional processing occurring in adulthood (Scigała et al., 2021).

Additionally, anxiety is an important foundational psychopathology which is frequently linked to childhood trauma and alexithymia (Chung & Chen, 2021; DePrince et al., 2009). Anxiety is defined as "excessive worry, nervousness, fear, physiological tension, and/or restlessness or increased emotional arousal that may interfere with

functioning. Those who experienced trauma as children tend to feel the effects of stress more strongly than others and feel stressed when they experience uncertainty, which make them prone to the symptoms of anxiety later in their lives. According to previous literature, problems involving emotional awareness and emotional regulation appears to be crucial in mindfulness development to address emotional issues such as anxiety (Chiu *et al.*, 2024). Those who don't know or can't communicate their emotions may feel internal stress and tension longer, potentially adding more anxious feeling as time goes on. Previous studies have confirmed that alexithymia scores are significantly correlated with generalized anxiety symptoms, panic experiences and emotional instability (Zhang *et al.*, 2024). Likewise, Preece *et al.* (2024) discovered that alexithymic individual reported greater anxiety, depression and stress. A child's adverse experiences also have direct impacts on anxiety symptoms and emotional coping, especially for those who struggle to manage their emotions (Kim *et al.*, 2024). In addition, Wang *et al.* (2025) found that the interaction between alexithymia and diminished psychological flexibility was responsible for the connection between childhood trauma and emotional distress. Such results indicate that challenges with emotional processing could increase the association of traumatic childhood experiences and anxiety-like issues.

While childhood trauma, alexithymia and anxiety have been studied individually, there are comparatively fewer studies that have investigated the combined effect between these three variables in a single study (Gibson *et al.*, 2016; Kick *et al.*, 2024). Local research into the understanding of the mechanisms of how the emotional processing of early life trauma impacts the development of adult anxiety is also underexplored (Gibson *et al.*, 2016; Rauschenberg *et al.*, 2017). The present study is designed to explore the linkage of childhood trauma, alexithymia and anxiety among the adults ranging from 18 to 40 years of age. The results from this study could be used to further our understanding of emotional function after adverse childhood experiences and contribute to the design

and implementation of more effective psychological interventions for emotional and anxiety problems (Kick *et al.* 2014).

The family system may play an important role in shaping children's emotional experiences and psychological development (Gul *et al.*, 2017). In Pakistani society, joint and nuclear family systems differ in household composition, caregiving arrangements, family interactions, and opportunities for emotional support. In joint families, children may benefit from the involvement of grandparents and other relatives; however, exposure to conflict among family members, strict family hierarchies, emotional neglect, or interference in parent-child relationships may also contribute to adverse childhood experiences. In nuclear families, greater privacy and more direct parental involvement may support children's emotional development, although limited caregiving support, parental conflict, and inadequate emotional availability may also create difficulties (Ahmad & Munaf, 2006; Gul *et al.*, 2017). Thus, neither family structure is inherently protective or harmful; the quality of family relationships and caregiving experiences is particularly important. These differences may be relevant to childhood trauma, as adverse experiences within the family environment can have lasting implications for emotional processing and psychological adjustment (Bernstein *et al.*, 2003; Khan & Jaffee, 2022; Xiao *et al.*, 2023). Furthermore, childhood adversity has been associated with alexithymia, a difficulty in identifying and describing emotions, which may affect how individuals recognize and communicate emotional distress (Chung & Chen, 2021; Ditzer *et al.*, 2023; Kick *et al.*, 2024; Zdankiewicz-Ścigała & Ścigała, 2020). Difficulties in emotional processing and the psychological consequences of childhood adversity may also be relevant to anxiety symptoms in adulthood (Kuzminskaite *et al.*, 2022; Preece *et al.*, 2024; Wang *et al.*, 2025). However, the extent to which these experiences differ between joint and nuclear family systems remains an important question, particularly in the Pakistani cultural context. Comparing individuals from these two family structures may therefore help clarify

whether childhood trauma, alexithymia, and anxiety vary according to family background and contribute to a better understanding of the relationship between family environment and adult psychological well-being. Natiq (2024) studied childhood development with reference to different family dynamics including comparison on joint and nuclear family systems. He suggested that each type has its own advantages and disadvantages.

Research conducted in Pakistan provides further context for understanding the relationship between family structure and psychological well-being. Afzal et al. (2024) examined family structure, family processes, and students' well-being in Gujrat and reported associations between these factors and different dimensions of well-being. Their findings highlight the importance of considering not only the type of family in which individuals live but also the processes and relationships within that family. Munaf and Siddiqui (2013) compared postnatal depression among women from joint and nuclear family systems in Karachi. Their findings indicated lower postnatal depression scores among women living in joint families in their sample, suggesting that family arrangements may have different implications depending on the psychological outcome and circumstances being considered. More recently, Sabir et al. (2026) compared interpersonal relationships, family support, parenting styles, and marital satisfaction among adults from joint and nuclear families in Faisalabad. They reported differences in interpersonal functioning and marital satisfaction between the two groups, while differences in parenting styles and family support were not statistically significant. Collectively, these studies suggest that family structure is a relevant contextual factor in psychological well-being, although its significance cannot be understood independently of family relationships, support, and the particular outcomes under investigation.

Rationale

Long-term psychological problems resulting from childhood trauma include emotional dysregulation

and anxiety symptoms (Paulus *et al.*, 2021). Adverse childhood experiences can impact the ability to understand and regulate emotions, potentially leading to greater hours to come when emotional distress and anxiety occurs. Alexithymia has been found as a key psychological determinant associated with difficulties in mental health functioning and emotional processing (Hogeveen & Grafman, 2021). Results of studies have shown a significant relationship between childhood trauma and experiences of alexithymia (Salokangas *et al.*, 2024; Zhang *et al.*, 2026) and between alexithymia and anxiety symptoms (Luminet & Nielson, 2025). Few studies, however, have explored the relationship among childhood trauma, alexithymia and anxiety together in one, especially in non-Western societies. This study was thus carried out to examine the interactions among childhood trauma, alexithymia and anxiety in young adults. The results could help shed light on the workings of emotion and its implications for developing interventions for people who suffer from anxiety stemming from traumatic childhood experiences.

Objectives

- To examine the relationship among childhood trauma, alexithymia, and anxiety among adults.
- To investigate differences in childhood trauma and alexithymia based on family system (joint and nuclear).

Hypotheses

- H1:** Scores on childhood trauma, alexithymia, and anxiety scales will be positively correlated.
- H2:** There will be significant differences in childhood trauma, alexithymia, and anxiety between individuals from joint and nuclear family systems.

Method

Sample

The sample of the present study comprised 301 adults between the ages of 18 and 40 years ($M = 23.43$, $SD = 3.53$). Participants were recruited using convenience sampling through Instagram, WhatsApp, and face-to-face administration. The sample included individuals from both joint and

nuclear family systems, and both males and females were represented. This sample was selected to investigate the relationship among childhood trauma, alexithymia, and anxiety, as well as to examine gender and family system differences in these variables.

Instruments

Demographic Information Sheet

A demographic information sheet was used to collect participants' information including age, gender, education and family system.

Alexithymia Scale

The Toronto Alexithymia Scale (TAS-20) of Bagby, Parker and Taylor (1994) was used to assess alexithymia. It is among the most frequently used self-report instruments of assessing problems in recognizing and articulating emotions and in externally oriented thinking. This scale comprises 20 statements that are rated on a 5-point Likert scale from "strongly disagree" to "strongly agree." Alexithymia scores are higher the higher they are.

TAS-20 is broken down into three sub pathways: difficulty in identification of emotions, difficulty in the description of emotions, and externally placed thinking. It gives overall and individual (subscale) scores, making it appropriate for the measurement of emotional awareness and difficulties with emotional regulation. As demonstrated by previous research, reliability calculated through Cronbach's alpha is shown to be generally greater than 0.70 in different populations. Thus, it has established good construct and convergent validity in clinical and non-clinical samples, making it a suitable measure for psychological research with a focus on emotional processing and mental health outcomes.

Childhood Trauma Scale

The Childhood Trauma Questionnaire – Short Form (CTQ-SF) (Bernstein et al., 2003) was used to assess childhood trauma. The CTQ-SF has become a popular long-standing self-report questionnaire that measures childhood and adolescent abuse and neglect. It is divided into 28 items with five

response options of Likert type ranging from "never true" to "very often true."

The scale has five primary factors of childhood abuse and neglect – Emotional abuse, physical abuse, sexual abuse, physical neglect, and emotional neglect. Scores are higher for individuals who have more traumatic childhood experiences. Further, there is a measure on validity and minimization/denial in the CTQ-SF to identify under-reporting of trauma experiences.

CTQ-SF has been shown to have high psychometric characteristics across a variety of populations. Previous studies have shown satisfactory psychometric properties of the CTQ-SF. The scale had high internal consistency (the overall Cronbach's alpha value ranged from 0.79 to 0.94 on each subscale). The scale has also exhibited high levels of construct validity, with increased scores on the childhood trauma being linked to psychological distress across all domains, such as emotional dysregulation, anxiety and depression. Given its reliability and validity, the CTQ-SF has been widely adopted to measure adverse childhood experiences, both clinically and in research.

Generalized Anxiety Disorder Scale-7 (GAD-7)

The Generalized Anxiety Disorder Scale-7 (GAD-7; Spitzer et al., 2006). Items on the scale measure the severity of the symptoms of anxiety in the past 2 weeks. Responses are measured via four options on Likert scale, where 0 means "not at all" to 3 meaning "nearly every day". The total score can vary between 0 to 21, where higher scores depict the higher anxiety developed.

The GAD-7 has been shown to have excellent psychometric properties with reliability depicted through high internal consistency and high validity in both clinical and non-clinical populations. The Cronbach's alpha values of the scale reported as .92, accordingly indicating excellent reliability. A scale is commonly administered in clinical settings and psychological studies for the purpose of screening and evaluation of generalized anxiety symptoms.

Procedure

The type of research adopted in the present study was a causal-comparative and correlational research design. This design was appropriate because it enabled the study of a relationship between childhood trauma, alexithymia, and anxiety, as well as an analysis of the difference between the already present groups in the context of a family system and the gender of the respondents. The study did not involve any manipulation of variables; it was instead based on naturally occurring differences in adult (18-40 years) age.

Once the topic was accepted, the psychological scales that were chosen were conceived in an online questionnaire via Google Forms. The starting point of the form was an informed consent section that informed participants about the study, its voluntary nature, the confidentiality of their responses, and the ability to withdraw at any point without penalties.

Adults with ages between 18-40 years were sampled for data collection. Social media platforms like WhatsApp and Instagram groups were used to post the survey link and through personal contacts. To participate, participants were asked to complete the form only if they met the inclusion criteria of the study.

Participants were asked to read each of the statements and answer as they personally experienced them before answering the following questions. Demographic information and standardized scales of childhood trauma, alexithymia and anxiety were self-completed in that order. In total, it took about 10-15 minutes to complete the entire questionnaire.

Following the collection of data, the data was reviewed, coded and collated for analysis. The participants' confidentiality and anonymity have been respected throughout the study.

Result

Table 1: *Sociodemographic Description of the Study Sample (N = 301)*

Characteristic	<i>f</i>	%
Gender		
Male	128	42.1
Female	176	57.9
Family system		
Nuclear	131	43.1
Joint	173	56.9
Education		
Matric	10	3.3
Intermediate	23	7.6
Bachelor's	256	85.0
Master's	12	4.0

Note: *Participants were on average 23.43 years old (SD= 3.54).*

Table 1 shows the demographics of the participants. A total of 301 individuals took the participation. In terms of gender, the number of females was higher (176, 57.9%) than males (128,

42.1%). Family system wise, 173 participants (56.9%) were from joint families whereas 131 participants (43.1%) were from nuclear families meaning majority of the participants were from

joint family system. As regards the educational level, most participants (85.0%) had obtained a Bachelor's degree while 7.6% had reached

Intermediate level. Less than 4% of participants (4.0%) had a Master's degree, and 3.3% had attained Matric.

Table 2: *Psychometric Properties of CTQ-SF, TAS-20 and GAD-7 Scales*

Variable	No of items	M	SD	Range	α
CTQ-SF	28	78.86	20.41	41-129	.93
TAS-20	20	62.48	11.35	26-85	.83
GAD-7	7	17.80	3.80	10-21	.74

Note. $N = 301$. CTQ-SF = Childhood Trauma Questionnaire–Short Form, TAS-20 = Toronto Alexithymia Scale, GAD-7 = Generalized Anxiety Disorder scale. α = Cronbach's alpha internal consistency coefficient.

Results of the reliability analysis showed that all the scales used in this study had acceptable to excellent internal consistency. The CTQ-SF was very reliable ($\alpha = .93$), with scores ranging from 41 to 129 (very high variability) and reflecting childhood trauma experiences that were experienced. Each TAS-20 score had a range of 26

to 85, with an average α of .83 which was good reliability. The internal consistency of the GAD-7 was good ($\alpha = .74$), indicating a moderate variation on anxiety symptomology in the sample. In general, they were judged to be reliable and suitable for further statistical analysis.

Table 3: *Pearson Correlation Matrix Between CTQ, TAS, and GAD*

Variable	M	SD	1	2	3
CTQ	78.86	20.41	—		
TAS	62.48	11.35	.706**	—	
GAD	17.27	3.80	.274**	.294**	—

Note. $N = 301$. $p < .01$. CTQ = Childhood Trauma Questionnaire, TAS = Toronto Alexithymia Scale; GAD = Generalized Anxiety Disorder Scale.

Pearson product-moment correlation was used to investigate the relationships between childhood trauma and alexithymia, as well as between alexithymia and anxiety. As seen in Table 3, the childhood trauma and alexithymia score were positively correlated and statistically significant $r(299) = .706$, $p < .001$. Childhood trauma was also significantly and positively related to anxiety ($r(299) = .274$, $p < .001$) such that increases in

childhood trauma were associated with increases in symptoms of anxiety. A similar positive correlation was found between alexithymia and anxiety, $r(299) = .294$, $p < .001$. The results were consistent with Hypothesis 1 and suggested that higher levels of childhood trauma have been associated with higher levels of alexithymia and anxiety. Alexithymia was the most strongly correlated with childhood trauma.

Table 4: *T-test Showing Family System Differences in Childhood Trauma, Alexithymia and Anxiety*

	Nuclear family		Joint family		<i>t</i> (299)	<i>p</i>	Cohen's <i>d</i>
Variables	(n=130)		(n=171)				
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
CTQ	67.69	1.67	87.35	20.62	9.14	.001	1.09
TAS	57.20	10.12	66.50	10.59	7.69	.001	0.89
GAD	16.70	4.22	17.60	3.42	1.89	.059	0.22

Note. CTQ = Childhood Trauma Questionnaire, TAS = Toronto Alexithymia Scale, GAD = Generalized Anxiety Disorder Scale.

Results in table 4 indicate that participants from joint families reported significantly higher levels of childhood trauma ($M = 87.35$, $SD = 20.62$) than participants from nuclear families ($M = 67.69$, $SD = 13.67$), $t(299) = -9.41$, $p < .001$, with a large effect size ($d = 1.09$).

Similarly, participants from joint families reported significantly higher levels of alexithymia ($M = 66.50$, $SD = 10.59$) compared to participants from nuclear families ($M = 57.20$, $SD = 10.12$), $t(299) = -7.69$, $p < .001$. The effect size was large ($d = 0.89$).

No significant difference was found in anxiety scores between participants from joint families ($M = 17.63$, $SD = 3.42$) and nuclear families ($M = 16.79$, $SD = 4.22$), $t(299) = -1.89$, $p = .059$. The effect size was small ($d = 0.22$).

Discussion

The present study investigated associations between childhood trauma, alexithymia and generalized anxiety in adults (18 – 40 years) and examined the potential role of family system (joint VS nuclear) as a source of difference in the study variables. The results present important implications for research on long-term psychological outcomes of negative early experiences, in a culturally under-researched perspective of South Asian family structures.

The first hypothesis was for childhood trauma to be positively correlated with alexithymia and anxiety and alexithymia to be positively correlated

with anxiety. All three relationships were confirmed by the Pearson correlation analysis, and the highest relatively large correlation was that of between childhood trauma and alexithymia ($r = .706$, $p < .001$); the other two were in the order mentioned: Childhood trauma and anxiety ($r = .274$, $p < .001$); and alexithymia and anxiety ($r = .294$, $p < .001$). These results are consistent with and confirm a growing empirical literature suggesting that early adverse experiences have enduring psychological impacts and are reflected in adulthood in poor emotional regulation and heightened psychopathological symptomology.

Overall, the very high level of positive correlation between childhood trauma and alexithymia that was found in the present study is consistent with a number of recent meta-analytic studies. A recent paper on this topic by Khan and Jaffee (2022) and Ditzer et al. (2023) both described positive relationships between overall levels of alexithymia and childhood maltreatment, with emotional neglect and emotional abuse having particularly strong relationships with the development of alexithymia relative to other forms of childhood maltreatment (physical abuse; Kick et al., 2024). Theoretically, one dominant view suggests that an overstimulating traumatic experience might contribute to the development of alexithymia, as a natural coping strategy that allows people to emotionally detach from negative feelings (Ditzer et al., 2023; Preece et al., 2017, as cited in Kick et al., 2024). The alexithymic traits of emotional

numbness and poor emotion awareness are not arbitrary psychopathological effects, but rather the results of an impaired early emotional socialization. Emotion socialization models suggest that caregiver behaviors are a key determinant factor in shaping the emotional awareness and ability to recognize and express emotions in children, and that the positive socialization of child emotions is severely disrupted in cases of abuse and neglect by caregivers (Preece & Gross, 2023). As a result, young people continue to struggle with emotional processing in adulthood that emerges as the underlying characteristics of alexithymia: difficulty identifying feelings, difficulty describing feelings to others, and externally oriented thinking style.

The present study supports results from other studies with clinical and non-clinical samples which have consistently shown the association between childhood traumas and alexithymia in a variety of samples. As such, a 2025 multi-group path analysis (Zhang et al., 2026) showed that childhood trauma is indirectly associated with alexithymia, which is mediated by early maladaptive schemas, even in clinical and non-clinical samples, thereby indicating that the link between early adversity and emotional processing deficits is strong and trans diagnostic. In a similarly-sized study back in 2025, childhood trauma was indirectly linked to depression, anxiety, and stress via alexithymia (Wang et al., 2025), where childhood trauma indirectly drove depression, anxiety, and stress through a parallel association with alexithymia through the same pathway. Another important finding from the present study was that childhood trauma and anxiety were found to be positively correlated ($r = .274, p < .001$), showing same result as found in Meta-Analytic evidence of Wang et al., (2025) that childhood trauma has a positive and strong relationship with developing anxiety symptoms in adulthood. In a study also using the Childhood Trauma Questionnaire (CTQ) – Short Form (SF), similar childhood child-maltreatment subtypes such as emotional abuse and physical neglect were found to significantly predict anxiety symptoms in adults in university setting (Turki et al., 2024). The

neurobiological literature also supports this link as childhood trauma was shown to be linked to disruption of the innate immune system and changes of stress-response systems, leading to increased biological susceptibility for the onset of anxiety disorders in adulthood (as cited in Wang et al., 2025; de Koning et al., 2022). Trauma's effects on mental health are complex, persistent, and interrelated, as seen by these intersecting biologic and psychological pathways.

The significant and positive association between alexithymic styles and anxiety ($r = .294, p < .001$) found in the present study, supports Hypothesis 1 and echoes previous empirical and theoretical research. Higher levels of alexithymia across both positive and negative emotions have been found to be significantly associated with more severe symptoms of stress, anxiety, and depression (Cai et al., 2024, as cited in Ye et al., 2025). Lacking internal awareness and self-expression, people are unable to access information for engaging or deploying effective emotion regulation, which is believed to increase the likelihood of developing internalizing mental illnesses, like anxiety disorders (Kick et al., 2024; Wang et al., 2025). In an internalizing disorders study of adolescents in clinical settings, inner fragmentation (generalized anxiety disorder) was also positively associated with childhood trauma and alexithymia score while inner fragmentation was an independent construct of emotional processing difficulties that could be associated with early adverse childhood experiences to adult anxiety (Sharma et al. 2024).

The present study adds to the existing literature by providing empirical documentation of all three inter-variable relationships in an under-represented sample in the global trauma literature, namely young adults in South Asia (Naveed et al. 2020). However, most previous research that has tested these relationships has been done in Western or East Asian settings, and its applicability to societies characterized as 'collectivist' and primarily Muslim, as well as with different family structures and emotional lineage, has yet to be tested. Overall, the present results indicate that the trauma-alexithymia-anxiety network is not culturally-specific, but occurs at a comparable level

across South Asian adults, further extending the ecological validity of these associations.

The second hypothesis was that there would be significant differences in childhood trauma, alexithymia, and anxiety levels between the two group types (joint families and nuclear family). This hypothesis was partially supported by the results. Participants from the Joint family reported significantly higher childhood trauma mean score ($M = 87.35$, $SD = 20.62$) than the participants belonging to Nuclear family ($M = 67.69$, $SD = 13.67$) with large effect size ($d = 1.09$). The same format was obtained across the nuclear family group participants and joint family group participants with large difference scores between groups ($d = 0.89$) and participants of the nuclear family group reporting significantly less alexithymia ($M = 57.20$, $SD = 10.12$) than the participants of the joint family group ($M = 66.50$, $SD = 10.59$). There was no significant difference between the groups in anxiety score ($p = .059$, $d = 0.22$).

It is novel and theoretically significant that the scores for childhood trauma were found to be much higher in those from the joint family system. Joint families are the most including mode of living in the South Asian context where multiple generations and collateral families regard and distribute the burden of care as well as emotional support (Lodhi et al., 2021). Joint family systems may provide stronger family bonds, shared responsibilities, and greater support during times of need (Lodhi et al., 2019). However, the potential benefits of extended family support do not necessarily eliminate vulnerabilities associated with adverse family environments. In some multigenerational households, hierarchical family relationships, limited privacy, and interpersonal conflict may contribute to stressful experiences for children; however, these risks should not be assumed to occur in all joint-family settings.

Rigidities in Authority within the Pakistani families as given by Ahmed et al. (2021) may contribute and intensify risks which can prevent children's freedom of movement and leads to emotional and psychological maltreatment. The large effect size in the current research ($d = 1.09$) indicates that this is

not a small effect and further that family system type may be a significant contextual risk factor for trauma exposure in South Asian contexts.

The relationships between trauma and scores on the alexithymia scales among the participants in the joint family household type is logical since the link between childhood trauma and alexithymia described above is well documented. Indeed, these other documented emotional-processing disruptions in people who grow up in these toxic types of environments might be expected to emerge more strongly in those who experience them at home. Additionally, expressiveness around emotions (also negative ones) may not be selectively encouraged in collectivist cultural settings, which could signal group harmony and conformity in relationships (Qureshi et al., 2023). It is suggested that children growing up in large collectives may be less likely to be emotionally coached by their parents as well, exacerbating the difficulties of describing and recognizing feelings which are characteristic of alexithymia.

However, despite this not being significantly different between joint and nuclear family systems ($p = .059$), this is another curious finding and should be interpreted with caution. A potential explanation might be the protective factors associated with joint family life, such as social embeddedness, the availability of resources shared with the family, and diminished feelings of burden, that could help reduce the impact of those overt symptoms of anxiety even in the context of higher-than-average trauma and alexithymia scores. There have been several studies on South Asian contexts describing how family and community networks are important protective factors in the outcomes of mental health (Naveed et al., 2020). The anxiety as assessed by the GAD-7 in this study may also be a more immediate symptom state related to the existence of a much broader class of prosodic environmental stressors than is indicative of a family system type alone. Another limitation of sensitivity to identify differences between groups in anxiety may be the narrow and concentrated score range on the GAD-7 (10–21) seen in the present sample, which supports the relatively depressed score reliability coefficient (α

= .743). Larger studies using the more comprehensive assessment of symptom dimensions of anxiety (cognitive and somatic anxiety) may be more likely to identify subtler group differences.

Some preliminary conclusions emerge from this hypothesis, which to the best of the present authors' knowledge, has not been specifically tested in a South Asian adult sample for exposure to childhood trauma, alexithymia and anxiety within the joint family system construct or in the nuclear family structure. Previous comparative literature has primarily examined family satisfaction, postpartum depression (PPD), and marital outcomes across different family systems (Abdullah & Ijaz, 2025), while childhood trauma and emotional processing have received less attention as primary research focuses. This is the first study to examine the large and meaningful differences between the two groups for trauma and alexithymia, which creates a new avenue of research exploring how two contextual variables – family structure and familial transmitting – may influence the developmental pathways of emotional health for South Asian populations.

Limitations

- Limited to self-report questionnaires, less representative sample and some social desirability and recall biases, there is the possibility of response distortions due to the type of study employed, cross-sectional correlational method.
- Childhood trauma was evaluated retroactively – participants may not have recalled and reported on past experiences accurately. As well as the study did not examine the effects of specific types of childhood trauma (e.g., emotional abuse, physical abuse, neglect) separately.

- Socio-economic status, parental education, coping strategies, social support was not controlled if they were potentially important variables.

Suggestions

- Future research should further first consider longitudinal designs to understand the causal relationship between childhood trauma, alexithymia and anxiety over time.
- Due to enhance generalizability, researchers should use probability sampling of participants from varying backgrounds for research.
- In the future, clinical populations could be included to compare with perhaps non-clinical populations.
- Different types of childhood adverse experiences need to be considered individually to determine their specific impacts on children's emotions and anxiety.
- Other psychological factors (e.g., resilience, emotional regulation, coping styles, self-esteem and social support) should also be explored as mediators/moderators.
- Future studies will involve a varied age-structure, educational attainment and cultural diversity.
- Combined methods (quantitative and qualitative data collection) could show a more complex relationship between childhood trauma and emotional awareness and/or anxiety.
- MHP intervention should focus on enhancing the awareness and expression of emotions, and coping skills of individuals with childhood trauma.
- Awareness campaigns, and family-based interventions, should be developed to reduce adverse childhood experiences and foster healthy emotional environments.

Declaration of Conflicting Interest

The author declared no potential conflicts of interest with respect to research.

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