

A Comparative Study to Explore the Presence of Alexithymia and Relational Aggression among Different Professions

Vidisha Roy¹ and Dr. Ushri Banerjee²

PhD Research Scholar, Assistant Professor

Department of Applied Psychology

University of Calcutta, 92, Acharya Prafulla Chandra Road, Kolkata – 700009, West Bengal, India. ⁽¹⁾

Abstract: Understanding and regulating affect and aggression influences individuals' professional experiences. The present study aims to investigate the presence of alexithymia and relational aggression among three professional groups namely lawyers (N=30), entrepreneurs (N=30) and college teachers (N=30). The sample includes 90 participants from the three professional groups including both males (N=45) and female (N=45) residing in different areas of Kolkata. Both Descriptive and inferential statistics were utilized to analyze the data. Findings of two-way ANOVA revealed that Lawyers and Entrepreneurs have significantly high scores on relational aggression as compared to college teachers ($p < 0.01$) and Lawyers have significantly high alexithymia scores ($p < 0.01$). Comparison between two genders suggests that males scored significantly high on alexithymia ($p < 0.05$). No gender difference exists in terms of relational aggression.

Keywords: Professional Groups, Alexithymia, Relational Aggression, Gender

I. INTRODUCTION

Most often than not, individuals' profession exceeds beyond a mere source of income to influence several aspects of their personality, facilitating development of identity and regulating behaviours. While Individuals' professional experiences mould their personality, varied psychological constructs also get attached to different forms of professions. Depending on that certain career role seems more desirable and individuals also start to behave in accordance with their professional roles. For the last couple of decades, there has been an expanding empirical interest in the field of regulation of affect and its effect on an individual's behaviours and well-being. Alexithymia is one such phenomenon related to this area of affect regulation.

The concept of alexithymia was first described by Sifneos (1973) and Nemiah (1977). Linguistically, the word alexithymia has its root in Greek words (*a* = lack, *lexis* = word, *thymos* = mood or emotion), meaning "no words for emotion". Alexithymia refers to a subclinical phenomenon involving a lack of emotional awareness or, more specifically, difficulty in identifying and describing feelings and in distinguishing feelings from the bodily sensations of emotional arousal (Nemiah et al., 1976). Alexithymia can be defined as a personality construct that involves difficulty in affective self-regulation with a stimulus-bound externally oriented style of thinking and an impoverished imagination. In individuals with alexithymia, the intellectually controlled imagination is available, but spontaneous emotional imagination appears inoperable (Thompson, 2009). Earlier, the features of alexithymia were expected to be present in clinical populations, but more recent studies have suggested that alexithymia is a personality trait that has been normally distributed in non-clinical populations as well (Salminen et. al, 1999; Vorst and Bermond, 2001, Batıgün & Büyükhahin, 2008; Epözdemir, 2012; Tolmunen et al., 2011).

The conceptualization of alexithymia as a personality constructs defined alexithymia as consisting of five personality traits: (i) difficulty in identifying feelings, (ii) difficulty in describing feelings, (iii) difficulty in distinguishing between feelings from bodily sensations of arousal, (iv) a poor fantasy life, and (v) an externally oriented cognitive style (Sifneos, 1973). Since then, several tools have been developed to prove a comprehensive understanding of the said construct. Bermond and Vorst (1994) used a more comprehensive definition of alexithymia in terms of individuals affective and cognitive dimensions, which are a combination of five basic factors: Emotionalizing, Fantasizing, Identifying, Analyzing, and Verbalizing. The affective dimension includes the experiential part of affect whereas the cognitive dimension involves interpretation and regulation of affect. Literature suggested that the overall prevalence of alexithymia (measured by Toronto Alexithymia Scale-20) was 16.6% in males and 9.6% among females in normal population (Salminen et.al, 1998). Recent findings have underlined that understanding and regulating one's own as well as others emotions are associated with effective maintenance of one's profession and dealing with negative job stressors. The Legal Education and Training Review's final report published in June 2013 identified individuals 'affective domain' as 'critical to professional practice'. Although not much research exists on the presence of alexithymia among different professional groups.

Aggression is behavioural manifestation of anger. Relational aggression has been defined as "harming others through purposeful manipulation and damage of their peer relationship" (Crick & Grotpeter 1995). It involves behaviours like engaging in gossips, spreading rumors, taking credit, diminishing another person social standing, putting undue pressure or guilt on the other person. While direct aggression can be directed toward strangers where perpetrator can be readily identified, effective use relational aggression requires a close social relationship with the victim where the perpetrator remain unidentified.

Although the construct of aggression was extensively studied among different professional groups, relational aggression has received very little empirical support. Relational aggression uses manipulation of their relationship with the victim as a vehicle to cause harm. Several forms of such manipulations are commonplace in our everyday life which can be used as a tool to "bypass", "undermine", or "subvert" the target's rational deliberation (Lee and Yeager, 2020). Earlier studies on relational aggression were mostly focused on adolescent and young adult female population. Although as individual enters into adulthood, takes up

professional roles, the need for salient aggression becomes necessary means to influence social and professional standing. An individual's profession often includes a hierarchical social structure. Successful use of relational aggression helps to navigate through such structures for possibilities of career advancement at the same time maintain social relationships with colleagues (Coyne & Ostrov, 2018). In professional sphere relational aggression gets the perpetrator leverage and power over others.

In India, there is a dearth of literature on relational aggression among adults and on sub clinical alexithymia. The present study, therefore, aims to explore the less researched domain of alexithymia and relational aggression in male and female individuals belonging from different professional groups.

II. METHODOLOGY

Objectives:

The current study tries to explore the presence of alexithymia and relational aggression among different professional groups. The main objectives include:

1. To determine whether individuals from different professional groups (lawyers, entrepreneurs and college teachers) and gender (male and female) differs in terms of alexithymia
2. To find out whether the professional groups and genders (male and female) differ in terms of relational aggression.

Hypotheses:

1. There is no significant difference between professional groups (lawyers, entrepreneurs and college teachers) in terms of alexithymia
2. There is no significant difference between gender (male and female) in terms of alexithymia
3. There is no significant difference between professional groups (lawyers, entrepreneurs and college teachers) in terms of relational aggression
4. There is no significant difference between gender (male and female) in terms of relational aggression

Sample:

The present study includes 90 participants, (N=90) both males and females, from three professional groups, namely, Lawyers, Entrepreneurs and College Teachers. Each professional group consists of 30 participants, 15 males and 15 females, residing in different areas of Kolkata. Purposive sampling strategy was employed for the selection of participants in the present study. The following sociodemographic criteria were considered while including the participants in the study:

- Age range: 30-35 years
- Gender: Both male and female
- Educational Qualification: Minimum Graduation or equivalent
- Socioeconomic Status: Upper and upper middle class (Grade I and II) as per Kuppaswamy socio-economic status scale 2021)
- Residential Area: Urban Sample (Residing in different areas Kolkata)
- Workplace: Located in Kolkata
- Years of being in Profession: Minimum of 5 years
- Religion: Hinduism
- No history of major physical or psychiatric disorder
- No history of abuse or violence in family
- No history of substance abuse for the participants
- GHQ-28 Score: Not greater-than 4

Tools used:

The following tools were administered on the participants for the purpose of data collection:

- **Sociodemographic Checklist:** A sociodemographic checklist was prepared on the basis of the inclusion criteria such as age, gender, education, profession, years of experience, income range, personal and family history. The purpose of the checklist was to ensure that the study includes only those participants who are suitable for the research purpose.
- **General Health Questionnaire- 28:** The General Health Questionnaire-28, developed by Goldberg and Hillier 1979, is a self-report measure frequently used as an indicator of psychological well-being and this latter construct resembles the psychological dimension of quality of life (Goldberg and Hillier 1979, Sanderman and Stewart 1990). The scale uses 0,0,1,1, scoring scheme, with a score above 4 indicates optimum discrimination of distress (.

Test-Retest Reliability has been found to be ranging from α .78 to α .90 and Cronbach alpha was reported to be α 0.90-0.95 for interrater and intrarater reliability.

- **Bermond-Vorst Alexithymia Questionnaire:** Developed by Harrie C.M. Vorst and Bob Bermond the Bermond Vorst Alexithymia Questionnaire (BVAQ) was designed to measure five alexithymia features described by Nemiah and Sifneos (Nemiah, 1996; Nemiah & Sifneos, 1970; Sifneos, 1991, 2000) which includes both cognitive (which includes "Verbalizing", "Identifying", and "Analyzing") and affective (which includes "Fantasizing" and "Emotionalizing") components (Vorst & Bermond, 2001).

The original scale was culturally adapted for the use in present study. The Cronbach's Alpha for the subscales were –Verbalizing: .68; Fantasizing: .69; Emotionalising: .72; Identifying: .66 and Analysing: .75. The Cronbach Alpha of the total scale was found to be .86.

- **Indirect Aggression Scale – Aggressor Version (IAS-A):** The Indirect Aggression Scale- Aggressor Version (IAS-A) is a 25 items self-report measure developed by Sarah Forrest, Virginia Eatough and Mark Shevlin (2005) designed to assess different forms of relational and indirect aggression during the last 12 months. The IAS-A items forms three subscales namely social exclusion, malicious humour and guilt induction

IAS-A is culturally adapted and found to be sufficiently reliable with the Cronbach alpha of .72. For the 'Social exclusionary' subscale the Cronbach's alpha was .62. For the 'Use of malicious humour' subscale the Cronbach's alpha was .74. For the 'Guilt induction' subscale the Cronbach's alpha of .51.

- **Modified Kuppuswamy Socioeconomic Status Scale:** Initially developed by Kuppuswamy in the year 1976, the 2021 revision by Saleem and Jan, includes index parameters such education, occupation and total income of the family. The total score of Kuppuswamy SES ranges from 3-29 and classifies families into 5 categories, "upper class (I), upper middle class (II), lower middle class (III), upper lower (IV) and lower (V) socio-economic class."

Data Collection:

In order to select participants for the present study, multistage sampling strategy with purposive sampling and respondent assisted sampling was incorporated. The final sample consists of 90 individuals, both males and females, belonging from three different professional groups namely lawyers, entrepreneurs and college teachers. A list of private lawyer's offices, colleges and start-ups of Kolkata were prepared and from that list 5 colleges, 7 private lawyers offices and 10 start-ups were selected randomly for data collection. Individuals working there were approached and asked to volunteer for the study. The purpose and the relevance of the study were explained to them and once they agreed, an informed consent form was given. For screening purposes, the sociodemographic checklist and GHQ-28 were administered. Participants who fulfil the inclusion criteria were included for the final data collection. Final data collection was done by using the Bermond Vorst Alexithymia Questionnaire and Relational Aggression Scale (Aggressor Version). Individual participant's responses on different measures were scored as per the manual. The final data was treated by using relevant descriptive and inferential statistics.

III. RESULTS

The statistical treatment of the obtained data was done by using the SPSS software. Mean, Standard Deviation, skewness and kurtosis were utilized as a measure of descriptive statistics, and to draw inferences Two-Way ANOVA was computed. 95% ($p \leq 0.05$) and 99% ($p \leq 0.01$) criterion were utilized to test the statistical hypotheses. Shapiro Wilke's test and Levene's test was computed to ensure homoscedasticity and normality. Data was checked for outliers (Stem and Leaf). Non parametric Runs test was also conducted to check for randomness of the data.

Table 1: Mean and Standard Deviation of Alexithymia and Relational Aggression in Total Sample

| | N | Mean | Std. Deviation |
|----------------------------------|-----------|---------------|----------------|
| Affective Domain | 90 | 42.31 | 11.817 |
| Emotionalizing | 90 | 20.99 | 6.042 |
| Fantasizing | 90 | 21.30 | 7.046 |
| Cognitive Domain | 90 | 62.17 | 15.012 |
| Identifying | 90 | 20.61 | 6.513 |
| Analyzing | 90 | 21.39 | 6.087 |
| Verbalizing | 90 | 20.17 | 5.946 |
| Alexithymia (Total score) | 90 | 104.37 | 23.461 |
| Relational Aggression | 90 | 76.86 | 24.887 |

Table 2: Mean and Standard Deviation of Alexithymia and Relational Aggression among Different Professional Groups

| | Lawyers (N=30) | | Entrepreneurs (N=30) | | College Teachers (N=30) | |
|----------------------------------|-------------------|---------------|-------------------------|---------------|-------------------------------|---------------|
| | Mean | S.D. | Mean | S.D. | Mean | S.D. |
| Affective Domain | 45.30 | 10.719 | 42.10 | 10.813 | 39.53 | 13.395 |
| Emotionalizing | 22.03 | 5.385 | 21.07 | 5.508 | 19.87 | 7.089 |
| Fantasizing | 23.20 | 6.769 | 21.03 | 6.031 | 19.67 | 7.976 |
| Cognitive Domain | 69.67 | 13.875 | 60.47 | 14.524 | 56.37 | 13.863 |
| Identifying | 22.93 | 6.918 | 21.00 | 5.639 | 17.90 | 6.099 |
| Analyzing | 24.47 | 5.746 | 20.07 | 5.601 | 19.63 | 5.875 |
| Verbalizing | 22.27 | 5.112 | 19.40 | 4.760 | 18.83 | 7.259 |
| Alexithymia (Total Score) | 114.63 | 20.319 | 102.57 | 24.404 | 95.90 | 22.233 |
| Relational Aggression | 81.77 | 21.874 | 88.97 | 24.629 | 59.83 | 18.422 |

Table 3: Mean and Standard Deviation of Alexithymia and Relational Aggression among Males and Females

| | Male (N=45) | | Female (N=45) | |
|-------------------------|--------------|---------------|---------------|---------------|
| | Mean | S.D. | Mean | S.D. |
| Affective Domain | 45.04 | 11.392 | 39.33 | 11.593 |
| Emotionalizing | 22.24 | 6.457 | 19.62 | 5.293 |
| Fantasizing | 22.76 | 6.395 | 19.71 | 7.363 |
| Cognitive Domain | 63.91 | 13.887 | 60.02 | 16.021 |
| Identifying | 20.28 | 6.102 | 20.78 | 6.993 |

| | | | | |
|----------------------------------|---------------|---------------|--------------|---------------|
| Analyzing | 22.39 | 5.713 | 20.24 | 6.311 |
| Verbalizing | 21.24 | 5.732 | 19.00 | 5.962 |
| Alexithymia (Total Score) | 108.74 | 21.767 | 99.36 | 24.426 |
| Relational Aggression | 75.39 | 24.425 | 78.04 | 25.365 |

Table 4: Results of Two-Way Anova showing Effects of Professional Groups and Gender on Dependent Variables

| Variables | Source | df | F | Sig. | Partial Eta Squared |
|--|---------------------|----|----------|------|---------------------|
| Emotionalizing | Profession | 2 | 1.002 | .372 | .023 |
| | Gender | 1 | 4.764* | .032 | .054 |
| | Profession * Gender | 2 | .653 | .523 | .015 |
| Fantasizing | Profession | 2 | 2.097 | .129 | .048 |
| | Gender | 1 | 5.004* | .028 | .056 |
| | Profession * Gender | 2 | 2.057 | .134 | .047 |
| Affective Domain of Alexithymia | Profession | 2 | 1.960 | .147 | .045 |
| | Gender | 1 | 6.245* | .014 | .069 |
| | Profession * Gender | 2 | 1.541 | .220 | .035 |
| Identifying | Profession | 2 | 5.122** | .008 | .109 |
| | Gender | 1 | .066 | .798 | .001 |
| | Profession * Gender | 2 | 2.834 | .064 | .063 |
| Analyzing | Profession | 2 | 6.977** | .002 | .142 |
| | Gender | 1 | 3.834 | .054 | .044 |
| | Profession * Gender | 2 | 2.723 | .071 | .061 |
| Verbalizing | Profession | 2 | 3.240* | .044 | .072 |
| | Gender | 1 | 3.906 | .051 | .044 |
| | Profession * Gender | 2 | 2.966 | .057 | .066 |
| Cognitive Domain of Alexithymia | Profession | 2 | 7.583** | .001 | .153 |
| | Gender | 1 | 2.255 | .137 | .026 |
| | Profession * Gender | 2 | 3.930* | .023 | .086 |
| Alexithymia (Total score) | Profession | 2 | 5.998** | .004 | .125 |
| | Gender | 1 | 5.012* | .028 | .056 |
| | Profession * Gender | 2 | 3.814* | .026 | .083 |
| Relational Aggression | Profession | 2 | 15.401** | .000 | .268 |
| | Gender | 1 | .284 | .596 | .003 |
| | Profession * Gender | 2 | 3.904* | .024 | .085 |

Table 5: Post Hoc (Bonferroni) for Pairwise Comparison among Professional Groups

| Variables | (I) Profession | (J) Profession | Mean Difference (I-J) | Std. Error | Sig. |
|-------------|-----------------|-----------------|-----------------------|------------|-------|
| Identifying | Lawyer | Entrepreneur | 1.93 | 1.587 | .679 |
| | | College Teacher | 5.03* | 1.587 | .006 |
| | Entrepreneur | Lawyer | -1.93 | 1.587 | .679 |
| | | College Teacher | 3.10 | 1.587 | .162 |
| | College Teacher | Lawyer | -5.03* | 1.587 | .006 |
| | | Entrepreneur | -3.10 | 1.587 | .162 |
| Analyzing | Lawyer | Entrepreneur | 4.40* | 1.432 | .009 |
| | | College Teacher | 4.83* | 1.432 | .003 |
| | Entrepreneur | Lawyer | -4.40* | 1.432 | .009 |
| | | College Teacher | .43 | 1.432 | 1.000 |
| | College Teacher | Lawyer | -4.83* | 1.432 | .003 |
| | | Entrepreneur | -.43 | 1.432 | 1.000 |
| Verbalizing | Lawyer | Entrepreneur | 2.87 | 1.446 | .152 |
| | | College Teacher | 3.43 | 1.446 | .060 |
| | Entrepreneur | Lawyer | -2.87 | 1.446 | .152 |

| | | | | | |
|---------------------------------|-----------------|-----------------|---------|-------|-------|
| | College Teacher | College Teacher | .57 | 1.446 | 1.000 |
| | | Lawyer | -3.43 | 1.446 | .060 |
| | | Entrepreneur | -.57 | 1.446 | 1.000 |
| Cognitive Domain of Alexithymia | Lawyer | Entrepreneur | 9.20* | 3.498 | .030 |
| | | College Teacher | 13.30* | 3.498 | .001 |
| | | Lawyer | -9.20* | 3.498 | .030 |
| | Entrepreneur | College Teacher | 4.10 | 3.498 | .733 |
| | | Lawyer | -13.30* | 3.498 | .001 |
| | | Entrepreneur | -4.10 | 3.498 | .733 |
| Alexithymia (Total Score) | Lawyer | Entrepreneur | 12.07 | 5.483 | .091 |
| | | College Teacher | 18.73* | 5.483 | .003 |
| | | Lawyer | -12.07 | 5.483 | .091 |
| | Entrepreneur | College Teacher | 6.67 | 5.483 | .682 |
| | | Lawyer | -18.73* | 5.483 | .003 |
| | | Entrepreneur | -6.67 | 5.483 | .682 |
| Relational Aggression | Lawyer | Entrepreneur | -7.20 | 5.468 | .575 |
| | | College Teacher | 21.93* | 5.468 | .000 |
| | | Lawyer | 7.20 | 5.468 | .575 |
| | Entrepreneur | College Teacher | 29.13* | 5.468 | .000 |
| | | Lawyer | -21.93* | 5.468 | .000 |
| | | Entrepreneur | -29.13* | 5.468 | .000 |

IV. DISCUSSION

The result of the present study suggests that the three professional groups significantly differ in terms of cognitive domain scores, total scores of alexithymia and scores of relational aggressions. While lawyers have the highest cognitive domain score ($M= 69.67$) and total score for alexithymia ($M= 114.63$), both entrepreneurs ($M=88.97$) and lawyers ($M= 81.77$) have significantly higher level of relational aggression as compared to college teachers. College teachers scored lowest in all those variables. Comparing the two genders, males have significantly higher scores than females in terms of both affective and cognitive domain of alexithymia. No significant gender difference exists in terms of relational aggression score.

Empirical evidence suggested that regulated and controlled aggressiveness is they key factor for successful entrepreneurship. In the field of entrepreneurship, successful use of aggression helps to beat out competition. Literature has suggested that a combination of 'smart' and 'illicit' tendency help to become a successful entrepreneur (Levine and Rubinstein, 2014). In order to describe the personality traits associated with becoming successful entrepreneur, Levine and Rubinstein found that many successful entrepreneurs showed direct aggressive behaviours in their early life. Such direct aggression might change its course in more subtle forms in their adult professional life to benefit their entrepreneurial self and to bring down competitors. Relational aggression thus provides the perfect ground for such behaviours by using manipulation of social relationships as a vehicle cause harm to their victims. Among professional groups relational aggression often results from an imbalance of power (Cowie *et al.*, 2002). Relational aggression uses victims' social relationships to regain and restore power. The general trend is that lawyers are more aggressive and assertive in their dealings with others. Apart from that, lawyers have a heightened sense of power and control. Such sense of power extends to shape the behaviours and relationship patterns of lawyers (Daicoff, 2004). Their strong need power coupled with their assertive skills prepare the space for showing aggressive tendencies in a subtle and socially accepted way.

In their profession, lawyers often encounter situations that put a demand on them to compromise their individual beliefs, attitude or personal feelings, when those are incongruent with the interests of their clients. This often comes at a psychological cost to the lawyers (Yarken, 2008). In order to advocate for the clients, lawyers often halt their personal emotions as the prevailing view in American law perceives emotion as "a corruptive force that must be carefully cabined so that it does not bias or influence logic and rational reasoning" (Blumenthal, 2005). Therefore, the profession itself expects lawyers to operate on a non-emotional term, which is reflected in this study with lawyers having significantly higher cognitive domain scored of alexithymia. According to Ronda Muir, lawyers are emotionally underdeveloped as they prioritize thinking and suppress feelings. Alexithymia is often associated with thinking style which is 'externally oriented' and 'stimulus bound'. Studies have shown that although there is a deficiency in spontaneous imagination in alexithymic individuals, sophisticated, controlled imagination exists as a practical means of figuring out the solution of a problem or to construct a useful idea or object (Thompson 2009). Therefore, these features of thinking and imagining style of alexithymia among lawyers become associated with their ability to adapt to the material world of sensate reality and empirical facts and to apply their controlled intellectual prowess in their professional sphere.

The findings of the present study suggests that males have significantly higher level of alexithymia as compared to females. The finding can be supported by Dr. Ron Levant's coined phrase 'normative male alexithymia'. This suggests that cultural conditioning causes men to restrain from expressing or verbalizing their emotion and repress their vulnerable emotion. This results in underdeveloped emotional experience. He stated that "men are genuinely unaware of their emotions. Lacking this emotional awareness, when asked to identify their feelings, they tend to rely on their cognition to try to logically deduce how they should feel." (Krugman, Levant & Pollack, 1995 p.239). The socialization process of males and females differs greatly in Indian culture. Gender stereotype often label expression of emotion in males as weak or non-masculine. A study conducted by Fischer and Good (1997) revealed a finding where alexithymia was found to be strongly associated with "traditional masculine gender roles". Although research has shown men experience emotion just like women, but their ability to recognize and express emotion is far more restricted largely due to cultural norms associated with it.

V. CONCLUSION

From the present study, it can be concluded that alexithymia and relational aggression are prevalent in different professional groups in varying degrees. Contrary to the popular belief, relational aggression is equally present in both males and females. The study also concluded that in non-clinical sample, alexithymia is more prevalent in males as compared to females.

VI. IMPLICATION

The attainment of the present study was to develop a brief psychological profile of individuals from different professions in terms of their emotional awareness and behavioural regulation, which in turn will help to gain insight into the strategies they utilize, that are consistent with their psychological makeup, to successfully negotiate their relationships with others in order to be triumphant in both their professional and personal dealings. The study also extends exploration of alexithymia beyond the clinical population and established its presence as a subclinical personality construct in non-clinical sample. Furthermore, earlier research investigated aggression in profession in general. But the current study tried to reduce the gap in Indian literature on the prevalence of relational aggression in specific professional groups. Finally, Individual's profession dominates and shapes a greater part of their lives. Understanding the psychological constructs associated with it, opens up scope for intervention like mindfulness-based strategies and promotes individuals' overall quality of life.

VII. ACKNOWLEDGEMENT

Foremost, I would like to extend my gratitude to my PhD supervisor Dr. Ushri Banerjee for providing the opportunity to conduct this research. I will be indebted to her invaluable guidance and help. I humbly offer my thanks to all the participants who have volunteered and co-operated for the successful completion of the study. Lastly I would like to gratefully acknowledge all the people who have journeyed with me and extended their support as I have worked on this paper.

VIII. REFERENCES

1. Batıgün, A. D., & Büyükaşahin, A. (2008). Alexithymia: Psychological symptoms and attachment styles. *Klinik Psikiyatri*, 11, 105-114.
2. Blumenthal, J. A. (2005). Law and the emotions: The problems of affective forecasting. *Ind. LJ*, 80, 155.
3. Bowker, J. C., Ostrov, J. M., & Raja, R. (2012). Relational and overt aggression in urban India: Associations with peer relations and best friends' aggression. *International Journal of Behavioral Development*, 36(2), 107-116.
4. Cowie, H., Naylor, P., Rivers, I., Smith, P. K., & Pereira, B. (2002). Measuring workplace bullying. *Aggression and violent behavior*, 7(1), 33-51.
5. Coyne, S. M., & Ostrov, J. M. (Eds.). (2018). *The development of relational aggression*. oxford university press.
6. Crick, N. R., & Grotpeter, J. K. (1995). Relational aggression, gender, and social-psychological adjustment. *Child development*, 66(3), 710-722.
7. Daicoff, S. S. (2004). *Lawyer, know thyself: A psychological analysis of personality strengths and weaknesses*. American Psychological Association.
8. Epözdemir, H. (2012). The effect of alexithymic characteristics of married couples on their marital adjustment. *Journal of Family Psychotherapy*, 23(2), 116-130.
9. Fischer, A. R., & Good, G. E. (1997). Men and psychotherapy: An investigation of alexithymia, intimacy, and masculine gender roles. *Psychotherapy: Theory, Research, Practice, Training*, 34(2), 160.
10. Goldberg, D. P., & Hillier, V. F. (1979). A scaled version of the General Health Questionnaire. *Psychological medicine*, 9(1), 139-145.
11. Krugman, S., Levant, R., & Pollock, W. (1995). A new psychology of men.
12. Lee, H. Y., & Yeager, D. S. (2020). Adolescents with an entity theory of personality are more vigilant to social status and use relational aggression to maintain social status. *Social Development*, 29(1), 273-289.
13. Levant, R. F. (1996). The new psychology of men. *Professional psychology: Research and practice*, 27(3), 259.
14. Levine, R., & Rubinstein, Y. (2017). Smart and illicit: who becomes an entrepreneur and do they earn more?. *The Quarterly Journal of Economics*, 132(2), 963-1018.
15. Pollack, W. S. (1995). *No man is an island: Toward a new psychoanalytic psychology of men*. Basic Books/Hachette Book Group.
16. Saini, S., & Singh, J. (2008). Gender differences in relational aggression and psychosocial problems in romantic relationships among youths. *Journal of the Indian Academy of Applied Psychology*, 34(2), 279-286.
17. Salminen, J. K., Saarijärvi, S., Äärelä, E., & Tamminen, T. (1994). Alexithymia—state or trait? One-year follow-up study of general hospital psychiatric consultation out-patients. *Journal of psychosomatic research*, 38(7), 681-685.
18. Sanderman, R., & Stewart, R. (1990). The assessment of psychological distress: Psychometric properties of the General Health Questionnaire (GHQ). *Int J Health Sci*, 1(3), 195-202.
19. Sifneos, P. E. (1973). The prevalence of 'alexithymic' characteristics in psychosomatic patients. *Psychotherapy and psychosomatics*, 22(2-6), 255-262.
20. Nemiah, J. C. (1977). Alexithymia: theoretical considerations. *Psychotherapy and psychosomatics*, 28(1/4), 199-206.
21. Nemiah, J. C. (1976). Alexithymia: A view of the psychosomatic process. *Modern trends in psychosomatic medicine*, 3, 430-439.
22. Thompson, J. (2009). Emotionally dumb: An overview of alexithymia.
23. Tolmunen, T., Heliste, M., Lehto, S. M., Hintikka, J., Honkalampi, K., & Kauhanen, J. (2011). Stability of alexithymia in the general population: an 11-year follow-up. *Comprehensive psychiatry*, 52(5), 536-541.
24. Vorst, H. C., & Bermond, B. (2001). Validity and reliability of the Bermond-Vorst alexithymia questionnaire. *Personality and individual differences*, 30(3), 413-434.

IX. DISCLOSURE AND CONFLICT OF INTERESTS

The authors declare no conflict of interests. No funding was received to assist with the conductance of the study. The manuscript is an original research work and has not been published or is not in under consideration for publication elsewhere.

APPENDIX A

Informed Consent Form for Participation

You are being invited to participate in a study conducted by Ms. Vidisha Roy, Ph.D. Research Scholar of Department of Applied Psychology, University of Calcutta, for the fulfillment of her research work. The purpose of the study is to investigate certain psychological constructs associated with individual’s profession. It would be of great help, if you kindly participate in the present study, and provide necessary information as required.

The participation in this study is entirely voluntary, without any obligation to participate. Even if you do not wish to participate, it will not affect you in any way. Also, if you participate, you can withdraw from participation at any moment if you feel uncomfortable.

As a participant of the study, you will be provided with a set of questionnaires which you have to fill out as per the instruction given. While filling out the questionnaires you might come across questions or answer choices that you may find personal, unpleasant, or otherwise objectionable. It is to assure you that the only interest lies in the evaluations of some variables and how they are related to one another. You are in no way will be judged or held responsible for your response choices. If you wish to participate, I request you that your responses must reflect authenticity. Otherwise, it will compromise the integrity of the results on which the research is relying.

Regarding the collected information, complete confidentiality will be maintained strictly. The findings will only be used for research publication purposes while maintaining the participant’s anonymity.

Agreement:

I have read the above information and understood all the terms and conditions for participation. I voluntarily agree to participate in the study as an informant.

.....
(Signature of the Participant)

APPENDIX B

Sociodemographic Questionnaire

1. Gender of the Participant (please specify): _____
2. Age of the Participant (please specify): _____
3. Religion of the Participant (please specify): _____
4. Residential Area of the Participant:
 Urban Suburban Rural
5. Marital Status of the Participant:
 Married Unmarried Divorced / Separated Widowed
6. Profession of the Participant:
 Lawyer Entrepreneur College Teacher
7. Duration of Employment (Please specify): _____
8. Educational Qualification of the Participant:
 Graduation
 Graduation or equivalent
 Post-Graduation or equivalent
 M.Phil./ Ph.D.
 Others, Please Specify _____
9. Income Range of the Participant (per month):
 <20,000
 20,000-35,000
 35,001-50,000
 50,001-65,000
 >65,000
10. Type of family:
 Nuclear Joint Extended
11. Occupation of the Head of the Family (please specify): _____
12. Monthly Family Income:
 <18,953
 18,953-31589
 31,591-47262
 47,266-63178
 63,182-126,356
 >126,360
13. At present, are you suffering from any serious physical illness?

- No (Please Specify): _____
- 14. Did you have a history of any serious physical illness?
- No (Please Specify): _____
- 15. At present, are you suffering from any psychological illness?
- No (Please Specify): _____
- 16. Did you have a history of any psychological illness?
- No (Please Specify): _____
- 17. At present, do you have any substance (alcohol/ tobacco/ any other types of drugs) dependence?
- No (Please Specify): _____
- 18. Do you have history of substance abuse?
- No (Please Specify): _____
- 19. Do you have a family history of psychological illness?
- No (Please Specify): _____
- 20. Do you have a history of violence or abuse in family?
- No (Please Specify): _____
- 21. Do you have a history of violence or past criminal record?
- No (Please Specify): _____

APPENDIX C

GHQ-28

Response Categories:

| | | | |
|-------------------|---------------|------------------|-----------------------|
| 1 | 2 | 3 | 4 |
| Better than usual | Same as usual | Worse than usual | Much worse than usual |

HAVE YOU RECENTLY:

1. Been feeling perfectly well and in good health?
2. Been feeling in need of a good tonic?
3. Been feeling run down and out of sorts?
4. Felt that you are ill?
5. Been getting any pains in your head?
6. Been getting a feeling of tightness or pressure in your head?
7. Been having hot or cold spells?
8. Lost much sleep over worry?
9. Had difficulty in staying asleep once you are off?
10. Felt constantly under strain?
11. Been getting edgy and bad-tempered?
12. Been getting scared or panicky for no good reason?
13. Found everything getting on top of you?
14. Been feeling nervous and strung-up all the time?
15. Been managing to keep yourself busy and occupied?
16. Been taking longer over the things you do?
17. Felt on the whole you were doing things well?
18. Been satisfied with the way you've carried out your task?
19. Felt that you are playing a useful part in things?
20. Felt capable of making decisions about things?
21. Been able to enjoy your normal day-to-day activities?
22. Been thinking of yourself as a worthless person?
23. Felt that life is entirely hopeless?
24. Felt that life isn't worth living?
25. Thought of the possibility that you might make away with yourself?
26. Found at times you couldn't do anything because your nerves were too bad?
27. Found yourself wishing you were dead and away from it all?
28. Found that the idea of taking your own life kept coming into your mind?

APPENDIX D

IAS- A

Read each statement carefully and indicate how often you have used these against others in the past 12 months. Rate your responses using the following category:

| | | | | |
|-------|---------------|-----------|-------|-----------|
| 1 | 2 | 3 | 4 | 5 |
| Never | Once or Twice | Sometimes | Often | Regularly |

1. Used my relationship with them to try and get them to change a decision
2. Used sarcasm to insult them

3. Tried to influence them by making them feel guilty
4. Withheld information from them that the rest of the group is let in on
5. Purposefully left them out of activities
6. Made other people not talk to them
7. Excluded them from a group
8. Used their feelings to coerce them
9. Made negative comments about their physical appearance
10. Used private in-jokes to exclude them
11. Used emotional blackmail on them
12. Imitated them in front of others
13. Spread rumours about them
14. Played a nasty practical joke on them
15. Done something to try and make them look stupid
16. Pretended to be hurt and/or angry with them to make them feel bad about him/ her-self
17. Made them feel that they don't fit in
18. Intentionally embarrassed them around others
19. Stopped talking to them
20. Put undue pressure on them
21. Omitted them from conversations on purpose
22. Made fun of them in public
23. Called them names
24. Criticised them in public
25. Turned other people against them

APPENDIX E

BVAQ

Response Categories:

| 1 | 2 | 3 | 4 | 5 |
|--------------------|---------|------------------|----------------|--------------------|
| Definitely Applies | Applies | Somewhat Applies | Seldom Applies | Not at all Applies |

1. I find it difficult to express my feelings verbally.
2. Before I fall asleep, I imagine all kinds of events, encounters and conversations.
3. When I am upset, I know whether I am afraid or sad or angry.
4. When something unexpected happens, I remain calm and unmoved.
5. I hardly ever consider my feelings.
6. I like to tell others about how I feel.
7. I have few daydreams and fantasies.
8. When I am tense, it remains unclear from which of my feelings this comes.
9. When I see somebody crying uncontrollably, I remain unmoved.
10. You should try to figure out feelings.
11. Even with a friend, I find it difficult to talk about my feelings.
12. I often use my imagination.
13. When things get to be a bit overwhelming, I usually understand why.
14. When friends around me argue violently, I become emotional.
15. When I feel uncomfortable, I will not trouble myself even more by asking myself why.
16. When I want to express how unhappy I feel, I find it easy to find the right words.
17. I have little interest in fantasies and weird stories.
18. When I feel good, it remains unclear as to whether I am cheerful or elated or happy.
19. Often emotions well up inside me unexpectedly.
20. When I feel uneasy, I try to find out why I feel that way.
21. People often say that I should talk more about my feelings.
22. I hardly ever fantasize.
23. I do not know what's is on my mind.
24. Even when others are wildly enthusiastic about something, I remain unmoved.
25. There is not much to understand as far as emotions are concerned.
26. When I am upset by something, I talk with others about my feelings.
27. I like to think up unusual imaginative stories.
28. When I feel unhappy, I know whether I am afraid or dejected or sad.
29. Unexpected events often overwhelm me with emotion.
30. I think that you should keep in tune with your feelings.
31. I can express my feelings verbally.
32. I think that fantasizing about imaginary things or events is a waste of time.
33. When I am hard on myself, it remains unclear to me whether I am sad or afraid or unhappy.
34. I accept disappointments without emotion.

35. I find it strange that others analyse their emotions so often.
36. When I talk to people, I prefer to talk about daily activities rather than about my emotions.
37. When I don't have much to do, I daydream.
38. When I am in a sunny mood, I know whether I am enthusiastic or cheerful or elated.
39. When I see someone else sobbing heavily, I feel sadness well up inside me.
40. When I am nervous, I want to know exactly where that feeling comes from.

APPENDIX F

Kuppuswamy SES (2021)

Occupation of the Head of the Family

| Sr No. | Occupation of the Head | Score |
|--------|---|-------|
| 1 | Legislators, Senior Officials & Managers | 10 |
| 2 | Professionals | 9 |
| 3 | Technicians and Associate Professional | 8 |
| 4 | Clerks | 7 |
| 5 | Skilled Workers and Shop & Market Sales Workers | 6 |
| 6 | Skilled Agricultural & Fishery Workers | 5 |
| 7 | Craft & Related Trade Workers | 4 |
| 8 | Plant & Machine Operators and Assemblers | 3 |
| 9 | Elementary Occupation | 2 |
| 10 | Unemployed | 1 |

Education of the Head of the Family

| Sr No. | Education of the Head | Score |
|--------|----------------------------|-------|
| 1 | Profession or Honours | 7 |
| 2 | Graduate | 6 |
| 3 | Intermediate or diploma | 5 |
| 4 | High school certificate | 4 |
| 5 | Middle school certificate | 3 |
| 6 | Primary school certificate | 2 |
| 7 | Illiterate | 1 |

Total Monthly Income of the Family

| Sr. No. | Updated monthly income in Rupees (2021) | Score |
|---------|---|-------|
| 1 | ≥123,322 | 12 |
| 2 | 61,663-123,321 | 10 |
| 3 | 46,129-61,662 | 6 |
| 4 | 30,831-46,128 | 4 |
| 5 | 18,497-30,830 | 3 |
| 6 | 6,175-18,496 | 2 |
| 7 | ≤ 6174 | 1 |

Kuppuswamy Socioeconomic Status Scale (2021)

| Sr. No. | Score | Socioeconomic Class |
|---------|-------|---------------------|
| 1 | 26-29 | Upper (I) |
| 2 | 16-25 | Upper Middle (II) |
| 3 | 11-15 | Lower Middle (III) |
| 4 | 5-10 | Upper Lower (IV) |
| 5 | <5 | Lower (V) |