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The Relationship Between Alexithymia And Compulsive Shopping In Young Adults

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Keywords:
alexithymia; compulsive shopping; emotional regulation; young adults

Abstract

Although previous studies have investigated factors contributing to compulsive shopping, the specific role of alexithymia and its influence on emotion regulation in predicting this behavior remains underexplored. The study explored the link between alexithymia and compulsive shopping in young adults, focusing on whether emotion regulation difficulties predict problematic shopping behavior. A sample of 220 Italian young adults was assessed using the Toronto Alexithymia Scale (TAS-20) and the Shopping Behaviour Scale (SBS). Multiple regression analysis revealed that alexithymia's three dimensions explained 4.8% of the variance in compulsive shopping (F=3.657; p=0.013). Externally oriented thinking was the only significant predictor, while difficulty identifying and describing feelings were not. The findings suggest that individuals more focused on external realities are at higher risk for compulsive shopping. Improving emotional awareness and regulation may help reduce this behavior in young adults.

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Kata kunci: alexithymia; belanja kompulsif; regulasi emosi; dewasa muda

Abstrak

Meskipun penelitian sebelumnya telah menyelidiki faktor-faktor yang berkontribusi terhadap perilaku belanja kompulsif, peran spesifik dari alexithymia dan pengaruhnya terhadap regulasi emosi dalam memprediksi perilaku ini masih kurang dieksplorasi. Studi ini mengeksplorasi hubungan antara alexithymia dan perilaku belanja kompulsif pada dewasa muda, dengan fokus pada apakah kesulitan dalam regulasi emosi dapat memprediksi perilaku belanja yang bermasalah. Sampel sebanyak 220 dewasa muda Italia dinilai menggunakan *Toronto Alexithymia Scale* (TAS-20) dan *Shopping Behaviour Scale* (SBS). Analisis regresi berganda mengungkapkan bahwa tiga dimensi alexithymia menjelaskan 4,8% dari varians dalam belanja kompulsif (F=3,657; p=0,013). Pemikiran yang berorientasi eksternal adalah satu-satunya prediktor yang signifikan, sementara kesulitan mengidentifikasi dan menggambarkan perasaan tidak signifikan. Temuan ini menunjukkan bahwa individu yang lebih fokus pada realitas eksternal memiliki risiko lebih tinggi untuk melakukan belanja kompulsif. Meningkatkan kesadaran emosional dan regulasi dapat membantu mengurangi perilaku ini pada dewasa muda.

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INTRODUCTION

Background Of The Study

Alexithymia is a psychological construct that refers to a specific difficulty in recognizing, identifying, and describing one's own emotions and those of others (Taylor, Bagby, & Parker 1999). The term "alexithymia" derives from Greek, where "a-" means "lack," "lexis" means "word," and "thymos" refers to emotion, indicating a lack of words to express feelings. Although this condition is not formally recognized as a standalone clinical disorder, it is often associated with various psychological and psychosomatic disorders, such as depression, anxiety disorders, eating disorders, and cardiac problems (Karukivi & Saarijärvi, 2014).

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The impact of alexithymia can be significant, affecting various aspects of an individual's life. On a personal level, it can contribute to a sense of isolation and misunderstanding; while on an interpersonal level, it can create difficulties in relationships, as emotional communication is fundamental to intimacy and human connection. Therefore, recognizing and understanding this condition can be the first step toward learning how to manage it and improving the quality of life of those affected (Fossati et al., 2009).

Although existing literature is limited, some preliminary studies suggest that alexithymia may be associated with impulsive buying behaviors and often co-occurs with guilt. This relationship may be amplified by the emotional vulnerability inherent in individuals with alexithymia, leading to a dysfunctional cycle of unplanned purchases and subsequent psychological distress (Sifneos, 1973). The scarcity of data in this area highlights the need for more scientific attention to better understand the underlying dynamics and to develop effective intervention strategies. In fact, there are growing concerns regarding the potential impact of alexithymia on problematic shopping, particularly among young adults, as this population, exposed to consumer stimulation, might use shopping as a form of emotional regulation due to difficulties in adequately identifying and managing emotions.

There are four main components of alexithymia: 1) *Difficulty in identifying feelings*: This aspect involves the inability to clearly recognize and distinguish one's emotional states. For example, a person may feel distressed or nervous but cannot identify whether they are experiencing anxiety, fear, anger, or another emotion. This difficulty may be accompanied by a tendency to confuse emotions with physical sensations: an individual might perceive muscle tension or an abdominal pain, and interpret these signals as physical discomfort rather than a symptom of stress or anxiety. This confusion between somatic and emotional sensations can make the diagnosis and management of emotions particularly complex (Taylor & Bagby, 2013).

2) *Difficulty in describing feelings to others*: Even when they manage to perceive and recognize a certain emotion, people with alexithymia encounter significant difficulties in verbally articulating what they feel. The inability to verbalize emotions not only limits communication but can also negatively influence interpersonal relationships. People

who are unable to clearly express their feelings may appear distant, cold, or disinterested, even though, in reality, they may experience intense emotions. The lack of emotion sharing can create a barrier in the development of intimate and meaningful relationships (Taylor & Bagby, 2013).

3) *Externally oriented cognitive processes*: People with alexithymia tend to focus more on the external world rather than on their internal world; this means they often prioritize the practical and concrete details of daily life, e.g., work, household tasks, or logistical problems, rather than their personal thoughts, emotions, or inner reflections. This external orientation may derive from a coping strategy in which the individual focuses on what they can control (the external world) rather than on what seems elusive or confusing (their emotions). However, this attitude can limit their ability to develop emotional self-awareness and to deeply reflect on their moods (Taylor & Bagby, 2013).

4) *Poverty of imagination*: A reduced imaginative capacity is another distinctive feature of alexithymia. Alexithymic individuals often show little fantasy and limited ability to daydream or evoke mental images related to emotions. This imaginative poverty can be reflected in rigid and concrete thinking, with little or no creative or symbolic processing of experiences. The lack of a rich imaginative world may also contribute to their difficulty in understanding and expressing emotions, as imagination is often the vehicle through which we process and understand our feelings (Taylor & Bagby, 2013).

The causes of alexithymia are not yet fully understood, but it is believed to result from a combination of multiple factors. Some evidence suggests a possible role for genetic factors. Twin studies, for example, have shown a hereditary component in the predisposition to alexithymia. However, the genetic contribution appears to be moderate, suggesting that while genes may predispose an individual to the development of alexithymia-related traits, on their own, they are not sufficient to determine the condition. From a neurobiological perspective, several areas of the brain, particularly the amygdala, prefrontal cortex, and insula, have been identified as potentially involved in the emergence of alexithymia (Moriguchi & Komaki, 2013). Additionally, environmental experiences and life events play a crucial role. Traumatic childhood experiences, e.g., abuse, emotional neglect, or exposure to chronic stress, may contribute to the

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development of alexithymia (Teicher, Samson, Anderson, & Ohashi, 2016). Childhood is a critical period for emotional development, and traumatic experiences can interfere with a child's ability to recognize and manage emotions, leading to dysfunctional emotion regulation in adulthood. A lack of emotional support during childhood, such as a poor relationship with parents or being raised an unaffectionate family, can negatively influence the ability to recognize and verbalize emotions. Without adequate models of emotion management, a child may grow up without developing the necessary skills to recognize and communicate their feelings (Akbağ, Aydoğdu, & Rizzo, 2024).

Thus, it is possible to conclude that alexithymia represents a complex psychological construct which origin derives from a complex interaction between genetic and environmental factors; a genetic predisposition may make an individual more vulnerable to the negative effects of traumatic experiences, or the lack of emotional support in the environment may exacerbate difficulties already present at the neurobiological level (Luminet, Rime, Bagby, & Taylor, 2004).

Alexithymia is particularly relevant in the context of emotion regulation. Emotion regulation refers to the process through which people influence the emotions they experience, when they experience them, and how they express them (Rizzo et al., 2024). Individuals with alexithymia, being unable to recognize and understand their own emotions, often fail to adequately regulate their emotional responses (Herbert, Herbert, & Pollatos, 2011). Difficulty in understanding and managing emotions can lead to dysfunctional emotion regulation, increasing risks of stress and interpersonal conflicts; this can lead to dysfunctional behaviors, such as substance abuse, problematic eating behaviors, or excessive use of distracting activities to manage undesirable emotional states, such as compulsive shopping (DeVito et al., 2008; Rizzo & Alparone, 2024).

Shopping behavior, especially among young adults, is becoming increasingly excessive, often driven by a combination of emotional impulses and the desire for immediate gratification (Kick et al., 2024; Jain, Srivastava, & Shukla, 2023; Djudiah, 2022). This phenomenon raises important ethical questions, as impulsive purchases can lead to unchecked consumerism, waste of resources, and environmental harm. The ethics of shopping implies a conscious reflection on the consequences of one's consumption

choices. However, many young people struggle to balance reflection and impulsivity, often due to underlying emotional difficulties like alexithymia (Di Nicola et al., 2015).

The latter may increase vulnerability to compulsive shopping, where purchases become a means to alleviate emotional distress rather than a thoughtful choice. Compulsive shopping, also known as compulsive buying disorder or oniomania, is characterized by an irresistible need to buy goods excessively and unnecessarily. It is often accompanied by a temporary sense of relief or pleasure during the purchase, followed by guilt or frustration (Müller et al., 2019).

Research Gap

The relationship between alexithymia and compulsive shopping is an emerging area of research, and still lacks exploration (Alparone, Pozzetti, & Rizzo, 2024). The scarcity of literature sources highlights the need for further research to better understand the underlying dynamics of this relationship and to develop targeted therapeutic interventions to mitigate these dysfunctional behaviors (Khabbache et al., 2024; Rizzo et al,. 2024; Bruno et al., 2025).

Despite the growing attention towards compulsive shopping as a manifestation of emotional difficulties, only one study has so far explored this connection in depth (Li, Zhang, Guo, & Zhang, 2015). Specifically, the study by Gori, Topino, Fioravanti, & Casale (2024) investigated the relationship between alexithymia, dissociation, and compulsive shopping behavior, both online and offline. The study highlighted a significant link between alexithymia and compulsive shopping, suggesting that the inability to recognize and manage emotions may contribute to the adoption of dysfunctional shopping behaviors.

However, notable inconsistencies with these established assumptions can be found in the literature. Some studies have identified groups of individuals who display marked symptoms of alexithymia—e.g., difficulties in identifying and describing emotions—yet do not exhibit compulsive shopping behaviors (Panayiotou, Panteli, & Vlemincx, 2018). Conversely, other individuals without significant alexithymia symptoms have been found to engage in compulsive shopping (Kellett & Bolton, 2009). This unexpected contrast raises questions about the universality of the link between alexithymia and compulsive shopping. It suggests that other factors like external influences, emotional

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regulation strategies, or socioeconomic conditions could play a moderating or mediating role in this relationship.

For these reasons, this study represents an important first step in understanding the role of alexithymia in the context of compulsive shopping, but further research is needed to confirm and deepen understanding of these findings.

Rationale Of The Study

This study's rationale was the need to understand the underlying psychological mechanisms that contribute to compulsive shopping behavior, particularly among young adults. Although existing studies have examined various factors influencing compulsive shopping, the specific relationship between alexithymia and emotion regulation has been insufficiently explored.

Prior studies have established a correlation between alexithymia and emotional difficulties, yet the direct influence of alexithymia on compulsive shopping behaviors remains unclear. Young adults represent a critical demographic for studying compulsive shopping behaviors, as this age group often experiences significant life changes and pressures that can heighten vulnerability to such behaviors (O'Guinn & Faber, 1989). By examining this population, the study aimed to provide insights that could inform targeted interventions to promote healthier shopping habits.

In addition, the study underscored the potential for interventions aimed at improving emotional awareness and regulation to mitigate compulsive shopping behaviors. This aligns with cognitive-behavioral strategies that have shown effectiveness in treating various forms of addiction and impulse control disorders.

Novelty Of The Study

This research differs from various previous studies on alexithymia and compulsive shopping by focusing specifically on the relationship between the alexithymia dimensions specifically linked to the compulsive shopping behaviors.

Earlier studies, such as those by Moheban, Davoudi, & Tamrchi (2023) and Elmas Cesur, & Oral (2017), often addressed the general impact of alexithymia on emotional difficulties, but did not break down the specific dimensions of alexithymia (difficulty in identifying feelings, difficulty in describing feelings, and externally oriented thinking) and their direct correlations with compulsive shopping. By investigating how these

dimensions relate specifically to compulsive shopping, the research contributes a fresh perspective to the existing literature. Prior studies have primarily treated alexithymia as a singular construct, which limits understanding of how aspects of alexithymia might differently impact shopping behaviors.

In addition, many previous studies tended to analyze compulsive shopping behaviors across a wide range of age groups without focusing specifically on young adults. O'Guinn & Faber (1989) and Kellett & Bolton (2009) studied people of a wider age range, overlooking the unique aspects of young adults' shopping behaviors. These earlier studies did not focus specifically on the experiences and challenges faced by younger individuals, who may be more prone to compulsive shopping due to different life pressures. The present study specifically targeted young adults, recognizing that this group is particularly susceptible to developing compulsive shopping behaviors due to the unique pressures and challenges they face during this developmental stage.

In summary, this study offers a more focused examination of alexithymia and compulsive shopping behavior among young adults, highlighting the specific dimensions of alexithymia without the complicating factor of emotion regulation. This targeted approach helps to fill a gap in the literature and provides insights that could inform future research and interventions.

Purposes Of The Study

The aim of this study was to explore the relationship between alexithymia and compulsive shopping behavior in young adults. Specifically, it sought to examine whether difficulties in emotion regulation, as reflected in the dimensions of alexithymia, contribute to the tendency for problematic shopping behaviors within this age group (Lee & Kim, 2010).

In light of this, the researchers proposed an alternative research hypothesis (H1) in which the dimension of alexithymia (difficulty in identifying feelings, difficulty in describing feelings, and externally oriented thinking) is positively correlated with compulsive shopping behavior in young adults. This hypothesis suggested that young adults who struggle more with recognizing and describing their emotions, and who are more focused on external realities, are more likely to exhibit compulsive shopping tendencies.

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In contrast, the null hypothesis (H0) stated that there is no significant relationship between the dimensions of alexithymia and compulsive shopping behavior in this age group.

METHODS

Research Design

Descriptive statistics (means, standard deviations, and percentiles) were calculated for each measure. Regression analysis was then conducted to examine the relationship between alexithymia dimensions (difficulty in describing feelings, difficulty in identifying feelings, and externally oriented thinking) and compulsive shopping behavior.

A multiple linear regression was also performed, with compulsive shopping as the dependent variable and the three alexithymia dimensions as independent variables. This analysis was used to assess the extent to which each alexithymia dimension uniquely contributed to compulsive shopping behavior while controlling for other factors. The assumptions of linearity, independence of errors, homoscedasticity, and normality were checked and met for the regression analysis. All analyses were conducted using SPSS 27.0. Significance levels were set at $p<0.05$ for all tests.

Sampling Technique And Research Sample

A representative sample size for a population of approximately 5.58 million young adults in Italy, with a 5% margin of error, can be calculated using a standard formula. Based on this, the required sample size would be approximately 400 respondents. With a convenient sample size of 220, the margin of error can still be estimated. Given a typical assumption of population variability (50% or $p = 0.5$) and a confidence level of 95%, the margin of error is likely to be slightly higher than the ideal 5%. Based on similar calculations, the margin of error for a sample size of 220 should be around 6-7%.

The observed research population for this study (Table 1) consists of a final sample of 220 Italian young adults, aged between 18 to 30 (M=23). This demographic is particularly relevant because this age group is often navigating significant life transitions, including educational pursuits, employment opportunities, and the development of personal relationships. The sample was predominantly female (154 people; 70%). Most

participants (70%) were students at the time of the study, while smaller groups were unemployed (15%), employed (9.5%), or engaged in a combination of work and studies (1.8%). A very small portion (3.2%) of the sample is categorized as NEET, indicating they are not in education, employment, or training. In terms of educational attainment, the majority of participants (76.8%) had completed 13 years of education, with smaller portions having either less (6.4%) or more (16.4%) years of education. Regarding marital status, 95% of participants were single, with only 3.6% married and a very small percentage divorced or widowed.

The sampling technique employed in this study was stratified random sampling. Stratified sampling ensures that the sample accurately reflects the various subgroups within the population (e.g., age, gender, educational attainment). By dividing the population into homogeneous subgroups, it is possible to reduce the variability within each subgroup, leading to more precise estimates. Given the significant differences in characteristics among young adults, stratification based on gender, education, and employment status allows for a better understanding of how these factors might influence the research variables.

The first step to apply this sampling technique was to identify relevant strata within the population. In this case, the strata may include gender (male, female), employment status (student, employed, unemployed, NEET), and educational attainment (less than 13 years, 13 years, more than 13 years). Based on the proportion of each stratum in the population, the researchers determined how many participants to sample from each group. Then, by using a random sampling method (e.g., random number generation), participants were selected from each identified stratum to ensure that every individual had an equal chance of being included in the sample.

Table 1.

Sample Demographic Characteristics

Characteristic	N	Percentage (%)
Gender		
Male	66	30.0
Female	154	70.0
Employment Status		
NEET	7	3.2

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Characteristic	N	Percentage (%)
Unemployed	33	15.0
Employed/students	4	1.8
Employed	21	9.5
Students	154	70.0
Educational Level		
8-years	14	6.4
13-years	169	76.8
>18-years	36	16.4
Marital Status		
Single	209	95.0
Married	8	3.6
Divorced	2	0.5
Widowed	1	0.5
Age		
Mean	23.11	
SD	2.949	
Minimum	18	
Maximum	30	

Instruments Of Measurement

There were two measurement instruments used in this research. First**,** the *Toronto Alexithymia Scale* (TAS-20) (Bagby, Taylor, & Parker, 1994), a psychometric instrument designed to measure the level of alexithymia in an individual. The TAS-20 is used in clinical and research settings to identify levels of alexithymia, often associated with psychological disorders such as depression, anxiety and somatoform disorders.

The most widely used version is the TAS-20, consisting of 20 items assessing three main dimensions: 1) *Difficulty in identifying feelings (DIF):* This represents the difficulty in distinguishing between feelings and bodily emotions. 2) *Difficulty in describing feelings (DDF):* Measures the difficulty in verbally expressing one's feelings. 3) *Externally Oriented Thinking (EOT):* Represents a tendency to focus more on the external aspects of life than on internal emotional experiences.

The present study used the Italian version of the TAS-20 (Bressi et al., 1996). TAS-20 demonstrated good internal consistency (Cronbach's α=0.82), indicating reliable

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measurement of alexithymia dimensions. Confirmatory factor analysis (CFA) supports its construct validity, showing a good model fit across diverse populations (RMSEA=0.05, CFI=0.91, and TLI=0.90).

Second, the *Shopping Behavior Scale* (SBS), developed by researchers, is a modified and expanded version of the Edwards Compulsive Buying Scale (ECBS) (Edwards, 1993), designed to assess various aspects of compulsive buying behavior. This scale consists of 25 items that are divided into six subscales. These subscales cover different psychological and behavioral dimensions related to shopping behavior, each evaluated on a 5-point Likert scale, ranging from 1 = "Strongly disagree" to 5 = "Strongly agree."

Each subscale examines a particular aspect of spending behavior: 1) *Spending* (items 9, 11, 23), which assesses excessive or impulsive spending behavior. A sample item is: "*I often make impulsive purchases without planning*." 2) *Impulsivity* (items 1, 3, 7, 17, 25), which measures the tendency to act without thinking when shopping. A sample item is: "*Sometimes I buy things without thinking too much*." 3) *Guilt* (items 5, 6), which evaluates post-purchase guilt. A sample item is: "*I feel guilty after making impulsive purchases*." 4) *Situational factor* (items 4, 8, 19, 24), which examines the influence of situational factors on spending behavior. A sample item is: "*I spend more when I'm in social situations*." 5) *Regulation* (items 2, 10, 15, 16, 21, 25), which measures emotional regulation and spending control abilities. A sample item is: "*I can control my spending even when I feel like buying*." 6) *S-factors* (items 13, 18, 20, 22), which analyzes certain triggers of spending behavior or unplanned purchases. A sample item is: "*I spend more when I'm stressed*."

Compared to the original ECBS, the Shopping Behavior Scale expands the analysis by including additional subscales like Regulation and Situational Factors, offering a more comprehensive assessment of spending behavior and the emotions associated with it. The Shopping Behavior Scale was developed and modified by two psychometric experts to evaluate various aspects of normative purchasing behavior. This process included a stage for verifying item comprehension, translation accuracy, and the ecological validity of the test. A group of psychology students was involved in the procedure to ensure that the items were understandable and accurately reflected behaviors and emotions related to compulsive shopping in a real-world context.

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In the present study, the Shopping Behavior Scale (SBS) showed high reliability (Cronbach's α=0.87), reflecting consistency in assessing compulsive shopping behaviors among participants. Furthermore, the validity of the SBS has been confirmed through CFA, reflecting strong model fit (RMSEA=0.06, CFI=0.93, and TLI=0.91).

Data Collection Technique

Participants were invited to join the study via online platforms and university networks, ensuring a diverse range of individuals in terms of educational and employment backgrounds. All participants provided informed consent prior to taking part in the study, and they were assured that their responses would remain confidential and anonymous.

A power analysis was conducted to determine the appropriate sample size for this study. Based on an anticipated small to medium effect size (Cohen's $f^2 = 0.10$), a significance level of 0.05, and a desired statistical power of 0.80, it was calculated that a minimum of 180 participants would be required to detect significant effects in the regression analysis. However, the final sample consisted of 220 participants to account for potential data loss and ensure robust results.

Data Analysis Technique

The normality test for TAS-20 (W=0.978, p=0.18) and SBS (W=0.940, p=0.08) confirmed that both variables follow a normal distribution, supporting the use of parametric analysis in hypothesis testing. A moderate positive linear relationship was found between TAS-20 and SBS (r=0.212), and the multicollinearity test showed no concern (VIF=1.05; VIF<10,00). Additionally, the Breusch-Pagan test confirmed homoscedasticity (Lagrange=4.38, p=0.45), ensuring the reliability of the regression model. The variance for TAS-20 is 0.532 (Figure 1), while for SBS it is 0.957 (Figure 2), indicating moderate variability. These features imply that the distributions are well-behaved, with most of the probability concentrated near the mean.

Ethical Approval

Ethical approval was obtained from the relevant institutional review board prior to data collection. The study adhered to the ethical guidelines outlined in the Declaration of Helsinki, ensuring that participants were informed about their rights, the voluntary nature of their participation, and their ability to withdraw at any time during the course

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of the research without penalty. All procedures were conducted with respect for participants' dignity and confidentiality.

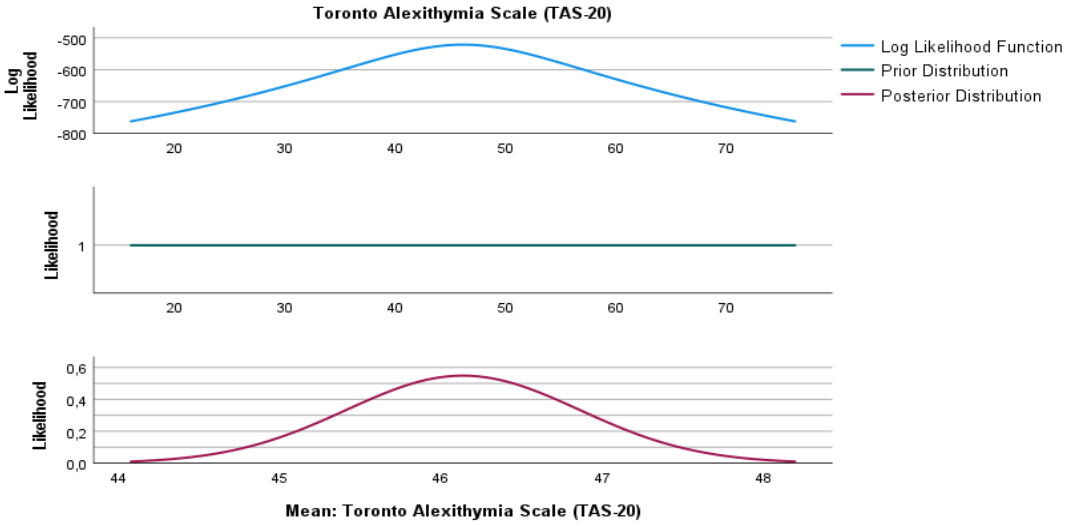

Figure 1. TAS-20 Distribution

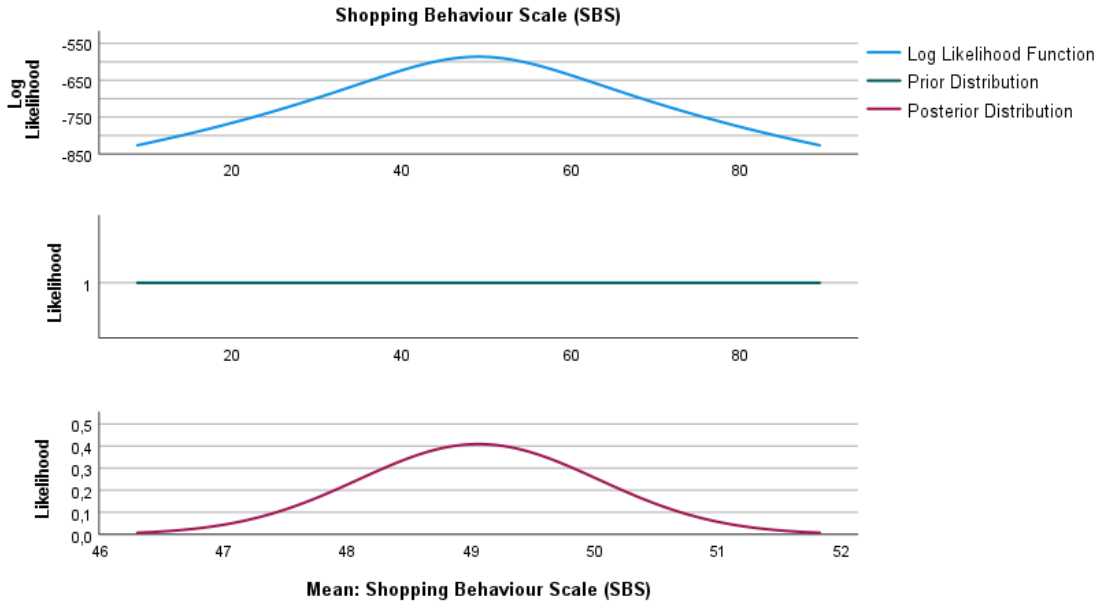

Figure 2. SBS Distribution

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RESULTS AND DISCUSSION

Research Results

Table 2 provides the descriptive statistics for four psychological and behavioral scales: Difficulty in Describing Feelings (F1), Difficulty in Identifying Feelings (F2), Externally Oriented Thinking (F3), and Compulsive Shopping. For each scale, the mean and standard deviation are reported, offering insight into the average scores and the variability of scores among the participants.

Table 2.

Descriptive Statistics For Psychological And Behavioral Scales

	Mean	SD
Difficulty in Describing Feelings (F1)	16.65	5.35
Difficulty in Identifying Feelings (F2)	13.21	4.67
Externally Oriented Thinking (F3)	16.28	4.89
Compulsive Shopping	49.06	14.37

Table 3 presents data categorized into three levels—high (75th percentile), average (50th percentile), and low (25th percentile)—across four psychological and behavioral scales: Difficulty in Describing Feelings, Difficulty in Identifying Feelings, Externally Oriented Thinking, and Compulsive Shopping. For each category, both the cutoff score at the specified percentile and the number of participants (N) meeting that criterion are provided.

Table 3.

Percentile-Based Category Distribution For Psychological And Behavioral Scales

Category	Difficulty in Describing Feelings		Difficulty in Identifying Feelings		Externally Oriented Thinking		Compulsive Shopping	
	Score	N	Score	N	Score	N	Score	N
High (75th percentile)	20-25	52	16-30	47	19-40	52	58-125	105
Average (50th percentile)	13-19	56	11-15	46	14-18	46	38-57	60
Low (25th percentile)	5-12	112	6-10	127	8-13	122	25-37	55

The regression procedure (Table 4) involved entering three predictors—externally oriented thinking (F3), difficulty in describing feelings (F1), and difficulty in identifying feelings (F2)—to predict the dependent variable, which is the Shopping

Behavior Scale (SBS). The model was entered using a standard enter method, meaning all requested variables were included simultaneously in the model.

The model summary suggested that approximately 4.8% of the variance in shopping behavior is explained by the three predictors (R=0.220, R^2=0.048). The adjusted R-squared is slightly lower at 0.035, and the standard error of the estimate is 14.125, indicating the extent of error in predictions. ANOVA revealed that the predictors taken together significantly predict shopping behavior (F=3.657; p=0.013).

Examining the coefficients, externally oriented thinking (F3) was found to have a statistically significant effect on shopping behavior (t=2.116; p=0.036). However, difficulty describing feelings (p=0.334) and difficulty identifying feelings (p=0.265) did not reach statistical significance in the model.

Table 4.

Regression Results For Predicting Shopping Behavior

Predictor	B	SE	β	t	p
Constant	35.54	4.28		8.31	.000
Difficulty in Describing Feelings (F1)	.185	.191	.069	.969	.334
Difficulty in Identifying Feelings (F2)	.254	.227	.082	1.117	.265
Externally Oriented Thinking (F3)	.435	.205	.148	2.116	.036

Notes: R^2 = 0.048, F(3, 216) = 3.657, p = .013

Discussion

In the current study, the relationship between alexithymia and compulsive shopping in young adults was found to be significant, but the overall effect size of alexithymia on compulsive shopping was relatively small. This raises several important points for discussion regarding the dynamics between emotion regulation difficulties and problematic shopping behaviors.

Compulsive shopping behavior is influenced by a multitude of psychological, social and environmental factors, and alexithymia may be only one piece of the puzzle. Other significant predictors, such as impulsivity, materialism, and depression, could play a more prominent role in compulsive shopping behavior than alexithymia (Estévez Jauregui, Macía, & López-González, 2021).

The relationship between alexithymia and compulsive shopping might be mediated or moderated by other variables, e.g., stress levels, social environment or

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coping strategies. Individuals with alexithymia might turn to shopping only under specific circumstances (e.g., high stress or low social support), limiting the direct influence of alexithymia itself (Etxaburu et al., 2024). In addition, the measurement instruments used to assess compulsive shopping and alexithymia may have limited sensitivity in capturing the nuances of this relationship. It is possible that some alexithymic individuals engage in compulsive shopping but do not recognize or report it as problematic, given their lack of self-awareness (Germani et al., 2023).

Moreover, alexithymia is commonly measured through three factors (difficulty in identifying feelings, difficulty in describing feelings, and externally-oriented thinking). However, in this study, difficulty in identifying feelings and difficulty in describing feelings did not show a strong influence on compulsive shopping, while externally-oriented thinking may have had a more prominent role. The limited influence of difficulty in identifying feelings on compulsive shopping shows that the relationship is complex and that emotion identification may not be the primary driver of shopping behaviors.

Firstly, difficulty in identifying emotions doesn't necessarily translate into specific behavioral coping mechanisms like shopping; people with alexithymia may struggle to recognize their emotions but still engage in other, more familiar or habitual coping behaviors. For instance, they may avoid confronting emotional triggers by engaging in distractions other than shopping. They might choose alternative coping mechanisms, such as exercising, compulsive eating, or binge watching shows, which can provide emotional relief without having to articulate their feelings directly (Goerlich-Dobre et al., 2014).

Similarly, the ability to describe emotions might not significantly affect the decision to engage in compulsive shopping. While compulsive shopping can be a behavioral response to emotion dysregulation, a lack of verbal expression does not necessarily lead to shopping behavior. Individuals who struggle with describing their emotions may have developed various coping mechanisms that exclude shopping. They might channel their feelings into creative pursuits, physical activity, or social interactions, all of which can alleviate emotional distress without the financial consequences of compulsive shopping (Lyvers, Senturk, & Thorberg, 2021).

Instead, compulsive shopping may be influenced more by contextual factors, such as social pressures or cultural norms that normalize spending, rather than being a direct response to emotional distress. Economic factors, social environments, and cultural attitudes toward spending can moderate the relationship between alexithymia and shopping behaviors, potentially diminishing the expected correlation (Marchetti, Verrocchio, & Porcelli, 2019).

In many cultures, shopping is socially accepted as a way to cope with stress or boredom, creating an environment where individuals with alexithymia might shop for reasons unrelated to emotional expression or regulation. Thus, they may not feel the need to describe their feelings to justify shopping as a normative activity. Additionally, factors like marketing, peer influence, or seasonal sales can prompt individuals to shop without any emotional basis linked to their ability to articulate feelings (Rose & Segrist, 2012).

As a matter of fact, externally oriented thinking may have a stronger relationship with compulsive shopping since individuals with this trait tend to focus on external stimuli and material objects rather than internal emotions. Shopping provides a tangible and external experience that resonates with individuals who are less introspective and emotionally unaware. Thus, externally oriented thinking is potentially the most relevant dimension influencing compulsive shopping behaviors, as it aligns with the material and external focus characteristic of compulsive shopping (Muawaliyah & Saifuddin, 2023).

Previous studies have shown mixed results regarding the connection between alexithymia and compulsive shopping. For instance, Moheban, Davoudi, & Tamrchi (2023) and Elmas Cesur, & Oral (2017) suggested a strong correlation between emotion dysregulation and compulsive shopping. However, the findings of the current study, where alexithymia's influence was small, highlight that the relationship is likely more nuanced and context-dependent (Kaur, 2019). In contrast, Müller et al. (2014) emphasized that difficulties in emotion regulation are a significant predictor of compulsive shopping. However, their study also underscored that emotion dysregulation contributes to compulsive shopping in conjunction with other factors like impulsivity and stress, which may explain why alexithymia alone did not have a stronger effect in the present study.

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The small effect size could also align with findings from studies, such as Kiraz, Sertçelik, & Taycan (2021), where compulsive shopping was found to be more strongly associated with traits like materialism and impulse control problems than with alexithymia.

Regarding the psychological dynamics between alexithymia and compulsive shopping, as noted, alexithymic individuals often experience an emotional void which results from their limited ability to identify, understand, and process emotions, leading them susceptible to behaviors that offer immediate distraction or relief. Shopping offers a way to temporarily "fill" this void with material purchases, providing immediate gratification and distraction from underlying emotional discomfort (Kaur & Mearns, 2021). This maladaptive coping mechanism often leads to a self-perpetuating cycle; after the initial relief provided by shopping, individuals experience guilt or frustration as they acknowledge the negative financial or personal consequences of their actions.

However, due to the difficulty in identifying and understanding emotions, alexithymic individuals may not make the connection between their compulsive shopping behavior and emotional states. Instead, they may attribute their actions to external factors or lack any explanation, reinforcing the behavioral cycle and a compounding sense of helplessness (Parnes, 2019). This disconnect can exacerbate the problem, as they fail to recognize that shopping serves as an emotional coping mechanism, leading to repeated cycles of problematic behavior without resolution of the underlying distress (Lekavičienė et al., 2022).

A further complicating factor is the impact of alexithymia on social relationship. Alexithymic individuals often struggle with emotional expression, making it challenging to form or sustain close interpersonal bonds. This difficulty can lead to social isolation, which then exacerbates their emotional discomfort and increases reliance on solitary activities like shopping. In such cases, compulsive shopping functions not only as a temporary emotional distraction but as a substitute for meaningful social interaction, reinforcing a pattern of emotional avoidance and maladaptive coping (Speranza et al., 2004).

Over time, relying on compulsive shopping as an emotional escape, creates a repeating pattern, where the individual feels brief relief but finds no lasting solution to

their emotional or social issues (Topino, Pallaoro, Moyano, Casale, & Gori, 2024). This finding underscores the need to view compulsive shopping in alexithymic individuals not simply as a behavioral issue but as an emotionally driven response to an unfulfilled need for emotional and interpersonal connection.

Limitations Of The Study

Some limitation should be pointed out. The main limitations of the study include the use of convenience sampling, and this may reduce the generalizability of the results. The sample was mainly composed of young adults, limiting the ability to extend conclusions to other age groups. Another limitation is the reliance on self-report instruments, namely the Toronto Alexithymia Scale (TAS-20) and the Shopping Behavior Scale (SBS), which may be subject to social desirability bias or self-perception errors. Finally, the present study did not consider potentially relevant variables, such as socioeconomic status or other psychological dependence, which might limit the full understanding of the factors influencing compulsive shopping behavior.

CONCLUSIONS AND SUGGESTIONS

Conclusions

The present study aimed to investigate the relationship between alexithymia and compulsive shopping behavior in young adults. Specifically, the study sought to understand how problems in emotion regulation, measured through the dimensions of alexithymia, influence the propensity for problematic shopping behaviors in this population group (Moheban, Davoudi, & Tamrchi, 2023; Elmas Cesur, & Oral, 2017).

In individuals with alexithymia, compulsive shopping can become a coping strategy to manage emotions that they cannot identify or understand. The inability to recognize and address negative emotions may lead these individuals to seek experiences that offer immediate gratification. Shopping, with its capacity to provide a quick sense of pleasure or relief, becomes an outlet to manage emotional distress (Kiraz, Sertçelik, & Taycan, 2021). However, this behavior does not address the underlying cause of the distress, leading to a repetition of the cycle.

A significant study (Müller et al., 2014; Djudiah, 2022) examined the role of emotion regulation, showing how difficulties in emotion regulation can predispose

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individuals to compulsive shopping behaviors. It emerged that compulsive shopping is often a dysfunctional emotional coping strategy; people with difficulties in regulating emotions, who are unable to properly manage negative feelings or stress, may resort to compulsive shopping to find temporary relief. The authors suggest that interventions that focused on improving emotion regulation skills could be effective in treating this problematic behavior (Topino, Pallaoro, Moyano, Casale, & Gori, 2024).

Counseling and psychotherapy techniques are essential for reducing compulsive shopping behaviors driven by unprocessed emotions. These techniques focus on enhancing emotional awareness, recognition, and regulation skills.

Psychoeducation and skills training teach individuals with alexithymia about the nature of emotions and their role in influencing thoughts and behaviors. Skill training provides strategies for emotion regulation, e.g., journaling, grounding techniques, and distress tolerance. This training can be transformative, helping individuals with alexithymia see emotions as identifiable and manageable experiences. This understanding is essential for replacing maladaptive behaviors like compulsive shopping with healthier emotional coping skills (Iuso et al., 2022).

In addition, cognitive-behavioral therapy (CBT) gradually improves emotional awareness by offering a structured way to process overwhelming feelings, which can help alexithymic individuals better identify emotions (Cameron, Ogrodniczuk, & Hadjipavlou, 2014).

Moreover, the emotion-focused therapy (EFT) is particularly effective for alexithymia cases because it targets core difficulties with emotion processing, helping clients recognize and express their feelings rather than turning to external distractions like compulsive shopping (Zamani, Hasani, Hatami, & Tadros, 2023).

Finally, mindfulness-based interventions (e.g., meditation, deep breathing exercises, and body scans) teach clients to observe their emotions without judgment. Self-awareness reduces impulsive reactions, like compulsive shopping, by promoting a reflective rather than reactive approach (Norman, Marzano, Coulson, & Oskis, 2019).

Alexithymic individuals may use compulsive shopping as a substitute for emotion processing. Since they are unable to understand their emotions, they turn to purchasing goods as a way to "fill" the emotional void or distract themselves from feelings they find

uncomfortable or incomprehensible. Due to the difficulty in linking their behaviors to underlying emotions, people with alexithymia may not be aware that compulsive shopping worsens their emotional state in the long run. They may experience a cycle of relief followed by guilt or frustration, without realizing that these feelings are linked to their shopping behavior (Preece et al., 2023).

Compulsive shopping can lead to significant financial and social consequences, which can then increase stress and interpersonal conflicts. Alexithymic individuals, already struggling to manage relationships due to their inability to communicate emotions, may find their social and familial relationships further compromised by compulsive shopping behaviors (Claes et al., 2010; Muawaliyah & Saifuddin, 2023).

The risk of compulsive shopping for young adults is particularly high due to several factors, including increased exposure to consumerism, the accessibility of online shopping platforms, and heightened emotional vulnerability during this life stage. Young adults, who are likely navigating challenges related to identity formation, emotion regulation, and financial independence, may be more prone to using shopping as a coping mechanism to manage stress, anxiety, or emotional difficulties (Müller et al., 2014).

While the present study found a small effect of alexithymia on compulsive shopping, the findings highlight the multifaceted nature of such behavior. The dimension of alexithymia, particularly externally oriented thinking, may contribute to compulsive shopping, but other variables, such as impulsivity, materialism, and social stress, likely play more significant roles (Nahar & Kakulte, 2022).

Future research should investigate the interplay between these variables, perhaps using longitudinal designs to better understand the development of compulsive shopping behaviors over time and the precise role of alexithymia in this process. Interventions aimed at improving emotional awareness and regulation may help reduce compulsive shopping, but they should also target broader emotional and cognitive patterns beyond alexithymia itself (Rieppi & Petrucelli, 2019).

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Suggestions

Given the findings that alexithymia contributes to compulsive shopping behavior, and considering that poor emotion regulation is at the core of it, there are several important suggestions for future researchers, the community, and relevant institutions.

Future research should delve deeper into how alexithymia interacts with other psychological traits (e.g., impulsivity, materialism, stress) in shaping compulsive shopping behaviors. Investigating mediating or moderating variables will provide a more nuanced understanding of the mechanism at play. This could involve exploring how factors such as coping strategies or emotional intelligence influence the relationship between alexithymia and compulsive shopping.

Conducting longitudinal studies will be valuable in tracking how compulsive shopping behaviors evolve over time in alexithymic individuals, as well as whether changes in emotion regulation skills predict a decrease in shopping problems. This can also help establish causal links between emotional dysregulation and compulsive behaviors.

Finally, given the differences in consumer culture across countries, cross-cultural studies would help determine if the relationship between alexithymia and compulsive shopping varies based on cultural attitudes toward consumerism, emotional expression, and materialism.

In addition, communities should focus on promoting emotional literacy and awareness from a young age. Schools and community centers can introduce emotional intelligence training programs that help children and adolescents identify, understand, and express their emotions. This can serve as a preventive measure, reducing the prevalence of alexithymia and maladaptive coping strategies like compulsive shopping in the future (Rocha et al., 2023).

Communities can also organize support groups for individuals struggling with compulsive shopping behaviors, similar to those for drug-related addiction recovery. These groups can offer a safe space for individuals to share their experiences, learn healthier emotional coping mechanisms, and develop emotional insight through peer support.

Moreover, mental health institutions should implement specialized counseling programs that focus on improving emotion regulation for individuals showing compulsive shopping tendencies. Clinicians can be trained to screen for alexithymia and address the emotional roots of the behavior, ensuring that treatment targets the core emotion dysregulation rather than just the external behavior of shopping (Topino, Cacioppo, & Gori, 2022).

Interventions focused on improving emotion regulation skills are essential in addressing both alexithymia and compulsive shopping. These interventions aim to help individuals understand and manage their emotions, which reduces the need for maladaptive coping mechanisms like shopping. An example could be the cognitive behavioral therapy (CBT) (Beck, 2020), an evidence-based intervention that focuses on challenging dysfunctional thought patterns and replacing them with healthier behaviors. CBT works by helping individuals recognize how their thought patterns are linked to emotions and behaviors like shopping (Hofmann, Asnaani, Vonk, Sawyer, & Fang, 2012). By gaining awareness of their emotional triggers and challenging automatic shopping behaviors, individuals can reduce the frequency and severity of compulsive shopping.

In conclusion, addressing emotion regulation in individuals with alexithymia is crucial for reducing compulsive shopping behavior. Alongside community awareness, public interventions, and further research into the complex dynamics between alexithymia and shopping behaviors, these therapeutic approaches can play a key role in helping individuals adopt healthier coping mechanisms.

CONFLICT OF INTEREST

The authors of this study declare no conflict of interest.

DISCLOSURE STATEMENT

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Martina Barbera: Conceptualization, Data Curation; Formal Analysis; Investigation; Methodology; Project Administration; Resources; Validation; Visualization; Writing Original Draft; and Writing, Review, & Editing.

Amelia Rizzo: Conceptualization, Data Curation; Formal Analysis; Investigation; Methodology; Project Administration; Resources; Validation; Visualization; Writing Original Draft; Writing, Review, & Editing; Software; Supervision.

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