



What is the relationship between alexithymia and ego defense styles? A correlational study with Iranian students

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ABSTRACT

The relationship between alexithymia and ego defense styles was investigated in a sample of Iranian students. The association between the components of alexithymia including difficulty in identifying and describing feelings and externally oriented thinking with ego defense styles including mature, neurotic, and immature defense styles was investigated in two hundred and eighty six students in the University of Tehran. All participants were asked to complete the Farsi version of the Toronto Alexithymia Scale (FTAS-20) and Defense Styles Questionnaire (DSQ). Results showed that there was a significant negative correlation between alexithymia and mature defense style as well as a significant positive association with neurotic and immature defense styles. It is concluded that alexithymia is associated with ego defense mechanisms. Results are discussed in terms of the implications of the present results in terms of designing possible modification and intervention programmes as well as answering important theoretical questions.

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1. Introduction

Alexithymia may be considered to be a disorder of emotional self regulation. In other words, it is characterized by an inability to process cognitive and emotional information as well as difficulty in regulating emotions (Bagby and Taylor, 1997; Lane, Ahern, Schwartz and Kaszniak, 1997; Taylor, 2000; Taylor and Bagby, 2000). The main characteristics of alexithymia include the following: Verbal inability to recognize and describe experienced emotions; extreme lack of symbolic thinking which significantly limits the expression of feelings, desires and drives; inability to use feelings as possible signs of emotional problems; and an inability to remember dreams. In addition, the alexithymic individual has difficulty in differentiating between emotional states and bodily sensations; has a formal and inflexible appearance, usually lacking the appropriate emotional facial expressions and has a limited capacity for showing sympathy as well as self awareness (Tull, Medaglia and Roemer, 2005). A number of studies investigating the temporal stability of alexithymia (Pinard, Negrete, Annable and Audet, 1996; Saarijarvi, Salminen and Toikka, 2001; Salminen, Saarijarvi, Toikka and Aarela, 2006; Martinez – Sanchez, Atogarcia and Ortiz, 2003, Martinez – Sanchez, Atogarcia, Corcoles, and

Medina 1998), have suggested that the construct may be considered to be a stable personality trait, characterized by a dysfunction in cognitive processing of emotional information (Taylor, 2000). On the other hand, another group of studies (Honkalampi, Hintikka, Saarinen and Lehtonen, 2000; Haviland, Shaw, Cummings and MacMurray, 1988) have opposed this “trait” perspective questioning the temporal stability of alexithymia and arguing that the construct should be seen as a “state” which is expressed as a direct result of personal helplessness (Valliant, 1985). Based on the latter perspective, alexithymia is seen solely as a simple defense mechanism to protect the person against emotional helplessness associated with extremely harmful situations.

Defense mechanisms have been defined as automatic self regulating processes which operate with the aim of reducing cognitive discrepancies and minimizing sudden changes in external and internal reality by distorting the perception of threatening events (Valliant, 1985, 1992, 1994).

Freud (1923) considered personal defense styles, defined as the frequency of using a set of related defense mechanisms by the individual, as the main variable through which personality stability as well as pathology can be understood. This view has been repeatedly confirmed by various research findings. For example, it has been found that depressed patients use internalizing and externalizing defense mechanisms differently from normal subjects (Bloch, Shear, Markowitz, Leon and Perry, 1993; Margo,

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Greenberg, Fisher and Dewan, 1993). Also patients suffering from borderline personality disorder seem to use significantly more maladaptive and distorted defense mechanisms as compared to a control group (Bond, Paris and Zweig – Frank, 1994; Perry and Cooper, 1986). Empirical findings also suggest that the use of different defense mechanisms and styles can be explained by the use of adaptive behaviours by the individual so that use of adaptive defense mechanisms and styles may result in better physical and mental health (Valliant, 1994, 1998; Perry and Cooper, 1992) whereas maladaptive defense mechanisms and styles are associated with more negative health indicators such as depression and a host of different personality disorders (Perry and Cooper, 1992; Cramer, 1999; Valliant and Drake, 1985).

Defense mechanisms, whose responsibility is to protect the ego from different forms of anxiety (Freud, 1923), may be functional or dysfunctional according to how they are used in the environment. Andrews et al. (1993) categorized three major defense styles based on twenty different defense mechanisms suggested by Valliant (1971, 1976). These three defense styles are named “mature”, “neurotic” and “immature” according to which kinds of defense mechanisms are used by the individual. The mature defense style represents normal, adaptive and functional method of coping whereas the immature and neurotic styles may be considered to be a consequence of dysfunctional and maladaptive coping strategies.

Since ego defenses have been considered to be psychological mechanisms which help the individual manage and cope with negative and / or disabling emotions, researchers have studied the possible relationship between alexithymia and ego defense styles. In an explorative study with depressed patients, Wise et al., (1991) found a negative correlation between alexithymia and mature defense style and a positive correlation with immature defense style. No significant association was reported between alexithymia and two of the indicators of neurotic defense style, namely self – sacrificing and distorting styles. Similar findings have been reported in the general population as well as in a sample of out patients (Martinez – Sanchez et al., 1998). In the hospital out patient sample, a weak but significant correlation was reported between alexithymia and distorting defense style.

There is no doubt that due to its theoretical as well as clinical importance, alexithymia still warrants a great deal of empirical attention today (Larsen, Brand, Bermond and Hijman, 2003). One important issue is the relationship between alexithymia and culture. Very few studies have addressed this question and even fewer studies have concentrated on alexithymia in Asian populations. In one study, Le, Berenbaum and Raghavan (2002) examined the relationship between alexithymia and culture comparing the scores of Asian students living in the USA with their American counterparts. Results showed that both Asian Americans and Malaysians living in America reported significantly higher scores on alexithymia than their European American and American counterparts. Somatization, as a dysfunctional response had the strongest association with alexithymia. Another study by Sayar et al. (2005) reported a significant association between dissociative disorders and alexithymia scores reported by students in Eastern Turkey. To date, no study has examined the relationship between alexithymia and ego defense styles in Asian populations. The aim of the present study was to examine the relationship between the three indicators of alexithymia (difficulty in describing emotions, difficulty in identifying emotions and concrete thinking) with the three defense styles (mature, immature and neurotic) in an Iranian student population. The hypotheses of the present study were thus twofold: First, that there would be significant negative correlation between alexithymia and its three indicators and mature defense style; and

second, that there would be significant positive correlation between alexithymia and its three indicators and immature and neurotic defense styles.

2. Method

2.1. Participants:

327 undergraduate students studying a wide range of subjects including human sciences, art, engineering, medicine and basic sciences took part as volunteers in this study. The Farsi version of the Toronto Alexithymia Scale (FTAS – 20) and the Defense Styles Questionnaire (DSQ) were administered to groups of students in class rooms comprising 15 – 30 students. The order of presentation of questionnaires was reversed for half of participants so that 163 participants completed the FTAS – 20 first, followed by the DSQ, and vice versa for the other 164 participants. Forty one respondents were eliminated from the sample because they failed to provide sufficient data by not completing the questionnaires. Therefore, the final sample comprised of 286 students (135 males and 151 females). The mean age was 21.90, age range = 18 – 29, SD = 2.58. The mean age for female respondents was 21.52 (range = 18 – 26, SD = 2.24) and for male respondents was 22.34 (range = 18 – 29, SD = 2.86). The present study was descriptive and correlational and apart from descriptive statistics, multivariate analysis of variance, correlation coefficients and regression were used to analyse the data.

3. Materials:

3.1. The Farsi version of the Toronto Alexithymia Scale (FTAS – 20):

This is a 20 item questionnaire developed by Bagby et al. (1994) and measures three aspects of alexithymia including difficulty in identifying and describing emotions and concrete thinking. Participants respond to each item on a five point likert scale ranging from 1 = disagree completely to 5 = agree completely. An overall score for alexithymia is calculated by adding the scores for the three subscales. The psychometric properties of the TAS – 20 has been confirmed in several studies (Besharat, 2007; Palmer et al., 2004; Pandey et al., 1996; Parker et al., 2003). The FTAS – 20 has been analyzed by Besharat (2007). Cronbach's alphas of 0.85, 0.82, 0.75 and 0.72 were reported for overall alexithymia and its three subscales (identifying and describing emotions and concrete thinking) respectively which indicates appropriate internal consistency. Furthermore, test retest reliability of the questionnaire using 67 participants after a four week interval yielded correlations for overall alexithymia and its subscales ranging from $r = 0.80$ to $r = 0.87$. Concurrent validity of the questionnaire was established by calculating correlation coefficients between the FTAS – 20 and scales measuring emotional intelligence ($r = -0.80$, $p < 0.001$), psychological well being ($r = -0.78$, $p < 0.001$) and psychological distress ($r = 0.44$, $p < 0.001$). Confirmatory factor analysis reiterated the existence of the three components of alexithymia (Besharat, 2007).

The Defense Style Questionnaire (DSQ): This is a 40 item questionnaire developed by Andrews et al. (1993) measuring three categories of defense mechanisms which may be used by respondents. The Farsi version of this questionnaire was translated and back translated by Besharat et al. (2001). The 40 items measure three styles labeled mature, immature and neurotic. Respondents respond to each item on a nine point Likert scale ranging from “Completely Agree” to “Completely Disagree”. The Mature defense style includes defense mechanisms of sublimation, humour, anticipation and suppression. The

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