



# Do alexithymic individuals avoid their feelings? Experiential avoidance mediates the association between alexithymia, psychosomatic, and depressive symptoms in a community and a clinical sample

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## Abstract

**Objective:** Alexithymia is defined as the trait associated with difficulty in identifying and describing feelings as well as poor fantasy and imagery. While alexithymia is related to psychopathology in general, it has been associated with increased reporting of medically unexplained symptoms and depression in particular. This study attempts to assess the extent to which alexithymia represents a learned, avoidant coping strategy against unwanted emotions. In this way the study aims to identify a potential mechanism that may elucidate the relationship between alexithymia and psychological symptoms.

**Method:** Alexithymia is examined in two different samples, students from two universities in Cyprus and intensive outpatients/residents in an American anxiety disorder treatment program. We examine whether alexithymia predicts psychosomatic and depressive symptoms respectively through the mediating role of experiential avoidance, a coping mechanism believed to be reinforced because of the immediate relief it provides.

**Results:** Experiential avoidance was found to correlate strongly with alexithymia, especially its difficulty in identifying feelings factor, while the mediation hypothesis was supported in all models tested. Furthermore, results from the clinical sample suggest that clinical improvement in depression was associated with a decrease in alexithymia, especially difficulty in identifying feelings, mediated by decreased experiential avoidance.

**Conclusions:** Alexithymia, and more specifically its difficulty in identifying feelings aspect, may be a learned behavior used to avoid unwanted emotions. This avoidant behavior may form the link between alexithymia and psychopathology. Implications for alexithymia theory and treatment are discussed.

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## 1. Introduction

Alexithymia, a term used by Sifneos [1] to describe patients with a marked difficulty in verbally describing their feelings, has stimulated a plethora of research over the last several decades. It is now viewed as a trait found on a continuum in the population [2,3] associated with difficulties in identifying and describing emotions, poor imagery and fantasy life and externally-oriented thinking [4–6].

Alexithymia was initially described as a characteristic of psychosomatic patients [1], and its link with medically unexplained symptoms has been multiply replicated [e.g. 7–9]. However, subsequent studies [e.g. 8], indicated that alexithymia is a correlate of psychological disorders in general; it is strongly associated with symptoms of depression [10,11], and may share its genetic influences [12]. Furthermore, changes in alexithymia levels predict decreases in depressive symptoms [10,13]. Alexithymia is also associated with anxiety disorders and poor physical health outcomes [5,14], all of which may reflect the difficulties of high alexithymia individuals in processing and expressing emotion. However, despite dozens of studies documenting the association between alexithymia and poor physical and psychological health, little is understood about the

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mechanisms that specifically account for this association [see 15 for a review].

In order to address this mechanism, a clearer understanding of the etiology of alexithymia is required, although this has not been as widely studied as its phenomenology. Extant research suggests that both genetic and environmental factors play a role in the development and maintenance of alexithymia (e.g. [15]; it tends to be encountered more often in certain subgroups, such as middle aged males and individuals low in education, which suggests that it may be influenced by contextual factors [16,17]. Twin heritability studies have also noted that while some aspects of the characteristic may be genetic in nature, other core features, such as difficulty in identifying emotions, seem to be affected by environmental influences [12,18]. Other researchers see alexithymia as a learned behavior and have proposed that certain aspects (e.g. difficulty in identifying and describing feelings) serve as coping strategies that function similarly to suppression and dissociation [19,20] to dampen unpleasant emotions in the face of severe stress or trauma [21–23]. Badura [21] further supports that the trait may be a symptom or correlate of post-traumatic stress. Thus, it appears that more research is warranted to verify whether alexithymia is temperamental in nature or an emotion regulation strategy acquired to cope with stress.

To comprehend alexithymic deficits in emotion processing, an understanding of how emotional information is typically processed may be helpful. According to the Bioinformational Theory of Emotion [24], emotional memories are stored in associative networks comprised of descriptive, meaning-related and response-related information. Activation of any of these components should activate other parts of the network to some degree. Alexithymic individuals appear to have less cohesive memory networks for emotion in comparison to non-alexithymic individuals [25–27]. Specifically, multiple studies have identified a “decoupling” in alexithymia between subjective emotional experience and emotion response systems, such as autonomic physiological reactivity and facial communication [28]. This decoupling may be a hallmark of alexithymia, which accounts for the tendency of these individuals to misattribute interoceptive sensations to illness instead of emotion [e.g., 29,30]. Recent neuro-imaging data support this notion by pointing to poor communication between brain regions involved in processing different aspects of emotion [31–33]. This difficulty could represent an inherent deficit [e.g. in symbolic abstraction; 34] or may indicate a learned behavior to down-regulate intense and unwanted emotions.

The current study addresses the hypothesis that alexithymic difficulties reflect a learned tendency of individuals high in alexithymia to avoid unwanted internal experiences such as particularly unpleasant and highly arousing emotions [25]. We propose that the emotion identification and description deficit of alexithymia is in fact an effort (deliberate or not) to avoid experiencing unwanted affect and that this mechanism is what ultimately predicts the development of mental and physical health problems. This

proposition links alexithymia with the construct of experiential avoidance (EA), i.e. the tendency of some individuals to avoid aversive bodily sensations, emotions, thoughts, memories and other internal events by altering their form and frequency and contact with the triggers of these experiences [35,36]. EA, like alexithymia has been found to be particularly pathogenic and may be a common risk factor for a range of disorders including depression, somatization and poor perceived health [37]. The proposed model is a mediational one, in that it is suggested that alexithymia per se has no direct effects on symptoms, but that its effects are indirect and explained by the presence of EA.

EA is reinforced and maintained by the immediate relief it provides from unpleasant experiences, even though it ultimately intensifies and sustains them [38]. EA overlaps with other pathogenic constructs such as avoidant coping, thought suppression, stress intolerance and anxiety sensitivity [39]. Previous studies have documented that EA mediates the effects of emotion regulation strategies on mood and distress [38,40], while findings from an inpatient sample suggested mediation by EA of the link between alexithymia and emotion regulation problems [41].

The current study suggests that the difficulty of individuals high in alexithymic traits in recognizing interoceptive cues as signs of emotion and in identifying and describing their feelings, may have become acquired as a learned coping approach involving avoidance of unpleasant affect. This tendency may have become reinforced through its immediate success at relieving distress [35], especially among individuals like males, who are discouraged in many cultures from expressing such “powerless” emotions and seeking support [42]. In the long term, the avoidance of experiencing, describing and processing emotion may inhibit the development of appropriate emotion regulation skills, prevent exposure and extinction of negative affect and increase fear of internal experiences [35,43,44]. Therefore, this study addresses the hypothesis that alexithymia is related to EA and that in fact, EA mediates and explains the association between alexithymia and psychological distress, as manifested by psychosomatic symptoms and depression. To our knowledge, this is the first study to address this hypothesis, which shows promise at providing some explanation (rather than mere description) of the emotion processing difficulties of alexithymic individuals.

### 1.1. Current investigation

This investigation uses two studies involving a student and a clinical sample. The aim concerns three hypotheses: 1) Experiential avoidance mediates the association between alexithymia and psychosomatic symptoms. 2) EA mediates the association between alexithymia and symptoms of depression. 3) Clinical participants present reductions in alexithymia, EA and depressive symptoms from baseline to post-treatment assessment, and decreased EA mediates the impact of reduced alexithymia on depression improvement.

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