



The psychometric assessment of alexithymia: Development and validation of the Perth Alexithymia Questionnaire

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ABSTRACT

Alexithymia is a trait comprising people's ability to focus *attention* on and accurately *appraise* their own emotions. Its assessment is of clinical interest because people who have difficulty processing their negative and positive emotions are more vulnerable to developing psychopathology symptoms, however, existing alexithymia measures cannot comprehensively assess the construct across both negative and positive emotions. In this paper, we attempt to remedy these measurement limitations by developing and validating a new 24-item self-report measure, the Perth Alexithymia Questionnaire (PAQ), which is based on the *attention-appraisal model of alexithymia*. In Study 1, our confirmatory factor analyses in a sample of 231 adults suggested that the PAQ had a factor structure consistent with its theoretical basis; it could separately measure all components of the construct and do so across negative and positive emotions. All subscale and composite scores had high internal consistency reliability. Study 2 ($N = 748$) replicated these findings with respect to the PAQ's factor structure and internal consistency reliability, and statistical comparisons with measures of psychopathology and emotion regulation supported the PAQ's concurrent and discriminant validity. Our data therefore suggest that the PAQ has strong psychometric properties as a measure of alexithymia. Clinical and research applications are discussed.

1. Introduction

Emotions manifest as responses across the subjective-experiential (e.g., feeling of fear), physiological (e.g., increased breathing-rate), and behavioural channels (e.g., urge to escape) of the emotion system (Gross, 2014). Emotions may be negatively valenced, like sadness and anger, or positively valenced, like happiness (Bradley & Lang, 2007). People differ in their capacity to process their emotional responses, and these variations reflect individual differences in the trait *alexithymia* (Gross, 2014; Lane, Weihs, Herring, Hishaw, & Smith, 2015; Nemiah & Sifneos, 1970; Preece, Becerra, Allan, Robinson, & Dandy, 2017; Taylor, Bagby, & Parker, 1999; Vorst & Bermond, 2001).

The alexithymia construct is of substantial clinical interest, because high levels of alexithymia appear to be an important transdiagnostic risk factor for a range of psychopathologies, including depressive (Honkalampi, Hintikka, Laukkanen, & Viinamäki, 2001), anxiety (Zeitlin & McNally, 1993), psychosomatic (Duddu, Isaac, & Chaturvedi, 2003), substance use (Thorberg, Young, Sullivan, & Lyvers, 2009), eating (Taylor, Parker, Bagby, & Bourke, 1996) and personality (Berenbaum, 1996) disorders. High levels of alexithymia can also reduce the efficacy of some psychotherapy approaches (e.g., psychoanalysis; Leweke, Bausch, Leichsenring, Walter, & Stingl, 2009).

Researchers have consequently developed several measures of alexithymia, but as we will demonstrate below, these measures have some notable limitations that reduce their clinical and research utility. We, in this paper, attempt to remedy this by reporting on our development and validation of a new self-report measure of alexithymia called the Perth Alexithymia Questionnaire (PAQ).

1.1. Theoretical background

Alexithymia (meaning “no words for emotions” in Greek) was first coined by psychoanalytic practitioners (Nemiah & Sifneos, 1970; Sifneos, 1973) to describe the presentation of psychosomatic patients who were commonly unable to “describe their feelings or to differentiate among them” and displayed “an absence of the capacity to produce fantasies with the result that [their] thought content [was] restricted to a preoccupation with external objects, people, and environmental events” (Nemiah, 1984, p. 127). Early theoretical models of alexithymia were therefore mostly underpinned by psychoanalytic ideas, and conceptualised alexithymia as a multidimensional construct comprised of at least four components: difficulty identifying one's own feelings (DIF); difficulty describing feelings (DDF); an externally orientated thinking style (EOT) marked by an excessive focus on external

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stimuli rather than internal experiences; and difficulty fantasising (DFAN) marked by the absence or scarcity of daydreams and fantasies (e.g., Nemiah, 1977; Taylor, Ryan, & Bagby, 1985). Proponents of these psychoanalytic models hypothesised that people with high levels of alexithymia were more vulnerable to somatic or psychiatric symptoms because they were unable to use mental elaboration or fantasy to regulate the energy of their instinctual drives (e.g., McDougall, 1974; Nemiah, 1977).

Several psychometric tools were subsequently designed to assess these proposed components of alexithymia (e.g., Bagby, Taylor, Parker, & Dickens, 2006; Bermond, Vorst, Vingerhoets, & Gerritsen, 1999; Taylor et al., 1985), and statistical analyses of these measures supported most specifications of the early theoretical models. DIF, DDF and EOT subscales, for example, were commonly found to correlate positively (e.g., Bagby, Parker, & Taylor, 1994; Vorst & Bermond, 2001) and load together on the same higher-order “alexithymia” factor in factor analyses (e.g., Gignac, Palmer, & Stough, 2007; Preece, Becerra, Robinson, & Dandy, 2017). Little statistical support emerged, however, for the inclusion of DFAN, suggesting that its inclusion in early models was likely a misspecification (for a review, see Preece, Becerra, Allan, et al., 2017). DFAN subscales were found, in most empirical studies, to be uncorrelated or negatively correlated with DIF, DDF and EOT subscales (e.g., Preece, Becerra, Allan, et al., 2017; Taylor et al., 1985; Vorst & Bermond, 2001; Watters, Taylor, & Bagby, 2016).

Some test developers consequently removed all DFAN items from their alexithymia measures (e.g., Bagby et al., 1994; Sekely, Taylor, & Bagby, 2018) or changed their scoring procedures so that DFAN items were not included when calculating an overall alexithymia score (e.g., Vorst & Bermond, 2001). Until recently, though, this body of empirical work had not resulted in any substantial modifications to alexithymia models and they all still included DFAN within their definition of alexithymia (e.g., Bermond et al., 1999; Sifneos, 1996; Taylor et al., 1999). This discrepancy between alexithymia models and the alexithymia measurement (Bagby, Taylor, Quilty, & Parker, 2007) was, however, recently addressed by Preece, Becerra, Allan, et al. (2017) via their introduction of the *attention-appraisal model of alexithymia*. The attention-appraisal model was an evolution of earlier alexithymia models (Sifneos, 1996; Taylor et al., 1999), but included modifications to be consistent with the abovementioned body of empirical findings (i.e., removing DFAN), and modifications to directly align it with established cognitive models of emotion regulation (Gross's (2015) *extended process model of emotion regulation*) and emotion processing (Lane and Schwartz's (1987) *cognitive-developmental theory of levels of emotional awareness*).

We think the conceptual clarity afforded by this new alexithymia model, alongside the accumulated body of data on existing alexithymia measures, consequently provides an excellent opportunity to now build on this work and develop the PAQ as a new alexithymia measure with better psychometric properties than existing measures. Prior to describing the structure of our proposed PAQ, we firstly provide a more detailed description of the theoretical model upon which it is based, outline the psychometric criteria against which we think the utility of any alexithymia measure must be evaluated, and briefly review how well existing measures meet these criteria.

1.2. Attention-appraisal model of alexithymia

The attention-appraisal model (Preece, Becerra, Allan, et al., 2017), which underpins the proposed PAQ, defines alexithymia as a continuous and multidimensional construct comprised of three interrelated components: DIF, DDF, and EOT. These components are conceptualised within a valuation systems framework; valuation systems being systems comprised of a four-stage *situation-attention-appraisal-response* sequence, through which a person values (evaluates) the meaning of a stimulus (see Gross, 2015). Normally when an emotional response becomes the stimulus (situation stage) that is target of valuation, the person focuses

his or her attention on the emotional response (attention stage), he or she then appraises the emotional response in terms of what it is and what it means (appraisal stage) and, based on this appraisal, he or she might activate a goal to try to modify the emotion (response stage; i.e., emotion regulation; Gross, 2015). EOT is conceptualised as difficulty at the *attention* stage of this valuation system, and DIF and DDF are difficulties at the *appraisal* stage. In other words, when an emotional response occurs, people with high levels of alexithymia have trouble focusing their attention on it and trouble accurately appraising what it is. There is a subtle shift in emphasis here when describing EOT relative to early psychoanalytic models (e.g., Nemiah, 1984); the pertinent point is not that alexithymic people focus excessively on external stimuli, but rather, from the reverse perspective, that they do not properly focus their attention on their emotions. Thus, DIF, DDF and EOT are considered components of a common latent construct because they are deficits specific to the emotion valuation process (Preece, Becerra, Allan, et al., 2017).

The severity of these attention and appraisal difficulties is further understood and categorised in this model according to the five Piagetian cognitive-developmental levels of emotional awareness first described by Lane and Schwartz (1987). People operating at a low developmental level (i.e., high alexithymia) experience emotions only as undifferentiated pleasant or unpleasant states (e.g., “I am feeling bad” or “I am feeling good”), whereas people operating at a higher developmental level (i.e., low alexithymia) experience emotions in a more nuanced and differentiated manner (e.g., “I am feeling angry, not sad”, or “I am feeling excited, not amused”; Lane & Schwartz, 1987). Preece, Becerra, Allan, et al. (2017) posit, consistent with the current body of empirical findings, that people's level of alexithymia depends on the developmental level of their emotion schemas (i.e., those cognitive structures used to process emotions; Lane et al., 1996; Luminet, Vermeulen, Demaret, Taylor, & Bagby, 2006; Lundh, Johnsson, Sundqvist, & Olsson, 2002; Suslow & Junghanns, 2002; Vermeulen, Luminet, & Corneille, 2006) and the extent to which they use experiential avoidance of emotions as an emotion regulation strategy (Bilotta, Giacomantonio, Leone, Mancini, & Coriale, 2015; Coriale et al., 2012; Panayiotou et al., 2015).

1.3. Criteria for judging measures of alexithymia

A measure of alexithymia must have good levels of validity and reliability to have research and clinical utility (Groth-Marnat, 2009). A fundamental starting point for such validity is that an alexithymia measure's content should capture all facets of the construct. Because alexithymia is a multidimensional construct, this assumes that there is some statistical or theoretical value in being able to assess each component of the construct separately, as well as some value in being able to combine all components together into an overall composite score (Reise, Moore, & Haviland, 2010). An alexithymia measure should therefore include DIF, DDF and EOT items, and should allow for separate subscales to be derived for each of these components.

A measure of alexithymia, which is an affective phenomenon, should also be able to assess it across both *negatively* and *positively* valenced emotions (John & Eng, 2014). Valence-specific measurement is, indeed, now common in newer measures of other affective phenomena like emotion regulation and emotional reactivity (e.g., Becerra, Preece, Campitelli, & Scott-Pillow, 2017; Ripper, Boyes, Clarke, & Hasking, 2018; Weiss, Gratz, & Lavender, 2015; Zou, Plaks, & Peterson, 2017), and recent empirical work has highlighted that valence is an important consideration in alexithymia assessments. Feldman Barrett, Gross, Christensen, and Benvenuto (2001) have, for example, demonstrated that people's ability to differentiate between their various negative emotions is not equivalent to their ability to differentiate between their various positive emotions, and van der Velde et al.'s (2013) recent meta-analysis demonstrated that alexithymia has different neural correlates depending on whether the emotions being processed are

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