



Contents lists available at ScienceDirect

Personality and Individual Differences

journal homepage: www.elsevier.com/locate/paid

Alexithymia and interpersonal problems: A study of natural language use

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ARTICLE INFO

Article history:

Received 31 March 2009

Received in revised form 16 July 2009

Accepted 6 August 2009

Available online 27 August 2009

Keywords:

Alexithymia

Interpersonal problems

TAS-20

TSIA

ABSTRACT

The concept of alexithymia refers to difficulties in experiencing, verbalizing and regulating emotions. The relationship between alexithymia and interpersonal style is investigated by means of lexical content analysis. It is hypothesized that alexithymia is related to less frequent and less varied use of communication words and references to others. Alexithymia was measured with the 20-item Toronto Alexithymia Scale and the Toronto Structured Interview for Alexithymia. The Clinical Diagnostic Interview was administered to 50 psychiatric inpatients, transcribed verbatim, and computer-analysed with the Linguistic Inquiry and Word Count-dictionary. Results showed that alexithymia is related to a less complex vocabulary for communication words. Contradictory results for some subscales of the TAS-20 and the TSIA however compromise their construct validity.

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1. Introduction

The concept of alexithymia was introduced in the 70s (Nemiah & Sifneos, 1970; Sifneos, 1973) and refers to difficulties in experiencing, verbalizing and regulating emotions. Nowadays alexithymia is defined as consisting of four dimensions: (1) difficulty identifying feelings and distinguishing between feelings and the bodily sensations of emotional arousal, (2) difficulty describing feelings to other people, (3) constricted imaginal processes, and (4) a stimulus-bound, externally orientated cognitive style (Taylor, Bagby, & Parker, 1997). These characteristics are understood by Taylor and colleagues to reflect “deficits both in the cognitive-experiential domain of emotion response systems and at the level of interpersonal regulation of emotions” (p. 30). In this context, the authors suggest that alexithymic individuals communicate emotional distress to others poorly and as a result fail to enlist others for help or comfort.

Problems with close, affectively invested relationships already became clear in the early clinical observations of alexithymia (Marty & de M'Uzan, 1963; Nemiah & Sifneos, 1970). With the absence of transference and the slow-moving development of the therapeutic relation, Marty and de M'Uzan (1963) use the term “relation blanche” to characterize the interaction with these patients. Furthermore, this interpersonal style was not limited to the therapeutic relation; in terms of object relations these patients were described as lacking libidinal affect. Moreover, they seemed to be uninterested and unemotional towards significant others (Marty, de M'Uzan, & David, 1963; McDougall, 1984). More recent research suggests that their relationships are marked by discom-

fort, avoidance, and a distance taking attitude (Vanheule, Inslegers, Meganck, Ooms, & Desmet, in press). Indeed, an investigation of the association between alexithymia (20-item Toronto Alexithymia Scale, TAS-20; Bagby, Parker, & Taylor, 1994) and interpersonal problems (Inventory of Interpersonal Problems, IIP; Horowitz, Alden, Wiggins, & Pincus, 2000) found that alexithymia is characterized by a cold and socially avoidant interpersonal style (Spitzer, Siebel-Jürges, Barnow, Grabe, & Freyberger, 2005; Vanheule, Desmet, Meganck, & Bogaerts, 2007). Research with children and adolescents shows that those with a lower level of emotional competence (a characteristic of alexithymia) display less help-seeking behaviour with respect to family, friends, and professionals (Ciarrochi & Deane, 2001). Adult attachment studies indicate that a dismissing attachment style is related to a higher level of alexithymia (Scheidt et al., 1999), while child attachment studies found that an insecure and disorganized attachment style is associated with a developmental delay in the acquisition of mentalizing language (Lemche, Klann-Delius, Koch, & Joraschky, 2004).

To date both clinical observations and theoretical descriptions of alexithymia suggest a link between alexithymia and an interpersonal style that is characterized by a lack of investment in others. However, the studies that provide evidence for this association frequently operationalize both alexithymia and interpersonal styles by means of (self-report) questionnaires. This method can give rise to artificially high correlations due to content overlap and shared method variance (Meyer et al., 2001). In this study, we investigate the link between alexithymia and interpersonal style by means of interview data and lexical content analysis. The rationale behind lexical content analysis is that the lexical choices people make as they speak or write reveal what they have on their mind or are concerned with, irrespective of the intentions they have while communicating (Pennebaker, Mehl, & Niederhoffer, 2003). As we

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operationalize interpersonal style through language use on social processes, we avoid any correlations with alexithymia being attributable to shared method variance or content overlap. To our knowledge, there is no research on the relation between alexithymia and language use on social processes. However, a pilot study that we carried out prior to this study indicates that the externally oriented thinking (EOT) subscale of the TAS-20 is related to a lower use of social language (Meganck, Vanheule, & Desmet, 2008a). Nowadays, the TAS-20 is the most widely used measure of alexithymia. Nevertheless, while its psychometric properties have been widely investigated and accepted (Meganck, Vanheule, & Desmet, 2008b; Taylor, Bagby, & Parker, 2003), the TAS-20 has been criticized for a number of problems. First, it is not clear whether a person can judge a capacity he or she lacks (Lane, Ahern, Schwartz, & Kaszniak, 1997; Waller & Scheidt, 2004), since procedural knowledge and cognitive processes are largely unconscious (Nisbett & Wilson, 1977; Vanheule, 2008). Second, the TAS-20 is highly susceptible to negative affectivity (Lumley, 2000) and it does not measure the constricted imaginal process dimension of the alexithymia construct. To tackle the problems attributed to TAS-20, its authors have recently introduced the Toronto Structured Interview for Alexithymia (TSIA; Bagby, Taylor, Parker, & Dickens, 2006) as an alternative measure.

In this study we use both the TAS-20 and the TSIA to measure alexithymia. We primarily investigate the association between alexithymia and interpersonal style through the analysis of natural speech. We expect that alexithymia is related to a lower use of social words because of the lack of investment in relationships with others and that this will be the case for both frequency and complexity (number of different words) of communication word use and references to others. Next to this, we investigate the convergence between the alexithymia measures.

2. Method

2.1. Participants

The sample consisted of 50 patients (62% female) from psychiatric hospitals in Belgium, with a mean age of 41.56 years ($SD = 11.41$). In terms of education, 6% attended elementary school only, 14% completed a first cycle (3 years) in high school, 62% completed a second cycle (6 years) in high school, 14% obtained a non-academic degree in higher education, and 4% received a university degree. All participants met DSM-IV axis I criteria for the following diagnoses: mood disorders (68%), anxiety disorders (24%), somatoform disorders (4%), schizo-affective disorder (2%), and adjustment disorder (2%). On axis II, 34% of the participants met criteria of one or two (14%) personality disorders (PD). For 22% diagnosis was deferred and 44% did not receive any diagnosis. Diagnosed personality disorders were: PD not otherwise specified (14%), avoidant PD (14%), borderline PD (8%), obsessive-compulsive PD (6%), dependent PD (4%), and paranoid PD (2%).

2.2. Measures

The 20-item Toronto Alexithymia Scale (TAS-20; Bagby et al., 1994) is a self-report measure for alexithymia consisting of 20 items. Each item is rated on a five-point Likert-scale and higher scores indicate greater alexithymia. There are three subscales: difficulty identifying feelings (DIF), difficulty describing feelings (DDF), and externally oriented thinking (EOT). The Dutch translation of the TAS-20 was obtained by means of a translation and back-translation procedure in consultation with Bagby (Kooiman, Spinhoven, & Trijsburg, 2002). Psychometric properties of the

Dutch version of the TAS-20 can be considered adequate (Meganck et al., 2008b). Internal consistency in this study was good ($\alpha = .78$).

The Toronto Structured Interview for Alexithymia (TSIA; Bagby et al., 2006) consists of 24 questions on the four core dimensions of alexithymia: difficulty identifying feelings (DIF), difficulty describing feelings (DDF), externally oriented thinking (EOT), and limited imaginal processes (IMP). Items are scored by the interviewer on a three-point Likert-scale and higher scores indicate greater alexithymia. Factorial validity, internal consistency and inter-rater reliability showed to be good (Bagby et al., 2006). In our sample internal consistency was good as well ($\alpha = .88$). The Dutch translation of the TSIA was obtained by means of a translation and back-translation procedure in consultation with Bagby (F. De Fruyt, personal communication).

The Positive and Negative Affect Schedule (PANAS; Watson, Clark, & Tellegen, 1988) was developed to measure positive affect (PA; 10 items) and negative affect (NA; 10 items). Subjects are asked to rate each item on a five-point Likert-scale considering how they generally feel. Internal consistency was high with $\alpha = .89$ for both PA and NA. Only NA was used in this study.

The Linguistic Inquiry and Word Count 2001 (LIWC 2001; Pennebaker, Francis, & Booth, 2001) is a content analysis system that maps a broad range of psychological and basic linguistic characteristics of text materials and was developed to analyse texts on a word-by-word basis (counts words within given categories). The LIWC has been translated and validated in Dutch (Zijlstra, van Meerveld, van Middendorp, Pennebaker, & Geenen, 2004; Zijlstra, van Middendorp, van Meerveld, & Geenen, 2005). Similar to the English version, the Dutch version of the LIWC-dictionary consists of 66 thematic categories, which are part of five broader dimensions: standard linguistic dimensions, psychological processes, relativity-related words, personal matters, and experimental dimensions. For the purpose of this study we select the categories 'communication words' (e.g. conversation, talk, discussion and arguing) and 'references to others' (e.g. them, yours, us and colleague) from the psychological processes dimension.

The Clinical Diagnostic interview was developed by Westen (2006) to provide a comprehensive overview of personality, pathology and the interpersonal embedment of problems. The interview takes approximately 2 h and starts with questioning which complaints brought them to hospitalization and further explores themes like childhood, relationships with parents, love partners, friends, work, school, but also symptomatology, affect regulation strategies and so on. Each time there is a main question (e.g. can you tell me about your relationship with your mother? What was (is) she like as a person, and what was she like as a parent?) after which the interviewer probes for specific meaningful encounters.

2.3. Procedure

Participants were recruited at intake wards of psychiatric hospitals in the Dutch-speaking part of Belgium. Intake wards were chosen because we expect patients there with a broad range of psychopathology and alexithymia. Moreover, for these patients difficulties at the interpersonal level are expected to be on the surface. Manifestly psychotic patients, patients primarily hospitalized for substance dependence, and patients in very acute states were excluded. Participants received oral and written information and gave informed consent. Each participant was interviewed three times by a clinically experienced and trained researcher, first with the CDI, followed by the TSIA, and finally the Structured Clinical Interview for DSM-IV axis I and II disorders. The TAS-20, the PANAS, and a demographic list were filled out by the patient. Transcripts of the CDI's were analysed with the LIWC-dictionary by means of PROTAN, a computer program devel-

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