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POSTTRAUMATIC STRESS DISORDER: COPING AND ALEXITHYmia
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In literature two types of alexithymia have been described: (a) primary alexithymia, to be considered as a personality feature; and (b) secondary alexithymia, which develops in response to exposure to traumatic events. Krystal (1982) speculates that this secondary alexithymia may help the victim to deal with the painful emotions associated with the extreme stressor. In addition, emotion-focused coping has been described as a preferred coping style of victimized subjects.

The aim of the present study was to examine coping and alexithymia in Posttraumatic Stress Disorder (PTSD) patients.

Thirty women (mean age = 31.3), who were sexually assaulted and who met DSM IV criteria for PTSD participated in the study. In addition, data were collected in a sample of 31 matched nontraumatized females (mean age = 37.1). Questionnaires applied were the experimental Dutch version of the Toronto Alexithymia Scale (TAS), with the three subscales (1) Identification of emotions; (2) Describing of emotions, and (3) Externally-oriented thinking, and the Utrecht Coping Checklist with the seven subscales (1) Active coping; (2) Palliative reaction; (3) Avoidance; (4) Seeking Social Support; (5) Passive coping; (6) Expression of emotions, and (7) Reassuring thoughts.

Applying t-tests for independent samples revealed that the trauma group scored significantly higher on the total TAS score ($t(57.60) = 3.44, p < .001$), on its subscales 'identification of emotions' ($t(57.41) = 4.31, p < .001$) and 'describing emotions' ($t(58.27) = 2.55, p < .05$) and the coping subscales palliative coping ($t(53.81) = 3.05, p < .01$), avoidance ($t(50.32) = 4.45, p < .001$), and passive coping ($t(57.99) = 5.47, p < .001$).

The results thus suggest that patients with PTSD have difficulty with describing and recognizing emotions. They also tend to cope in a passive, palliative way and seem to avoid dealing with stressors.

Further research should evaluate the possible value of these variables as outcome measures in the evaluation of interventions for traumatized subjects.