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# Relationship of alexithymia with coping styles and interpersonal problems

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## Abstract

This study investigated the relationship of alexithymia with coping styles and interpersonal problems. 346 students (156 boys, 190 girls) completed the Toronto Alexithymia Scale (Bagby, Parker, & Taylor, 1994), the Coping Inventory for Stressful Situations (Endler & Parker, 1990), and the Inventory of Interpersonal Problems (Horowitz, Rosenberg, Baer, Ureno, & Villaseñor, 1988). High alexithymic students scored significantly higher than low and nonalexithymic students on emotion-oriented coping as well as interpersonal problems. Nonalexithymic students scored significantly higher than high and low alexithymic students on task-oriented coping. The results support association of alexithymia with maladaptive coping styles and interpersonal relationships.

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*Keywords:* Alexithymia; coping; stress; interpersonal relationship; emotion regulation

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## 1. Introduction

A pattern of emotional deficits common in psychosomatic patients termed alexithymia by Sifneos (1973). Alexithymia is characterized by difficulty in identifying, describing, and expressing emotions; a paucity of fantasy life, and a tendency to focus on the concrete details of external events (Bagby & Taylor, 1997; Sifneos, 2000). Alexithymia was originally thought to be a characteristic of individuals experiencing psychosomatic problems (De Gucht & Heiser, 2003), but later its characteristics have come to be associated with a variety of psychiatric conditions (Taylor, Bagby, & Parker, 1997), as with the general population (Salminen, Saarijärvi, Aarela, Toikka, & Kauhanen, 1999).

Several studies have demonstrated relationships between personality construct of alexithymia and various psychological disorders (e.g., Bankier, Aigner, & Bach, 2001; Culhane & Watson, 2003; Fukunishi, Tsuruta, Hirabayashi, & Asuaki, 2001; Handelsman, Stein, Bernstein, Oppenheim, Rosenblum, & Magura, 2000; Sarijaervi, Salminen, & Toikka, 2001; Taylor & Bagby, 2004). Within general population, alexithymia has also been associated with a variety of interpersonal problems, including social isolation (e.g., Fukunishi, Berger, Wogan, & Kuboki, 1999; Kokkonen, Karvonen, Veijola, Laeksy, & Jokelainen, 2001), insecure attachment (Troisi, D'Argenio, Peracchio, & Petti, 2001), and maladaptive behaviors (Fonagy, Gergely, Jurist, & Target, 2002; Kooiman, Vellinga,

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Spinhoven, Draijer, Trijsburg, & Rooijmans, 2004; Montebanocci, Codispoti, Baldaro, & Rossi, 2004; Waldstein, Kauhanen, Neumann, & Katzel, 2002).

Coping strategies play a major role in an individual's physical and mental health when confronting with stressful situations. The construct of coping has been defined as the cognitive and behavioral efforts of an individual to manage the external and/or internal demands encountered during specific stressful situation (Lazarus & Folkman, 1984). Coping responses have been categorized into three broad higher order functions including problem-focused (task-oriented) coping, emotion-focused coping, and avoidance-focused coping (Krohne, 1993). Problem-focused coping refers to actions that are employed in order to reduce demands or increase skills to manage demands. Emotion-focused coping represents the actions that are employed in order to change the meaning of a stressful situation as well as to regulate the resulting negative emotions. Finally, avoidance-focused coping refers to actions that are employed in order to disengage oneself from a stressful situation.

The personality literature suggests that certain personality characteristics could influence the type of situations that are perceived as being stressful as well as the appraisal of the stressor. Since alexithymic individuals typically have problems identifying, understanding, and expressing their emotions (Bagby & Taylor, 1997; Sifneos, 2000), they are less likely to (a) turn to others for support and (b) regulate feelings of distress via imaginative mental activities. Consequently, alexithymic individuals might have difficulties coping with stress. Personality construct of alexithymia can also be considered as an important risk factor for interpersonal problems. Interpersonal problems refer to difficulties that individuals have in relating to others and that cause or are related to significant distress (Horowitz et al., 1988). Preliminary evidence provided support for the relationship between alexithymia and maladapted patterns of coping (Parker, Austin, Hogan, Wood, & Bond, 2005; Parker, Taylor, & Bagby, 1998) and interpersonal problems (e.g., Besharat, 2009; Spitzer, Siebel-Jurges, Barnow, Grabe, & Freyberger, 2005; Vanheule, Desmet, Meganck, & Bogaerts, 2007). The purpose of the present study was twofold: first, to study the relationship between alexithymia and coping styles with stress; second, to study the relationship between alexithymia and interpersonal problems in a sample of undergraduate students.

## 2. Method

### 2.1. Participants and Procedure

A total of 346 undergraduate students (156 boys and 190 girls) from the University of Tehran took part as volunteers in the present study (mean age= 21.9 years, age range= 19 to 28, SD= 2.54). Participants were asked to take part in a "study on personality and behavior" via announcements made by relevant lectures in classrooms. Questionnaires were completed in classes consisting of 20–30 students in the presence of the researchers who gave a brief description of the materials and answered questions. Using the same method as previously used to define cutoff scores for the TAS-20 (Parker et al., 1997), ninety-two students were categorized as high alexithymic (TAS-20 scores  $\geq 61$ ), 118 students were categorized as low alexithymic (TAS-20 scores  $\geq 42 \leq 60$ ), and 136 students were categorized as nonalexithymic (TAS-20 scores  $\leq 41$ ) for the present study.

### 2.2. Measures

**The Toronto Alexithymia Scale-20-** The Toronto Alexithymia Scale (TAS-20; Bagby et al., 1994) is a 20-item self-report measure. Each item is rated on a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). It provides a total alexithymia score and also three sub-scales rating to Difficulty Identifying Feelings, Difficulty Describing Feelings, and Externally Oriented Thinking. The TAS-20 has demonstrated good psychometric properties (Taylor et al., 1997, 2003; Palmer, Gignac, Manocha, & Stough, 2004). Adequate psychometric properties of the scale have reported for a sample of 587 Iranian undergraduate students (Besharat, 2007a, 2007b).

**Coping Inventory for Stressful Situations (CISS)-** The CISS (Endler & Parker, 1990) consists of 48 items to which subjects respond on a five-point Likert scale ranging from 1 (not at all) to 5 (very much). The CISS is made up of three sub-scales: task-oriented coping, emotion-oriented coping, and avoidance-oriented coping. Adequate psychometric properties of English (e.g., Endler & Parker, 1990, 1994) and Farsi (Besharat, 2008a) versions of the scale have been reported.

**Inventory of Interpersonal Problems (IIP-60)**- This is an abbreviated version of the Inventory of Interpersonal Problems (IIP-127; Horowitz et al., 1988) that consisted of 60 items chosen on the basis of an initial factor analysis of the IIP-127. The inventory is divided into two sections, the first section composed of items starting with the phrase: “It is hard for me to ...”, and the second section of items starting with the phrase “The following are things you do too much”. Items are rated on a five-point Likert scale, from 0= not at all to 4= extremely in response to the question: “How much have you been distressed by this problem?” The IIP has been shown to have good test-retest reliability, high internal consistency, and sensitivity to change during brief psychotherapy (Besharat, 2008b; Horowitz et al., 1988).

### 3. Results

One-way ANOVAs with alexithymic group as between-participants factor were computed to examine differences between high alexithymic students, low alexithymic students, and nonalexithymic students in terms of coping strategies and interpersonal problems. As shown in Table 1, significant differences in coping strategies were found between the three subject groups. Post hoc analysis of the significant differences found on the task-oriented coping showed that the nonalexithymic group scored significantly higher than low and high alexithymic groups ( $P < 0.001$ ). Low and high alexithymic groups did not differ from one another. With regard to the emotion-oriented coping, high alexithymic students scored higher than low and nonalexithymic groups ( $P < 0.001$ ). Again, low and nonalexithymic groups did not differ from one another. On the avoidance-oriented coping, high and low alexithymic students scored higher than nonalexithymic students ( $P < 0.001$ ), but they did not differ from one another. On the interpersonal problems, high alexithymic students scored higher than low and nonalexithymic students ( $P < 0.001$ ). Again, low and nonalexithymic groups did not differ from one another.

Table 1. Differences between alexithymic groups in coping and interpersonal problems

Scales	High alexithymic (n = 92)	Low alexithymic (n = 118)	Nonalexithymic (n = 136)		
	Mean (S.D.)	Mean (S.D.)	Mean (S.D.)	F(2,343)	Post hoc Scheffé test
PFC	51.21 (11.46)	54.24(12.41)	61.75 (12.18)	23.71	Non > Low & High
EFC	52.27 (12.95)	46.44 (13.50)	42.95(12.66)	14.03	High > Low & Non
AFC	50.05 (10.85)	47.20 (11.17)	42.92(10.59)	12.46	High & Low > Non
IP	2.15(0.67)	1.84(0.64)	1.76(0.66)	9.86	High > Low & Non

PFC= Problem-focused coping; EFC= Emotional-focused coping; AFC= Avoidance-focused coping.

All P values < 0.001.

### 4- Discussion

The present study found that alexithymia, as measured by TAS-20 in student samples, was positively associated with the use of emotion- and avoidance-oriented coping strategies and negatively with the use of task-oriented coping strategies. High alexithymic students scored significantly higher on the emotion- and avoidance-oriented coping and significantly lower on the task-oriented coping than low and nonalexithymic students. These findings are consistent with those of previous studies in which alexithymia were found to be associated with maladaptive coping styles (Parker et al., 1998). There is empirical evidence that alexithymia is associated with problems in processing emotional information (Stone & Nielson, 2001; Suslow & Junghanns, 2002). As one consequence, individuals scoring high on measures of alexithymia are not able to think about problems of stressful situations, to analyze those problems, and to find appropriate solutions for the problems. Examples of task-oriented coping strategies assessed by the CISS include these cognitive characteristics and may explain the negative association between alexithymia and this kind of coping behaviors. This is also suggested that high alexithymic individuals have limited ability to think about and use emotions to cope effectively with stressful situations (Parker et al., 1998). The findings that high alexithymic students used significantly more maladaptive coping strategies than low and nonalexithymic students also can be considered as another consequence of their problems in cognitive processing of emotional information. When high alexithymic individuals do not able to use cognitive strategies to modulate their emotional states evoked by stressful situations, the possibility of using maladaptive coping behaviors will increased.

The present study also found that alexithymia was positively associated with interpersonal problems. High alexithymic students experienced more interpersonal problems than low and nonalexithymic students. This is in line with previous findings that alexithymic individuals show higher levels on indicators of interpersonal problems (e.g.,

Besharat, 2009; Spitzer et al., 2005; Vanheule et al., 2007). There is also empirical evidence that alexithymic individuals have low capacity for empathy (e.g., Guttman & Laporte, 2002; Taylor, 1987) and difficulties in identifying the facial expressions of others (Parker, Taylor, & Bagby, 1993). These characteristics may limit alexithymic individuals' communication skills, which provide them with interpersonal problems. Again, limited capacity for cognitive processing of emotional information may undermine alexithymic individuals' communication skills in interpersonal relationships.

The pattern of correlations between alexithymia and coping styles found in this study for the three student groups indicated that higher alexithymia is associated with higher levels of maladaptive coping behaviors and vice versa. Similar pattern of correlations found between alexithymia and interpersonal problems for the three student groups also indicated that higher alexithymia is associated with higher levels of interpersonal problems. It can be concluded that coping styles with stress and communication skills are influenced by alexithymic characteristics. However, future studies need to replicate the present findings employing prospective methods as well as more sensitive cutoff points for categorical perspectives of alexithymia.

The present findings have some limitations, however. First, the cross-sectional design of this study precludes any assumption on the direction of causality in the relationship of alexithymia with coping styles and interpersonal problems. Second, this study examined alexithymia relating to coping and interpersonal problems only in a heterogeneous sample of students. Replication studies using experimental and longitudinal designs as well as control groups of clinical and nonclinical samples should overcome these limitations. Despite these limitations, interpersonal models of research and intervention may shed lights on a better understanding of alexithymia and help alexithymic patients to engage in psychotherapy.

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