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CHILDHOOD ABUSE, ALEXITHYMIA AND PERSONALITY DISORDER

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Abstract—I examined the relationships among childhood abuse, alexithymia, and personality disorder. Participants were 60 adults who were receiving outpatient psychotherapy. Both the participants and their therapists used the Toronto Alexithymia Scale to provide independently information concerning the client's level of alexithymia. The therapists provided information concerning DSM-III-R personality disorder diagnoses, and participants completed portions of the Personality Diagnostic Questionnaire—Revised. Information concerning childhood abuse history was obtained from the therapists. As expected, childhood abuse, alexithymia, and personality disorder were all associated with each other. The abilities to identify and communicate emotions were differentially associated with childhood abuse and personality disorder. *Copyright © 1996 Elsevier Science Inc.*

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INTRODUCTION

A great deal of evidence has demonstrated that childhood abuse is associated with a wide variety of undesirable outcomes [e.g., 1-4]. For example, childhood abuse has been found to be associated with hypochondriasis [5], Briquet's syndrome [6], and a variety of other health complaints [e.g., 7, 8]. One form of psychopathology with which childhood abuse is associated is personality disorder [e.g., 9]. In particular, there is a rapidly growing body of evidence demonstrating a strong association between childhood abuse and Borderline Personality Disorder (BPD) [10-13]).

Research on the impact of childhood abuse is fraught with methodological difficulties [14, 15]. Almost all of the research examining the links between childhood abuse and physical and mental health outcomes has relied on retrospective self-reports, rather than utilizing prospective longitudinal designs [e.g., 16]. Consequently, few definitive statements can be made concerning the long-term consequences of childhood abuse. Nonetheless, the consistency of the evidence summarized above suggests that the time has come for researchers to ask why childhood abuse may be associated with health problems and personality disorder, rather than merely examining whether they are associated. One way in which childhood abuse may contribute to disturbances in physical and mental health is by influencing psychological characteristics that can increase vulnerability to such disturbances. One psychologi-

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cal characteristic that may be associated with childhood abuse, health problems, and personality disorder is alexithymia. Alexithymia is a personality trait whose core features are the diminished ability to identify and communicate one's feelings. Although individuals with high levels of alexithymia have more difficulty identifying the precise nature of their emotions than do average individuals, it is very rarely the case that they are completely unaware of their emotional state, particularly whether they have been feeling good or bad.

Although it has not previously been systematically investigated, there are numerous reasons to suspect that childhood abuse and alexithymia are associated. First, several researchers have posited that trauma plays a central role in the development of alexithymia [e.g., 17], and some researchers have specifically described a link between childhood abuse and the development of alexithymia [e.g., 18]. Second, Berenbaum and James [19] found a positive correlation between alexithymia and the degree to which adults reported having felt physically and emotionally unsafe during childhood. Third, previous research has found an association between alexithymia and trauma [e.g., 20], including rape [21]. Fourth, victims of childhood abuse report an inclination to use emotional suppression as a coping strategy [22], and individuals with higher levels of alexithymia report being more uncomfortable with negative emotions [19] and more fearful of anxiety [23]. Fifth, numerous studies have found an association between childhood abuse and dissociation [e.g., 24–27], and alexithymia and dissociation have also been found to be positively correlated [19].

A final reason to suspect that childhood abuse and alexithymia are associated is that both are associated with a wide variety of disturbances in physical and mental health. Alexithymic characteristics were first noted among individuals with psychosomatic disorders, and higher levels of alexithymia have consistently been found to be associated with the number and severity of somatic complaints [28–30]. Similarly, childhood abuse has been found to be associated with a variety of health-related problems [5–8]. In terms of their associations with mental health, both high levels of alexithymia and histories of childhood abuse have been found to be common among individuals with post traumatic stress disorder (PTSD) [21, 31–33], eating disorders [34–38], and substance abuse [39–42].

There are also reasons to suspect that alexithymia and personality disorder, particularly BPD, are associated. Several of the characteristics described above that are associated with alexithymia are also associated with personality disorders, such as BPD. For example, recent research has begun to document an association between personality disorder and a variety of health related problems [43–45]. Like alexithymia, BPD is associated with eating disorders [46] and substance abuse [47, 48]. Finally, there is a good deal of overlap between PTSD, which previous research has found to be associated with alexithymia [e.g., 20], and BPD [49].

In addition to their shared correlates, there is an additional theoretical reason to expect BPD and alexithymia to be associated. Numerous theorists [e.g., 50, 51] have proposed that emotions act as a feedback system and serve to regulate behavior and interpersonal interactions. An individual who is unable to identify his or her emotions is unlikely to fully benefit from the feedback ordinarily provided by emotions. It seems plausible that a disruption in the feedback provided by emotions would impair the regulative function of emotions. Since affect dysregulation appears to be a

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