Sociodemographic Correlates of Alexithymia

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The association between alexithymia and sociodemographic variables is not well understood. Previous studies using the current 20-item and previous 26-item versions of the Toronto Alexithymia Scale (TAS) have shown inconsistent associations with age, sex, socioeconomic status, and years of education. We tested 380 subjects from the community stratified equally across sex, five age groups, and three socioeconomic classes. In addition to the TAS-20, we also administered the Levels of Emotional Awareness Scale (LEAS), a behavioral measure of the ability to be aware of and represent emotions in words, a core component of alexithymia. The TAS-20 and LEAS were each correlated with age, sex, socioeconomic status (SES), and years of education ($P < .01$) in the same direction and to approximately the same degree. Alexithymia (or low emotional awareness) is associated with older age, male sex, lower SES, and fewer years of education. The TAS-20 and LEAS are only slightly correlated ($r = -.19$, n = 380, $P < .001$), but their correlation is largely accounted for by their shared variance with these demographic variables. The convergence of findings with these two quite different measures and the nature of their overlap support the validity of these associations between alexithymia and sociodemographic variables.
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R ESEARCH ON ALEXITHYMIA advanced considerably with the advent of the Toronto Alexithymia Scale (TAS).[1] This measure was constructed based on clinical descriptions of alexithymia and has undergone considerable revision and refinement since it was originally introduced. The goal has been to develop a measure with high internal consistency, a conceptually coherent factor structure, and an ability to capture clinically relevant phenomena. The TAS-20 is the most commonly used and best validated measure of alexithymia to date, but its association with sociodemographic characteristics is not well understood.

Determining whether alexithymia is associated with age, sex, or socioeconomic status (SES) is important for several reasons. First, the nature of any such correlations would yield important information about the alexithymia construct itself. Second, any such associations would be useful in comparing results across samples and could assist in explaining discrepant or inconsistent results. Third, knowing any such relationships with sociodemographic variables would assist in interpreting the meaning of scores on alexithymia measures in specific individuals.

The sociodemographic correlates of the 26-item and current 20-item version of the TAS are displayed in Table 1. Most studies with the TAS-20 find no association with age, inconclusive associations with sex, and consistently negative associations with educational attainment. There are no studies examining the association between the TAS-20 and SES. Findings with the 26-item version suggest either an absent or positive association

with age, an absent or positive association with male sex, and negative associations with SES and education. It is difficult to reach a firm conclusion about the sociodemographic characteristics of alexithymia from these results.

An important reason for the equivocal findings to date may be the characteristics of the samples studied. The samples differ considerably in size, their clinical or nonclinical nature, and the language/culture of the subjects. Most samples were obtained to address questions other than those pertaining to sociodemographic characteristics. One of the by-products of this sampling method is that associations between sociodemographic characteristics and alexithymia may be obscured by offsetting imbalances in the sample composition. For example, if alexithymia is associated with older age and male sex, but the females in a given sample are older than the males, the data from that sample may demonstrate no significant association between alexithymia and either sex or age. Thus, sampling imbalances of this sort could explain the inconsis-

Table 1. Association Between Scores on the 26-Item and 20-Item Versions of the TAS and Age, Sex, SES, and Years of Education

TAS	Total No. Clinical	Nonclinical	Language	Age	Sex	SES	Education
26-item							
Haviland, 1988[2]	125		English	NS	—	—	—
Taylor, 1988[3]	46		English	—	M > F†	—	—
Parker, 1989[4]		101	English	NS	NS	NS	NS
Wise, 1991[5]	56		English	NS	—	—	NS
Millard, 1992[6]	195		English	—	NS	—	—
Pasini, 1992[7]		417	Italian	Positive†	NS	—	Negative‡
Taylor, 1992[8]	118		English	NS	NS	Negative†	Negative†
Wise, 1992[9]	114	71	English	—	NS	—	—
Kauhanen, 1993[10]		2,297	Finnish	Positive†	—	Negative‡	Negative‡
Kirmayer, 1993[11]		244	English (n = 152) French (n = 92)	Positive‡	NS	—	Negative‡
Saarijarvi, 1993[12]	230		Finnish	Positive†	M > F‡	Negative*	—
Zeitlin, 1993[13]	58		English	—	NS	—	—
Bach, 1994[14]	45		German	NS	NS	—	NS
Cohen, 1994[15]	63	34	English	NS	NS	Negative*	—
Joukamaa, 1995[16]		748	Finnish	Positive‡	NS	Negative‡	Negative‡
20-item							
Parker, 1993[17]		1,003	German (n = 306) English (n = 697)	—	M > F‡	—	—
Bagby, 1994[18]							
Study 1		965	English	NS	NS	—	—
Study 2	218	401	English	NS	NS	—	—
Haviland, 1994[19]	204		English	—	F > M*	—	—
Todarello, 1995[20]	114		Italian	NS	NS	—	NS
	113		Italian	NS	NS	—	Negative*
		130	Italian	Positive*	NS	—	Negative*
Bressi, 1996[21]	642	206	Italian	NS	NS	—	Negative‡
Pandey, 1996[22]		285	Hindi	NS	F > M*	—	Negative†
Taylor, 1996[23]		234	English	—	M > F‡	—	—

NOTE. Studies are listed in chronological order. The first author, year of publication, and reference number are listed in the first column. The number of subjects who completed the TAS/TAS-20 and whether subjects were from clinical or nonclinical samples are listed in the next two columns. The fourth column lists the language in which the test items were administered. In the last four columns, the statistical significance of correlations is denoted ($*P < .05$; †$P < .01$; ‡$P < .001$; NS, not significant), as well as the direction of the correlation. Associations not evaluated in a given study are denoted by "—."

tent findings to date. Other reasons for nonsignificant results in selected samples could include inadequate sample size (193 subjects are needed to detect a correlation in the population of $r = .20$ if alpha $< .05$, two-tailed and power $= 0.80$) or a constricted range in either of the variables to be correlated.

Another relevant issue is the way in which alexithymia is measured. To the extent that one wishes to understand the association between alexithymia and sociodemographic variables, the evaluation of this issue should not depend on any one measure of alexithymia. The TAS-20[18] involves self-reported ratings of the degree of agreement with statements describing the characteristics of alexithymia, which cluster into the following three factors: difficulty identifying feelings, difficulty

describing feelings, and externally oriented thinking. Several investigators have observed that the different factors of current[24] and previous versions of the TAS[11] vary in their clinical and demographic characteristics, creating uncertainty about how the relationship between the alexithymia construct and sociodemographic variables should be understood. Furthermore, there may be an inherent difficulty with the use of self-reports to measure something (i.e., alexithymia, or awareness of internal emotional states) that some of the respondents do not comprehend.[25] It is possible that accurate responses on the TAS-20 may require the absence of extreme degrees of the trait that it measures.

An alternative approach to the measurement of alexithymia is to avoid self-ratings by measuring directly the respondent's ability to be aware of and