

Alexithymia: Relationship With Ego Defense and Coping Styles

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There is controversy in the literature as to whether alexithymia reflects a deficit in the cognitive processing of emotions or a defensive coping style. Previous studies with clinical populations reported a strong association between alexithymia and a maladaptive (immature) ego defense style. The present study was designed to examine this relationship in nonclinical populations, and also to explore the relationships between alexithymia and three general styles for coping with stressful situations. Sample 1, 287 non-clinical adults, completed the Twenty-Item Toronto Alexithymia Scale (TAS-20) and the Defense Style Questionnaire (DSQ). Sample 2, 83 undergraduate students who had been categorized previously into alexithymic and nonalexithymic subgroups, completed the DSQ and the Coping Inventory for Stressful

Situations (CISS). In sample 1, the TAS-20 and its three factors were associated most strongly with an immature defense style, weakly with a neurotic defense style, and negatively with a mature defense style. In sample 2, alexithymic students scored significantly higher than nonalexithymic students on the immature and neurotic defense factors of the DSQ and significantly lower on the mature defense factor. Alexithymic students also scored significantly higher on the emotion-oriented coping scale and the distraction component of the avoidance-oriented coping scale of the CISS and significantly lower on the task-oriented coping scale. The results fail to support the view that alexithymia is an adaptive defense or coping style.

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FORMULATED BY Nemiah and Sifneos^{1,2} during the early 1970s, the alexithymia construct encompasses the following salient features: (1) difficulty identifying and describing feelings, (2) difficulty distinguishing between feelings and the bodily sensations of emotional arousal, (3) constricted imaginal processes as evidenced by a paucity of fantasies, and (4) an externally oriented cognitive style. It has been hypothesized that these characteristics reflect deficits in the mental representation of emotions and in the ability to regulate emotions through cognitive processes.³⁻⁵ Consistent with this view is empirical evidence that alexithymic individuals have difficulty distinguishing between different affective states,⁶ show an impaired ability to recognize both verbal and nonverbal emotional stimuli,⁷ and show greater Stroop interference than nonalexithymic individuals in color-naming arousal words.⁸

However, some groups have expressed the view that alexithymia is better conceptualized as a coping style to defend against affective distress associated with specific stressful situations such as trauma, recent abstinence from alcohol dependency, and chronic medical illness.⁹⁻¹¹ Bonanno and Singer,¹² for example, suggest that alexithymia may be similar to or an aspect of the repressive-defensive coping style, in which there is little tendency to experience emotional distress despite increased autonomic nervous system arousal. Knapp^{13,14} and Hogan¹⁵ completely reject the concept of alexithymia and claim that the characteristics comprising the construct can be explained solely by ego defenses, particularly denial, repres-

sion, displacement, reaction formation, and externalization. However, it should be noted that recent studies have yielded considerable empirical support for the validity of the alexithymia construct^{7,16} and also have shown that alexithymic individuals are prone to high levels of negative emotion and somatic distress,^{4,17} which would not be expected if alexithymia is an effective coping response.

Given that ego defenses are conceptualized as psychological mechanisms for managing distressing or overwhelming affects, it is logical that researchers would attempt to explore the relationship between alexithymia and ego defense styles. Over the past two decades, considerable progress has been made in the empirical study of ego defenses. Influenced by psychodynamic theory and by findings from some longitudinal studies suggesting an association between ego defenses and the severity of psychopathology, researchers adopted the view that ego defenses can be organized hierarchically in relationship to their overall adaptiveness.¹⁸⁻²⁰ Given that each person usually de-

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ploy several defenses and is thereby characterized by a defensive style, individual defenses were grouped into categories initially on the basis of their conceptual relationships. Vaillant,^{20,21} for example, proposed a theoretical hierarchy of four categories from least to most adaptive: psychotic, immature, neurotic, and mature; the so-called borderline-level defenses were not included in this categorization. Other researchers grouped the psychotic defenses with the immature-level defenses and added an image-distorting category of defenses that includes borderline and narcissistic defenses. Empirical support for this hierarchical arrangement was provided by several studies in which mature defenses correlated positively and immature defenses correlated negatively with measures of successful adult life adjustment and/or global mental health. The image-distorting defenses were next to the immature defenses in the overall negative association with mental health, and within the category of neurotic defenses, there were some positive and some negative but much weaker associations.^{19,20}

Whereas Vaillant's²¹ method of investigating defenses was based on ratings of protocols of detailed clinical interviews, several researchers subsequently developed self-report instruments to assess defense mechanisms and used statistical methods, specifically factor analysis, to determine whether defenses cluster into defensive styles. Although it is impossible for individuals to evaluate their own unconscious defense mechanisms directly, self-report scales yield information about an individual's perception of his or her habitual ways of dealing with conflict or stress that may be considered conscious or behavioral derivatives of defenses. Bond et al.,²²⁻²⁴ for example, developed the self-report Defense Style Questionnaire (DSQ), which has been found to agree with Vaillant's interview-based measures of defense style.²⁵ On the basis of the factor structure of the questionnaire, the DSQ ranks defense styles on a continuum from a maladaptive pattern (involving immature defenses such as regression, acting-out, passive aggression, and projection), through image-distorting defenses (including primitive idealization, splitting, and devaluation) and a self-sacrificing neurotic style (consisting of pseudoaltruism and reaction formation), to an adaptive or mature style (consisting of humor, suppression, and sublimation).^{22,24}

In a preliminary investigation exploring the

relationships between alexithymia and ego defense styles, Wise et al.²⁶ administered the original 26-item version of the self-report Toronto Alexithymia Scale (TAS)²⁷ and a revised 88-item version of the DSQ²³ to a group of mildly depressed psychiatric outpatients. Alexithymia was found to be associated positively with the maladaptive (immature) defense style and negatively with the adaptive (mature) defense style, and was unrelated to the self-sacrificing neurotic and image-distorting defense styles.

Similar findings were reported by Schaffer,²⁸ who administered the TAS and the revised 88-item DSQ to a group of adult psychiatric outpatients receiving individual psychotherapy on a once-weekly basis. Alexithymia was again associated positively with the maladaptive defense style and negatively with the adaptive defense style, and was unrelated to the self-sacrificing neurotic defense style; however, a weak but statistically significant relationship was found between alexithymia and the use of image-distorting defenses.

In addition to identifying predominant ego defense styles with the DSQ, researchers have also identified individuals who use a repressive-defensive coping style by the combination of high scores on the Marlowe-Crowne Social Desirability Scale and low scores on the Taylor Manifest Anxiety Scale.²⁹ Two recent studies examining the relationship between alexithymia and the repressive-defensive coping style in nonclinical adult samples have shown that these are distinct constructs, with repressors scoring low on both the TAS and the revised Twenty-Item TAS (TAS-20).^{30,31} Myers³¹ established that the low alexithymia scores of repressors are due to the combination of high defensiveness and low trait anxiety, and not to one of these characteristics alone.

Whereas ego defense styles, including the repressive-defensive coping style, involve largely unconscious processes for managing affects,^{20,29,32} researchers now also identify conscious strategies used by individuals to cope with stressful or upsetting external situations.³³ Some researchers focus on situation-specific coping behaviors; others emphasize more general coping styles that are characteristic of particular individuals and are used across different types of stressful situations. The three general coping styles usually identified in the literature are problem-focused or task-oriented coping, emotion-oriented coping, and avoidance-

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