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## ALEXITHYMIA AND HEALTH BEHAVIORS IN HEALTHY MALE VOLUNTEERS

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**Abstract**—The association between alexithymia and maladaptive health behaviors was evaluated in 118 young, healthy men, aged 18–45 years. Subjects completed the Toronto Alexithymia Scale (TAS-26), and a health behaviors questionnaire, measuring alcohol and drug use, sedentary lifestyle, poor nutritional consumption, and risky sexual practices. In forced hierarchical regression analyses, the association between alexithymia and health behaviors was evaluated after adjusting for age, body mass index, social support, ambivalence over expression of emotion, and the expression of emotion. Results indicated that: (1) the TAS-26 and difficulty identifying feelings was associated with poor nutritional consumption; (2) difficulty identifying feelings was associated with greater alcohol and drug use; and (3) difficulty communicating feelings was associated with a more sedentary lifestyle. There was no association between risky sexual practices and alexithymia. These results suggest that, in young men, difficulties with identifying emotions and communicating emotions are associated with maladaptive nutritional habits, a sedentary lifestyle, and substance abuse, even after adjusting for other psychosocial and demographic variables. Such maladaptive health behaviors may help explain the association between alexithymia and premature mortality. © 1999 Elsevier Science Inc.

**Keywords:** Alexithymia; Health behaviors; Exercise; Alcohol; Nutrition; Risky sexual practices.

### INTRODUCTION

Alexithymia is a personality construct characterized by difficulty in identifying and communicating feelings, and externally oriented thinking [1–4]. Research suggests that alexithymia is associated with a number of psychosomatic illnesses, such as rheumatoid arthritis [5], hypertension [6], cardiovascular disease [7], and a variety of other disorders and/or illnesses including substance abuse [8, 9], eating disorders [10], breast cancer [11], and diabetes [12]. As individuals with alexithymia have difficulties in distinguishing between emotions, it is believed that they misinterpret their emotional arousal as symptoms of physical illness [13]. As a result, people with alexithymia may be diagnosed with physical illness earlier than others, and may be overrepresented in certain disorders [14]. However, it has been found that somatization and alexithymia are separate, independent constructs [15] and a recent 5-year longitudinal study demonstrated that alexithymia predicts all-cause mortality in men [16]. Thus, alexithymia is associated with physical health and mortality, irrespective of its association with symptom reporting.

The question remains as to the mechanisms by which alexithymia is associated with a variety of disorders and prospectively with mortality. There are several mechanisms (reviewed in detail by Lumley et al. [13]), either by themselves or in

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combination with each other, by which alexithymia may be associated with mortality and morbidity. First, people with alexithymia may not be empathetic [17], and this may lead to a decreased supportive environment. An inverse association has been demonstrated between social support and mortality [18–20]. Furthermore, alexithymia may be associated with other psychosocial variables, and these other psychosocial variables are associated with mortality and morbidity. Thus, it may be the suppression of emotion, not alexithymia per se, that is associated with mortality and physical health [21–24]. Another mechanism for which there is conflicting experimental evidence is the association between alexithymia and cardiovascular reactivity. It has been hypothesized that greater cardiovascular reactivity to stress may lead to the development of cardiovascular disease and/or hypertension [25, 26]. However, support for the alexithymia–cardiovascular reactivity relationship has been weak [27, 28] or nonexistent [29].

The focus of the current study is that alexithymia may be associated with maladaptive health behaviors that will lead to an increased risk of mortality and morbidity. In their review, Lumley and colleagues [13] concluded that, if alexithymia is associated with physical health, then it is most likely via unhealthy behaviors. For example, alexithymia may be positively associated with maladaptive nutritional consumption, such as foods high in fat and total caloric intake. Increased intakes of saturated fat and cholesterol can be associated with increased serum cholesterol, which has been associated with increased coronary artery disease (CAD) mortality [30, 31], and a greater caloric intake has been associated with obesity (body mass index), which is a major risk factor for both CAD and hypertension [32]. Other maladaptive health behaviors that may be associated with alexithymia are alcohol consumption and a sedentary lifestyle. Alcohol consumption is associated with increased blood pressure, although there may be some protective effect of a daily glass of wine (reviewed in ref. 33), and exercise decreases blood pressure and the risk for morbidity and mortality in CAD and hypertension [34, 35]. These health habits are modifiable, are associated with risk factors for CAD, and may be related to personality traits.

The current study evaluated the association between alexithymia and maladaptive health behaviors in young, healthy men. As alexithymia is multidimensional [36], the factors contributing to the construct of alexithymia were examined. Specifically, the association between difficulty identifying and communicating emotions, externally oriented thinking, and the behaviors of alcohol and drug use, sedentary lifestyle, poor nutritional consumption, and risky sexual behaviors were examined. Furthermore, as alexithymia is related to other variables such as social support or the expression of emotion, and these variables may account for the association between alexithymia and maladaptive health behaviors, these other psychosocial variables were statistically controlled in the current study.

## METHOD

### *Subjects*

A total of 118 healthy male subjects between the ages of 18 and 45 years were recruited from the York University campus in the suburbs of northern Toronto. Subjects completed a battery of questionnaires (see below). Information was obtained about height and weight and parental history of hypertension, coronary artery disease, diabetes, and cancer.

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