

# An Observer Scale to Measure Alexithymia

MARK G. HAVILAND, PH.D.

W. LOUISE WARREN, PH.D.

MATT L. RIGGS, PH.D.

*The authors developed a relatively brief observer alexithymia measure that can be used by patients' acquaintances and relatives. Items corresponding to the defining features of alexithymia (California Q-Set Alexithymia Prototype) were written, and the new instrument's psychometric properties were evaluated in 3 lay-rater samples. The 33-item Observer Alexithymia Scale (OAS) is internally consistent (coefficient alphas = 0.88 and 0.89) and stable (2-week test-retest reliability = 0.87). Moreover, it has an interpretable five-factor structure (based on exploratory and confirmatory factor analyses): distant, un insightful, somatizing, humorless, and rigid. The OAS is a reliable instrument with a stable factor structure and good conceptual coverage and thus, it appears to be a useful tool for collecting observer data on the clinically relevant expressions of alexithymia that receive minimal attention.*

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Alexithymia is a term used most commonly to describe people who have difficulties recognizing, processing, and regulating emotions.<sup>1</sup> It is a unique personality trait<sup>2,3</sup> that places individuals at great risk for several medical and psychiatric disorders (e.g., substance related, panic, post-traumatic stress, somatoform, and eating) and reduces the likelihood that these individuals will respond to conventional treatments for these disorders.<sup>1</sup> Therefore, alexithymia assessment is important, given the prevalence, severity, intractability, and costliness of these problems; the association of alexithymia with these disorders; and the need for modified treatment plans with alexithymic patients.

The most widely used method to measure alexithymia is self-report, and the most popular instrument is the self-report 20-item Toronto Alexithymia Scale (TAS-20).<sup>4</sup> The test authors recommend that TAS-20 scores be evaluated in the context of other relevant information, such as clinical observations and reports from people who know the patient well (e.g., acquaintances and family members).<sup>1</sup> Despite this recommendation and the availability of observer alexithymia tools [e.g., the 12-item modified Beth Israel Hospital Psychosomatic Questionnaire (modified BIQ)<sup>1</sup> and the California Q-Set Alexithymia Prototype (CAQ-AP)],<sup>3</sup> observer methods are not in widespread use. The

modified BIQ requires a professional rater, and typically, it is completed after a clinical interview. The CAQ-AP, on the other hand, can be used by lay or professional raters, but the procedure takes 45–60 minutes to complete.

A patient's acquaintances' and relatives' viewpoints are important for two reasons. First, acquaintances and relatives are in a position to see a wide range of the patient's behaviors in real-life contexts beyond those ordinarily available to a therapist or other professional. Second, one of the primary factors that makes alexithymia important is its potential effect on the patient's interpersonal relationships. The impression of an alexithymic person formed by acquaintances and relatives may be a useful characterization of his or her social environment.

Therefore, the purpose of our research is to develop a relatively brief observer-based alexithymia scale phrased in terms of ordinary language accessible to acquaintances

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Received September 10, 1999; revised December 1, 1999; accepted March 16, 2000. From the Departments of Psychiatry and Psychology, Loma Linda University School of Medicine and Graduate School, Loma Linda, California, and Western Psychological Services, Los Angeles, California. Address reprint requests to Dr. Haviland, Dept. Psychiatry, LLUSM, 11374 Mountain View Avenue, Loma Linda, CA 92354–3842; e-mail: haviland@ix.netcom.com

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and relatives. The scale offers the potential to tap into an unexplored source of data about the alexithymic patient, derived from the patient's daily interpersonal world and depictive of the nature of the patient's "social stimulus values" upon the individuals with whom the patient comes into contact.

### METHODS

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#### Alexithymia Definition

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We derived the scale's content from the CAQ-AP definition of the construct,<sup>3</sup> which is consistent both with original formulations and with modern, comprehensive descriptions.<sup>1</sup> The prototypic alexithymic person, generally, is constricted, anxious, rigid, and withdrawn. Specifically, the patient has difficulties experiencing and expressing emotion; lacks imagination; and is literal, socially conforming, and utilitarian. The patient is not insightful, is humorless, and has not found personal meaning in life. Finally, in the prototypic alexithymic person, anxiety and tension find outlet in bodily symptoms.

#### Scale Construction

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*Item Pool* We began with the 26 defining features (13 characteristic and 13 uncharacteristic items) from the CAQ-AP<sup>3</sup> and wrote 51 new items in lay language. For example, 1 characteristic item, "anxiety and tension find outlet in bodily symptoms," was rewritten as "has physical reactions to stress (headaches, sweating, stomach problems, muscle pain)," and one uncharacteristic item, "he or she has warmth, compassion, and the capacity for close relationships," was rewritten as 3 items, "is a warm person," "has compassion," and "is good at relationships."

In writing items, we were guided by the following principles: 1) to eliminate passively constructed, double negative, and ambiguous items; 2) to maintain a reading ease index in the "easy" range; 3) to preserve as much as possible the balance between characteristic and uncharacteristic items; and 4) to maintain good conceptual coverage (by writing items to cover the defining features of alexithymia and having all items reviewed by an independent alexithymia expert). The final set consisted of 44 items, 20 characteristic and 24 uncharacteristic of alexithymia.

*Rating Scale* We used the following 4-point Likert scale: 0 = never, not at all like the person; 1 = sometimes, a little

like the person; 2 = usually, very much like the person; 3 = all of the time, completely like the person.

*Pilot Test and Scale Revision* We gave the 44-item scale to 203 students at a health sciences university (from the graduate school and the schools of allied health professions, dentistry, and medicine—73% of the raters were women, and 27% were men) and asked them to rate people (other than themselves) who they knew very well. Those that the students rated included parents, spouses, girlfriends/boyfriends, friends, adult children, and siblings—42% of the targets were women, and 58% were men, and their ages ranged from 17 to 90 (mean  $\pm$  SD = 32  $\pm$  13).

To evaluate reliability, we used coefficient alpha,<sup>5,6</sup> an internal consistency estimate that generally is thought to be a lower reliability boundary. Coefficient alpha for the 44-item scale was 0.80, suggesting good internal consistency and reliability. Three of the items, however, had low-to-moderate negative item-total correlations. Moreover, preliminary factor analytic results revealed that these 3 items and a few others appeared not to measure what we had intended. Thus, we revised the scale by dropping or replacing items. The new item set consisted of 46 items, 20 characteristic and 26 uncharacteristic of alexithymia.

#### Sample Characteristics and Procedures

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*Exploratory Factor Analysis (Sample 1)* We gave the 46-item scale to 467 students at a health sciences university (from the graduate school and the schools of allied health professions, dentistry, medicine, nursing, and public health—61% of the raters were women, and 39% were men). Students rated parents, spouses, girlfriends/boyfriends, friends, adult children, siblings, aunts/uncles, cousins, and in-laws—54% of the targets were women, and 46% were men, and their ages ranged from 18 to 78 (mean  $\pm$  SD = 26  $\pm$  6). We used principal axis factoring and rotated the factors to a promax solution.

*Confirmatory Factor Analysis (Sample 2)* We gave the same 46-item scale to 352 students enrolled in psychology courses at a comprehensive (master's degree granting) state university—79% of the raters were women, and 21% were men. These students also rated parents, spouses, girlfriends/boyfriends, friends, adult children, siblings, aunts/uncles, cousins, and in-laws—43.5% of the targets were women, and 56.5% men, and their ages ranged from 18 to 76 (mean  $\pm$  SD = 28  $\pm$  11). In this sample, we also collected the following target race/ethnicity and education

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