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Alexithymia and academic success: examining the transition from high school to university

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Abstract

The present study used the major life transition of going off to university as the context for examining the relationship between alexithymia and academic achievement. During the first month of post-secondary classes 707 first-year full-time students completed the 20-item Toronto Alexithymia Scale (TAS-20). At the end of the academic year alexithymia data was matched with students' academic records. Consistent with previous research on personality and achievement, results were dependent on how academic achievement and alexithymia was operationalized. When alexithymia variables were compared in groups who had achieved very different levels of academic achievement, success was moderately associated with alexithymia. Results are discussed in the context of the importance of affect regulation abilities during a stressful life transition.

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Keywords: Alexithymia; Academic achievement; Affect regulation

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1. Introduction

Sifneos (1973) coined the word *alexithymia* to describe a constellation of behaviors he often observed in individuals experiencing various psychosomatic health problems. Over the past three decades the personality construct of alexithymia has come to be defined by the following basic features (Taylor, 1984; Taylor, Bagby, & Parker, 1997): difficulty identifying feelings and distinguishing between these feelings and the bodily sensations of emotional arousal; difficulty describing feelings to others; constricted imaginal processes; and a stimulus-bound, externally oriented, cognitive style. In addition to these core characteristics, several related features have also been observed in individuals scoring high on measures of alexithymia, such as a lower capacity for empathy (Guttman & Laporte, 2002; Taylor, 1987), problems in processing emotional information (Stone & Nielson, 2001; Suslow & Junghanns, 2002), and difficulties in identifying the facial expressions of others (Parker, Taylor, & Bagby, 1993).

Although initially linked with individuals experiencing psychosomatic problems (De Gucht & Heiser, 2003), alexithymia has come to be linked with a variety of mental health problems, such as substance use disorders (Cecero & Holmstrom, 1997; Rybakowski, Ziolkowski, Zasadzka, & Brzezinski, 1988), eating disorders (Zonnevijlle-Bender, van Goozen, Cohen-Kettenis, van Elburg, & van Engeland, 2002), and problem gambling (Parker, Wood, Bond, & Shaughnessy, in press). Within non-clinical populations, alexithymia has also been associated with a variety of lifestyle and interpersonal problems. Kauhanen, Kaplan, Julkunen, Wilson, and Salonen (1993), for example, using a large population-based sample of middle-aged men, found alexithymia to be associated with being single and socially isolated. Kokkonen, Karvonen, Veijola, Laeksy, and Jokelainen (2001) found a similar pattern of results in a younger population-based sample. Alexithymia has also been associated with the quality of interpersonal relationships. In a study exploring attachment styles in young men, Troisi, D'Argenio, Peracchio, and Petti (2001) found that alexithymia was associated with insecure attachment, independent of the severity of current levels of distress. Among individuals with insecure attachment styles, they also found that those with preoccupied or fearful patterns had higher levels of alexithymia than individuals with a dismissing pattern. Helmers and Mente (1999), also using a sample of young men, found alexithymia to be associated with maladaptive health behaviors like poor nutritional consumption and a sedentary lifestyle—maladaptive behaviors that continue to be associated with alexithymia in older adults (Waldstein, Kauhanen, Neumann, & Katzel, 2002).

An important explanation for the link between alexithymia and the various negative outcome variables described above is that individuals scoring high on measures of alexithymia possess a limited range of affect regulating abilities (Taylor et al., 1997). As one consequence, individuals scoring high on measures of alexithymia do not cope well with stress (Parker, Taylor, & Bagby, 1998). For example, since “alexithymic” individuals typically have problems identifying and understanding their emotions, as well as communicating these experiences, they are less likely to turn to others for support. Nor are they likely to regulate feelings of distress via daydreams or other imaginative mental activities. Carpenter and Addis (2000), in a study examining the coping behavior of individuals experiencing depressive symptoms, found that alexithymia was negatively associated with the likelihood that the individual would seek social support from friends or family, or even think about the reasons for their mood problems. A similar pattern of non-adaptive coping behaviors has been reported in individuals experiencing a variety of other health

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