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An alexithymia questionnaire for children: Factorial and concurrent validation results

Carolien Rieffe^{a,*}, Paul Oosterveld^b, Mark Meerum Terwogt^c

^a *Developmental Psychology, Leiden University, P.O. Box 9555, 2300 RB Leiden, The Netherlands*

^b *Psychological Methods, University of Amsterdam, Roeterstraat 15, 1018 WB Amsterdam, The Netherlands*

^c *Developmental Psychology, Free University, vd Boechorststraat 1, 1081 BT Amsterdam, The Netherlands*

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Abstract

Alexithymia refers to a limited ability to identify and communicate one's feelings, which has been frequently associated with physical health complaints and negative moods. The many studies that have been conducted with adults have identified three core factors in alexithymia: Difficulty Identifying Feelings, Difficulty Describing Feelings and Externally-Oriented thinking. This three-factor structure of alexithymia was also identified in children of two age groups (740 children recruited from primary schools (mean age 11 years) and secondary schools (mean age 13 years)), although the factor Externally-Oriented Thinking showed low factor loadings and a low reliability. The predictive value of the questionnaire was also satisfactory. Consistent with the adult literature, the results showed that the factors Difficulty Identifying Feelings and Difficulty Describing Feelings contributed to the prediction of self-reported somatic complaints in children, but the factor Externally-Oriented Thinking failed to do so. Directions for future research aiming at measuring alexithymia are discussed.

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* Corresponding author.

E-mail address: crieffe@fsw.leidenuniv.nl (C. Rieffe).

1. Introduction

Alexithymia refers to a limited ability to recognise one's own emotions and verbalise them (Sifneos, 1996), but besides these core features, alexithymia also involves an impairment to distinguish bodily sensations stemming from an emotional arousal, an impoverished fantasy life and an external cognitive style (Haviland & Reise, 1996). The concept has been widely studied among adults, because it is seen as a risk factor for a wide range of medical or health related problems (Bagby, Parker, & Taylor, 1994). Surprisingly, alexithymia in children has scarcely been investigated, even though it is assumed to be a personality trait that might be present in childhood. Yet, better knowledge concerning alexithymia in childhood could improve our understanding of its development during lifespan. Only one study addressed the attempt to develop an (Japanese) alexithymia questionnaire for children, which was designed for completion by their teachers (Fukunishi, Yoshida, & Wogan, 1998), but a self-report instrument for the assessment of alexithymia in children is still absent, which is the focus of this study.

The 20-item Toronto Alexithymia Scale, referred to as TAS-20, is the most widely used self-report questionnaire to measure alexithymia in adults. Despite the fact that the alexithymia concept covers more features (Haviland & Reise, 1996), the TAS-20 only consists of three factors that are supposed to represent three core features: (a) Difficulty Identifying Feelings, (b) Difficulty Describing Feelings and (c) Externally-Oriented Thinking, which refers to “a cognitive style that shows a preference for external detail of everyday life rather than thought content related feelings, fantasies and other aspects of a person's inner experiences” (Bagby et al., 1994, p. 31). The reliability and appropriateness of this three-factor structure have been established in several studies in the context of clinical and nonclinical adult populations, although there are also many studies in which only a two-factor structure was observed (see Kooiman, Spinhoven, & Trijsburg, 2002, for an extensive overview). Overall, the first two factors, “Difficulty Identifying Feelings” and “Difficulty Describing Feelings” show good psychometric properties, but the third factor “Externally-Oriented Thinking” appears to be weak. Also the construct validity has repeatedly been investigated. As was expected, the TAS-20 correlates positively with self-reported physical symptoms and negatively with a perceived level of health in nonclinical adult populations (Bach, Bach, & de Zwaan, 1996; Taylor & Bagby, 2000), although the correlation with the third factor “Externally-Oriented Thinking” is not always evident when the three-factors are taken separately (De Gucht, Fischler, & Heiser, 2004; Grabe, Spitzer, & Freyberger, 2004; Lumley, Oviess, Stettner, Wehmer, & Lakey, 1996).

Furthermore, it is assumed that people with alexithymia can identify their own mood states, but fail to identify emotions, because they do not link their affective condition to specific situations, memories or expectations (Taylor, 1999). A clear distinction here is made between *moods* (global affective states without a cause, object or onset) and *emotions* (affective states that are directly linked to a specific event or situation) (Frijda, 1991). It is assumed that alexithymic people fail to analyse the situation in a way that helps them to deal with their emotions adaptively. Insufficient analyses of the causes of their affective states also negatively affect their coping potential and their negative feelings continue. This continuation of negative feelings and of the corresponding physical changes that stem from an emotional arousal explain the predominantly negative mood states and increased self-reported physical symptoms that characterise alexithymic people. The predicted positive association of the TAS-20 with negative mood states, as well as a negative cor-

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