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## The distinctiveness and utility of a brief measure of alexithymia for adolescents

Patrick C.L. Heaven\*, Joseph Ciarrochi, Katherine Hurrell

University of Wollongong, School of Psychology, Northfields Avenue, Wollongong, NSW 2522, Australia

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### ABSTRACT

Very little research with adolescents has examined the extent that alexithymia is distinctive from other potentially overlapping self-evaluative traits, or the extent that it is related to social and emotional well-being. Teenagers in Grade 8 ( $N = 796$ ) completed self-report measures of alexithymia, self-esteem, trait hope, social support, and emotional well-being. Teachers also rated each student's level of emotional and behavioural adjustment. Factor analysis showed that alexithymia was distinguishable from the other self-evaluative traits as well as from the positive and negative affective states. Correlation analyses found that alexithymia was associated with lower quantity and quality of social support, lower positive affect, and higher negative affect, even when controlling for self-esteem and trait hope. These findings have important implications for the assessment and consequences of alexithymia in adolescents.

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### 1. Introduction

Some individuals are incapable of identifying their emotions. Sifneos (1973) was the first to label this problem “alexithymia”, which literally means having no words for feelings. Since then, researchers have employed related terms, such as “emotion perception” (Ciarrochi, Chan, & Bajgar, 2001), “emotional awareness” (Rieffe et al., 2007), “emotional clarity” (Salovey, Stroud, Woolery, & Epel, 2002), and “mood labelling” (Swinkels & Giuliano, 1995). These different terms appear to reflect a similar underlying construct (Gohm & Clore, 2000). We prefer to use the original term, namely, alexithymia.

Amongst adults, empirical evidence suggests that alexithymia is related to a wide range of psychological problems including, for example, poor emotion regulation strategies and higher rates of somatic illness and disease (Taylor, 2000), substance abuse (Kauhanen, Kaplan, Julkunen, Wilson, & Salonen, 1993), and social and interpersonal problems (Spitzer, Siebel-Jurges, Barnow, Grabe, & Freyberger, 2005) to mention a few. Very little research has examined alexithymia in childhood and adolescence. This is unfortunate as a better understanding of alexithymia during the adolescent years will better inform interventions with young people thus obviating problems in adulthood. Additionally, there is no evidence regarding the extent to which, among adolescent samples, alexithymia is distinguishable from other constructs such as self-esteem.

The few studies that have explored alexithymia in younger age groups have used similar measures as those for adults and shown

that it links to poor socio-emotional and physical outcomes such as obesity (Baldaro et al., 2003), the experience of posttraumatic responses following medical treatments (Fukunishi, Tsuruta, Hirabayashi, & Asukai, 2001), and greater dissociative tendencies (Sayer, Kose, Grabe, & Topbas, 2005). A recent longitudinal study demonstrated that alexithymia was predictive of poor socio-emotional outcomes 1 year later (Ciarrochi, Heaven, & Supavadeeprasit, 2008). In contrast, adolescents with low levels of alexithymia tend to display lower rates of anxiety and depression and report higher satisfaction with life (Extremera, Duran, & Rey, 2007). Quite surprisingly, no studies have examined whether and to what extent adolescents are able to distinguish alexithymia from other self-evaluative measures.

#### 1.1. Rationale of the present study

How well do teenagers discriminate between being able to identify their own emotional states and their other self-evaluations such as their levels of self-esteem and trait hope? This is an important question if we are to develop targeted interventions and because research has shown the teenage years to be characterised by significant emotional changes (Larson, Moneta, Richards, & Wilson, 2002) and declines in self-esteem and hope (Heaven & Ciarrochi, 2008). Few researchers have examined the possibility that adolescents may not discriminate between alexithymia and other self-evaluative constructs such as self-esteem and trait hope. Adolescents low in self-esteem and hope may therefore tend to respond negatively to evaluative questionnaires, regardless of item content.

Using self- and observer-reports, we sought to examine the reliability, distinctiveness, and utility of a 12-item measure of

\* Corresponding author. Tel.: +61 2 42213742; fax: +61 2 42214163.  
E-mail address: [pheaven@uow.edu.au](mailto:pheaven@uow.edu.au) (P.C.L. Heaven).

alexithymia taken from the Toronto Alexithymia Scale (TAS-20; Bagby, Parker, & Taylor, 1994). We utilized factor analysis to determine whether adolescents distinguished alexithymia from self-reported self-esteem, trait hope, and emotional experience. We utilized covariance analysis to examine whether alexithymia was related in expected ways to self- and observer-reports of socio-emotional experience, even when controlling for self-evaluative traits.

## 2. Method

### 2.1. Participants

The sample consisted of participants from the Wollongong Youth Study which draws students from five secondary schools in a Catholic Diocese of New South Wales, Australia. Three schools are located in the Sydney metropolitan area, whereas two are not, thereby ensuring a fairly diverse sample with respect to socio-economic status. Participants were 944 Yr 8 students (324 males, 332 females, 140 did not indicate gender) with a modal age of 13 years. Of these, 796 (84.3%) returned properly completed measures. For further details of the demographic characteristics of our sample see Heaven and Ciarrochi (2008).

## 3. Materials

### 3.1. Self-report measures

*Toronto Alexithymia Scale* (TAS-20; Bagby, Parker, et al., 1994; Bagby, Taylor, & Parker, 1994). The TAS-20 is a 20-item self-report measure and comprises three subscales: (1) difficulty identifying feelings (“I have feelings that I can’t quite identify”); (2) difficulty describing feelings (“It is difficult for me to find the right words for my feelings”); and (3) externally-oriented thinking (“Being in touch with emotions is essential” – reverse scored). For the purposes of our study and given that the third scale was not reliably measured in previous research with adolescents (Rieffe, Oosterveld, & Terwogt, 2006) and falls in a different psychometric space (Gohm & Clore, 2000), we only administered Factors 1 and 2 (12 items). These factors have also been found to be highly correlated (Gohm & Clore, 2000). Ratings were made on a five-point Likert scale with 1 (strongly disagree) and 5 (strongly agree) at the end points.

The validity and reliability of the TAS-20 amongst adults have been supported by good internal consistency (Cronbach’s alpha = 0.81), test–retest correlations ( $r = 0.77$ ;  $p < 0.01$ ), and factor analysis (Bagby, Parker, et al., 1994). It has also received strong support for convergent and discriminant validity and modest support for concurrent validity (Bagby, Taylor, et al., 1994). It has also shown much promise in adolescent samples, relating in expected ways to socio-emotional functioning (Rieffe et al., 2006).

*Rosenberg Self-Esteem Scale* (RSE; Rosenberg, 1965). The RSE is a 10-item unidimensional measure of global self-esteem. We used a forced-choice format of either “yes” or “no” responses. Reliability of the RSE has been supported by good internal consistency (Cronbach’s alpha = 0.78) and test–retest correlations ( $r = 0.85$ ,  $p < 0.01$ ; Silbert & Tippett, 1965). It has also been shown to possess convergent (Silbert & Tippett, 1965) and construct validity (Rosenberg, 1965). The alpha was .83 for the present sample.

*The Children’s Hope Scale* (CHS; Snyder et al., 1997). The CHS is a 6-item self-report measure comprising two factors: (1) pathway thinking (that one can produce routes to desired goals; “I can think of many ways to get the things in life that are most important to me”), and (2) agency (motivation to use these goals; “I am doing just as well as other kids my age”). Ratings were made on a six-

point scale from none of the time (scored 1) to all of the time (6). The CHS has been shown to have good internal consistency (Cronbach’s alpha = 0.77) and test–retest reliability ( $r = 0.71$ ,  $p < 0.01$ ). On the present occasion, alpha coefficient was .85.

*Positive and Negative Affect Schedule – Expanded Form* (PANAS-X; Watson & Clark, 1994). The PANAS-X is a 60-item self-report measure of two broad general factors, Positive Affect (PA) and Negative Affect (NA), assessing 11 specific affects: fear, sadness, guilt, hostility, shyness, fatigue, surprise, joviality, self-assurance, attentiveness, and serenity. In this study we assessed fear (e.g., “Afraid”;  $\alpha = .85$  for present sample), sadness (e.g., “Sad”;  $\alpha = .91$ ), hostility (e.g., “Scornful”;  $\alpha = .82$ ), and joviality (e.g., “Cheerful”;  $\alpha = .94$ ). Respondents rated the extent to which they had experienced each particular emotion over the past month. Ratings were made on a five-point scale from very slightly or not at all (1) to extremely (5). These subscales have demonstrated adequate internal consistency, discriminant validity, and criterion-related validity (Watson & Clark, 1994).

*Social Support Questionnaire* (SSQ; Sarason, Levine, Basham, & Sarason, 1983). The short four-item version of the SSQ was used to quantify each participant’s perception of the availability of, and satisfaction with, social support (Sarason et al., 1983). For each item, respondents listed the persons perceived to be available for support and then rated how satisfied they were with these supports using a six-point scale from very dissatisfied (1) to very satisfied (6). The alpha reliabilities in the sample were .89 for amount of support and .88 for satisfaction. Amount of support and satisfaction with support tend to be modestly correlated ( $r = .29$ ), suggesting that they are overlapping, yet distinguishable, constructs (Sarason et al., 1983).

*Multidimensional Peer Nomination Inventory* (TR-MPNI; Pulkkinen, Kaprio, & Rose, 1999). A multidimensional inventory (34 items) of children’s social behaviour was developed for teachers within the framework of the model of emotional and behavioural regulation (Pulkkinen et al., 1999). The inventory has three main factors and corresponding subscales. The subscales are (with coefficient alphas for girls and boys, respectively) (1) behavioural problems (hyperactivity-impulsivity, 0.91 and 0.95; aggression, 0.84 and 0.91; inattention, 0.80 and 0.85), (2) adjustment (constructive behaviour, 0.81 and 0.87; compliant behaviour, 0.38 and 0.74; social activity, 0.64 and 0.67), and (3) emotional problems (depression, 0.73 and 0.75; and social anxiety, 0.75 and 0.69). Teachers rated each student on every item using a four-point scale from not observed in this student (1) to characteristic fits the student very well (3). This measure has been shown to be reliable and valid (Pulkkinen et al., 1999).

### 3.2. Procedure

Students were informed that participation was voluntary and that information provided would only be seen by the researchers. Testing took place during normal school hours. The overall duration was approximately 50 min. Teachers completed their rating sheets at a separate time to the students.

## 4. Results

### 4.1. Exploratory factor analysis

All factor analyses reported in this paper involved principal axis factoring and Oblimin rotation. We used three criteria to help us decide which factors to retain, namely, (1) Eigenvalue greater than one, (2) pattern of the scree plot, and (3) theoretical meaningfulness (Conway & Huffcutt, 2003). It should be noted that we used

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