



Affect intensity and alexithymia differentially influence the relationship between neuroticism and depressive symptomatology among college students

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ABSTRACT

Recently, there has been much interest in explaining the robust relationship between neuroticism and depression among the college population. The present study adds to this literature by examining the role of *emotionality* in this link. Specifically, two facets of affect intensity and three facets of alexithymia were examined as possible mediators among a sample of 246 college students. The results revealed that the Difficulty Identifying Feelings facet of alexithymia partially explained the depression that neurotic college students experienced. This finding is discussed within the framework of emotional development and a self-awareness theory of depression.

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1. Introduction

Depression is one of the most common psychiatric disorders affecting college students (Vazquez & Blanco, 2008). Although a number of factors are associated with depression, researchers have begun to focus on neuroticism as a vulnerability trait within this population (Chioqueta & Stiles, 2005; Hutchinson & Williams, 2007; Roelofs, Huibers, Peeters, Arntz, & Os, 2008). Such factors as daily hassles (Hutchinson & Williams, 2007), physiology (Gallant & Connell, 2003), empathy (Lee, 2009), and cognition (Roelofs et al., 2008) can explain, either in part or in full, the link between neuroticism and depression. However, what is not well understood is the extent to which the emotional characteristics associated with college students' neuroticism account for their depressive symptomatology. Affect intensity and alexithymia are two emotional traits that reflect emotional dysregulation and relate to neuroticism and depression. Therefore, the current study examined their influence on the relationship between neuroticism and depressive symptoms among college students.

The prevalence of depression among the college population is alarming. Indeed, one in four young adults is estimated to experience clinical levels of depression by the age of 24 (Kessler &

Walters, 1998). Academically, depressed students tend to perform less optimally relative to their non-depressed peers (Hysenbegasi, Hass, & Rowland, 2005). Socially, they evidence maladaptive behaviors such as risky sexual activity (Swanholm, Vosvick, & Chng, 2009) and alcohol abuse (Beck et al., 2008). In addition, health problems including sleep disturbances (Koffel & Watson, 2009) and infectious diseases (Adams, Wharton, Quilter, & Hirsch, 2008) are correlated with college student depression. The most alarming consequence of depression is suicide, the third leading cause of death among Americans aged 10–24 years (Centers for Disease Control & Prevention, 2008). Clearly, there is a need to understand factors that contribute to this disorder.

One factor related to depression is neuroticism. Although theorists differ in their viewpoints, most share the perspective that neuroticism is a personality trait reflecting a generalized tendency to experience negative emotional states (Costa & McCrae, 1980; Eysenck, 1967; Watson & Clark, 1984). Empirical work from the areas of neuroscience (e.g., Haas, Omura, Constable, & Canli, 2007) and genetics (e.g., Kendler, Gatz, Gardiner, & Pedersen, 2006) suggests that neuroticism has a biological basis (Eysenck, 1967), which may explain its strong connection with mental and physical disorders (see Lahey, 2009). Indeed, stressful periods of transition, like college, can heighten such levels of emotionality (Roberts & Mroczek, 2008). During college, students must develop their sense of adult identity, create interpersonal relationships, and adjust to academic demands, all of which can make the college experience feel like an emotional rollercoaster (Arnett, 2000; Furr,

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Westefeld, McConnell, & Jenkins, 2001). Thus, it is no surprise that neuroticism is a robust risk factor for depression among the college population (e.g., Chioqueta & Stiles, 2005). However, researchers are gaining a better understanding of this phenomenon by examining mediating factors.

Perhaps the particular way neurotics experience their emotions accounts for their depression. Affect intensity, the extent to which individuals experience positive and negative emotions (Larsen & Diener, 1987), is one such factor. Individuals who experience their emotions more intensely than others tend to exhibit adjustment-related issues such as poorer coping skills (Flett, Blankstein, & Obertynski, 1996), somatic complaints (Larsen & Diener, 1987), and difficulty controlling emotions (Flett, Blankstein, Bator, & Pliner, 1988). People high in affect intensity also tend to score higher on neuroticism (Barr, Kahn, & Schneider, 2008; McFatter, 1998) and depression (Flett et al., 1996; Thorberg & Lyvers, 2006) than less emotionally intense individuals, suggesting a mediating influence.

Another emotion-based characteristic that may explain the neuroticism–depression link is alexithymia. Originally coined by Sifneos (1973) to describe a set of attributes found among individuals experiencing psychosomatic problems, alexithymia now refers to a multifaceted construct composed of three distinct features: (a) difficulty identifying one's feelings; (b) difficulty describing one's feelings to others; and, (c) an external oriented thinking style (Bagby, Parker, & Taylor, 1994). Similar to affect intensity, emotional processing and regulation difficulties associated with alexithymia are linked to a number of adjustment-related issues. For example, alexithymics tend to have poor coping skills (Parker, Taylor, & Bagby, 1998), problems with intimacy (Humphreys, Wood, & Parker, 2009), and perfectionistic tendencies (Lundh, Johnson, Sundqvist, & Olsson, 2002). Given the social nature of college, it is not surprising that alexithymics also have problems adjusting to college (Parker, Austin, Hogan, Wood, & Bond, 2005). These difficulties may account for the strong connection between alexithymia and both neuroticism (Elfhag & Lundh, 2007; Muller, Buhner, & Ellgring, 2004; Zimmermann, Rossier, de Stadelhofen, & Gaillard, 2005) and depression (Liss, Mailloux, & Erchull, 2008; Lundh & Broman, 2006; Muller et al., 2004).

In sum, the literature demonstrates theoretical and empirical links among the emotional constructs of affect intensity and alexithymia with neuroticism and depression. Given that Eysenck (1967) proposed that broad traits influence specific traits that then affect specific responses, it would follow that both affect intensity and alexithymia would potentially act as mediators. Taken together, we hypothesized that the dimensions of both affect intensity and alexithymia would: (1) correlate positively with neuroticism, (2) correlate positively with depression, and (3) mediate the relationship between neuroticism and depression. In addition, gender, race, and social desirability were included in the analyses as covariates because of their potential to bias results (e.g., Fujita, Diener, & Sandvik, 1991; Wrobel & Lachar, 1995).

2. Method

2.1. Participants and procedures

A convenience sample of two hundred and forty-six students from an American university was used in the current study. The predominately White sample (84.60%) consisted of 191 women and 55 men with a mean age of 19.71 ($SD = 3.16$). Non-Whites included 23 African-Americans, 9 Asians, 3 Hispanic/Latino, and 3 "Other". Participants completed informed consent forms and a series of self-report measures in a classroom setting for partial course credit.

2.2. Measures

2.2.1. Basic information

Participants were asked to report their age in years, gender, and racial background.

2.2.2. Social desirability

Form C (Reynolds, 1982) was used to assess the response bias of social desirability. Participants indicated whether or not they have engaged in socially unfavorable behaviors using a forced choice format (True or False). Higher scores represent greater levels of social desirability ($M = 51.46$; $SD = 9.38$). This scale achieved an adequate level of internal consistency ($\alpha = .70$).

2.2.3. Neuroticism

The Emotional Stability Scale of the Mini Markers (Saucier, 1994) was used to measure neuroticism. Participants indicated the extent to which they believed in the accuracy of self descriptive adjectives such as *touchy* and *moody* using a 9-point scale (1 = extremely inaccurate to 9 = extremely accurate). Higher scores represent greater levels of neuroticism ($M = 35.82$; $SD = 9.26$). This measure achieved an acceptable level of internal consistency ($\alpha = .76$).

2.2.4. Affect intensity

The Short Affect Intensity Scale (Geuens & De Pelsmacker, 2002) was used to measure positive and negative affect intensity. Participants indicated the extent to which they typically experience positive and negative emotions using a 7-point scale (1 = strongly disagree to 7 = strongly agree). Higher scores represent greater levels of either positive ($M = 43.61$; $SD = 7.71$) or negative ($M = 31.10$; $SD = 5.86$) affect intensity. Both positive ($\alpha = .92$) and negative ($\alpha = .74$) affect intensity subscales achieved solid levels of internal consistency.

2.2.5. Alexithymia

The 20-item Toronto Alexithymia Scale (Bagby et al., 1994) was used to measure alexithymia. Participants indicated the extent to which they typically experience three core facets of alexithymia using a 7-point scale (1 = strongly disagree to 7 = strongly agree). Higher scores represent greater levels of alexithymia. The difficulty identifying feelings ($M = 19.35$; $SD = 9.24$; $\alpha = .89$) and the difficulty describing feelings ($M = 17.92$; $SD = 6.79$; $\alpha = .80$) facets of alexithymia achieved solid levels of internal consistency while the externally oriented thinking facet ($M = 26.17$; $SD = 5.99$; $\alpha = .59$) was in the modest range of reliability.

2.2.6. Depression

The Center for Epidemiologic Studies Depression Scale (Radloff, 1977) was used to assess depressive symptomatology. Participants indicated how often they experienced a depression-related emotion or behavior during a one-week period using a 4-point scale (0 = rarely or none of the time to 3 = most or all of the time). Higher scores represent greater levels of depression ($M = 13.66$; $SD = 7.97$). This scale achieved a solid level of internal consistency ($\alpha = .86$).

3. Results

3.1. Data screening

An initial screening was conducted to examine the appropriateness of the data for multivariate statistical analyses (Tabachnick & Fidell, 2001). Although problems associated with non-normality, non-linearity, non-independence of errors, heteroscedasticity of residuals, multicollinearity, singularity, and suppressor variables

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