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Is alexithymia affected by situational stress or is it a stable trait related to emotion regulation?

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Abstract

Numerous studies have found alexithymia to be negatively associated with psychological distress. However, the nature of such an association remains unclear and controversial. Whereas some authors consider alexithymia as a stable personality trait constituting a vulnerability factor regarding mental disorders, other authors view it as a defensive mechanism secondary to the occurrence of psychological distress. The present prospective study (12 weeks follow-up) examines the stability of alexithymia in the context of acute changes in the level of psychological distress. Contrary to most previous studies that have examined alexithymia stability after a *reduction* in psychological distress, this study examines alexithymia stability in the context of *increase* in psychological distress. Four indicators of stability were considered: absolute, mean-level, rank-order and relative stability. Although not absolutely stable, alexithymia was found to show a high degree of relative stability despite the acute increase in psychological distress.

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1. Introduction

All human beings experience emotions. However, individuals differ in the way they are interested in their emotional life, and the extent to which they are able to differentiate between their feelings and describe them to others. The concept of alexithymia has been proposed to account for this variability. Alexithymia is a multi-faceted construct comprising (a) a difficulty identifying feelings as well as distinguishing between feelings and the bodily sensations of emotional arousal; (b) a difficulty describing feelings to others; (c) a restricted imagination, as evidenced by a paucity of fantasies; and (d) a cognitive style that is literal, utilitarian, and externally oriented (Taylor & Bagby, 2000).

There is a large body of evidence showing that alexithymia is associated with a number of psychiatric and psychosomatic disorders (for overviews, see Corcos & Speranza, 2003; Lumley, Stettner, & Wehmer, 1996). However, the nature of the link between alexithymia and those disorders remains unclear: does alexithymia constitute a vulnerability factor for these disorders or is it merely a reaction accompanying them?

This question raises the issue of the stability of alexithymia. According to several authors (e.g., Martínez-Sánchez, Ato-García, Corcoles Adam, Huedo Medina, & Selva Espana, 1998; Martínez-Sánchez, Ato-García, & Ortiz-Soria, 2003; Pinard, Negrete, Annable, & Audet, 1996; Saarijärvi, Salminen, & Toikka, 2001; Salminen, Saarijärvi, Aäirelä, & Tamminen, 1994) alexithymia is best conceptualized as a *stable personality trait* reflecting a deficit in the cognitive processing of emotional information (Taylor, 2000). This deficit would result in poor emotional regulation and stress management abilities, thus leading to poor mental health as well as to somatic disorders (indeed, unregulated stress leads to a hyper-activation of the corticotrophin axis, which results in a drop in immune defences, leading to higher somatic vulnerability). Arguments in favour of the view of alexithymia as a stable personality trait, related to one's mental health level but independent of its variations, are mainly based on longitudinal studies on psychiatric outpatients (e.g., Pinard et al., 1996; Saarijärvi et al., 2001; Salminen et al., 1994), showing that whereas the level of psychological distress significantly dropped after treatment (even for untreated patients) the level of alexithymia did not change significantly.

On the other hand, other authors (e.g., Haviland, Shaw, Cummings, & MacMurray, 1988; Honkalampi, Hintikka, Saarinen, Lehtonen, & Viinamaki, 2000) suggest that alexithymia must be better considered as a *state-dependent phenomenon*; that is to say, a consequence of personal distress (i.e. anxiety, depression). In such a perspective, alexithymia would be merely a coping mechanism protecting the self against emotional distress associated with situations of intense vulnerability (Corcos & Speranza, 2003). Arguments in favour of this view are based on longitudinal studies on psychiatric (out)patients, in which mean alexithymia scores remained stable despite a significant drop in psychological distress but in which in-depth analyses revealed that only half of the patients remained in the same alexithymia category at follow-up (e.g., Honkalampi et al., 2000).

Albeit suggestive and based on appropriate designs, findings from the aforementioned studies suffer from limitations lying essentially in the type of analysis that has been performed on the data. To understand these limitations, it is imperative to distinguish between the various forms of stability. In this respect, four aspects need to be distinguished: absolute stability, mean-level stability, rank-order stability and relative stability (Roberts & DelVecchio, 2000; Santor, Bagby, & Joffe, 1997). *Absolute stability* is reached if every single score remains exactly the same across

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