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ETHNOLINGUISTIC CORRELATES OF ALEXITHYMIA: TOWARD A CULTURAL PERSPECTIVE

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Abstract—Gender and ethnolinguistic correlates of alexithymia were explored by having a large, ethnically heterogeneous sample of university students in Toronto, Canada, complete the 20-item Toronto Alexithymia Scale (TAS-20). Men scored higher in the externally oriented thinking factor than women. Non-native English speakers scored higher on the overall TAS-20, as well as on the difficulty identifying feelings factor, than native English speakers. Further analyses showed that native Chinese language speakers scored consistently higher than native English and native European language speakers on the overall TAS-20 and its three underlying factors. These ethnolinguistic differences may reflect sociocultural influences making ethnic Chinese individuals likely to be less psychologically minded and more somatically oriented *vis-à-vis* their emotions than those from Western, ethnocultural traditions. Whether alexithymia should be construed as an “etic” construct (i.e., widely applicable across many different cultures) or an “emic” one (i.e., applicable to only one or two cultures) is discussed. *Copyright © 1996 Elsevier Science Inc.*

Keywords: Alexithymia; Ethnicity; Gender; Language; Culture; Chinese.

INTRODUCTION

Developers of the 20-Item Toronto Alexithymia Scale (TAS-20) have often suggested exploring its reliability and validity with samples from different cultures and cultural traditions [1, 2]. Several teams of researchers have followed this recommendation. For example, Pandey, et al. [3] developed a Hindi version of the TAS-20 and demonstrated its test–retest reliability and internal consistency reliability, as well as its factorial validity, with a nonclinical sample of adults in India. Likewise, Bressi and colleagues [4] provided evidence of the reliability and factorial validity for an Italian version of the TAS-20 with samples of normal adults and medical/psychiatric outpatients drawn from several centers in Italy.

The present study followed a similar spirit of exploring potential variations in scores on the TAS-20 and its three underlying factors among university men and women from different ethnocultural traditions in Toronto, Canada. Specifically, the gender and ethnolinguistic correlates of the English language version of the TAS-20 were investigated in an ethnically diverse sample of introductory psychology students, by including it as one of the questionnaire scales contained in a mass testing

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session conducted at the beginning of the 1994–1995 academic year at the University of Toronto. Toronto is an ethnically diverse city, with many different ethnic communities as well as numerous ethnocultural and national traditions represented within its population. Ruprecht [5], for example, has described the development of more than 60 different ethnic communities within Toronto. Toronto also has the largest immigrant population of any census area within Canada, with nearly 40% of its population being immigrants [6]. The University of Toronto reflects this diversity of ethnicity and immigrant background in its student body.

METHOD

Sample and measures

The sample consisted of 950 undergraduate students who completed the "Psychology 100 Student Questionnaire" administered in September 1994 in introductory psychology classes at the University of Toronto. Owing to missing data, the number of respondents included in the analyses was less than this total and varied for the two different types of analysis performed. In completing the questionnaire, students were first requested to indicate their first and last names as well as middle initial, student number, faculty, as well as other biographical items (viz., their birth date, approximate height and weight, gender, and handedness (i.e., right- or left-handed)).

Ethnolinguistic dimensions. Of particular relevance, respondents were asked if English was their first language or not. Next, they were asked: "In which language (if any, other than English) are you *most* proficient?" Eleven categories were provided for answering: (1) French, (2) Chinese (or related dialect), (3) Italian, (4) Greek, (5) Korean, (6) Portuguese or Spanish, (7) Polish, (8) Vietnamese, (9) Hebrew, (10) German, and (11) Other. Respondents were then asked in which language (if any) they were *next most* proficient, with the same 11 categories as before. Respondents selecting "other" for these items were asked to specify what that other language was.

After completing this background information, students completed a 64-item instrument containing a variety of personality scales, including (in order): a 10-item, global self-esteem scale; a 10-item "restraint" scale concerning dieting and preoccupation with food; a 14-item scale for assessing "appearance anxiety" (i.e., concern over others' evaluations of different aspects of one's physical appearance); the TAS-20; and a 10-item "trust" scale. The TAS-20 incorporated a 5-point rating scale, ranging from "strongly disagree" (scored 1) to "strongly agree" (scored 5).

RESULTS

Psychometric characteristics of the TAS-20

A scale's unidimensionality is determined by its meeting each of two criteria: (1) an index of scale homogeneity (i.e., the average item intercorrelation) that preferably falls in an optimal range between 0.20 and 0.40; and (2) an internal consistency reliability (i.e., Cronbach's coefficient alpha) of 0.70 or higher [7]. Coefficient alphas and scale homogeneities were calculated for the overall TAS-20 and its three factor-based scales: (1) difficulty identifying feelings (hereafter DIF); (2) difficulty describing feelings (hereafter DDF); and (3) externally oriented thinking (hereafter EOT).

Coefficient alphas were 0.84, 0.82, 0.78, and 0.65 for the TAS-20, DIF, DDF, and EOT scales, respectively; and their scale homogeneities were 0.21, 0.39, 0.41, and 0.19, respectively. Thus, these reliabilities and scale homogeneities are adequate to good for the TAS-20, DIF, DDF, and EOT scales. The magnitudes of these coefficient alphas and scale homogeneities, both in absolute terms as well as relative to one another (e.g., the lower reliability for the 8-item EOT scale than the 7-item DIF, 5-item DDF, and 20-item TAS scales), also correspond closely to those reported by Bagby et al. [8] for a large, nonclinical sample of university students as well as a sizable, clinical sample of psychiatric outpatients in Toronto.

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