Available online at www.sciencedirect.com
SCIENCE DIRECT®
Personality and Individual Differences 38 (2005) 1163–1173
PERSONALITY AND INDIVIDUAL DIFFERENCES
www.elsevier.com/locate/paid

Alexithymia, ambivalence over emotional expression, and eating attitudes

Stephanie Quinton *, Hugh L. Wagner

Department of Psychology, University of Central Lancashire, Preston, PR1 2HE Lancashire, UK

Received 10 February 2004; received in revised form 9 June 2004; accepted 9 July 2004
Available online 11 September 2004

Abstract

To clarify the relationships amongst alexithymia, emotional expression, and characteristics associated with eating psychopathology, 162 female undergraduate students completed questionnaire measures of alexithymia, emotional expressiveness, ambivalence over expression, eating psychopathology, and characteristics related to eating disorders. Despite the high frequency of alexithymia in eating disorders, when other variables were controlled alexithymia was not related to total EAT-26 (the measure of pathology), nor to two of the core aspects of eating pathology measured by EDI-2: body dissatisfaction and drive for thinness. Bulimia was directly predicted by difficulty identifying feelings, and negatively by difficulty describing feelings, both measured by TAS-20. The same bidirectional relations were observed for three characteristics of eating disorders: asceticism, impulse regulation, and perfectionism. Direct relationships with difficulty identifying feelings were found for ineffectiveness and interoceptive awareness. Ambivalence over emotional expression predicted ineffectiveness, interoceptive awareness, impulse regulation, maturity fears and perfectionism, but was not related to any of the measures of pathology. However, ambivalence over expressing anger predicted restrictive psychopathology. The results are discussed in relation to the origins and maintenance of eating-disordered attitudes and behaviours.

Keywords: Alexithymia; Ambivalence; Emotional expression; Eating attitudes; Eating disorders

* Corresponding author. Tel.: +44 1772 893 753; fax: +44 1772 892 925.
E-mail address: sjquinton@uclan.ac.uk (S. Quinton).

0191-8869/$ - see front matter © 2004 Elsevier Ltd. All rights reserved.
doi:10.1016/j.paid.2004.07.013

1. Introduction

The importance of emotion in the eating disorders has been recognised at least since Bruch's work. Bruch (1962) advocated an approach to anorexia nervosa that helped patients become aware of and identify inner states, including emotions. Sifneos (1973) identified a pattern of emotional deficits common in psychosomatic patients, and which is consistent with Bruch's view. This trait of alexithymia is characterised by difficulties in understanding, differentiating, describing, and expressing emotions, together with a paucity of dreams and fantasy, and a preoccupation with concrete details.

Alexithymia is identified as a continuum within the population, but we can describe people as alexithymic if, on measures of alexithymia, they score above empirically determined cut-off points which give a high probability of ill-health. In nonclinical groups, the incidence of alexithymia varies from 0% (Jimerson, Wolfe, Franko, Covino, & Sifneos, 1994) to 28% (Guilbaud et al., 2002). Higher levels are found in many physical conditions, for example hypertension (55%; Todarello, Taylor, Parker, & Fanelli, 1995), in alcohol and drug dependence (58% and 43%; Guilbaud et al., 2002), and in mixed psychiatric outpatients (e.g., 33%, Todarello et al., 1995). A number of studies have shown an even higher incidence of alexithymia in eating disorders (see Eizaguirre, de Cabezón, de Alda, Olariaga, & Juaniz, 2004). In anorexia nervosa, estimates range from 23% to 77%, and in bulimia nervosa from 51% to 83%. Eizaguirre et al. (2004) showed that the difference in levels of alexithymia between eating disorder and control groups disappeared when anxiety and depression were controlled for. Some of these studies reported results separately for different facets of alexithymia. When this is done, it is found that difficulties identifying and describing feelings are high in eating disorder patients, not concrete thinking or lack of fantasy life. Sexton, Sunday, Hurt, and Halmi (1998) showed that, after controlling for depression, only the alexithymia subscale measuring difficulty describing feelings significantly differentiated eating disorder groups from controls.

Aside from alexithymia, difficulty expressing emotion has been related to many illnesses, including eating disorders (e.g., Garfinkel et al., 1983; Rybicki, Lepkowsky, & Arndt, 1989), although the relationship has not been consistently found. King and Emmons (1990) argued that one reason for this is that it is not inexpressiveness as such that is important, but *conflict* or *ambivalence* over expressing emotion. This ambivalence often appears as lack of expression, and results from underlying goal conflict; it is this conflict that is pathogenic. They constructed two self-report questionnaires, one measuring emotional expressiveness (the EEQ) and the other ambivalence over emotional expression (the AEQ). In two studies (King & Emmons, 1990, 1991) the AEQ, but not the EEQ, correlated with measures of well-being, and of physical symptoms. Ambivalence over emotional expression is also related to depression (Katz & Campbell, 1994; Mongrain & Zuroff, 1994).

Krause, Robins, and Lynch (2000) found that AEQ scores correlated .43 with total Eating Attitudes Test scores in a female student sample (EAT, Garner & Garfinkel, 1979, is a widely used indicator of eating pathology). Further, ambivalence mediated the relationship between sociotropy (concern over interpersonal relations) and EAT scores, and correlated with EAT even when depression was controlled for. Many authors (e.g., Casper, 1990; Geller, Williams, & Srikameswaran, 2001; Killick & Allen, 1997) have pointed out that eating disorder sufferers are often ambivalent about being treated for their symptoms. This could represent a conflict between wanting to