THE IMPACT OF ALEXITHYMIA ON INTERPERSONAL RELATIONSHIPS IN ADOLESCENCE

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Abstract
This study explored the relation of alexithymia (cognitive and affective deficit in processing, adjustment and verbalizing emotions) with interpersonal problems in a sample of adolescents. One hundred seventy-four (174) high-school students completed Toronto Alexithymia Scale (TAS-20) and a short version of Inventory of Interpersonal Problems (IIP-32). As we expected, alexithymia is positively associated with interpersonal problems, high alexitymic adolescents having significantly more interpersonal problems than non alexithymic adolescents. Regression analysis showed that interpersonal problems can be predicted by alexithymia. This study highlights the negative impact of alexithymia on adolescents’s relationships, through the interpersonal problems that alexithymia produces in their life.

Keywords: alexithymia, interpersonal problems, assertiveness, sociability, involvement in relationships, adolescence

1. INTRODUCTION

It has been widely studied that adolescents’ emotions and the ability to adjust them have a tremendous impact upon their well-being and can contribute to satisfying and healthy relationships in their life (Karukivi, 2011).

Alexithymia is a term used by Peter Sifneos for the first time in the early 1970s to define a cognitive and affective deficit in processing, adjustment and verbalizing emotions. The main three areas that best describe this deficit are: difficulties to identify emotions, difficulties to describe emotions and an externally oriented style of thinking (Sifneos, 2000; Taylor, Bagby, & Parker, 1997). These three facets of alexithymia are interrelated, thus an externally oriented style of thinking reflects an absence of thoughts regarding internal experience, while the ability to identify and describe emotions is conditioned by the ability to discriminate emotions of physiological sensations that accompany them. With a high stability over time, alexithymia is considered a dimensional personality construct (not a categorical one), which is normally distributed in the general population (Taylor & Bagby, 2013).

Sifneos discovered alexithymia’s traits at his psychosomatic patients, while others found the same reduced abilities at patients with posttraumatic stress disorder, different addictions or eating disorder (Karukivi, 2011; Taylor, Bagby, & Parker, 1997). Therefore interest in researching alexithymia increased over time in order to better understand it’s nature, prevalence, causes and effects. It has been proven that alexithymia has a prevalence of up to 10% amongst non-clinical population (Levant, Hall, Williams, & Hasan, 2009).

Many researchers explored alexithymia amongst adolescents because it is considered a major risk factor at this age, due to its implications in poor social skills’ development affecting relationships and also due to the inherent transitions in adolescence. Regarding gender differences, Levant et al. (2009)’s meta-analysis revealed that alexithymia’s traits are found more frequent at boys, while Eastabrook’s (2013) study showed that alexithymia’s prevalence amongst girls is between 10% and 29% and between 2% and 18% amongst boys. However, there are also studies that indicate no significant difference by gender (Montebarocci, Codispoti, Baldaro, & Rossi, 2004).

According to results of previous studies (Eastabrook, 2013), alexithymic persons have a limited social network, are socially isolated and mostly tend to avoid conflicts through compliance and negligence of their own needs or rights. Therefore, alexithymia can produce interpersonal problems amongst adolescents’ relationships through several mechanisms that will be shortly described further. The poor social abilities of an alexithymic...
person, that are essential for maintaining good relationships, represent a first mechanism through which alexithymia produces interpersonal problems (Vanheule, Desmet, Meganck, & Bogaerts, 2007). Thus, because the person cannot identify and describe her own emotions, she can’t share them with others either, affecting the intimacy of relationships. A second mechanism is represented by the alexithymic’s difficulties to identify others’ emotions based on facial expressions or gestures (non-verbal communication), which leads to lack of empathy, another crucial aspect of a healthy relationship (Taylor, Bagby, & Parker, 1997). The last mechanism is represented by the difficulty to process the affective stimuli, which can produce frustration that can be manifested by the alexithymic in relationships (Zarei & Besharat, 2010; Besharat & Shahidi, 2013). So, alexithymia cause interpersonal problems due to these difficulties.

Some researchers (Horowitz, Dryer, & Krasnoperova, 1997) remarked that interpersonal problems are the main reason why people enter therapy. Therefore, a patient’s interpersonal problems can be deducted from his frequent complaints about uncomfortable feelings in relationships, difficulties to be close to someone, being too competitive or aggressive. Besharat and Shahidi (2013) consider that interpersonal problems are those which cause distress to the person that encounter them in relationships.

An important theoretical model, the interpersonal circumplex mode, was proposed in order to understand interpersonal problems. This model showed that eight interpersonal problems (being too domineering, intrusive, overly nurturant, exploitable, nonassertive, socially avoidant, cold and vindictive) can be defined according to two dimensions: affiliation and control (Horowitz, Dryer, & Krasnoperova, 1997). Based on the same model, Barkham, Hardy and Startup (1996) revealed through factor analysis a slightly different structure of interpersonal problems: (“hard to be”) assertive, sociable, supportive, involved and (“too”) caring, dependent, aggressive, open.

2. METHODS

2.1. Participants

The research was conducted on a sample of 174 students enrolled in a high school with mathematics-informatics specialization from Brasov, Romania, of which 101 were boys (58.05%) and 73 girls (41.95%), with a mean age of 16.55 (M=16.55, SD=0.65). The adolescents were told that participation is optional, and they were informed about the aim of the study, after which they were assured about the confidentiality of their answers. Those students who wanted to receive personal feedback, had a private meeting with the school counsellor, to whom we presented the results. We also gave a general feedback to the whole sample after the data was analyzed.

The assumptions we intended to test in our study are: (1) There is a positive association between alexithymia and interpersonal problems; (2) High alexithymic adolescents encounter significant more interpersonal problems than non alexithymic adolescents; (3) Alexithymia can predict the intensity of problems in adolescents’ interpersonal relationships.

Measures

In order to measure the investigated variables in this correlational study we used two instruments, Toronto Alexithymia Scale-20 (TAS-20) and a short form of the Inventory of Interpersonal Problems (IIP-32).

**Toronto Alexithymia Scale-20 (TAS-20)** was developed by Taylor, Bagby and Parker in the early 1980s in order to measure alexithymia in both adults and adolescents. It has 20 items that measure alexithymia according to the theoretical model. Thereby, it has 3 subscales which assess the three facets of alexithymia: difficulty to identify feelings (DIF), difficulty to describe feelings (DDF) and externally oriented style of thinking (EOT). The assessment is made on a 5-point Likert scale, from 1 (“strongly disagree”) to 5 (“strongly agree”). By summing all the items, a total score that represents the level of alexithymia can be obtained. A high score means a high level of alexithymia.

According to the aim of the research, the authors of TAS-20 suggest using a cut-off score in order to label the participant as “high alexithymic” (higher than 60), “moderate alexithymic” (between 52 and 60) or “non alexithymic” (between 20 and 52). In this study, Cronbach’s alpha for TAS-20 is satisfactory (α = 0.80), DIF and DDF have a good internal consistency (α = 0.81, α = 0.76). However, EOT doesn’t prove a good internal consistency (α = 0.41), which confirms the results of previous studies (Kooiman, Spinthoven, & Trijsburg, 2002).

The **Inventory of Interpersonal Problems-32 (IIP-32)** was developed by Barkham, Hardy and Startup (1996) and it’s a short form of IIP-127, an inventory with 127 items. This shorter version (IIP-32) has only 32 items which assess difficulties experienced by people in their interpersonal relationships, and it was built for an easier application in research, because it takes less time.
The 32 items of IIP-32 are divided into 8 subscales that assess the 8 types of interpersonal problems, according to the theoretical model: hard to be assertive, hard to be sociable, hard to be supportive, hard to be involved, too caring, too dependent, too aggressive, too open. Therefore, half of the items (16) assess difficulties that are presented as aspects which people find “too hard” to do (e.g. socialize with other people) and the other half assess difficulties described as aspects which people do “too much” (e.g. argue with other people). The respondent evaluates each problem described in the inventory and decide which option on a 5-point Likert scale (0 = not at all, 4 = extremely) describes best how much has he been distressed by that problem.

The internal consistency of IIP-32 revealed in this study is satisfactory (α = 0.82), which proves it’s good psychometric qualities described in previous studies, while Cronbach’s alpha for each subscale is further.

The results show (Table 1) that our hypothesise is confirmed because there is a strong positive association between the two variables (r =.52, p<.001, r² =.27). The coefficient of determination show that 27% of the variance of one variable is explained by the variation values of the other variable. This result is confirmed by previous studies (Besharat & Shahidi, 2013; Besharat, 2010; Zarei & Besharat, 2010; Vanheule et al., 2007).

For a deeper analysis, we assumed three working hypothesise based on the existence literature about alexithymia and previous research which revealed that an alexithymic have some particularities in his interpersonal relationships. Therefore, a person which has a high level of alexithymia tends to avoid close ties and communication with others, but when this can not be achieved, she usually communicate in a non assertive way, sometimes even aggressive (Zarei & Besharat, 2010). Those that have difficulties in identifying and describing their own emotions usually have no empathy, their social functioning being cold and distant (Vanheule et al., 2007). Hence, after proving that alexithymia correlates with the total score of interpersonal problems, we wanted to deepen the analysis and verify if it correlates especially with 3 of the 8 interpersonal problems: difficulties being involved, sociable and assertive in relationships. The results show a strong positive association between alexithymia and difficulties regarding involvement in relationships (r =.52, p<.001), sociability (r =.44, p<.001) and assertiveness (r =.44, p<.001).

### RESULTS

As the descriptive analysis reveals, 52 adolescents from this sample can be considered high alexithymic (26.1%), 31 of them (15.6%) obtained a score which indicate a moderate level of alexithymia and 83 adolescents (41.7%) are non alexithymic. The others, 8 adolescents, were not taken into consideration, due to incomplete answers. The mean score for alexithymia is 52.42 (M=52.42, SD=11.86), while for interpersonal problems is 44.87 (M=44.87, SD=15.26).

Our first hypothesis presumed that there is a positive association between alexithymia and interpersonal problems. Because both variables are normally distributed in this sample, we performed a Pearson correlation. The results show (Table 1) that there is a strong positive association between the two variables (r =.52, p<.001, r² =.27). The coefficient of determination show that 27% of the variance of one variable is explained by the variation values of the other variable. This result is confirmed by previous studies (Besharat & Shahidi, 2013; Besharat, 2010; Zarei & Besharat, 2010; Vanheule et al., 2007).

The second hypothesis of this study is that high alexithymic adolescents encounter significant more interpersonal problems than non alexithymic adolescents. A t-student test was performed in order to verify it, which confirmed the hypothesis. As it can be seen in Table 2, alexithymic adolescents report a significant higher score (M = 53.58) at interpersonal problems than non-alexithymic adolescents (M = 37.93), t (125) = 6.15, p <.001. The difference between the two areas is statistically significant, the indicator showing that Cohen’s d effect size is big (d = 1.27). Previous studies confirm the result (Besharat & Shahidi, 2013; Besharat, 2010; Vanheule et al., 2007).

### Table 1. Correlation between alexithymia and interpersonal problems

<table>
<thead>
<tr>
<th>Interpersonal problems (Total)</th>
<th>Sociable (Hard to be)</th>
<th>Assertive (Hard to be)</th>
<th>Involved (Hard to be)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Alexithymia</strong></td>
<td><strong>r</strong></td>
<td><strong>Sig.</strong></td>
<td><strong>p</strong></td>
</tr>
<tr>
<td>N</td>
<td>156</td>
<td>166</td>
<td>165</td>
</tr>
<tr>
<td>r</td>
<td>52</td>
<td>.44</td>
<td>.44</td>
</tr>
<tr>
<td>p</td>
<td>p &lt;.001</td>
<td>p &lt;.001</td>
<td>p &lt;.001</td>
</tr>
</tbody>
</table>

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### Table 2. Differences between high alexithymic and non-alexithymic adolescents regarding interpersonal problems

<table>
<thead>
<tr>
<th>Category of alexithymia</th>
<th>N</th>
<th>M</th>
<th>SD</th>
<th>t</th>
<th>df</th>
<th>p</th>
<th>d</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interpersonal problems</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High alexithymic</td>
<td>51</td>
<td>53.58</td>
<td>15.81</td>
<td>6.15</td>
<td>125</td>
<td>&lt;.001</td>
<td>1.27</td>
</tr>
<tr>
<td>Non-alexithymic</td>
<td>76</td>
<td>37.93</td>
<td>12.75</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This study’s last hypothesis is that alexithymia can predict the intensity of problems in adolescent’s interpersonal relationships. In order to assess the predictive value of alexithymia, a regression procedure was performed. Before this, it was already proven that both the predictor (alexithymia) and the dependent variable (interpersonal problems) are normally distributed and they correlate, thus the conditions for applying a linear regression were met.
Table 3 reveals that the degree of an adolescent’s alexithymia can predict the level of the interpersonal problems encountered in relationships, thus accepting the hypothesis: $F(1, 155) = 58.85, p < .001$. Therefore, the results of a previous study done by Besharat and Shahidi (2013) are confirmed. However, the predictive value of alexithymia is low (Adj. $R^2 = .27$). This means that adolescents with a high level of alexithymia do not necessarily develop intense difficulties in their interpersonal relationships. Hence, other variables considered to moderate the relation between alexithymia and interpersonal problems (attachment style, defence mechanisms), may be of importance in explaining this relation (Besharat & Shahidi, 2013) and should be taken into consideration in further research.

<table>
<thead>
<tr>
<th>Model</th>
<th>R</th>
<th>R Square</th>
<th>Adjusted R Square</th>
<th>df</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>.52a</td>
<td>.27</td>
<td>.27</td>
<td>155</td>
<td>58.85</td>
<td>p&lt;.001</td>
</tr>
</tbody>
</table>

Model 1 – Predictor variable: alexithymia; Dependent variable: interpersonal problems

4. CONCLUSIONS

This study emphasize the impact of an adolescent’s difficulties to identify and describe his own emotions on his relationships. Thus, it highlights the existence of a positive and strong association between alexithymia and interpersonal problems amongst adolescents. The more difficulties an adolescent has to identify and describe his own emotions, the more difficulties does he encounter in his relationships (Karukivi, 2011; Besharat, 2010).

As expected, the results showed that those adolescents who can be labeled as high alexithymic have significant more interpersonal problems than those who are not alexithymic. In order to deepen the analysis, this study investigated the most relevant interpersonal problems for an alexithymic adolescent, which have revealed to be: difficulties to involve in relationships, to be sociable and assertive. The result is consistent with previous studies which showed that alexithymic adolescents have a predominant cold, non assertive social functioning, with a tendency to avoid involving in relationships (Karukivi, 2011; Vanheule et al., 2007).

A regression analysis revealed that the level of alexithymia can predict the intensity of interpersonal problems, but the low predictive value (Adj. $R^2=.27$) suggests the possibility of other variables’ moderating effect on the relation between the two investigated variables. Therefore, further research should take into consideration other variables too, such as attachment style which can be a moderator variable (Besharat & Shahidi, 2013).

Despite the importance of these results, this study has some limitations too. Firstly, a generalization of the results on the whole population of adolescents is impossible, due to the small size of the sample. Secondly, alexithymia and interpersonal problems were assessed based on self-reporting, which can imply a risk of misrepresentation or social desirability. Finally, because of the correlational nature of the study, a causal relationship between alexithymia and interpersonal problems cannot be established, even if the results show that alexithymia is strongly associated with interpersonal problems and that it can even predict them.

Concluding, alexithymia represents a severe and persistent disorder which, if not early identified, can produce several negative effects in an adolescent’s life, including difficulties and several problems in his relationships. Different strategies such as therapeutic interventions or educational programs should be developed and taken into consideration when talking about adolescents, in order to prevent or mitigate these difficulties.

5. REFERENCES


Eastabrook, J.M. (2013). *Emotional awareness and alexithymia: emotional processing and regulation in adolescence*. Ontario: Queen’s University Publisher


