

THE QUALITY OF ATTACHMENT RELATIONSHIPS AND ALEXITHYMIA

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Abstract: *Alexithymia is a cognitive and affective deficit in processing, adjustment and verbalizing of emotions. Numerous studies have demonstrated the role of precarious early relationship with caregivers in developing alexithymia. The main aim of this study was to analyze the relationship between alexithymia and the type and quality of attachment system in adolescence. The assumptions we have intended to test in our study were: (1) The level of alexithymia is negatively associated with secure attachment style; (2) There is a positive correlation between the alexithymia and insecure attachment styles. The research was conducted on a sample of 174 students from high school, whose mean age is 16.55, of which 101 boys (58.05%) and 73 girls (41.95%). For the measurement of the variables investigated in this correlational study, were used Twenty-Item Toronto Alexithymia Scale (TAS-20) and Attachment Style Questionnaire (ASQ). The results of this research show that there is a negative association between alexithymia and secure attachment style and a positive association with two of the three insecure styles (fearful and preoccupied). The study highlights a relevant difference between boys and girls, in terms of the relationship between alexithymia and attachment style*

Key words: *attachment styles, insecure attachment, secure attachment, alexithymia, emotional regulation strategies*

Literature review

Alexithymia is a concept recently used in psychiatry and psychology. This concept was introduced in 1973 by Peter Sifneos, psychiatrist and psychoanalyst, to describe cognitive and affective impairment in processing, adjusting and describing emotions, which have been observed in patients with psychosomatic and psychiatric conditions.

At the same time, other researchers have observed similar characteristics among patients with post-traumatic stress, drug addiction or

eating disorders. Gradually, the interest in investigating alexithymia has increased in the field of psychiatry, but also in psychology.

According to Taylor & Bagby (2013), alexithymia is characterized by the following:

- Difficulty to identify the emotions;
- Difficulty to discriminate between physiological sensations and emotions caused by emotional activation
- Difficulty of finding adequate words to describe emotions;
- The lack of reveries, limited imagination;
- Specific ideational content, predominant concern for the concrete details of external events (objective cognitive style) and little or no concern for subjective significance of these events.

Most researchers believe that alexithymia is a dimensional personality trait that varies in severity from individual to individual, and has high stability over time. However, there are recent studies (Messina, Beadle & Paradiso, 2014; Aleman, 2005) which show that alexithymia may manifest as a transient associated distress caused by various medical disorders and chronic diseases.

As a conclusion, alexithymia is a cognitive and affective deficit in processing, adjustment and verbalizing emotions. (Taylor & Bagby, 2013; Karukivi, 2011; Sifneos, 2000).

Etymologically, the concept of alexithymia comes from the greek term "alexisthymos" which means "no words for emotions" (Taylor, Bagby & Parker, 1997). Emotional Blindness is another intuitive expression, suggesting the inability of the alexithymic person to recognize other people's emotions. Although the characteristics of alexithymia were first noted in patients with various psychiatric disorders, further research was shown that alexithymia has a prevalence of up to 10% at non-clinical population (Levant, Hall, Williams & Hasan, 2009; Aleman, 2005).

Many researchers have been aimed to find out the prevalence of alexithymia in adolescents. Alexithymia is considered a major risk factor, especially in adolescence, given its implications (low social skills, which affect interpersonal relationships and the social adaptation)

Eastabrook (2013) showed that prevalence rates ranging from 10% to 29% for girls, and from 7% to 18% for boys. Horton, Gewirtz & Kreutter (1993,) in a study on 264 adolescents, also showed alexithymia is higher in girls than in boys. However, several studies have shown that alexithymia is found more frequently in boys than in girls (Levant and al., 2009), while other studies didn't find any differences between girls and boys. (Karukivi, 2011; Montebanocci, Codispoti, Baldaro et al., 2004).

Alexithymia is a multi-causal disorder. The literature shows that alexithymia may be due to deficits or lesions in the brain (Messina, Beadle & Paradiso, 2014; Aleman, 2005), to early adverse experiences (childhood), or to

inappropriate connections with caregivers (Hussain & Ahmed, 2014; Aust, Heuser & Bajbouj, 2013; Kooiman, Vellinge, Spinhoven et al., 2004).

A significant number of studies have demonstrated the role of precarious relationship with caregivers in developing alexithymia. These relationships can take different forms: from disturbances and disruptions in the relationship caregiver-child characterized by emotional neglect, affective responses in constant communication poor and flawed, discouraging expressing emotion to overprotection of the child (intrusion, lack of autonomy of the child) and emotional abuse or physical (Hussain & Ahmed, 2014; Aust, Heuser & Bajbouj, 2013; Karukivi, 2011; Montebanocci, Codispoti, Baldaro et al., 2004). Montebanocci, Codispoti, Baldaro et al. (2004) highlights the influence of inadequate attachment relationships on emotion regulation capacities.

Based on attachment relationships, the child builds "internal working models", that Bowlby defined (2011) as „mental representations about themselves and others that will influence the persons' entire relational system, throughout life”.

Depending on the manner of interaction between mother and child, Ainsworth identified three patterns of attachment, namely: secure, avoidant and anxious-ambivalent (Ainsworth, 1989). Later, she also spoke about disorganized attachment (Bowlby, 2011).

Bartholomew & Horowitz (1991) have developed a new model of attachment styles, based on the original theory of Bowlby (2011), who postulated the existence of two internal working models: the self and others. Both, self representation and others' representation can be positive or negative. By this dichotomy, the two researchers have obtained four specific attachment styles. Thus, the person may perceive itself as worthy of attention, love and support of others or not. The others can be seen as trustworthy, available and providing support, or, on the contrary, unattractive, unable to trust them.

According to Bartholomew & Horowitz (1991), secure attachment is characterized by a sense of personal worth, and the belief that others are trustworthy and responsible. In this case, self-evaluation and others' evaluation is positive. Preoccupied attachment is characterized by self devaluation and positive assessment of others. For this reason, the person wishes to obtain acceptance of others, which he valorizes and on which he depends. Fearful attachment is characterized by both, the devaluation of oneself and of others, that he considers repulsive and unreliable. By avoiding involvement in relationships with others, the person protects himself by their anticipated reactions. Dismissing attachment is characterized by a sense of personal value, the positive evaluation of oneself and negative evaluation of others. Such persons try to protect themselves from possible disappointment by avoiding close relationships and maintaining a sense of independence and self-sufficiency (Bartholomew & Horowitz, 1991). Both fearful and dismissing

attachment reflect an avoidance of intimacy, due to the negative image they have about others.

According Cassidy & Shaver (2008), the search of proximity to the attachment figure persists throughout life, even though the behavior varies by age and context. Wearden et al. (2005) state that attachment style influences social interactions throughout life. A longitudinal study conducted over 20 years by Wearden, Lambertson, Crook & Walsh (2005) showed that 72% of young adults had the same pattern of attachment like in childhood. This is due to the internal representations, patterns of communication and way of relating to others, which were learned in early relationships with caregivers.

The Attachment theory states that the attachment system provide the context in which emotional regulation strategies are developed (Lang, 2010; Muntean, 2006). When the child's need for attachment is activated, emotions are strongly activated too. To reduce activation, the caregiver try to calm the child. He must be responsive. Thus, through this interaction, the child learns self-regulation models (Muntean, 2006).

This study aims to analyze the relationship between alexithymia and the type and quality of attachment system in adolescence

The assumptions we intend to test in our study are: (1) The level of alexithymia is negatively associated with secure attachment style; (2) There is a positive correlation between the alexithymia and insecure attachment styles.

Procedure

The research was conducted on a sample of 174 students from high school, whose mean age is 16.55, of which 101 boys (58.05%) and 73 girls (41.95%). For the measurement of the investigated variables in this correlational study, were used Twenty-Item Toronto Alexithymia Scale (TAS-20) and Attachment Style Questionnaire (ASQ), whose psychometric properties are described below.

Toronto Alexithymia Scale (TAS-20) was developed by Taylor, Bagby and Parker in early 1980s and it's the most used instrument for measuring alexithymia among adults and adolescents. Many studies confirmed the good psychometric properties of TAS-20 (Karukivi, 2011). The third version of the instrument (TAS-20) is the latest and most used method to measure alexithymia in current research (Karukivi, 2011; Parker, Taylor & Bagby, 2003). TAS 20 contains 20 items that have been translated and adapted for Romanian population (Morariu, Ayearst, Taylor, & Bagby, 2013).

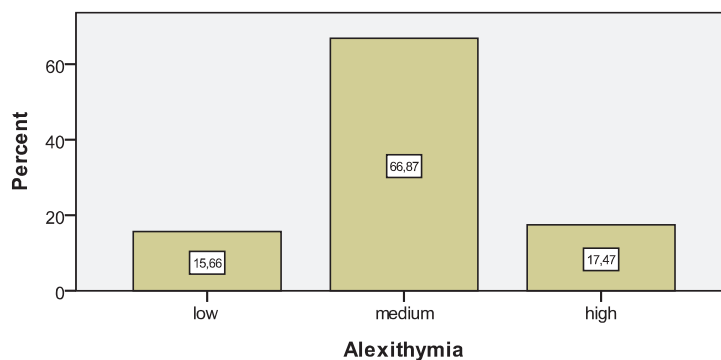
TAS-20 assesses alexithymia, according to the theoretical model, as a multifaceted construct, represented by the 3 subscales: difficulties to identify feelings (DIF), difficulty to describe feelings (DDF) and externally oriented style of thinking (EOT). The assessment is made on a 5-point Likert scale (1 = strongly disagree, 5 = strongly agree).

Cronbach Alpha for TAS-20 in this study is satisfactory ($\alpha = 0.80$), DIF and DDF subscales demonstrated a good internal consistency ($\alpha = 0.81$; $\alpha = 0.76$). However, EOT scale that measures the external oriented thinking has not proved satisfactory internal consistency ($\alpha = 0.41$), confirming the results of previous studies (Kooiman, Spinhoven & Trijsburg, 2002).

Attachment Style Questionnaire (ASQ) it's based on the theoretical model of attachment, developed by Bartholomew and Horowitz (1991), which assumes the existence of four attachment styles: secure, preoccupied, dismissing and fearful. The questionnaire, developed by Van Oudenhoven, Hofstra & Bakker (2007), contains 22 items. The assessment is made on a Likert 5-point scale (1 = strongly disagree, strongly agree = 5). Items are distributed in four subscales corresponding to the four attachment styles. The score is calculated separately for each subscale, the highest score indicating the person's predominant attachment style. Cronbach Alpha for ASQ and its scales showed good internal consistency, as follows: 0.72 for secure attachment; 0.72 for fearful attachment, 0.81 for preoccupied attachment, and 0.59 for dismissing attachment.

Results

As the descriptive analysis reveals, alexithymia is quite significant to the adolescents from our sample, as we can observe in the Graph below. About 84% from participants show a medium or high level of alexithymia. This is a quite worrying reality, given the many consequences of alexithymia for adolescents' interpersonal relationships.



Graph. 1 Distribution of Alexithymia for the whole sample

The results show that there are not statistically significant differences between girls and boys in terms of alexithymia, $t(164) = 0.22$, $p > .05$, as inferred from Table 1.

However, a subscale analysis proves that there is a difference between girls and boys regarding one of the characteristics of alexithymia, externally

oriented thinking. The boys have higher scores ($M = 20.87$) than girls ($M = 18.43$) for this feature, the difference between the two areas being statistically significant: $t(168) = 3.89$, $p < .001$. The indicator shows that Cohen's d effect size for the difference between means is moderate ($d = 0.6$). (Table 1.)

	Gender	N	M	SD	t	Df	P	D
Alexithymia	F	72	52,18	12,48	.22	164	.82	-
	M	94	52,60	11,43				
Difficulties to identify feelings (DIF)	F	73	18,31	6,56	-.90	170	.36	-
	M	99	17,41	6,41				
Difficulty to describe feelings (DDF)	F	72	15,36	5,01	-.91	170	.36	-
	M	100	14,67	4,78				
Externally oriented thinking (EOT).	F	73	18,43	3,90	3.89	168	<.001	0.6
	M	97	20,87	4,13				

Table 1. Differences between boys and girls concerning alexithymia and its dimensions

The results refute previous studies showing that boys get a higher score than girls (Levant et al., 2009; Troisi et al., 2001; Taylor, Bagby & Parker, 1997). However, other research showed no differences between girls and boys (Eastabrook, 2013; Karukivi, 2011; Montebanocci et al., 2004). Regarding the externally oriented thinking dimension of alexithymia, the significant difference between boys and girls revealed in this study confirms the results of previous research which show that this characteristic is more pronounced at boys than girls (Montebanocci et al., 2004).

Specifics of the socialization process of boys could be a possible explanation for their predominant focus on external reality and less on internal experiences, compared to girls. It is known that girls are more encouraged to express their feelings, to be empathetic, while boys are taught to master the expression of their emotions.

Resuming, different environmental influences on the boys in the socialization process might be responsible for their low availability to analyze their thoughts, emotions and internal experiences (Eastabrook, 2013).

In order to test the assumption „The level of alexithymia is negatively associated with secure attachment style”, we performed a Spearman correlation, because the variable „secure attachment style” it is not normally distributed.

The result shows there is a medium negative association between the two variables ($\rho = -0.38$, $p < .001$, $r^2 = .14$). The coefficient of determination show that 14% of the variance of one of the variables is explained by the variation values of the other variable. This result is confirmed by numerous previous studies (Beshara et al., 2014; Beshara & Khajavi, 2013; Lang, 2010; Gil et al., 2008; Jorgensen et al., 2007)

In conclusion, if the adolescents' image about himself and others has more positive and realistic elements (secure attachment style), the difficulties of identifying and describing his emotions are lower. This can be interpreted based on the attachment theory, which states that emotional adjustment and quality of attachment relationship are closely related (Bowlby, 2011; Prior & Glaser, 2006). More accurate, attachment style influences the characteristics of emotion regulation strategies. Thus, if the teenagers have had early positive experiences with the caregivers, if they have been encouraged to talk about their emotions and feelings, and they felt secure, they became more willing to consider their own thoughts (Bowlby, 2011). Consequently, their capacity of emotional adjustment was not affected, on the contrary, it has been appropriate developed (Cassidy & Shaver, 2008).

A Pearson correlation was performed to investigate the association between alexithymia and preoccupied and fearful attachment. To test the relation between alexithymia and dismissing attachment we calculated a Spearman correlation.

	Alexithymia				
	r	rho	p	N	R ²
Fearful attachment	.39***		.00	166	.15
Preoccupied attachment	.32***		.00	163	.10
Dismissing attachment		.08	.29	164	.006

*** Correlation is significant at the .001

Table 2. The correlations between alexithymia and insecure attachment

According to the results presented in Table 2, only two insecure attachment styles shows statistically significant association with alexithymia:

fearful attachment style ($r = .39, p < .001$) and preoccupied attachment style ($r = .32, p < .001$). There is not a significant correlation between dismissing attachment style and alexithymia ($\rho = .08, p > .05$).

The determination coefficient shows that 15% of the variance of one of the variables explain the variation in the values of the other variable.

A comparative analysis between boys and girls highlights a very interesting difference regarding the association between attachment and alexithymia.

	Boys			Girls		
	Alexithymia			Alexithymia		
	Pearson Correlation	Sig. (2-tailed)	N	Pearson Correlation	Sig. (2-tailed)	N
Secure attachment	-,451**	,000	92	-,140	,250	69
Fearful attachment	,277**	,007	94	,440**	,000	72
Preoccupied attachment	,281**	,007	91	,341**	,003	72
Dismissing attachment	,184	,080	92	,061	,611	72

** Correlation is significant at the .01 level (2-tailed)

Table 3. Comparative analysis between boys and girls, regarding the association attachment - alexithymia

As it can be seen in Table 3, for girls, the negative association between alexithymia and secure attachment is not statistically significant ($r = -.140, p = .250$), while for boys, there is a very strong negative correlation between the two variables. Instead, the associations between insecure attachment styles and alexithymia are stronger in the case of girls, not of the boys.

Discusions and conclusions

The results of this research confirms the existence of an association between alexithymia and the attachment style.

Thus, there is a negative association between alexithymia and secure attachment style and a positive association with two of the three insecure styles (fearful and preoccupied). The result is consistent with previous research which showed that people with high levels of alexithymia have a style of insecure attachment (Beshara & Khajavi, 2013; Vanheule et al., 2007), characterized by a negative self image and anxiety in relationships with others or the tendency to avoid them.

According with theories about etiology of alexithymia, the emotional regulation strategies are influenced by emotional development and by the quality of attachment relationships (Hussain & Ahmed, 2014; Aust, Heuser & Bajbouj, 2013; Bowlby, 2011).

Although a causal relationship can not be demonstrated by correlations, we might assume that the style of attachment could explain the variation in values of alexithymia. This assumption is based on one of the etiological explanatory models of alexithymia, which shows that insecure attachment style has a negative influence on the emotional regulation capacity (Montebarocci et al., 2004).

Vanheule et al. (2007) state that emotional regulation strategies develop at the same time with building of self-image. These emotional regulation strategies depend on the internal working model that the child builds in his relationship with the attachment figure. If a child develops negative mental representations of self and others, due to inappropriate relationships with attachment figures, his emotional regulation capacities are lower.

Although this study did not show a significant difference between boys and girls in terms of level of alexithymia, however, it has highlighted a relevant difference in terms of the relationship between alexithymia and attachment style. According to results, emotional regulation capacities of boys are more strongly influenced by the secure attachment. Positive relationships with caregivers favor the development of positive internal working models. These models will facilitate the emotional expressiveness, sensitivity to others and their ability to identify others' emotions. Girls seem to be more susceptible to insecure attachment styles, especially those that facilitate the development of a negative self-image (fearful attachment and preoccupied attachment). These negative internal models will increase the risk of developing maladaptive emotional regulation strategies.

Alexithymia is a severe and persistent disorder. If this disorder is not early identified, and preventive measures are not established, alexithymia produces negative effects on the individual's interpersonal relationships.

This study has some limitations. The most important ones are the following:

- Small sample size, which prevents generalization of the results on the whole population of teenagers

- Although research shows that there is an association between alexithymia and attachment style, however, a causal relationship can not be established between these variables, due to the correlational nature of this study.

- The level of alexithymia and the type of attachment were evaluated based on self-reporting of participants, which implies a risk of misleading information (Karukivi, 2011; Kooiman et al, 1998) or of social desirability.

However, the results of this study may help to a better understanding of the issues that are associated with difficulties in emotional regulation that adolescents encounter, in order to develop strategies for therapeutic interventions or educational programs for prevention and mitigation these difficulties.

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