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Adult Attachment Behavior and Alexithymia in a Nonclinical Sample from Italy

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Abstract: The present research explored the relationship between adult attachment style and alexithymia in a non-clinical population of adults. The quality of attachment developed during the child's growth remains stable over time, and determines, even in adult relationships, various phenomena including the ability to regulate emotions. Alexithymia is a particular form of inability to recognize and regulate emotions that originates from childhood relational dysfunctions and persists into adulthood. As suggested in literature, an overall insecure style is consistently associated with higher levels of alexithymia, while the results are conflicting when it comes to associate a specific insecure pattern with alexithymia and its several dimensions. The purpose of the research was to study the relationship between different dysfunctional types of attachment and the level of alexithymia in a population of healthy adults. Participants compiled the Relationship Questionnaire (RQ) and the TAS-20 to assess adult attachment patterns and alexithymia characteristics, respectively. A group of 53 subjects (28 females) participated in the study. Consistent with the literature, results showed that the *insecure* style, as a general factor, predicts greater levels of alexithymia. The *fearful* and *dismissing* patterns appear predictors of high total scores on the TAS-20. Considering the TAS-20 subscales, a *fearful* style is predictive of greater difficulties in *identifying* and *describing feelings*, while *dismissing* style is associated with the *concrete way of thinking* of the TAS-20. No association was found between the *preoccupied* pattern and alexithymia and its three dimensions. Present results, while not implying a causal nature of the identified relationship, are overall promising and have confirmed the relevance of a significant association between attachment behavior and alexithymia. It would be interesting to investigate the association between adult attachment behavior and alexithymia using interview-rated instruments. Finally, the presence of differences between frightened and distancing, is an aspect that should be further investigated, as it could be significant in clinical practice.

Keywords: Adult Attachment, Alexithymia, Emotional Regulation, Clinical Practice

1. Introduction

Attachment theory, originally developed by John Bowlby, is of great importance in understanding how the quality of early relationships between the child and the caregiver can profoundly influence subsequent interpersonal relationships and a range of related skills [1]. Babies who, in the first year of life, experience a mother who responds quickly and sensitively to their needs and requests are more likely to form a secure bond of attachment with her. More likely, even in the future, they will establish relationships characterized by trust and empathy and they will be directed to psychologically healthy development paths [2, 3]. On the other hand, an insecure attachment pattern can develop when the mother is generally unpredictable in her responses, interprets the child's signals in a distorted way and manifests affectionate behaviors not requested by the child, but deriving from her own need for comfort [4]. Children can experience feelings such as dependence, fear of losing their mother and angry feelings of rejection, and they can extend these feelings of insecurity in future relationships. Indeed, there is wide evidence of the persistence of early attachment styles in adulthood and the effects of childhood attachment relationships on adult close relationships is reported by several studies [5-8].

The model of Bartholomew and Horowitz [9] proposes a four categories classification of adult attachment in romantic relationships, according to the positive or negative model of *the self* and *the other*. The levels of anxiety, the fear of rejection or of being abandoned and the amount of avoidance, such as the discomfort with intimacy, are also essential factors in the definition of this model [10]. Within this model, the *secure* style characterizes individuals who have a representation of the self and of the other both positive. They are comfortable with intimacy and autonomy; they do not find it difficult to depend on others and feel that others depend on them, but at the same time they are not overly concerned with being alone or being accepted. Individuals in the *dismissing* style, characterized by a positive self-model and a negative model of the other, feel comfortable in the absence of intimate relationships. They attach great importance to feeling independent and self-reliant, without depending on anyone or having anyone who depends on them. The *preoccupied* style characterizes individuals with a negative self-model and a positive model of the other, who consequently seek to increase their self-acceptance through the approval of others. They would like to be in complete emotional intimacy with others, but often find them reluctant to get as close as they would like. Finally, individuals in the *fearful* style, characterized by negative models of the self and of the other, crave intimate relationships but feel uncomfortable getting close to others. They find it difficult to trust and depend on someone and fear they will get hurt by getting too close. This four-factor model proved to be extremely effective empirically to represent the key close adult relational styles [2, 7].

Hence, developing a secure attachment with one's primary caregivers is considered an important protective factor, allowing the individual to develop numerous social and non-social skills, including emotion regulation and the ability to respond to stressful events [11, 12]. Indeed, confident individuals have a better capacity for affect regulation [13], while vulnerable attachment is associated with affective dysregulation, which can take various forms. In avoidant insecure attachment, there is a hypo-regulation of the affects, which are inhibited or falsified, with a prevalence of the use of cognitive information compared to the affective one [14, 15]. Typical of an insecure avoidant attachment is the habit of diminishing and minimizing one's negative emotions, often resorting to their suppression, so as not to jeopardize the relationship with the caregiver. While people who exhibit a preoccupied insecure attachment, are characterized by an emotional hyper-regulation. They emphasize their negative emotions, such as rage or sense of vulnerability, as they find it difficult to attract the attention of the caregiver [14, 16].

Currently, alexithymia is considered a form of affective dysregulation, in which there is a lack of awareness and ability to share one's emotional states, with recourse to a concrete style of thinking [17]. Specifically, alexithymia is defined as a set of impairments in psychological functioning, such as a difficulty in identifying and distinguishing feelings from bodily sensations, a difficulty in describing one's own feelings, a poverty of imaginative and phantasmatic life, and a cognitive style related to external oriented stimulus. These characteristics are interrelated: the lack of awareness of one's feelings and the inability to distinguish them from physical sensations lead alexithymic individuals to not being able to explain to others how they feel. For this reason, alexithymia frequently involves poor empathy and ineffectiveness in modulating the emotional states of others [18]. Even the possibility of interpersonal affective regulation is compromised: in fact, subjects with high levels of alexithymia cannot even take advantage of the help of others for their own emotional distress, due to their inability to share and communicate their inner experiences [17]. The lack of parental support or the lack of consistent responses to the child's needs can be determining factors in the development of alexithymia. Attachment and alexithymia appear to share, then, the same source in early relationships. Attachment and alexithymia also happen to have significant effects on adults' present close relationships.

In the current literature, an overall insecure style is consistently associated with higher levels of alexithymia, while the results are conflicting when it comes to associate a specific insecure pattern with alexithymia and its several dimensions [19-24].

The present study aims to investigate, within a non-clinical Italian sample of adults', the presence of an association between attachment style and alexithymic traits.

Specifically, it is hypothesized that the insecure attachment style, unlike the secure one, would be predictive of high levels of alexithymia. Among the insecure styles, an insecure adult attachment style attributable to an avoidant, therefore *distancing* or *fearful* pattern, would predict marked alexithymic traits, unlike the insecure *preoccupied* style.

2. Method

2.1. Procedure and Participants

Ethical approval for the study was obtained by the Ethical Committee of the University of Bologna (Prot. 179787). The sample consisted of 53 subjects (28 females) enrolled from the general population and in several university departments, through email, social networks (Facebook), word-of-mouth and personal contacts. The test was submitted online. Each participant received a link to log on to the platform for surveys used to complete the requested questionnaire (Qualtrics). After compiling the informed consent, all participants completed a brief demographic questionnaire concerning some general sociodemographic assessment questions, such as sex, education, employment, and personal status. Questions of clinical interest about drug and alcohol use and presence of recent emotional stress were also collected by using a categorical approach that only included two levels (yes/no format). The mean age for the total sample was 38,3 years (SD=14.3) (age range=20 to 62 years) with a mean age of 38.31 years (SD=10.47) and of 37.75 years (SD=8.9) for men and women, respectively. No significant

difference in the mean age of participants in relation to their gender was found (P > .05). Participants had different scholarly levels, which went from having a middle school diploma (18.9%), to having a PhD program (7.5%), although most of the participants had a master or a college degree high school diploma (73.6%). Most of the sample was married (52.8%) and employed (62.3%). Most of the sample reported no use of alcohol (77.4%) or drugs (98.1%) and they didn't report any recent stressful episode such as divorce or loss (83%). No significant gender differences were found for education, marital and social status (P > .05) except for the perceived emotional stress, where more females reported a recent experience of emotional stress (χ^2 = .067; p < .05).

2.2. Measures

Participants completed the Relationship Questionnaire [RQ; 9] and were administered with the Italian version of the 20-item Toronto Alexithymia Scale [TAS-20; 25-26-27].

The RQ consists of four short paragraphs, each describing one of the four attachment prototypes (*secure*, *preoccupied*, *fearful*, and *dismissing*). Participants are asked to indicate on a 7-point scale how well each paragraph describes them (1 = It does not describe me at all, 7 = It very much describes me). Four continuous attachment ratings are used to compute scores for the underlying model of *the self* and model of *the other* dimensions by following the procedures outlined by Griffin and Bartholomew [28].

The TAS-20 is a 20 items scale and has three factors: DIF, *difficulty in identifying feelings*; DDF, *difficulty in describing feelings to others*, and EOT, *externally oriented thinking*. Each item is rated on a five-point Likert scale, with five items negatively keyed. The total score ranges from 20 to 100 points with high scores indicating high alexithymia. Total scores > 61 points indicate alexithymia, scores from 51 to 60 indicate borderline level of alexithymia and scores <51 points are contraindicative [17].

2.3. Statistical Analyses

2.3.1. Descriptive for Attachment Styles and Alexithymia and Its Three Dimensions

The data were analyzed by means of SPSS statistical package version 25. In the present sample, most of the participants reported a *secure* attachment (69.8%; n=37). A *fearful* and *preoccupied* attachment prototypes were found in 7 participants (13.2%) and in 6 participants (11.3%), respectively. Only 3 subjects (5.7%) were classified having a *dismissing* attachment style. The sample present a greater percentage of individuals with *secure* attachment compared to the usual 50-55% percentage reported in the clinical literature for the general population, while few participants were classified as *dismissing* and *fearful* compared to general population reported in literature [9].

The mean score for the TAS-Total was 47.48 (SD=5.1) and the mean scores for the DIF, the DDF and the EOT scales were 14.78 (SD=5.09), 12.54 (SD=4.49) and 16.25 (SD=4.02), respectively. These results are in line with the literature for non-clinical populations [25, 26]. The total TAS and its subscales have good internal consistency (Cronbach's α = .89 for the TAS Tot, Cronbach's α = .85 for DIF, Cronbach's α = .87 for DDF and Cronbach's α = .74 for EOT), consistent with those reported in the literature [25, 26, 29].

2.3.2. Attachment Styles and Alexithymia

A first multiple linear regression analysis was performed to evaluate if the attachment styles, *secure* and *insecure*, would be predictive of the level of total alexithymia. *Secure* and *insecure* attachment were considered as independent factors and total score of TAS-20 was considered as the dependent variables. The *insecure* attachment factor was obtained by summing the scores obtained with the three insecure attachment patterns. The model was significant (R = .50, Adjusted R Square = .22, SSE=8.75, $F_{2,50}$=8.35; p = .001). The regression parameters suggested a significant positive association between *insecure* attachment and the total score of alexithymia on TAS-20 (ß = .55; SE = .44, t=3.99, p < .001). Therefore, an overall *insecure* attachment style appears to be predictive of high alexithymia levels.

A series of multiple linear regression analysis were carried on evaluating if different attachment styles would be predictive of alexithymia measured by the TAS-20 scale and its subscales. The four attachment prototypes, *secure*, *fearful*, *preoccupied,* and *dismissing* were all considered as independent factors, while the TAS-20 total score and the three factors of the TAS-20, the subject's *difficulty in identifying feelings* (DIF), the *difficulty in describing feelings* (DDF) and the *external oriented thinking* (EOT) were all considered as dependent variables.

Results showed that the different attachment styles were significantly predictive as a general effect for the total score of alexithymia of the TAS-20 (R = .52, Adjusted R Square = .21, SSE=8.79, $F_{4,48}$= 4.16; p = .003), for the DIF factor of the TAS-20 (R = .51, Adjusted R Square = .19, SSE=4.42, $F_{4,48}$= 4.16; p = .006) and for the DDF factor of the TAS-20 (R = .45, Adjusted R Square = .13, $F_{4,48}$= 3.03; p = .02). The model was not significant as a general effect for the EOT scale (R = .37, Adjusted R Square = .06, $F_{4,48}$= 1.9; p = .12). The regression parameters showed a significative positive association between *fearful, dismissing* and TAS-20 total score (ß stand. = .41; p < .01 and ß stand. = .33; p < .05, respectively), a significative positive association between *fearful* and DIF of the TAS-20 (ß. Stand. = .46; p < .01) and a positive association between *fearful* and DDF (ß. Stand. = .44; p < .01).

Although the general model was not significant, the regression parameters suggested a significative positive association between *dismissing* attachment style and EOT of the TAS-20 (ß stand. = .36; p < .01) (regression parameters are reported in Table 1).

Therefore, a *fearful* attachment style is predictive of high levels of alexithymia and of the *difficulty in identifying* and *describing feelings* dimensions of the TAS-20. The *dismissing* style is significantly predictive of high levels of alexithymia and of the *external oriented thinking* of the TAS-20.

Table 1. *Regression parameters related to the multiple linear regression analysis between the RQ, its subscales and the different dimensions of the TAS-20 (DIF, DDF, EOT).*

	TAS-20 Tot	**DIF**	**DDF**	**EOT**
RQ	**B (SE); t**	**B (SE); t**	**B (SE); t**	**B (SE); t**
Secure	B = .13 (1.07); t = .89	B = .05 (.56) t = .33	B = .09 (.41) t = .61	B = .11 (.43) t = .71
Fearful	B = .41 (.84) t=2.87**	B = .46 (.42) t=3.18**	B = .44 (.33) t=2.91**	B = .05 (.34) t=-.28
Preoccupied	B = .13 (.88) t = .93	B = .08 (.43) t = .59	B = .01 (.33) t = .059	B = .16 (.35) t=1.01
Dismissing	B = .33 (.73) t=2.66*	B = .19 (.37) t = .45	B = .21 (.29) t=1.6	B = .36 (.29) t=2.64*

Note: RQ: Relationship Questionnaire; TAS-20 Tot: Toronto Alexithymia Scale-20 total score; DIF: difficulty in identifying feelings and distinguish feelings from bodily sensations; DDF: difficulty in describing feelings to others; EOT: externally oriented thinking. *p < .05; **p < .01

3. Discussion

The purpose of the present study was to evaluate the association between the attachment style measured by the Relationship Questionnaire [9] and alexithymia assessed with the TAS-20 [25, 26, 27] in a non-clinical population of adults. Results showed that the attachment style, overall, is a significant predictor of alexithymia. In particular, the insecure style, as a general factor, predicts greater levels of alexithymia. Furthermore, among all the insecure patterns, it was the *fearful* and the *dismissing* types that predict larger total scores on alexithymia, confirming the original hypothesis. The results obtained are consistent with the literature regarding the association between alexithymia and the insecure style of the *dismissing* type [19, 21] and of the *fearful* type [20, 22, 23], respectively. Regarding the *fearful* insecure pattern of attachment, present findings support the results of studies reporting higher levels in the two dimensions of anxiety and avoidance, related to attachment, as independent predictors of greater alexithymia [24, 30]. Indeed, the *fearful* style is characterized by both high anxiety and avoidance in terms of presence of fear of rejection or of being abandoned and discomfort with intimacy with the tendency to rely only on oneself and not on others [10]. No association was found between the *preoccupied* pattern and alexithymia and its three dimensions.

The different dimensions of the TAS-20 were also investigated. The *fearful* style is predictive of high scores in the *difficulty identifying feelings* and the *difficulty describing feelings* of the TAS-20. Overall, attachment style is not a significant predictor of the third factor of the TAS-20, but there is a significant positive association between *dismissing* style and the *external oriented thinking* of the TAS-20. This result is in line with previous results [20, 22]. It should be highlighted, incidentally, that the EOT scale has peculiar characteristics, generally presenting a low correlation both with the other two subscales and with the total score on the TAS-20 [25, 26].

The results obtained support the hypothesis that the first experiences of attachment play an important role in the development of the fundamental skills for affective regulation. Hence, the different attachment patterns observed in children are also identifiable in the different styles with which adults relate to significant others. A form of affective dysregulation such as alexithymia is, in fact, associated with two adult vulnerable relational styles, *fearful* and *dismissing*, both deriving from an avoidant pattern in early childhood [7, 11-13]. In an avoidant relationship, as in all the insecure ones, the caregiver is unable to respond appropriately to the child's emotional experiences. In this case, children are constantly being ignored, misinterpreted, or rejected. Therefore, avoidant children do not learn about and make use of this sort of information. Because of this unfamiliarity, in the *fearful* and worried adult there is a difficulty in identifying and describing one's own feeling, as seen from the results of the present study, characteristics of alexithymia. It is plausible that the similar struggle in identifying and in describing emotions does not emerge for *dismissing* people, as an even more marked disinterest in the affective aspects of experience can lead them to not perceive any difficulty and to value more cognitive and logical aspects of thought. In fact, it is precisely the *dismissing* style that is somewhat associated with the third factor of the TAS-20, a way of thinking oriented towards external facts, with a slight interest in introspection and analysis of one's own emotional experiences. On the contrary, children with secure attachment have access to a wider and more functional range of emotional strategies. As a result, children who have developed secure attachment are better able to talk about their emotions and have internalized efficient ways to cope with negative emotions, due to caregivers who are sensitive and open to dialogue [2, 8]. Additionally, children with secure attachment style are found to have broad awareness of their emotional states, as well as a greater ability to identify and name what they are feeling [6, 31]. Indeed, no association was found, in the present study, between secure individuals and any aspects related to alexithymia.

Despite the interesting results obtained, some limitations need to be mentioned. The small size of the sample, the method of selection, and the particularly high school education level of the sample may not make the results generalizable to the entire population. Furthermore, the percentage of insecure subjects was lower than the average observed in the literature [9]. It is possible that this was due to the way the sample was selected, coming from a social and cultural background that was not at risk. A further limitation might be attributable to the questionnaires used, as self-assessment methods do not always allow to obtain accurate data. Concerning the TAS-20, the objection regarding the lack of ability of alexithymics to have awareness and express their affective deficits, as required by the test format, has

been repeatedly mentioned in literature [32]. It would be interesting to investigate the association between adult attachment behavior and alexithymia using interview-rated instruments. Furthermore, the role of other factors that could contribute to the development of high levels of alexithymia cannot currently be excluded.

4. Conclusion

The present findings have confirmed the relevance of a significant association between attachment behavior and alexithymia. Consistent with the literature, an insecure style was predictive of higher levels of alexithymia, measured with the TAS-20. The *fearful* and *dismissing* patterns appear predictors of high total scores on the TAS-20. Considering the TAS subscales, a *fearful* style is predictive of greater difficulties in *identifying* and *describing feelings*, while *dismissing* style is associated with the *concrete way of thinking*. These results, while not implying a causal nature of the identified relationship, appear compatible with the model that alexithymia is a particular form of emotional dysregulation, which develops starting from a primary relationship in which the emotional experiences of the child are not adequately recognized and validated [17]. As is known, a relationship of this type is characteristic of an avoidant pattern, which even in adulthood involves poor ability to express and use effectively emotional information. The presence of differences between frightened and distancing is an aspect that should be further investigated, as it could be significant for clinical practice [33, 34]. Indeed, during a psychological therapy, it is essential to recognize the prevalent dysfunctional attachment style as it influences the quality of the therapeutic alliance [35]. It is equally important to deal with the awareness that the patient has of his emotional regulation strategies, and the impact these strategies have on his own peculiar difficulties in developing an attachment relationship with the therapist [36]. The results of the present study are therefore relevant for clinical insight during intervention in clinical practice. As future research, it would be crucial to investigate the relationship between adult dysfunctional attachment and alexithymia, particularly in samples of clinical subjects involved in a therapeutic treatment process.

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