



## Prevalence and correlates of Alexithymia in the general population

Laura Sirri<sup>1</sup>

<sup>1</sup> Department of Psychology, University of Bologna, Bologna, Italy

### Abstract

*Introduction:* Alexithymia, the inability to recognize and describe one's emotions, has been significantly associated with an increased risk of different medical and psychiatric disorders and reduced quality of life. The aim of this cross-sectional study was to assess the prevalence and correlates of alexithymia in a community-based sample. *Methods:* Four hundred subjects (50% males, mean age  $41.2 \pm 15.3$  years, range 20-70 years, 49.8% married or living as married) completed the Toronto Alexithymia Scale-20 (TAS-20), the Symptom Questionnaire (SQ), the Perceived Stress Scale (PSS), the 15-item version of the Interpersonal Support Evaluation List (ISEL-15), and the Brief Coping Orientation to Problems Experienced (Brief-COPE). *Results:* According to the TAS-20 cut-off values, 47 subjects (12%) were classified as "alexithymic", 60 (15%) as "borderline", and 293 (73%) as "non-alexithymic". In multiple regression analyses, the TAS-20 "difficulty identifying feelings" subscale was significantly predicted by perceived stress, lower social support, and use of denial and self-blame coping strategies, the "difficulty describing feelings" subscale by lower social support and lower use of the planning coping strategy, and the "externally oriented thinking" subscale by decreased social support, the use of the behavioral disengagement coping strategy, and a lower engagement in the emotional support and self-blame coping strategies. *Discussion:* These findings highlight a negative impact of alexithymia on the perception and management of stressful situations, with a low likelihood of adopting adaptive coping strategies and a tendency to engage in avoidant coping strategies. These difficulties in coping with stress may mediate the relationship between alexithymia and vulnerability to medical and psychiatric disorders. The low satisfaction with social support in subjects with higher alexithymia may be explained by the difficulties in expressing their feelings and needs to others, resulting in a decreased likelihood of receiving empathy and prosocial behaviors. Psychological interventions for alexithymia should include stress management techniques to enhance adaptive coping strategies and the ability to communicate the need for support. Further studies with a prospective design and an interviewer-based assessment of alexithymia are needed to confirm these findings.