Alexithymia – State and Trait

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Dear Sir:

The recent article by Horton, et al. [1] draws attention to a frequently observed characteristic of alexithymic individuals, namely, a difficulty in employing self-solacing strategies. While this personality limitation certainly merits empirical investigation, the authors misrepresent the basic distinction between the psychological concepts of ‘state’ and ‘trait’ and thereby may have created further confusion in the alexithymia literature.

In personality theory, states are regarded as temporary, situation-dependent behaviors [2]. In contrast, traits are defined as pervasive patterns of behavior that endure across time and situations [2–4]; as such, traits (and not states) are considered by some theorists to have a constitutional or biological basis [2]. It is within these operational definitions that investigators exploring alexithymia discuss state and trait issues. For example, alexithymia, like anxiety, has been conceptualized in the scientific literature both as a state phenomenon (secondary alexithymia) and as a personality trait [5–8]. Horton et al. [1] incorrectly refer to ‘core symptom’ alexithymia as a ‘state’ which they equate with a fixed disorder or condition caused by a neurophysio-

logical deficit. As far as we can discern from their article, these authors distinguish trait alexithymia from state alexithymia by regarding the former as a less severe phenomenon that is not associated with any neurophysiological deficit.

There are several other conceptual errors that, in sum, distort the alexithymia construct and represent a serious misinterpretation of existing empirical research. For example, Horton et al. indicate that we expanded the alexithymia concept (sic) to include social conformity. In fact, prior to the development of the TAS, many investigators included social conformity as a component of the alexithymia construct; through empirical analysis in the construction of the TAS we excluded this component from the construct [9]. Also, contrary to the position taken by Horton et al. [1], there is now considerable empirical support for the validity of the alexithymia construct [10–12], and the existence of a neurophysiological defect is far from an established fact [13]. And while the Toronto Alexithymia Scale (TAS) and its recent revisions (the TAS-R and the TAS-20) have been shown to be reliable and valid measures of the alexithymia construct [14, 15],

these self-report measures do not distinguish between state and trait alexithymia.

Finally, in addition to misrepresenting the state-trait distinction, Horton et al. [1] report results obtained with the TAS in a sample of high school students (ranging in age from 14 to 17) that are of questionable validity. Although the university student sample used in the initial construction

of the TAS included a few adolescent subjects, the sample ranged in age from 16 to 61 years with a mean age of 23.8 years [9]. More importantly, however, the TAS cutoff scores for identifying alexithymic and nonalexithymic subjects were derived from a small sample of behavioral medicine outpatients (n = 46) with a mean age of 37.1 years (range = 20–66) [16]. These cutoff scores have not been cross-validated in normal adolescent populations; nor have the reliability and validity of the TAS been established in adolescent samples. And while Horton et al. [1] identified a very much lower number of subjects as alexithymic with the core symptom questionnaire than with the TAS, the authors report no reliability and validity data for their own self-report measure.

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