

1 Comparison of Level of Alexithymia in Individual with Different 2 Sexual Orientation

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6

7 **Abstract**

8 Alexithymia has been affecting the lives of people in many ways, though the affect is seen not
9 immediately. Sometimes, it happens so subtly that other reasons with loud appearance are the
10 only ones to be addressed, leaving behind the unfinished business keeping the question still
11 unanswered or vice versa. Sexual Orientation, on the other hand, had been constantly gaining
12 attention from various disciplines including psychology, medicine and law. Researchers have
13 significantly associated sexual orientation with mental health. The present research aimed to
14 study the relationship between alexithymia and sexual orientation. In the study, 60
15 heterosexuals, 5 bisexuals and 60 homosexuals (N= 125) were included. After filling up
16 informed consent, they completed personal data sheet, General health Questionnaire (GHQ-
17 12), Klein Sexual Orientation Grid (KSOG) and Toronto Alexithymia Scale (TAS-20). The
18 results did not show correlation between alexithymia and sexual orientation ($r = 0.03, p =$
19 0.75). However, on further analysis, significant negative correlation ($r = -0.60, p = 0.02$) with
20 high alexithymic score.

21

22 **Index terms**— homosexuals, bisexuals, heterosexuals, alexithymia, sexual preference and sexual orientation.

23 **1 Introduction**

24 Sexuality is a part of normal development. In addition to biological and social influences, sexuality is intertwined
25 with a variety of developmental factors, including gender roles, self concept, body image, emotional development,
26 interpersonal relationship and capacity for intimacy, and spiritual beliefs (Dacey and Kenny, 1995). Developing
27 a satisfactory sexual identity, including a positive view of oneself as a man or woman and as a sexual being,
28 is also a core aspect of identity development (Koch, 1993). Sometimes couple experience difficulty in sexual
29 activity including physical pleasure, desire, preference, orientation and orgasm, called sexual dysfunction. This
30 involves physical and emotional factors. Emotional includes interpersonal or psychosocial factors, resulting from
31 depression, sexual fears or past trauma ??Baldi & Coretti, 2007;Eden & Wylie, 2009). Sexual dysfunctions are
32 extremely common but rarely recognized by primary care physicians. There may be various causes for sexual
33 dysfunctions. One of the major causes found in sexual dysfunction is interpersonal and relationship factors
34 which includes poor communication along with other organic and psychogenic factors (Halverson, 1992). Brooks-
35 Gunn and Paik off ??1993) suggested that there was no single route to healthy sexuality. For some, healthy
36 sexuality may involve abstaining from sexual intercourse but having positive feelings about one's body. Self
37 exploration without sexual intercourse may be a healthy choice for some, while engaging in sexual intercourse
38 within a committed relationship during middle/late adolescent and using safe sex practices may be related to
39 sexual well-being for others. Sexual activity is now higher among younger adolescents (The Alan P. Guttmann
40 Institute, 1994). Although masturbation has been less common among adolescent girls than boys, the incidence
41 of masturbation among teenage girls has increased over the past two decades, with about one third of teenage
42 girls reporting masturbating behavior by middle adolescence (Chilmen, 1983).

4 B) SAMPLE

43 Sexuality can be understood in terms of sexual orientation and sexual preferences. Sexual orientation is an
44 enduring personal quality that inclines people to feel romantic or sexual attraction (or a combination of these) to
45 persons of the opposite sex or gender, the same sex or gender, or to both sexes and more than one gender. These
46 attractions are generally subsumed under heterosexuality, homosexuality and bisexuality; while asexuality (the
47 lack of romantic or sexual attraction to others) is sometimes identified as the fourth category. These categories
48 are aspects of the more nuanced nature of sexual identity. Sexual orientation "also refers to a person's sense of
49 identity based on those attractions, related behaviors, and membership in a community of others who share those
50 attractions" (American Psychological Association, 2013). The term sexual preference largely overlaps with sexual
51 orientation, but is generally distinguished in psychological research (Gottfried, 2011). A person who identifies as
52 bisexual, for example, may sexually prefer one sex over the other. Sexual preference may also suggest a degree of
53 voluntary choice (Friedman & Lawrence, 1990), whereas the scientific consensus is that sexual orientation is not a
54 choice (Frankowski, 2004). There is no consensus among scientists about why a person develops a particular sexual
55 orientation. Research over several decades has demonstrated that sexual orientation ranges along a continuum,
56 from exclusive attraction to the opposite sex to exclusive attraction to the same sex (Gottfried, 2011). The main
57 categories under Sexual Orientation are subsumed as: Heterosexuality-is the preference for intimate interpersonal
58 relationship and sexual interaction with members of the opposite sex. Heterosexual most often begin with less
59 intimate behavior and progresses to higher levels of intimacy.

60 Bisexuality-is romantic attraction, sexual attraction or sexual behavior toward both males and females. The
61 term is mainly used in the context of human attraction to denote romantic or sexual feelings toward both men
62 and women (American Psychiatric Association, 2013).

63 Homosexuality-Not all sexual activity is between males and females. Some general sexual activity often occurs
64 as part of the adolescent process of sexual exploration. For most children from the age of seven to about thirteen,
65 best friends, the ones with whom they dare to be intimate, are people of the same sex. Feelings become especially
66 intense between ages ten and twelve when young people enter puberty and feel a growing need to confide in others
67 (Dacey & Kenny, 1995). It is only natural that they are most trusting with members of their own sex who share
68 their experiences occasionally. These close feelings result in overt sexual behavior.

69 Communication plays an important role in a healthy sexual behavior. Inability to express one's emotions
70 and feelings can cause hitch in interpersonal relations. There have been researches by Costa & Salona (1999),
71 Wise, Osborne, Strand, Fagan & Schmidt (2002) and Broody (2003) and other investigators concluded a strong
72 relationship between sexual disorders and Alexithymia (difficulty in expressing and describing their feelings).
73 Sifneos (1973) coined the term "Alexithymia" (derived from Greek; a-lack, lexis-word, thymos-emotion) literally
74 meaning "lack of words for emotions". It refers to a specific disturbance in affective emotional processing which
75 has following salient features (Taylor, Bagby & Parker, 1997):

76 A. Difficulty identifying feelings and distinguishing between feelings and the bodily sensations of emotional
77 arousal. B. Difficulty describing feelings to other people. C. Constricted imaginal processes, as evidenced by a
78 scarcity of fantasies. D. A stimulus-bound, externally oriented cognitive style.

79 Alexithymia is also found to be closely related to sexual disorders like hypoactive sexual desire disorder, orgasm
80 disorder and erectile dysfunction (Madioni & Mammana, 2001). Another research shows that patients with
81 sexual disorder and paraphilia scored significantly high on alexithymia scale as compared to normal population
82 (Wise, Osborne, Strand, ??agan & Schmidt, 2002). Link between alexithymia and various sexual disorders such
83 as erectile dysfunction ??Costa & Solano, 1999), paraphilic (Wise, Osborne, Strand, Fagan & Schmidt, 2002)
84 premature ejaculation (Michetti, Rossi, Bonanno, Tiesi & Smonelli, 2007) has been researched and explained.
85 And also the link between sexual orientation and mental health which includes suicidal behavior (Gibson,
86 1989; Meuhrer, 1995), anxiety and depression (Jorm et. al., 2002) has been explained. However, relationship
87 between alexithymia and sexual orientation has not explored yet. Therefore, present piece of research attempted
88 to see association between alexithymia and sexual orientation.

89 2 II.

90 3 Methodology a) Research Design

91 This study used three groups between subject research design where the three groups were heterosexuals,
92 homosexuals and bisexuals. The two variables were alexithymia and sexual orientation.

93 4 b) Sample

94 The sample consisted of 125 subjects (60 heterosexuals, 60 homosexuals and 5 bisexuals) selected from Gay
95 Foundation, a Central University and some gay bars located in Delhi, India, using Purposive Sampling procedure.
96 The data were collected in both situations, individual as well as in group. The participants signed a consent form,
97 agreeing to participate in the research. Sample included individuals only above 21 years and individuals who
98 showed no psychiatric illness or any physical illness on General Health Questionnaire. Sample excluded those
99 participants who scored high on General Health Questionnaire and were not fluent in Hindi or English.

100 **5 c) Measures**

101 **6 i.**

102 Informed Consent All the participants were informed about the purpose of the study and had to sign a consent
103 form showing their willingness to participate in the study.

104 ii.

105 **7 Personal Data Sheet**

106 It was prepared by the researcher to collect and record relevant personal information like gender, age etc of the
107 participating individuals.

108 iii.

109 General Health Questionnaire (Goldberg & Williams, 1988) General Health Questionnaire (GHQ) 12 is a
110 measure of current mental health. It focuses on two major areas -the inability to carry out normal functioning
111 and the appearance of the distressing experience. It can be administered on age ranging 16 and above. Internal
112 consistency has been reported in a range of studies using Cronbach's Alpha, with correlation ranging from 0.77
113 to -0.93. iv.

114 Klien Sexual Orientation Grid (Klien, 1978) It is intended to measure sexual orientation. The Klien Sexual
115 Orientation Grid (KSOG) uses a 7-point scale to assess seven different dimensions of sexuality at three different
116 points in an individual's life: past (from early adolescence up to one year ago), present (within the last 12 months)
117 and ideal (what would you choose if it was entirely your choice). The scores that fall within 0-2 are considered
118 to be heterosexuals, scores 2 Sixty five participants were in a committed relationship, 39 were single (not in any
119 sexual alliance yet) and 20 participants were married. It had also been found that out of 125 participants, 62
120 participants currently (at the time of interview) lived with their families, 16 participants stayed alone, 9 stayed in
121 a hostel and 5 stayed as paying guest. Results showed no correlation between alexithymia and sexual orientation
122 (Table 1). Fifteen homosexual participants scored high scores on alexithymia as compared to only 13 heterosexual
123 participants. Fourteen homosexual, all 5 bisexual and 8 heterosexual participants scored low on alexithymia scale
124 (Table 3).

125 **8 Discussion**

126 The present study was designed to explore the relationship between sexual orientation and alexithymia. It was
127 also aimed to compare levels of alexithymia in individual with sexual orientation. An Alexithymia research
128 has often seen the relationship between alexithymia and other mental disorders. The concept of homosexuality
129 (different sexual orientation) has been the focus of research not just in psychology but also medicine, sociology
130 and law and politics. The present review of literature could not spot any research which studied these two
131 concepts together.

132 Association between sexual disorders /dysfunctions and alexithymia were explored and explained in the past
133 decades. Previous researches found alexithymia to be closely related to sexual disorders like hypoactive sexual
134 desire disorder, orgasm disorder and erectile dysfunction (Madioni & Mammana, 2001). Other researchers showed
135 that patients with sexual disorder and paraphilia scored significantly high on alexithymia scale as compared to
136 normal population ??Wise et al., 2002). Link between alexithymia and various sexual disorders such as erectile
137 dysfunction ??Costa & Solano, 1999), paraphilic (Wise, Osborne, Strand, Fagan & Schmidt, 2002) premature
138 ejaculation (Michetti, et al, 2007) has been researched and explained in the past. On the other hand, association
139 between sexual orientation and mental health has been explored and explained. Mental health including suicidal
140 behavior (Gibson, 1989;Meuhrer, 1995), anxiety and depression (Jorm et al., 2002) has been found to be strongly
141 related to sexual orientation. Thus, these associations have had their fair share of perspective and focus. The
142 aim of the present study was to explore whether there is correlation between sexual orientation and alexithymia.
143 The results indicated that there was little or no correlation between the two variables. It may also mean that
144 some psychological constructs do not vary in individual with different sexual orientation.

145 Theories assume that sexual orientation is related to sex role orientation or to erotic orientation but results
146 obtained in the researches indicate that there is no difference in the level of masculinity and femininity between
147 heterosexuals, homosexuals and bisexuals ??Storms, 1980). In another research on adjustment of non-patient
148 homosexuals and bisexuals, results indicated that homosexual or bisexual individuals are equally psychologically
149 adjusted as their heterosexual counterparts (Hart et. al., 1978). In a research on satisfaction and commitment
150 in homosexual and heterosexual relationships, results indicated relationship costs were more strongly related to
151 commitment and satisfaction for females than for males. Gender proved to be stronger predictor for satisfaction
152 and commitment in relationships than sexual orientation (Rusbult, 1986).

153 Though the above discussions based on previous studies show the relationship between alexithymia and
154 different sexual disorders. However, the aim of the present study was to explore the relationship between normally
155 experiencing sexual feelings on explicit behavior in terms of opposite sex relation, same sex relation and relation
156 with both the sexes. There were no considerations for sexual disorders and alexithymia. There was an intention
157 to understand whether sexual orientation and alexithymia are mutually exclusive dimensions of human behavior.

14 RECOMMENDATION

158 Results of the present study endorsed this assumption. In other words from any angle the two did not seem to
159 correlate to each other.

160 Correlation between sexual orientation and alexithymia was found to be insignificant. However, on further
161 analysis it was found that there is a negative correlation between high alexithymia scores and low homosexuality
162 scores. It means as an individual's scores increases on alexithymia scale, his scores on sexual orientation scale
163 will decrease as a result of difficulty in identifying and expressing his desires for same sex sexual gratification. In
164 the recent demonstration in the pride parades in metro cities in India, it was observed that the homosexuals wore
165 masks on their faces to hide or disguise their identity (http://en.wikipedia.org/wiki/Pride_parade; <http://www.pri.org/stories/2013-11-25/delhis-lgbt-pride-parades-shows-what-difference-decade-can-make-india>). It may be a
166 sign of legal or social inhibitions than true alexithymia.

168 V.

169 9 Conclusion

170 Alexithymia and sexual orientation are not found to be related to each other. However, there is significant
171 negative correlation between high alexithymia and homosexuality.

172 10 VI.

173 11 Implications

174 Research shows that alexithymia is negatively related to therapy outcomes even when psychological or
175 psychosomatic symptoms improve, Alexithymia tends to remain constant over the course of therapy (Saliminem,
176 Sarijaivi, Arela, Toikka, & Kauhanem, 1998). Alexithymia is present in all individuals in some level. But what
177 sometimes is mistaken as alexithymia can be social and legal inhibitions rather than true alexithymia. Thus, the
178 psychotherapist should look for other aspects which are causing difficulty in communication than focusing on
179 alexithymia.

180 12 VII.

181 13 Limitations

182 The sample selection included heterogeneous sample size for the three groups (sixty heterosexuals, 5 bisexuals
183 and 60 homosexuals). Due to time constrain more data on bisexual individuals could not be Volume XIV Issue
184 VI Version I

185 14 Recommendation

186 It would be beneficial for future research to be conducted with larger and heterogeneous sample groups, and with
187 wider age range, to enhance generalizability of findings.



Figure 1:

1

Sexual Orientation
 Mean
 2.81
 Higher scores on sexual orientation Scale
 (KSOG) indicate homosexual needs (feelings). Table no. 2 shows a significant negative correlation ($r = -0.60$, $p = 0.02$) between scores of homosexual sexual orientation and alexithymia. It means as an individual's

	Alexithymia	Correlation
	SD	r p
Mean	2.16	0.36
	0.36	9.45
		0.03 0.75
		scores increases on alexithymia scale, his scores on sexual orientation scale will decrease as a result of difficulty in identifying and expressing his desires same sex sexual gratification

Figure 2: Table 1 :

2

	High Alexithymia		Low Alexithymia		Non-Alexithymia	
	r	p	r	p	r	p
Heterosexuals	0.03	0.89	-0.10	0.79	0.02	0.89
Bisexuals	—	—	-0.74	0.78	—	—
Homosexuals	-0.60	0.02	0.16	0.55	0.01	0.92

Figure 3: Table 2 :

3

						Year 2014
						3
						Volume XIV Issue VI Version
						I
						(A)
						Global Journal of Human Social Science
						High Alexithymia
						Low Alexithymia
						No alexithymia
						Hetero
						Homo
						Hetero
						Homo
						sexual
						sexual
						sexual
						Frequency
						13
						15
						8
						5
						14
						37
						33
						Percent
						10.4
						12.0
						6.4
						4.0
						11.2
						29.6
						26.4
						(%)

[Note: © 2014 Global Journals Inc. (US) -Comparison of Level of Alexithymia in Individual with Different Sexual Orientation IV.]

Figure 4: Table 3 :

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