

Comparison of Level of Alexithymia in Individual with Different Sexual Orientation

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Abstract

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

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

1 Introduction

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

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

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

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

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

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

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

2 II.

3 Methodology a) Research Design

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

4 b) Sample

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

5 c) Measures

6 i.

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

ii.

7 Personal Data Sheet

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

iii.

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

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

8 Discussion

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

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

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

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

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

Correlation between sexual orientation and alexithymia was found to be insignificant. However, on further analysis it was found that there is a negative correlation between high alexithymia scores and low homosexuality scores. It means as an individual's scores increases on alexithymia scale, his scores on sexual orientation scale will decrease as a result of difficulty in identifying and expressing his desires for same sex sexual gratification. In the recent demonstration in the pride parades in metro cities in India, it was observed that the homosexuals wore 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-paradeshows-what-difference-decade-can-make-india>). It may be a sign of legal or social inhibitions than true alexithymia.

V.

9 Conclusion

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

10 VI.

11 Implications

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

12 VII.

13 Limitations

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

14 Recommendation

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



Figure 1:

1

Sexual Orientation	Alexithymia		Correlation		
Mean	SD	Mean	SD	r	p
2.81	2.16	0.36	9.45	0.03	0.75
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			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

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cial Science						
High Alexithymia		Low Alexithymia		No alexithymia		
Hetero	Homo	Hetero	Bisexual	Homo	Hetero	Homo
sexual	sexual	sexual		sexual	sexual	sexual
Frequency	13	15	8	5	14	37
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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