

Alexithymia and Managerial Styles: Implications in Indian Organizations

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The present paper assesses the relationship of alexithymia and managerial styles. It has been examined whether alexithymia predicts managerial styles, and high and low alexithymia groups differ on managerial styles in Indian organizations. To measure alexithymia and managerial styles, Toronto Alexithymia Scale – 20 (TAS-20) (Bagby, Parker, & Taylor, 1994), and Styles Profile of Interactional Roles-Management (SPIRO-M) (Pareek, 1997) were used respectively. Data were collected from 125 middle level managers, aged 30–45 years, from various public and private sector. Multiple regression analyses suggest that alexithymia predicted significantly both OK (supportive, normative, problem-solving, innovative, and resilient) and Not-OK (rescuing, bohemian, and sulking) managerial styles. K-means cluster analysis was used to identify high and low alexithymia groups. One-way ANOVA revealed that significant difference between high and low groups was observed on innovative managerial style. Low alexithymia group was more innovative as compared to the high alexithymia group. Implications of the study have been discussed.

Keywords: Alexithymia, High and Low Groups, Managerial Styles, Indian Organizations

Alexithymia has been considered as a popular construct in the field of clinical psychology because of its strong association with classical psychosomatic diseases (Ruesch, 1948; Maclean, 1949), posttraumatic stress disorders (Yehuda, Schmeidler, Siever, Binder-Brynes, & Elkin, 1997), substance use disorders (Taylor, Parker, & Bagby, 1990), psychiatric patients having lack of emotional awareness, paucity of inner experiences, minimal interest in dreams, concreteness of thinking, and an externalized style of living (Horney, 1952; Kelman, 1952). The construct, sometimes viewed as a personality construct, has been characterized as difficulty in identifying feelings, distinguishing between feelings and the bodily sensations of emotional arousal; difficulty in describing feelings to other people; constricted imaginal processes; and

a stimulus-bound, externally oriented cognitive style (Taylor, Bagby, & Parker, 1997; Taylor, 1984a). Despite of its strong association with clinical population, some researchers have identified the construct in general population. Prevalence rate of alexithymia in general population vary from 8% to 19% (Blanchard, Arens, & Pallmeyer, 1981; Parker, Taylor, & Bagby, 1989). Sriram, Pratap and Shanmugam, (1988) have reported 9.5% of prevalence rate of alexithymia in Indian general population.

Interpersonal relationships of alexithymics are found usually poor with a tendency at marked dependency or preference of being alone, and avoiding people (Kryst al & Raskin, 1970; Krystal, 1982; Pandey, 1993). Dullness, boredom, and frustration are felt when dealing with alexithymics (Taylor, 1977).

Krystal (1979) observed that alexithymics treat others with detachment and indifference. Some researchers have suggested that many of the alexithymics avoid conflicts (Sifneos, 1973). They give defensive reactions to specific situational aspects (Weinryb et al., 1992). A lack of emotional awareness and a dissociation of physiological and subjective responses to stress are observed in the alexithymics (Cook, 1985; Papciak, Feuerstein, & Spiegel, 1985; Martin & Pihl, 1985, 1986). Such characteristics might be reflected in the general population as earlier researchers have found the normal distribution of the construct. The job performance of alexithymic individuals especially the performance related to the dealing with other people would certainly be influenced by these characteristics. If alexithymic individuals serve the managerial positions in organizations, a different trend would be observed in their managerial styles as compared to the non-alexithymic individuals. Managerial styles are the capabilities of managers to influence others to achieve work objectives. Influencing capability refers to share one's ideas, values, attitudes, and behaviour with others. These essentially require proper emotional transactions between managers and subordinates. They must be concerned about the emotional aspects of subordinates in order to restore balance between continuity and change (Huy, 2002). Several studies have pointed out that emotion influences judgments about casual responsibility, perceived risks, or problem-solving strategies (Pham, Cohen, & Pracejus, 2001). Therefore, ability of the middle-level manager to identifying, analysing, and regulating emotions plays an important role in designing the course of action in managing or influencing people.

Organisational system consists of social, technical, and economic elements which coordinate human and material resources to achieve various organizational objectives. Behaviour in organisations is influenced by several cognitive, behavioural, and

environmental determinants (Davis & Luthans, 1980). Organisational effectiveness, to a large extent, depends on the way manager deals with the situations and people. What would happen if a manager reveals alexithymic attributes, what would be his/her managerial style, no studies have been done addressing these issues. As empirical findings lack assessing alexithymia and how alexithymics behave while managing people in organizations, a necessity was felt to carry out this study. Thus, based on review of literature, the following hypotheses have been forwarded:

1. Alexithymia would predict significantly managerial styles.
2. *High and low alexithymia groups would differ significantly on their managerial styles.*

Method

Participants

Data were collected from 125 middle level managers (Age: 30-45 years, M=36.65, SD=4.02; experience: 3-22 years, M=12.19, SD=5.14; and education from graduation to Ph.D.) from various public and private sector organizations based in the Eastern region of India. Out of 125, 31 participants were from private and 94 were from public sector organizations; 117 were male, and 8 female. Organizations included power sector, insurance and banking sector, railways, and steel industry. Job roles of middle level managers were apparently similar for every sector.

Measures

Toronto Alexithymia Scale – 20 (TAS-20), developed by Bagby, Parker and Taylor (1994). It consisted of 20 items. This was a self-reported measure based on five-point scale (strongly agree=5, strongly disagree=1). Alexithymia was conceptualized as a three-dimensional model. Dimensions included difficulty in identifying feelings (DIF), difficulty in describing feelings (DDF), and externally oriented thinking (EOT). Because of non-

significant item-total correlations, four items were deleted. Cronbach's α for DIF, DDF, EOT, and overall scale were found to be .66, .58, .63, and .70 respectively.

Styles Profile of Interactional Roles-Management (SPIRO-M) (Pareek, 1997) was used to measure the managerial styles. It contained 36 items and was measured on five-point scale (you almost always behave this way=5, you rarely or never behave this way=1,). The model defined managerial styles by integrating human transactions or ego states (parent, adult, and child) along with life positions of OK and Not-OK. Managerial styles were broadly categorized as OK (functional) and Not-OK (dysfunctional) styles. OK style comprised supportive, normative, problem-

solving, innovative, confronting, resilient; and Not-OK style consisted of rescuing, prescriptive, task-obsessive, bohemian, aggressive, and sulking. Cronbach's were Supportive = .80, Normative = .78, Problem-solving = .79, Resilient = .78, Confrontation = .77, Innovative = .79, Task-obsessive = .77, Sulking = .73, Aggressive = .73, Bohemian = .75, Rescuing = .79, and Prescriptive = .78.

Results

Twelve independent multiple regression analyses were computed considering three dimensions of TAS-20 as predictors and twelve managerial styles of SPIRO-M as criterion variables. Descriptive statistics and correlations of predictors and criterion variables are given in Table 1.

Table 1: Descriptive statistics and correlations of predictors (three dimensions of alexithymia) and criterion variables (twelve dimensions of managerial styles)

	DIF	DDF	EOT	Supp	Sulk	Norm	Aggr	PS	Boh	Ress	Resc	Conf	Pre	Inno	TO
Mean	16.30	9.58	14.86	12.52	7.39	11.78	7.70	12.28	8.70	11.84	11.99	10.21	11.66	11.95	10.62
SD	3.64	2.48	3.59	2.15	2.36	2.22	2.46	2.14	2.57	1.99	2.09	2.12	2.21	2.22	2.03
DIF	1	.34**	.53**	-.20*	.24**	-.01	.12	-.22*	.16	-.13	-.21*	-.04	-.17	-.15	.11
DDF		1	.26**	-.18*	.14	-.22*	-.01	-.35**	-.19*	-.28**	-.36**	-.15	-.21*	-.22*	-.10
EOT			1	-.20*	.25**	-.12	-.05	-.32**	.01	-.19*	-.001	-.17	-.12	-.29**	-.02
Supp				1	.01	.55**	.10	.38**	.15	.21*	.49**	.19*	.43**	.50**	.39**
Sulk					1	-.02	.26**	-.26**	.005	.02	.004	-.19*	.05	-.16	.16
Norm						1	.26**	.32**	.12	.30**	.34**	.20*	.26**	.40**	.21*
Aggr							1	.06	.28**	.10	-.03	.01	.15	.01	.14
PS								1	.12	.26**	.30**	.15	.20*	.47**	.32**
Boh									1	.19*	.12	.24**	.11	.12	.34**
Ress										1	.46**	.25**	.31**	.23*	.25**
Resc											1	.31**	.45**	.37**	.34**
Conf												1	.17	.28**	.12
Pre													1	.33**	.32**
Inno														1	.39**

*p<.05, ** p<.01

[DIF=Difficulty in identifying feelings, DDF=Difficulty in describing feelings, EOT=Externally oriented thinking, Supp=Supportive, Sulk=Sulking, Norm=Normative, Aggr=Aggressive, PS=Problem solving, Boh=Bohemian, Ress=Resilient, Resc=Rescuing, Conf=Confronting, Pre=Prescriptive, Inno=Innovative, TO=Task-obsessive]

Findings revealed that amongst twelve managerial styles, supportive [F(7, 117)=2.74, $p < .05$], sulking [F(7, 117)=3.61, $p < .01$], normative [F(7, 117)=3.01, $p < .05$], problem-solving [F(7, 117)=8.81, $p < .001$], bohemian [F(7, 117)=4.41, $p < .001$], resilient [F(7, 117)=4.12, $p < .01$], rescuing [F(7, 117)=7.99, $p < .001$], and innovative [F(7, 117)=4.95, $p < .001$] styles were significantly predicted by alexithymia (Table 2). However, aggressive, confronting, prescriptive, and task-obsessive managerial styles were not predicted significantly. Amongst twelve managerial styles, problem-solving (18% variance was explained by the predictors) was found to be the best predicted managerial style and supportive (6% variance was explained by the predictors) was poorly predicted managerial style by alexithymia.

Multiple regression analyses further suggested that amongst three predictors (three dimensions of alexithymia), difficulty in identifying feelings (DIF) contributed significantly predicting bohemian ($\beta = .29$, $df=123$, $t = 2.78$, $p < .001$), and rescuing ($\beta = -.20$, $df=123$, $t = -1.95$, $p < .05$) managerial styles; difficulty in describing feelings (DDF) contributed significantly to normative ($\beta = -.24$, $df=123$, $t = -2.54$, $p < .01$), problem-solving ($\beta = -.29$, $df=123$, $t = -3.30$, $p < .001$), bohemian ($\beta = -.27$, $df=123$, $t = -2.96$, $p < .001$), resilient ($\beta = -.25$, $df=123$, $t = -2.69$, $p < .001$), and rescuing ($\beta = -.34$, $df=123$, $t = -3.46$, $p < .001$) managerial styles; whereas externally oriented thinking (EOT) significantly predicted problem-solving ($\beta = -.25$, $df=123$, $t = -2.54$, $p < .01$), rescuing ($\beta = .19$, $df=123$, $t = 1.97$, $p < .05$), and innovative ($\beta = -.28$, $df=123$, $t = -2.72$, $p < .01$) managerial styles.

Table 2: Multiple regression analysis for alexithymia predicting managerial styles

Criterion Variable (MS)	Predictors (Alexithymia)	B	SEB	β	β^2	Std Error	F	R	
Supportive	DIF	-0.06	0.06	-0.1	-0.9	0.25	0.06	2.1	2.74 *
	DDF	-0.1	0.08	-0.12	-1.23				
	EOT	-0.07	0.06	-0.12	-1.13				
Sulking	DIF	0.09	0.07	0.14	1.33	0.29	0.08	2.29	3.61 **
	DDF	0.05	0.09	0.05	0.52				
	EOT	0.11	0.07	0.16	1.57				
Normative	DIF	0.09	0.06	0.15	1.39	0.26	0.07	2.17	3.07 *
	DDF	-0.21	0.08	-0.24	-2.54 **				
	EOT	-0.09	0.06	-0.14	-1.33				
Problem-solving	DIF	0.01	0.06	0.01	0.13	0.42	0.18	1.96	8.81 ***
	DDF	-0.25	0.08	-0.29	-3.30 ***				
	EOT	-0.15	0.06	-0.25	-2.54 **				
Bohemian	DIF	0.21	0.07	0.29	2.78 ***	0.31	0.1	2.47	4.41 ***
	DDF	-0.28	0.1	-0.27	-2.96 ***				
	EOT	-0.05	0.07	-0.08	-0.74				
Resilient	DIF	0.02	0.06	0.03	0.33	0.3	0.09	1.92	4.12 ***
	DDF	-0.2	0.07	-0.25	-2.69 ***				
	EOT	-0.08	0.06	-0.15	-1.42				
Rescuing	DIF	-0.11	0.06	-0.2	-1.95 *	0.41	0.16	1.93	7.99 ***
	DDF	-0.29	0.07	-0.34	-3.46 ***				
	EOT	0.11	0.06	0.19	1.97 *				
Innovative	DIF	0.03	0.06	0.05	0.51	0.33	0.11	2.12	4.95 ***
	DDF	-0.15	0.08	-0.17	-1.8				
	EOT	-0.17	0.06	-0.28	-2.72 **				

* $p < .05$, ** $p < .01$, *** $p < .001$

Hence, findings indicate that OK (supportive, normative, problem-solving, innovative, and resilient) as well as Not-OK (rescuing, bohemian, and sulking) forms of managerial styles were significantly predicted by alexithymia. Thus, the hypothesis was partially accepted.

To examine second hypothesis two groups of alexithymia (high and low) were formed using K-means cluster analysis. Two clusters were formed — Cluster 1 and Cluster 2. (Table 3).

Table 3: Descriptive S tatistics of Cluster of alexithymia

	M	SD
Cluster 1 (N=65)	31.55	4.71
Cluster 2 (N=60)	45.20	4.81

ANOVA revealed differences between two clusters of alexithymia ($df = 1, 123$; $F = 255.99$; $p < .001$). Based on the mean values, Cluster 1 was termed as low alexithymia group and Cluster 2 as high alexithymia group.

To examine the differences between high and low alexithymia groups in terms of managerial styles, one-way ANOVA was conducted. Findings suggested that the significant difference between the two groups was found in innovative managerial style ($df = 1, 123$; $F = 7.50$; $p < .01$). Thus, the hypothesis was partially accepted. It was also observed from the mean values that low alexithymia group ($M = 12.46$) preferred using innovative managerial style as compared to high alexithymia group ($M = 11.4$).

Discussion

Earlier studies have not suggested any particular direction towards the relationship between alexithymia and managerial styles. But based on present findings, it might be said that alexithymics prefer dysfunctional styles. Earlier studies have suggested that alexithymics attribute marked deficiencies in their cognitive and affective functioning

(Krystal, 1968, 1974, 1982; Krystal & Raskin, 1970). They prefer to avoid people (Pandey, 1993); or use defensive reactions to specific situational aspects (Musaph, 1974; Freyberger, 1977; Ahrens & Defner, 1986; Haviland et al., 1991; Weinryb et al., 1992). Alexithymia has been found in the present study a significant predictor of both OK (functional) and Not-OK (dysfunctional) managerial styles. Thus, present findings are partially consistent with the earlier studies. Situational factors or other organizational variables, probably, influence such outcomes. As alexithymics have difficulties in cognitive and affective functioning (Krystal, 1982), they might not understand situations properly, but follow the styles what organizational situations demand. Because of such demand they might need to follow OK or functional managerial styles. Another reason might be due to the fact that the earlier findings were based on clinical population and present finding is based on the general population working in various organizations. Sifneos (1973), and Wise et al. (1990) have reported that alexithymic attributes are more prominent in clinical population as compared to the normal one.

Further, problem-solving managerial style has been found the best predicted managerial style by alexithymia in Indian organisations. More cognitive orientation of alexithymics, probably, makes them focused on solving problems. Alexithymics behave in a robot-like manner which might result in their tendency to perform mechanically. While solving problems, they might follow predefined sequential steps in problem-solving method. However, it is difficult to suggest from the scope of the present study whether alexithymics prefer to follow problem-solving managerial style, even in case of the non-programmed problems, where predefined steps are not available in problem-solving method. Supportive managerial style, in the present study is found to be the poorly predicted managerial style by alexithymia. Since alexithymics are emotionally barren,

they fail to understand when to render support to their subordinates. Individuals with strong empathy are supportive in nature. As alexithymics lack empathizing others.

Findings have also suggested that high and low alexithymia groups differ significantly in terms of innovative managerial style. It has been observed that low alexithymia group prefers to use this style more as compared to the high alexithymia group. Zeal to innovating new ideas, or approaches, or looking for solutions is not possible with difficulty in identifying feelings, difficulty in describing feelings, and externally oriented thinking. Innovativeness requires efficiency of the individual in proper emotional transactions.

Managerial styles vary across the situations. Some situations demand OK (functional) managerial styles and others demand Not-OK (dysfunctional) managerial styles to solve the problems. Thus, it can be implicated from the present study that alexithymic managers can't be said inferior as compared to the non-alexithymic managers, as alexithymic managers utilize both the OK and Not-OK managerial styles. However, innovative managerial style is mostly used by low alexithymia group as compared to the high alexithymia group. Since present organizational situations require managers to be innovative, it might be noted that low alexithymia group is more effective than high alexithymia group for the positions which require creativity. Present findings might influence the selection decision of the organization.

The present study has got certain limitations. Managerial styles, to a large extent, are influenced by the organizational culture and practices. Organisational culture should have been considered as the moderating variable. Moreover, this study has been conducted based on Eastern region of India which might not reflect the overall Indian culture. So, the findings of the present study cannot be generalized for all the Indian organizations.

References

- Ahrens, S., & Deffner, G. (1986). Empirical study of alexithymia: Methodology and results. *American Journal of Psychotherapy*, 40, 430-447.
- Bagby, R. M., Parker, J. D. A., & Taylor, G. J. (1994). The Twenty-Item Toronto Alexithymic Scale. *Journal of Psychometric Research*, 38, 23-32.
- Balchard, E. B., Arena, J. G., & Pallmeyer, T. P. (1981). Psychometric properties of a scale to measure alexithymia. *Psychotherapy and Psychosomatics*, 28, 36-46.
- Cook, J. R. (1985). Repression – sensitization and approach-avoidance as predictors of response to a laboratory stressor. *Journal of Personality and Social Psychology*, 49, 759-773.
- Davis, T. R. V., & Luthans, F. (1980). A social learning approach to organizational behavior. *Academy of Management Review*, 5, 281-290.
- Freyberger, H. (1977). Supportive psychotherapeutic techniques in primary and secondary alexithymia. *Psychotherapy and Psychosomatics*, 28, 337-342.
- Haviland, M. G., Hendryx, M. S., Cummings, M. A., Shaw, D. G., & MacMurray, J. P. (1991). Multidimensionality and state dependency of alexithymia in recently sober alcoholics. *Journal of Nervous and Mental Diseases*, 179, 284-290.
- Horney, K. (1952). The paucity of inner experiences. *American Journal of Psychoanalysis*, 12, 3-9.
- Huy, Q. N. (2002). Emotional balancing of organizational continuity and radical change: The contribution of middle managers. *Administrative Science Quarterly*, 47, 31-69.
- Kelman, N. (1952). Clinical aspects of externalized living. *American Journal of Psychoanalysis*, 12, 15-23.
- Krystal, H. (1968). Massive psychic trauma. New York: International Universities Press.
- Krystal, H. (1974). The genetic development of affects and affect regression. *Annual of Psychoanalysis*, 2, 98-126.
- Krystal, H. (1979). Alexithymia and psychotherapy. *American Journal of Psychotherapy*, 33, 17-31.

- Krystal, H. (1982). Alexithymia and the effectiveness of psychoanalytic treatment. *International Journal of Psychoanalytic Psychotherapy*, 9, 353-388.
- Krystal, H., & Raskin, H. (1970). *Drug dependence*. Detroit, MI: Wayne State University Press.
- Macleay, P. D. (1949). Psychomatic disease and the "visceral brain": Recent developments bearing on the Papez theory of emotion. *Psychosomatic Medicine*, 11, 338-353.
- Martin, J. B.; & Pihl, R. O. (1985). The stress alexithymia hypothesis: Theoretical and empirical considerations. *Psychotherapy and Psychosomatics*, 43, 169-176.
- Martin, J. B.; & Pihl, R. O. (1986). Influence of alexithymic characteristics on physiological and subjective stress responses in normal individuals. *Psychotherapy and Psychosomatics*, 45, 66-77.
- Musaph, H. (1974). The role of aggression in somatic symptom formation. *International Journal of Psychiatry Medicine*, 5, 449-60.
- Pandey, R. (1993). *Emotional processing deficits and personality correlates of alexithymia*. Doctoral Thesis. Department of Psychology, Banaras Hindu University.
- Papciak, A. S., Feuerstein, M., & Spiegel, J. A. (1985). Stress reactivity in alexithymia: Decoupling of physiological and cognitive responses. *Journal of Human Stress*, 11, 135-142.
- Pareek, U. (1997). Managerial Styles: Spiro-M. In U. Pareek (Ed.), *Training instruments for human resource development* (3rd reprint 2001, pp. 258-271). New Delhi: Tata McGraw-Hill.
- Parker, J. D.A., Taylor, G. J., & Bagby, R.M. (1989). The alexithymia construct: Relationship with sociodemographic variables and intelligence. *Comprehensive Psychiatry*, 30, 434-441.
- Pham, M. T., Cohen, J. B., & Pracejus, J. W. (2001). Affect monitoring and the primacy of feelings in judgment. *Journal of Consumer Research*, 28, 167-188.
- Ruesch, J. (1948). The infantile personality. *Psychosomatic Medicine*, 10, 134-144.
- Sifneos, P. E. (1973). The prevalence of alexithymic characteristics in psychosomatic patients. *Psychotherapy and Psychosomatics*, 22, 255-262.
- Sriram, T.G., Pratap, L. & Shanmugam, V. (1988). Towards enhancing the utility of Beth Israel Psychosomatic Questionnaire. *Psychotherapy and Psychosomatics*, 49, 205-211.
- Taylor, G. J. (1977). Alexithymia and counter-transference. *Psychotherapy and Psychosomatics*, 28, 141-147.
- Taylor, G. J. (1984a). Alexithymia: Concept, measurement, and implications for treatment. *American Journal of Psychiatry*, 141, 725-32.
- Taylor, G. J., Bagby, R. M., & Parker, J. D. A. (1997). *Disorders of affect regulation*. Cambridge, UK: Cambridge University Press
- Taylor, G. J., Parker, J. D. A., & Bagby, R. M. (1990). A preliminary investigation of alexithymia in men with psychoactive substance dependence. *American Journal of Psychiatry*, 147, 1228-1230.
- Weinryb, R. M., Gustavsson, J. P., Asberg, M., & Rossel, R. J. (1992). The concept of alexithymia: An empirical study using psychodynamic ratings and self-reports. *Acta Psychiatrica Scandinavica*, 85, 153-162.
- Wise, T. N., Mann, L. S., Mitchell, J. D., Hrywniak, M., & Hill, B. (1990). Secondary alexithymia: An empirical validation. *Comprehensive Psychiatry*, 31, 284-288.
- Yehuda, R., Schmeidler, J., Siever, L. J., Binder-Brynes, K., & Elkin, A. (1997). Individual differences in posttraumatic stress disorder symptom profiles in Holocaust survivors in concentration camps or in hiding. *Journal of Traumatic Stress*, 10, 453-463.

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