

October 6, 2014

Dear Editor,

Thank you for the feedback and the opportunity to revise our manuscript. We have carefully attempted to address the suggested revisions. Please find the revised version of the manuscript enclosed (file name: 13433-review.docx). We sincerely hope that the revisions have significantly improved the manuscript and that it will now be acceptable for publication.

Title: Development of alexithymic personality features

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The manuscript has been improved according to the reviewers' comments as follows:

1. The format has been updated.
2. The references and typesetting have been corrected.
3. Revisions have been made according to the reviewers' suggestions as follows:

3.1. The limitations of the self-assessment measures of alexithymia as a result of the deficits in self-observation, as noted by reviewer #02445225, are now clearly stated in the text.

3.2. Reviewer #02445225 also commented on the lack of divergent validity of the TAS-20 scale, and this issue is now discussed in the text.

3.3. The different measures of alexithymia are now described more thoroughly in the text, and several additions regarding studies conducted, for example, with the Bermond-Vorst Alexithymia Questionnaire (BVAQ), have been included. The limitations of the measures, as well as a broader view of the difficulties in assessing alexithymic features, have also led to several additions (noted by reviewer #00646654).

3.4. In contrast to reviewer #00646654's suggestion, we do not believe that alexithymia is a unitary construct. The dimensional nature of alexithymia as well as the suggested subtypes of alexithymia are now highlighted in the Introduction section.

3.5. Reviewer #00704493 suggested that we should concentrate on either the development of alexithymic personality features or the systematic review of the stability of alexithymia. However, in our opinion, the stability of a feature is a central issue regarding any personality characteristic; thus, our review would be incomplete without it. Additionally, we do not believe that a systematic review of the stability of alexithymia alone would be a significant addition to the alexithymia literature. Furthermore, none of the other reviewers questioned our approach. Therefore, the framework in our review is unchanged; however, we sincerely believe that the numerous additions that we have made have substantially

improved the manuscript, and it is now more comprehensive, as the reviewer requested.

3.6. The issue regarding the theory of mind and the potential association between alexithymia and autism spectrum disorders is now discussed in detail in the Developmental considerations section (noted by reviewer #00704493).

3.7. The topics regarding irregularities in the autonomic nervous and immune systems related to alexithymia are now covered in the Developmental considerations section (noted by reviewer #00704493).

3.8. Although we had briefly mentioned the association between alexithymia and childhood adversities in the original version of the manuscript, the relation to childhood trauma has been more thoroughly addressed (noted by reviewer #00704493).

3.9. Regarding the shortage of neurobiological factors raised by reviewer #00704493, we admit that we omitted some standpoints in the earlier version of the text. However, as for the previously discussed issues, our manuscript covers a quite extensive area of alexithymia research. Therefore, we had to be straightforward and raise only the most central issues. Thus, it is inevitable that some issues are discussed at a level of detail that does not satisfy all readers. However, we sincerely hope that the reviewer is satisfied with the extensive additions incorporated in this section.

3.10. Indeed, different subtypes of alexithymia have been proposed, and this factor should have been raised in the earlier version of the text. Although a disputable area in alexithymia research, the standpoint is of importance; thus, it is covered in the Introduction section (noted by reviewer #00704493).

3.11. Unlike reviewer #00704493 suggests, the studies included in the systematic review were not based on the measure of alexithymia, but on the actual search terms and inclusion criteria. We agree with the reviewer that the BVAQ is a feasible and psychometrically sound instrument in the assessment of alexithymia. However, the reviewer certainly agrees with us that the vast majority of the eminent alexithymia studies have been conducted with the TAS scales, which therefore provides the most firm basis for comparisons. The reviewer is absolutely correct in suggesting that the search terms in the systematic review were most likely too stringent and left out some studies that should have been included. In this version, the search terms have been edited, which resulted in some additions to the studies. However, even after these additions, only a few studies conducted with measures other than the TAS scales emerged. Thus, the central conclusions in the text were maintained.

3.12. Reviewer #00704493 made a similar comment to reviewer #00646654 regarding the dimensional nature of alexithymic features (see answer 3.4.). Indeed, we also believe in the dimensional nature of alexithymia, and this concept is now discussed in the Introduction section. Regarding the straightforward use of the term prevalence with alexithymia, we only followed the turn of phrase used extensively in the alexithymia literature. Thus, prevalence is always based on some categorization of a feature and, furthermore, on some form of measure. In the case of alexithymia, the TAS-20 scale has been the primary measure for population studies. Roughly speaking, the situation is the same for practically all psychological features and symptoms. For example, investigators certainly agree that depressive symptoms have a dimensional nature, yet we constantly use some form of measure to categorize depression. As discussed in the text, the current measures of alexithymia have obvious limitations, but as a

result of population studies, we still have some basis to discuss the prevalence of alexithymia. However, to take into account this issue, the term *clinically significant* alexithymia has been added when discussing prevalence.

3.13. Regarding the Genetic background section, the observations made by Jørgensen et al. (2007) have been clarified (noted by reviewer #00704493).

3.14. The minor issues regarding the typos and incorrect use of terms have been corrected (noted by reviewer #00704493).

Best regards,



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