

1 **This article was accepted in its current form for publication in the *Journal of Sport &***
2 ***Exercise Psychology* on 20th December 2014**

3 Barlow, M., Woodman, T., Chapman, C., Milton, M., Dodds, T., & Allen, B. (2015). Who takes
4 risks in high-risk sport? The role of alexithymia. *Journal of Sport & Exercise Psychology* (in
5 press)

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Who takes risks in high-risk sport? The role of Alexithymia

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20 Keywords: alexithymia, emotion regulation, precautionary behaviors, deliberate risk taking,

21 anhedonia, sensation seeking

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23 Date of submission: 30th May 2014

24 Date of resubmission: 14th October 2014

25 Date of resubmission: 14th December 2014

1 Abstract

2 People who have difficulty identifying and describing their emotions are more likely to seek
3 out the experience of emotions in the high-risk domain. This is because the high-risk domain
4 provides the experience of more easily identifiable emotions (e.g., fear). However, the
5 continued search for intense emotion may lead such individuals to take further risks within
6 this domain, which in turn would lead to a greater likelihood of experiencing accidents.
7 Across three studies, we provide the first evidence in support of this view. In Study 1 ($n =$
8 762) alexithymia was associated with greater risk taking and a greater propensity to
9 experience accidents and close calls. In Study 2 ($n = 332$) and Study 3 ($n = 356$) additional
10 bootstrapped mediation models confirmed these relationships. The predictive role of
11 alexithymia remained significant when controlling for sensation seeking (Study 1) and
12 anhedonia (Study 2 and Study 3). We discuss the practical implications of the present model
13 as they pertain to minimizing accidents and close calls in the high risk domain.

1 Who takes risks in high-risk sport? The role of alexithymia

2 Fear... and the state between survival and death are such strong
3 experiences that we want them again and again. We become addicted.
4 Strangely, we strive to come back safely and being back, we seek to
5 return, once more, to danger. *Reinhold Messner*
6 (Coffey, 2005, p. 7)
7

8 There is currently a lack of consensus regarding a suitable descriptive moniker for
9 sports that include skydiving, rock climbing, and white water kayaking. Indeed, such sports
10 have been labeled as *adventure, alternative, extreme, lifestyle* or *risk-taking* (e.g., Brymer,
11 2010; Castanier, Le Scanff, & Woodman, 2011; Kerr & Houge Mackenzie, 2012; West &
12 Allin, 2010). For the purpose of this research, we choose the term “high-risk sport” which is
13 defined as “all sports where you have to reckon with the possibility of serious injury or death
14 as an inherent part of the activity” (Breivik, 1999, p. 10). Of note is that such activities can be
15 performed in environments where the danger is viewed as relatively sanitized (e.g., Grade 1
16 kayaking) but the sport itself would still be considered high-risk, as the person who
17 progresses within that sport will progress toward greater danger (e.g., more dangerous rivers
18 such as Grade 3 and beyond).

19 Recent research demonstrates that one participatory goal for certain high-risk sport
20 participants, be it conscious or not, is to experience and to enhance a sense of emotion
21 regulation in everyday life (Barlow, Woodman, & Hardy, 2013; Woodman, Cazenave, & Le
22 Scanff, 2008). Emotion regulation is the term used to characterize the diverse processes
23 involved in initiating, maintaining, and modulating the intensity, type, or duration of
24 emotions (Gross & Thompson, 2007; Thompson, 1994). Emotion regulation refers to actions
25 that influence “which emotions we have, when we have them, and how we experience and
26 express them” (Gross, 2002, p. 282). A growing body of research has provided evidence that
27 participation in high-risk sport reflects a means of emotion self-regulation (Barlow et al.,
28 2013; Cazenave, Le Scanff, & Woodman, 2007; Levenson, 1990; Shapiro, Siegel, Scovill, &

1 Hays, 1998; Taylor & Hamilton, 1997; Woodman et al., 2008; Woodman, Hardy, Barlow, &
2 Le Scanff, 2010; Woodman, Huggins, Le Scanff, & Cazenave, 2009).

3 **Risk taking in high-risk sport.** Individual differences exist in how participants
4 approach, control, and modulate the risks that are inherent within the high-risk sport domain
5 (Barlow et al., 2013; Castanier, Le Scanff, & Woodman, 2010b; Taylor, Gould, Hardy, &
6 Woodman, 2006). For example, Woodman et al. (2013) demonstrated that high-risk sport
7 participants might engage in *precautionary behaviors* in order to minimize risk and/or might
8 maximize their exposure to risk via *deliberate risk taking* behaviors (see also Paquette,
9 Lacourse, & Bergeron, 2009). Emotion regulation, a foundation of the present study, appears
10 to be a fruitful framework from which to understand the motives for adopting differing risk
11 taking behaviors (Castanier, Le Scanff, & Woodman, 2010a).

12 **Alexithymia.** A specific emotion regulation difficulty that is of particular theoretical
13 interest in relation to risk taking behaviors is Alexithymia; a stable trait (Luminet, Rokbani,
14 Ogez, & Jadouille, 2007) that is characterized by difficulties in differentiating one's feelings
15 and expressing them in words (Taylor, Bagby, & Parker, 1999). Alexithymic individuals can
16 appear to lack feelings altogether because of their inability to express their emotions and their
17 difficulty in understanding or realizing their own emotions. Furthermore, alexithymic
18 people's inability to interpret their own emotional signals can often have a profoundly
19 disruptive effect on their personal lives, with poor emotional communication frequently
20 hampering interpersonal relationships (Taylor et al., 1999). For individuals with emotion
21 regulation difficulties, there are broadly two different options: The first is that they might let
22 their emotion regulation difficulties take hold and thus adopt destructive behavior patterns or
23 reach a stage of clinical depression (Pierson, Le Houezec, Fossaert, Dubal, & Jouvent, 1999).
24 For example, high levels of alexithymia are associated with substance abuse and alcohol
25 dependency (e.g., Loas, Otmani, Lecercle, & Jouvent, 2000). The second option is for the

1 alexithymic individual to react by pursuing more adaptive behaviors as a compensatory
2 strategy (Pierson et al., 1999; Taylor & Hamilton, 1997). Indeed, high-risk sport has been
3 shown to be an attractive and effective compensatory strategy for the alexithymic individual
4 (Woodman et al., 2008).

5 The alexithymic individual's difficulty with the experience and interpretation of
6 emotion is such that the source, valence, and intensity of emotions evoked in everyday life
7 may be confusing and unclear (Cisler, Olatunji, Feldner, & Forsyth, 2010). In other words, in
8 everyday life, alexithymic people are unable to identify the specific origin of their emotion,
9 express it, or control it effectively (Woodman et al., 2010). A specific attraction of the high-
10 risk domain is that it enables such individuals to move from experiencing non-specific,
11 ambiguous and internal emotions (e.g., anxiety) to experiencing specific and intense emotions
12 (e.g., fear), which are attached to an objective danger (cf. Castanier et al., 2011; Fenichel,
13 1939; Sadock & Sadock, 2007). Such an emotional experience may be particularly attractive
14 to the alexithymic individual because emotions concerned with externalized relatively
15 objective threats are more readily identifiable and require explicit emotion regulation
16 (Gyurak, Gross, & Etkin, 2011; Koole & Rothermund, 2011). Thus, alexithymic people may
17 experience emotion in the high-risk domain in a way that is perceived as not readily available
18 to them in everyday life (Woodman et al., 2010). For example, Dean Potter¹, whose rock
19 climbing, BASE jumping, and high-lining accomplishments have become some of the most
20 celebrated of their kind in the extreme sports community, stated, "I just want emotions
21 rushing through me that normally aren't there in everyday life . . . the feeling totally
22 overwhelms me . . . I wish I could find that without risking my life but right now it's the only
23 way I know how to find it" (Potter & Soldinger, 2010).

¹ We are not suggesting that Dean Potter is an alexithymic individual.

1 **Emotional acclimatization.** The emotional experience of the high-risk domain may
2 be so attractive to the alexithymic individual that the desire to repeat the experience becomes
3 somewhat addictive (cf. Franken, Zijlstra, & Muris, 2006). However, simply repeating the
4 same high-risk activity will, over time, reduce the engendered intensity of the emotional
5 experience of participating (Franken et al., 2006; Pierson et al., 1999) and consequently likely
6 diminish the emotion regulation benefit to the alexithymic individual. Specifically, the
7 emotion regulation benefit is a consequence of experiencing distinct, unambiguous, intense
8 emotion: the type that is perceived as not being readily available in everyday life. If the
9 engendered emotion (of the high-risk domain) becomes normative, and thus by definition
10 does not significantly differ from that experienced in everyday life, the (emotion regulation)
11 benefit will be lost (Solomon, 1980). Such an emotional-acclimatization cycle is similar to
12 that of the pharmacological-acclimatization experienced by the substance abuser. Namely,
13 when frequently administered, the hedonic value of drugs (e.g., cocaine) is decreased as the
14 user's reward set-point shifts in order to maintain physiological homeostasis (Ahmed &
15 Koob, 1998). Thus, to gain a renewed 'high' the drug user must increase the dose of the drug
16 and, as a consequence, increase the associated risk of the drug taking behavior (Franken et
17 al., 2006).

18 **Maintaining emotional intensity.** In order to maintain an ongoing emotion
19 regulation benefit of participation, the alexithymic individual will likely seek out a continued
20 sense of emotional intensity during participation as a means of experiencing the distinct
21 identifiable emotions associated with engagement (e.g., fear). One way that emotional
22 intensity can be influenced is via an individual's specific attitude to risk *within* the high-risk
23 domain. Indeed, attitudes to risk *within* the high-risk domain have been shown to vary
24 considerably (Woodman et al., 2013). Specifically, many high-risk sport participants engage
25 with the express desire to minimize and control the dangers inherent in the high-risk domain

1 by exhibiting *precautionary behaviors* (e.g., Pain & Pain, 2005). Indeed, *mastery* (e.g.,
2 Slanger & Rudestam, 1997), *flow* (e.g., Houge Mackenzie, Hodge, & Boyes, 2011) and a
3 sense of control over the dangers inherent in the high-risk domain (Barlow et al., 2013) may
4 be a central motive for certain high-risk sport participants' engagement with their activity.
5 Conversely, other participants "view risk as desirable rather than a thing to be minimized"
6 (Celsi, Rose, & Leigh, 1993, p. 16). Such individuals appear purposefully to increase their
7 exposure to danger by engaging deliberately in additional risk taking behaviors whilst
8 participating in high-risk sport (e.g., Llewellyn & Sanchez, 2008; Slanger & Rudestam, 1997;
9 Woodman et al., 2013). An example of such behavior is a mountaineer who purposefully
10 ascends a snow gully despite the existence of a less dangerous alternate route and in the
11 knowledge that the chosen snow gully has a known high probability of avalanche.

12 According to the present theoretical framework, high-risk sport participants with
13 alexithymic tendencies will engage in *deliberate risk taking behaviors* and minimize
14 *precautionary behaviors* with the aim of experiencing emotional intensity from their
15 participation. Indeed, *precautionary behaviors* would attenuate the *in situ* experience of
16 intense emotion (Campos, Frankel, & Camras, 2004) and would enable participants to
17 experience less fear during participation (Kerr & Houge Mackenzie, 2014). As the
18 alexithymic high-risk sport participant seeks an emotion regulation experience, he/she will
19 likely deploy only the perceived minimum requisite *precautionary behaviors* for participation
20 (cf. Barlow et al., 2013). Minimizing precautionary behaviors and increasing deliberate risk
21 taking behaviors serve to increase both the unpredictability and potential for physical harm
22 that is inherent within the activity (Merrick et al., 2004; Pickett et al., 2006; Turner, McClure,
23 & Pirozzo, 2004); the likelihood for accidents and close calls is thus increased (see Woodman
24 et al., 2013).

1 in the sport literature and *observing* accidents, and especially close calls, in the high-risk
2 domain has practical limitations.

3 Consequently, to date, researchers have measured participants' accidents and close
4 calls via recall of, for example, the mean number of annual accidents resulting in acute
5 injuries (Woodman et al., 2013). However, such a measure is not without its limitations (van
6 Mechelen, Hlobil, & Kemper, 1992), especially since injury and accident recall is not always
7 very accurate, even over a 12-month period (Gabbe, Finch, Bennell, & Wajswelner, 2003).
8 As such, we sought to develop a self-report measure of accidents and close calls in the high-
9 risk sport domain. Although we acknowledge that self-report shares similar limitations to the
10 recall methodology (Paulhus & Vazire, 2007) it was deemed advantageous for this line of
11 research since it provides phenomenological data and can be administered conveniently to a
12 large sample. Thus, one of the first aims of the present study is to propose and develop a self-
13 report measure the Accidents and Close Calls in Sport Inventory (ACCSI).

14 **Sensation Seeking.** The main aim of Study 1 was to test the hypothesized mediation
15 model presented in Figure 1. Additionally, we sought to ensure that the mediation model
16 could not be discounted on the grounds of a sensation seeking explanation. This is because
17 one could argue that risk taking behaviors might be triggered by the express aim of attaining
18 "sensation rewards" during participation (Zuckerman, 2007, p. 13). That is, so called
19 sensation seekers may forgo certain precautionary behaviors, and engage in deliberate risk
20 taking behaviors, in an effort to maximize thrilling sensations while participating (see Barlow
21 et al., 2013). Given that sensation seeking has been shown to be a significant predictor of *risk*
22 *taking* and *injuries* (Kern et al., 2014), sensation seeking propensity provides a potential
23 source of confound in the present study. As such, it was deemed necessary to control for
24 variations in sensation seeking within the present mediation models.

25 **Method**

1 **Participants.** The original sample comprised 762 traditional rock climbers aged 18 or
2 above. Traditional climbing refers to outdoor roped climbing where the lead climber utilizes
3 self-placed protection in the rock to arrest any potential fall. A lack of high-risk sport
4 experience and skill is associated with a decreased awareness of uncontrollable dangers and a
5 decreased accuracy in differentiating risky behaviors (Celsi et al., 1993). Indeed,
6 inexperienced participants are more likely to engage in deliberate risk taking behaviors
7 (Ogilvie, 1974) leading to accidents and close calls (cf. Kontos, 2004). Thus, we excluded
8 participants who reported that they were a ‘beginner’ or who had fewer than three years’
9 traditional rock climbing experience ($n = 49$). Recruitment advertisements, placed on
10 international rock climbing forums (e.g., ukclimbing.co.uk, rockclimbing.com, 8a.nu), led
11 participants to a webpage providing details of the university’s ethical approval, a
12 confidentiality agreement, and a notification that proceeding to the next page was an
13 expression of informed consent to participate. Once data screening procedures had been
14 applied to identify spurious data (e.g., block-answering) the final sample comprised 690
15 individuals (598 men, 92 women; $M_{\text{age}} = 32.05$, $SD = 11.85$). Demographic data revealed a
16 sample that was largely experienced ($M_{\text{years’ participation}} = 11.06$, $SD = 7.66$), competent
17 ($M_{\text{technical climbing ability}} = \text{HVS}^2$), and participated frequently (frequency of participation: \geq
18 weekly, $n = 510$; \geq twice monthly, $n = 106$; \geq monthly, $n = 38$; \geq every 2 months, $n = 21$; \geq
19 twice annually, $n = 11$; \leq annually, $n = 4$).

20 **Measures.**

21 **Toronto Alexithymia Scale (TAS-20).** The TAS-20 (Bagby, Parker, & Taylor, 1994)
22 comprises 20 items that assess three aspects of the alexithymia construct: *Difficulty*
23 *identifying feelings* (e.g., I am often confused about what emotion I am feeling); *Difficulty*

² The British adjectival grading system for climbing was used. HVS is an abbreviation for ‘Hard Very Severe’ and represents an advanced level of technical ability.

1 *describing feelings* (e.g., It is difficult for me to find the right words for my feelings);
2 *Externally oriented thoughts* (e.g., I prefer to analyze my problems rather than just describe
3 them). Items are rated on a five-point Likert scale ranging from 1 (*Strongly disagree*) to 5
4 (*Strongly agree*). The three subscales are combined to produce a *total alexithymia score* (high
5 scores equate to high alexithymia). Parker, Taylor & Bagby (2003) reported internal
6 reliability coefficients ranging from 0.73 to 0.84 for the total score and a sample norm mean
7 of 45.57 ($SD = 11.35$). All reliability scores from the present study are presented in Table 2.

8 ***The Risk Taking Inventory (RTI)***. The RTI (Woodman et al., 2013) measures risk
9 taking behaviors in high-risk sport and comprises seven items across two orthogonal factors:
10 *deliberate risk taking* (e.g., I deliberately put myself in danger) and *precautionary behaviors*
11 (e.g., I take time to check for potential hazards), measured on a five-point Likert scale
12 ranging from 1 (*Never*) to 5 (*Always*). Woodman et al. (2013) reported composite reliability
13 scores from 0.64 to 0.78 for *deliberate risk taking* and 0.64 to 0.71 for *precautionary*
14 *behaviors*.

15 ***Accidents and Close Calls in Sport Inventory (ACCSI)***. The ACCSI was specifically
16 developed for the present study (see Table 1). The initial measure comprised two proposed
17 four-item factors: *accidents* (e.g. “My decisions in this activity lead to accidents”) and *close*
18 *calls* (e.g. “I experience close calls when participating in my sport”) in the high-risk sport
19 domain, measured using a seven-point Likert scale from 1 (*Never*) to 7 (*Always*).

20 ***Brief Sensation Seeking Scale (BSSS)***. The BSSS (Hoyle, Stephenson, Palmgreen,
21 Puzles, & Donohew, 2002) is a brief version of Zuckerman's (1979) Sensation Seeking
22 Scale measuring four dimensions of sensation seeking on a five-point Likert scale ranging
23 from 1 (*Strongly disagree*) to 5 (*Strongly agree*). The four dimensions, each comprising two
24 items, are: *Experience Seeking* (e.g., I would like to explore strange places); *Boredom*
25 *Susceptibility* (e.g., I get restless when I spend too much time at home); *Disinhibition* (e.g., I

1 like wild parties); *Thrill and Adventure Seeking* (e.g., I like to do frightening things). These
2 four dimensions are combined to provide a *total sensation seeking score*. The internal
3 reliability coefficients range from 0.74 to 0.76 for the total score (Hoyle et al., 2002).

4 **Procedure.** Participants completed the survey online after recruitment adverts had led
5 them to a webpage providing details of the research, a confidentiality agreement, and a
6 notification that proceeding to the next webpage was an expression of informed consent to
7 participate. If participants chose to continue, they completed demographic data followed by
8 the TAS-20, RTI, ACCSI, and BSSS. The whole procedure took approximately 20 minutes.

9 **Results**

10 **Development of the Accidents and Close Calls in Sport Inventory.** The Accidents
11 and Close Calls in Sport Inventory (ACCSI) data were analyzed using confirmatory factor
12 analysis (CFA) partially in an exploratory fashion. Continuous variable CFA methods were
13 deemed appropriate since the ordered-categorical data comprised seven categories
14 (Rhemtulla, Brosseau-Liard, & Savalei, 2012). Prelis (Jöreskog & Sörbom, 2006) was used to
15 generate a covariance matrix and Lisrel 8.8 (Jöreskog & Sörbom, 2006) was used to test the
16 models. A model was considered a good fit to the data if the Comparative Fit Index (CFI,
17 Bentler, 1990) and the Non-Normed Fit Index (NNFI, Tucker & Lewis, 1973) were greater
18 than or equal to .95; the Root Mean Square Error of Approximation (RMSEA, Bentler, 1990)
19 was less than or equal to .06; the Standardized Root Mean Square Residual (SRMR, Bentler,
20 1990) was less than or equal to .08; and the Satorra–Bentler (S-B) χ^2/df ratio was less than
21 2.00.

22 Initially, the proposed two-factor eight-item model was examined in order to ensure
23 each item was a good indicator of the underlying latent variable (Jöreskog, 1993). The data fit
24 the model adequately ($S-B \chi^2(19) = 150.94$; CFI = .97; NNFI = .95; RMSEA = .12; SRMR =
25 .048; $\chi^2/df = 7.94$). However, examination of standardized residuals, factor loadings, and

1 modification indices for Theta-delta revealed two items as problem residuals. Both items
2 were a poor indicator of the underlying factor and were removed (Jöreskog, 1993), which
3 reduced the number of items from four to three for both subscales. This removal significantly
4 improved the fit of the model to the data, and testing the two-factor six-item full-model
5 revealed a good fit (see Table 1) and acceptable alpha reliability levels (see Table 2). As the
6 factor–factor correlation was moderately high (.72), we conducted a Satorra and Bentler
7 (2001) scaled difference χ^2 test (S-B χ^2_{diff}) on the two-factor model and a respecified single-
8 factor model. This test supported the discriminant validity of *accidents* and *close calls* factors
9 (S-B $\chi^2_{\text{diff}}(1) = 94.26, p < .001$).

10 **Preliminary analysis.** It is well established that risk taking propensity is greater in
11 men compared to women (Byrnes, Miller, & Schafer, 1999). In the present study, no
12 significant difference between men and woman was evidenced for *precautionary behaviors*
13 ($t_{688} = 1.23; p = .11$). However, independent samples *t* test revealed that men scored
14 significantly higher than women on *deliberate risk taking* ($t_{688} = 4.43; p < .001$), *close calls*
15 ($t_{688} = 3.08; p < .01$), *sensation seeking* ($t_{688} = 3.80; p < .001$) and *alexithymia* ($t_{688} = 2.43; p <$
16 $.01$), and the *accidents* difference approached significance ($t_{688} = 1.56; p = .06$).
17 Consequently, all variables in this study, and the subsequent studies reported in this
18 manuscript, were standardized within sexes before further analysis.

19 **Mediation models.** All mediation analyses were conducted using an SPSS macro
20 designed and developed by Hayes (2013) using 5,000 bootstrap samples. A mediation effect
21 was deemed significant if the upper and lower 95% Confidence Interval limits of the size of
22 the indirect path did not include zero. In line with recommendations by Preacher and Kelley
23 (2011) two different effect sizes are reported: the unstandardized indirect effect (*ab*) and the
24 kappa-squared (κ^2) effect. The advantages of κ^2 , detailed in Preacher and Kelley (2011), are
25 that it is standardized, insensitive to sample size, and on an interpretable metric (0 to 1).

1 As hypothesized, *alexithymia* significantly predicted *deliberate risk taking* (*a* path),
2 *accidents* (*c'* path), and *close calls* (*c'* path). Additionally, *deliberate risk taking* significantly
3 predicted *accidents* (*b* path) and *close calls* (*b* path; see Table 3). As hypothesized, *deliberate*
4 *risk taking* significantly mediated the relationship between *alexithymia* and both *accidents*
5 and *close calls*, generating small to medium κ^2 effect sizes. The models explained 10.6% and
6 27.9% of the variance in *accidents* and *close calls*, respectively. Although the κ^2 analyses
7 provided some evidence for mediation, *precautionary behaviors* largely did not significantly
8 mediate the relationship between *alexithymia* and either *accidents* or *close calls* (see Table 3).

9 **Sensation seeking.** *Sensation seeking* was negatively correlated with *precautionary*
10 *behaviors* and positively correlated with *deliberate risk taking*, *accidents*, *close calls*, and
11 *alexithymia* (see Table 2). However, when *sensation seeking* was entered into the mediation
12 model as a covariate, *deliberate risk taking* continued to significantly mediate the relationship
13 between *alexithymia* and both *accidents* ($b = .020$; CI = .004-.042) and *close calls* ($b = .037$;
14 CI = .005-.071).

15 **Age.** Age was significantly positively correlated with *precautionary behaviors* and
16 significantly negatively correlated with *deliberate risk taking*, *close calls*, *alexithymia*, and
17 *sensation seeking* (see Table 2). However, when age was entered into the mediation model as
18 a covariate, *deliberate risk taking* continued to mediate significantly the relationship between
19 *alexithymia* and both *accidents* ($b = .036$; CI = .014-.063) and *close calls* ($b = .060$; CI =
20 .023-.099).

21 **Discussion**

22 The primary aim of Study 1 was to test the hypothesis that alexithymia would be
23 associated with greater risk taking, which in turn would result in a greater propensity to
24 experience accidents and close calls. Study 1 provided strong evidence for the mediating role
25 of deliberate risk taking in the relationship between alexithymia and accidents and close calls.

1 Furthermore, the role of alexithymia could not be explained by sensation seeking. The role of
2 precautionary behaviors was somewhat less clear. Certainly, the findings from Study 1
3 warrant replication for two principal reasons: First, there was some incongruence between the
4 unstandardized effect and the kappa-squared (κ^2) effects for precautionary behaviors with
5 some analyses revealing a mediation effect and others revealing no such effect (see Table 3),
6 which requires clarification. Second, the results of Study 1 warrant extending to populations
7 beyond rock climbers to participants of other high-risk sports. This extension is for the
8 purposes of generalizability but also because the exclusive participation of rock climbers may
9 have contributed to the mixed precautionary behaviors findings. Indeed, there is an element
10 of precautionary behavior that is considered an integral part of rock climbing (e.g., checking
11 one's harness is correctly secured prior to climbing). Thus, the aim of Study 2 was to re-
12 examine the alexithymia and accidents/close calls relationship with a sample drawn from a
13 variety of high-risk sports. We hypothesized that risk taking (deliberate risk taking and
14 precautionary behaviors) would mediate this relationship.

15 We also sought to explore an alternative explanation for the role of alexithymia in risk
16 taking by including anhedonia as a covariate in the mediation model. Anhedonia is the loss of
17 self-reported pleasure and individuals high in anhedonia only feel pleasure in the most
18 intense of hedonic environments (Volkow, Fowler, & Wang, 2003). Participants of some
19 high-risk sports such as skydiving have been shown to demonstrate elevated anhedonia
20 (Pierson et al., 1999). For such individuals, the experience of chronic under-arousal in
21 everyday life may motivate them to seek sources of intense stimulation with a view to
22 increase their arousal to a hedonic point (Eysenck & Eysenck, 1978). Purposefully seeking
23 out intense hedonic sensations may be understood as a compensatory strategy for the
24 anhedonic individual's basal arousal deficit (Carton, Jouvent, Bungener, & Widlöcher, 1992).
25 In line with the sensation seeking argument presented in Study 1, anhedonic individuals may

1 forgo certain precautionary behaviors, and may engage in further purposeful risk taking
2 behaviors, in an effort to maximize hedonic sensations while participating (see Franken et al.,
3 2006). Since these risk taking behaviors would likely also lead to an increased incidence of
4 both accidents and close calls, anhedonia provides a potential source of confound in the
5 previous analyses. Although they are conceptually distinct, anhedonia and alexithymia have a
6 degree of commonality inasmuch as they reflect a state of emotion dysregulation (Loas,
7 Fremaux, & Boyer, 1997). Given the strong theoretical link between anhedonia and
8 alexithymia and between anhedonia and risk-taking, we aimed to test whether the alexithymia
9 – risk-taking relationship would hold when controlling for anhedonia in the present mediation
10 model.

11 **Study 2**

12 **Method**

13 **Participants.** The sample comprised 332 new participants. Checking the email
14 addresses of all participants across all three studies revealed that participants across the three
15 studies participated in one study and in one study only. In the present study participants
16 engaged in a variety of high-risk sports (e.g., downhill mountain biking, rock climbing, sky
17 diving, white water kayaking) and were recruited via internet advertisements placed on
18 international sporting forums (e.g., dropzone.com, newschoolers.com). The inclusion criteria
19 (i.e., minimum of 18 years of age, a minimum of 3 years' participation in the individual's
20 main high-risk sport and not self-classified as a beginner) mirrored those of Study 1. Data
21 screening, as used in Study 1, removed five participants. The final sample comprised 327
22 individuals (292 men, 35 women; $M_{\text{age}} = 35.43$, $SD = 12.92$). Demographic data revealed that
23 participants were largely experienced ($M_{\text{years' participation}} = 15.74$, $SD = 11.22$), competent
24 (intermediate, $n = 49$; advanced, $n = 166$; expert, $n = 112$) and regularly engaged in their

1 chosen high-risk sport (frequency of participation: \geq weekly, $n = 183$; \geq twice monthly, $n =$
2 84 ; \geq monthly, $n = 39$; \geq every 2 months, $n = 13$; \geq twice annually, $n = 7$; \leq annually, $n = 1$).

3 **Measures.** We administered the RTI, TAS-20, and ACCSI, as in Study 1.

4 ***Snaith-Hamilton Anhedonia Pleasure Scale (SHAPS)***. The SHAPS (Snaith et al.,
5 1995) was produced to assess an individual's hedonic capacity using 14 items concerning a
6 variety of subjects: hobbies, family, appearance and food/drink (e.g., "*I would find pleasure*
7 *in my hobbies and past times*"). Responses were scored on a four-point Likert scale from 1
8 (*Strongly agree*) to 4 (*Strongly disagree*) with high scores representing high levels of
9 anhedonia. Nakonezny, Carmody, Morris, Kurian, and Trivedi (2010) reported an alpha
10 reliability coefficient of 0.91.

11 **Procedure.** The online presentation of the inventories mimicked that of Study 1, with
12 the additional inclusion of the SHAPS, and took approximately 25 minutes to complete.

13 **Results**

14 **ACCSI model fit.** An adequate fit for the two-factor, six-item ACCSI model was
15 confirmed (see Table 1). The factor-factor correlation was .87. Satorra-Bentler scaled
16 difference χ^2 test again supported the discriminant validity of the two factors (S-B $\chi^2_{\text{diff}}(1) =$
17 $10.90, p < .001$).

18 **Mediation models.** As hypothesized, and confirming the findings from Study 1,
19 *deliberate risk taking* significantly mediated the relationship between *alexithymia* and both
20 *accidents* and *close calls* (see Table 3), generating small to medium κ^2 effect sizes. The
21 models explained 18.0% and 26.4% of the variance in accidents and close calls, respectively.
22 As expected, *alexithymia* significantly positively predicted *deliberate risk taking* (*a* path),
23 *accidents* (*c'* path), and *close calls* (*c'* path). Additionally, *deliberate risk taking* significantly
24 positively predicted *accidents* (*b* path) and *close calls* (*b* path; see Table 3).

1 As hypothesized, and clarifying the ambiguous finding in Study 1, *precautionary*
2 *behaviors* significantly mediated the relationship between *alexithymia* and both *accidents* and
3 *close calls* although the generated κ^2 effect sizes were small. The models explained 8.9% and
4 8.8% of the variance in *accidents* and *close calls*, respectively. As expected, *alexithymia*
5 significantly negatively predicted *precautionary behaviors* (*a* path), and positively predicted
6 *accidents* (*c'* path), and *close calls* (*c'* path). Additionally, *precautionary behaviors*
7 significantly negatively predicted *accidents* (*b* path) and *close calls* (*b* path; see Table 3).

8 **Anhedonia.** Anhedonia significantly positively correlated with *alexithymia* and
9 significantly negatively correlated with *precautionary behaviors*. Anhedonia was not
10 significantly correlated with either *deliberate risk taking*, *accidents*, or *close calls* (see Table
11 2). When *anhedonia* was entered into the mediation model as a covariate, *deliberate risk*
12 *taking* continued to significantly mediate the relationship between *alexithymia* and both
13 *accidents* ($b = .081$, $CI = .038-.140$) and *close calls* ($b = .103$, $CI = .049-.168$). Additionally,
14 *precautionary behaviors* continued to significantly mediate the relationship between
15 *alexithymia* and both *accidents* ($b = .025$; $CI = .002-.072$) and *close calls* ($b = .023$; $CI =$
16 $.003-.060$).

17 Discussion

18 As hypothesized, both deliberate risk taking and precautionary behaviors emerged as
19 significant mediators in the relationship between alexithymia and accidents/close calls.
20 Clarifying the results from Study 1, this mediation effect was consistent across the
21 unstandardized and kappa-squared effects. Anhedonia did not significantly reduce the
22 mediating effect of either deliberate risk taking or precautionary behaviors in the relationship
23 between alexithymia and accidents/close calls. Given the degree of ambiguity of the results in
24 Study 1 and the clarity of the results in Study 2, the aim of Study 3 is to confirm the
25 alexithymia – risk taking – accidents/close calls model.

1 **Study 3**

2 **Method**

3 **Participants.** The sample comprised 356 new participants. As in Study 2, participants
4 engaged in a variety of high-risk sports (e.g., hang gliding, mountaineering, surfing) and were
5 recruited using internet adverts on major international sporting fora. Data screening, as used
6 in Study 1 and Study 2, removed 15 participants. The final sample comprised 341 individuals
7 (271 men, 70 women; $M_{\text{age}} = 37.10$, $SD = 14.20$; $M_{\text{years' participation}} = 12.70$, $SD = 11.90$).
8 Demographic data revealed that participants' experience, ability, and frequency of
9 participation in their chosen sport, closely resembled those revealed in Study 2.

10 **Measures and procedures.** The procedure was the same as in Study 2.

11 **Results**

12 **ACCSI model fit.** A good fit for the two-factor, six-item ACCSI model was further
13 confirmed (see Table 1). The factor–factor correlation was .85. Satorra–Bentler scaled
14 difference χ^2 test again supported the discriminant validity of the two factors (S-B $\chi^2_{\text{diff}}(1) =$
15 32.55 , $p < .001$).

16 **Mediation models.** *Deliberate risk taking* significantly mediated the relationship
17 between *alexithymia* and both *accidents* and *close calls* (see Table 3), generating medium κ^2
18 effect sizes. The models explained 32.4% and 45.0% of the variance in accidents and close
19 calls, respectively. As expected, *alexithymia* significantly positively predicted *deliberate risk*
20 *taking* (*a* path), *accidents* (*c'* path), and *close calls* (*c'* path). Additionally, *deliberate risk*
21 *taking* significantly positively predicted *accidents* (*b* path) and *close calls* (*b* path; see Table
22 3).

23 Confirming the finding in Study 2, and in line with the hypothesis, *precautionary*
24 *behaviors* significantly mediated the relationship between *alexithymia* and both *accidents* and
25 *close calls*, generating small κ^2 effect sizes. The models explained 16.5% and 20.3% of the

1 variance in *accidents* and *close calls*, respectively. As expected, *alexithymia* significantly
2 negatively predicted *precautionary behaviors* (*a* path), and positively predicted *accidents* (*c*'
3 path), and *close calls* (*c*' path). Additionally, *precautionary behaviors* significantly
4 negatively predicted *accidents* (*b* path) and *close calls* (*b* path; see Table 3).

5 **Anhedonia.** As in Study 2, *anhedonia* was significantly negatively correlated with
6 *precautionary behaviors* and significantly positively correlated with *alexithymia*. Again, no
7 significant correlation was revealed for either *deliberate risk taking* or *close calls* although, in
8 the present study, *anhedonia* was significantly correlated with *accidents* (see Table 2).
9 Confirming the Study 2 finding, when *anhedonia* was entered into the mediation model as a
10 covariate, *deliberate risk taking* continued to mediate significantly the relationship between
11 *alexithymia* and both *accidents* ($b = .159$, $CI = .010-.231$) and *close calls* ($b = .189$, $CI =$
12 $.124-.293$). Additionally, *precautionary behaviors* continued to mediate significantly the
13 relationship between *alexithymia* and both *accidents* ($b = .080$; $CI = .036-.153$) and *close*
14 *calls* ($b = .084$; $CI = .041-.144$).

15 **Discussion**

16 As in Study 2 both deliberate risk taking and precautionary behaviors emerged as
17 significant mediators of the relationship between alexithymia and accidents/close calls.
18 Additionally, the models could not be explained by anhedonia.

19 **General Discussion**

20 The aim of the present studies was to test the relationship between alexithymia, risk
21 taking, and accidents and close calls. Results consistently revealed that both deliberate risk
22 taking and precautionary behaviors mediated the alexithymia – accidents/close calls
23 relationship. Furthermore, we developed a two-factor measure of accidents and close calls in
24 sport, which consistently fit the data well and evidenced preliminary concurrent validity.

1 Unlike merely observing correlations between variables, the present mediation
2 analyses enable tentative causal inferences to be made (Preacher & Hayes, 2008).
3 Specifically, one could argue that the present results provide support for alexithymia causally
4 influencing risk taking behaviors, which in turn lead to the incidence of accidents and close
5 calls. The direction of this sequential pathway is made all the more likely by the nature of the
6 independent variable because alexithymia is widely considered a stable personality trait (e.g.,
7 Bagby et al., 1994; Luminet et al., 2007). However, more research is required before this
8 theoretically derived sequential position can be validated, as even stable personality traits are
9 not set in stone (Roberts, Walton, & Viechtbauer, 2006). Although a definitive conclusion
10 regarding causation would be premature, the alternative explanations are theoretically more
11 tenuous. Specifically, it is difficult to contend theoretically that risk taking, or indeed the
12 experience of accidents within a high-risk domain, would lead to elevated alexithymia.
13 Furthermore, it would be equally contentious to argue theoretically that the experience of
14 accidents in the high-risk domain might result in an increase in risk taking behaviors. Rather,
15 one would more easily argue for the opposite effect, as the experience of an accident would
16 likely decrease, not increase, the propensity to take risks (regardless of alexithymia). Despite
17 the strength of the theoretical position regarding the sequence of the mediation model, there
18 remains a need for further research to confirm (or otherwise) that position.

19 As discussed previously, it could be argued that it is either sensation seeking or
20 anhedonia that lead to greater risk taking behaviors in the high-risk domain. Indeed, both
21 sensation seeking (Study 1) and anhedonia (Study 2 and Study 3) are associated with
22 decreased precautionary behaviors, and sensation seeking is associated with increased
23 deliberate risk taking. However, the present analyses suggest that such an argument would be
24 ill-founded, as it was indeed alexithymia that consistently emerged a significant predictor of
25 risk taking behaviors when controlling for both sensation seeking and anhedonia. That being

1 said, future research would do well to explore additional variables that may significantly
2 contribute to the present mediation model (e.g., escape from self-awareness; Castanier et al.,
3 2011; Taylor & Hamilton, 1997).

4 Across the three studies, both the deliberate risk taking and precautionary behavior
5 mediation models demonstrated small to medium effect sizes with both accidents and close
6 calls. We prefer to avoid an inflexible interpretation of effect size based solely on arbitrary
7 benchmarks (cf. Preacher & Kelley, 2011) and rather prefer to emphasize that the relatively
8 modest effect sizes may have substantive practical importance. Specifically, in the context of
9 dangerous environments, people will die if they enter the high-risk sport domain and
10 completely fail to display any precautionary behaviors whilst simultaneously maximizing
11 deliberate risk taking behaviors. In other words, it can be argued here that small effect sizes
12 could have very meaningful real-life connotations.

13 The clear relationship between alexithymia and accidents/close calls has considerable
14 practical implications with regard to accident and injury prevention, which is a growing area
15 of research given the escalation of litigation costs associated with injuries (Hébert-Losier &
16 Holmberg, 2013). Indeed, the use of alexithymia as a construct to predict risk taking
17 behaviors could be useful in the identification of potentially dangerous participants -
18 dangerous to themselves, to other participants, or both. It is indeed likely that most instructors
19 and group leaders would welcome any such information when preparing participants for their
20 activity. However, further research is required to establish if the alexithymia – risk-taking
21 relationship might be extended beyond the population of experienced, competent, and adult
22 high-risk sport participants studied in the present study. As the high-risk sport participants’
23 group-mean levels of alexithymia were comparable to those of Parker et al.’s (2003) sample
24 norms, it would be worth testing whether the present model could be extended to other risk-

1 taking domains within sport and exercise (e.g., drug taking, overtraining) or indeed to risk
2 taking environments beyond sport (e.g., industrial and financial risks, crime).

3 The present theoretical framework suggests that the alexithymic individual actively
4 seeks out intense emotion, such as fear, via the high-risk domain. Of course, individuals may
5 actively initiate, experience, and subsequently control intense emotion such as fear (Fenichel,
6 1939; Woodman et al., 2010) such that fear is not actively experienced to any great degree
7 during the activity. Indeed, research suggests that certain high-risk sport participants perceive
8 they can control their fear in the high-risk domain (Barlow et al., 2013; Celsi et al., 1993);
9 even experiencing a perceived temporary “freedom from fear” (Lester, 2004, p. 91). This is
10 evidenced by Laberge³ (1993), a specialist solo⁴ rock climber, who said, “While climbing
11 solo, you experience moments of intense stress and you manage to dominate them” (p. 33).

12 Previous research (e.g., Barlow et al., 2013; Woodman et al., 2010) has proposed that
13 participation in high-risk sport may offer an adaptive form of compensation for individuals
14 with emotional difficulties. That is, such participation might be deemed emotionally adaptive
15 compared to relatively destructive behavioral patterns such as substance abuse (Pierson et al.,
16 1999). However, the present findings suggest that such a dichotomous adaptive-maladaptive
17 categorization may be somewhat simplistic. Indeed, the data consistently revealed that
18 alexithymia leads to a greater vulnerability to *maladaptive* outcomes – accidents – in what
19 has previously been considered an *adaptive* activity. Any adaptive outcome may be
20 experienced in the form of an emotion regulation benefit transferred from the high-risk
21 domain back into everyday life (Barlow et al., 2013). Specifically, the perceived ability to
22 deal effectively with the intense emotions in the high-risk domain (e.g., fear) may provide the
23 alexithymic individual with an enhanced, albeit temporary, sense of emotion regulation in

³ We are not suggesting that Laberge is an alexithymic individual.

⁴ Rock climbing without the protection of a rope.

1 everyday life following the activity (Barlow et al., 2013; Woodman et al., 2009). Any such
2 benefits are of course likely enjoyed only to the extent that the person survives any
3 misdemeanors in the high-risk domain. In the specific context of the high-risk domain,
4 particularly for those with emotional difficulties, Nietzsche (1889/1998) was very probably
5 quite correct: “whatever does not kill me makes me stronger” (p. 58).

6 It could be argued that a limitation of the present studies is the self-report nature of
7 the ACCSI. That is, participants’ responses may have suffered from biases, such as a self-
8 deception bias or an impression management bias (Gravetter & Forzano, 2012). Previous
9 research suggests that such inherent weaknesses of self-report methods may be somewhat
10 attenuated in the present sample. Specifically, high-risk sport participants do not significantly
11 differ from controls regarding impression management (Barlow et al., 2013) and their self-
12 report responses, pertaining to their own risk taking behaviors, significantly correlate with the
13 same self-report measures from an informant (Woodman et al., 2013). Furthermore, that the
14 ACCSI consistently showed good model-fit across three studies considerably mitigates this
15 limitation. We argue that a primary advantage of employing a self-report inventory is that
16 each individual – even an individual with emotional regulation difficulties – is in a unique
17 position of self-knowledge and self-awareness (Gravetter & Forzano, 2012). An alternative
18 method would have been to ask participants to recall their accidents and close calls in a
19 retrospective design. However, such methods are also reliant on self-report and are not
20 always very accurate even over a 12-month period (Gabbe et al., 2003). Thus, recording
21 accidents and close calls in a prospective design, with the use of diary data for example,
22 would somewhat mitigate this limitation and is therefore an important direction for future
23 research.

24 In summary, the present set of studies demonstrates that alexithymia leads to a
25 propensity to adopt greater risk taking behaviors, which in turn increases the likelihood of an

1 accident or a close call in the high-risk domain. The alexithymic individual may deem the
2 risk of physical harm as an acceptable – or indeed necessary – evil to derive the emotion
3 regulation benefit that is craved in the high-risk domain, and we urge researchers to consider
4 more fully and widely the emotion regulation motives that might be associated with risk
5 taking in sport and exercise environments more globally.

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Table 1.

Item-factor loadings and full-model fit indices for the Accidents and Close Calls in Sport Inventory (ACCSI) in Study 1, Study 2 and Study 3.

Accidents and Close Calls in Sport Inventory	Study 1	Study 2	Study 3
<i>Close Calls</i>			
(1) I experience close calls when participating in my sport	.80	.81	.88
(3) I find myself in situations that lead to near misses	.85	.85	.91
(5) During participation in my sport I narrowly avoid accidents	.77	.72	.81
<i>Accidents</i>			
(2) I am involved in accidents when participating in my sport	.84	.82	.90
(4) My decisions in this activity lead to accidents	.70	.77	.72
(6) I sustain injuries as a result of accidents	.68	.71	.72
Two-factor full-model fit indices			
<i>S-B</i> $\chi^2(13)$	18.18	38.99	21.14
CFI	.99	.98	.99
NNFI	.99	.98	.99
RMSEA	.04	.12	.09
SRMR	.03	.04	.03
χ^2/df	2.27	4.87	2.64

Note: The wording for the item stem was “Please respond concerning your common experiences in high-risk sport”. Item numbers (in parentheses) represent the item-order that was presented to the participants. *S-B* = Satorra-Bentler; CFI = Comparative Fit Index; NNFI = Non-Normed Fit Index; RMSEA = Root Mean Square Error of Approximation; SRMR = Standardized Root Mean Residual.

Table 2.

Correlations between alexithymia, deliberate risk taking, precautionary behaviors, accidents, close calls, sensation seeking, and anhedonia in Study 1, Study 2, and Study 3.

	Deliberate risk taking	Precautionary behaviors	Alexithymia	Accidents	Close calls	Sensation seeking	Anhedonia	Age
1 Deliberate risk taking	.65	-.12***	.15***	.31***	.52***	.45***	-	-.21***
	.72	-.12**	.22***	.40***	.49***	-	.02	-.20***
	.80	-.34***	.31***	.54***	.64***	-	.06	-.19***
2 Precautionary behaviors		.72	-.23***	-.02	-.10**	-.20***	-	.16***
		.81	-.16***	-.22***	-.20***	-	-.18***	.13*
		.79	-.33***	-.33***	-.34***	-	-.14***	.14**
3 Alexithymia			.81	.15***	.19***	.15***	-	-.14***
			.85	.24***	.26***	-	.25***	-.19***
			.84	.33***	.38***	-	.30***	-.18***
4 Accidents				.79	.59***	.23***	-	-.06
				.81	.73***	-	.01	-.16**
				.86	.79***	-	.18**	-.10**
5 Close calls					.85	.31***	-	-.14***
					.83	-	.03	-.11*
					.90	-	.06	-.16**
6 Sensation seeking						.76	-	-.39***
						-	-	-
						-	-	-
7 Anhedonia							-	-
							.88	-.05
							.91	-.07
8 Age								-
								-
								-
Mean (SD)	7.29 (2.22)	15.88 (2.64)	47.35 (10.15)	6.06 (2.22)	11.00 (3.64)	29.04 (5.28)	-	32.05 (11.85)
	6.93 (2.58)	17.24 (2.92)	48.18 (10.76)	6.93 (2.70)	10.20 (3.96)	-	23.80 (5.46)	35.43 (12.92)
	7.23 (3.03)	16.92 (2.88)	44.76 (11.18)	6.93 (2.91)	11.48 (4.28)	-	22.40 (6.16)	37.10 (14.20)

Note: A maximum of three values are presented in each cell of the table: Top = Study 1; Middle = Study 2; Bottom = Study 3. Where no value is present, indicated by a dash, this relationship was not measured in the particular study. Deliberate risk taking and precautionary behaviors = factor scores on Woodman et al.'s (2013) Risk Taking Inventory; Alexithymia = total score on Bagby et al.'s (1994) Toronto Alexithymia Scale 20; Accidents and Close calls = factor total scores on the new Accidents and Close Calls Inventory; Sensation seeking = total score on Hoyle et al.'s (2002) Brief Sensation Seeking Scale; Anhedonia = total score on Snaith et al.'s (1995) Snaith-Hamilton Anhedonia Pleasure Scale. Coefficient alphas are on the diagonal.

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

Table 3.

The relationship between Alexithymia and accidents and close calls as mediated by risk taking behaviors in Study 1, Study 2 and Study 3.

	M	Y	<i>Indirect effect</i>			<i>Kappa squared</i>			<i>a path</i>		<i>b path</i>		<i>c' path</i>	
			<i>b</i>	LLCI	ULCI	κ^2	LLCI	ULCI	<i>b</i>	<i>t</i>	<i>b</i>	<i>t</i>	<i>b</i>	<i>t</i>
Study 1	DRT	Accidents	.04	.021	.071	.04	.020	.070	.15	3.86***	.29	8.04***	.10	2.83**
	DRT	Close calls	.07	.035	.115	.08	.038	.120	.15	3.86***	.50	15.29***	.11	3.45***
	PB	Accidents	-.00	-.022	.016	.00	.000	.009	-.23	-6.13***	.01	.31	.15	3.84***
	PB	Close calls	.01	-.005	.035	.01	.001	.035	-.23	-6.13***	-.06	-1.51	.17	4.49***
Study 2	DRT	Accidents	.08	.036	.134	.08	.037	.129	.21	3.96***	.36	7.02***	.16	3.08**
	DRT	Close calls	.10	.046	.160	.10	.048	.162	.21	3.96***	.46	9.49***	.15	2.98**
	PB	Accidents	.03	.004	.083	.03	.005	.080	-.16	-2.98**	-.18	-3.43***	.21	3.83***
	PB	Close calls	.03	.006	.069	.03	.006	.068	-.16	-2.98**	-.17	-3.14**	.22	4.03***
Study 3	DRT	Accidents	.15	.093	.220	.16	.100	.219	.31	6.07***	.49	10.37***	.18	3.75***
	DRT	Close calls	.18	.114	.259	.20	.125	.267	.31	6.07***	.58	13.72***	.19	4.59***
	PB	Accidents	.08	.037	.157	.08	.040	.151	-.33	-6.49***	-.25	-4.79***	.25	4.66***
	PB	Close calls	.09	.043	.152	.09	.046	.148	-.33	-6.49***	-.26	-5.07***	.29	5.65***

Note: M = Mediator; Y = Outcome variable; *b* = Unstandardized beta coefficient; LLCI = Lower limit confidence interval; ULCI = Upper limit confidence interval; κ^2 = Kappa squared; *a path* = predictor variable to mediator variable; *b path* = mediator variable to outcome variable; *c' path* = direct effect; DRT = Deliberate risk taking on Woodman et al.'s (2013) Risk Taking Inventory; PB = Precautionary behaviors on Woodman et al.'s (2013) Risk Taking Inventory; Accidents and Close calls = factor total scores on the new Accidents and Close Calls Inventory.

* $p < .05$

** $p < .01$

*** $p < .001$

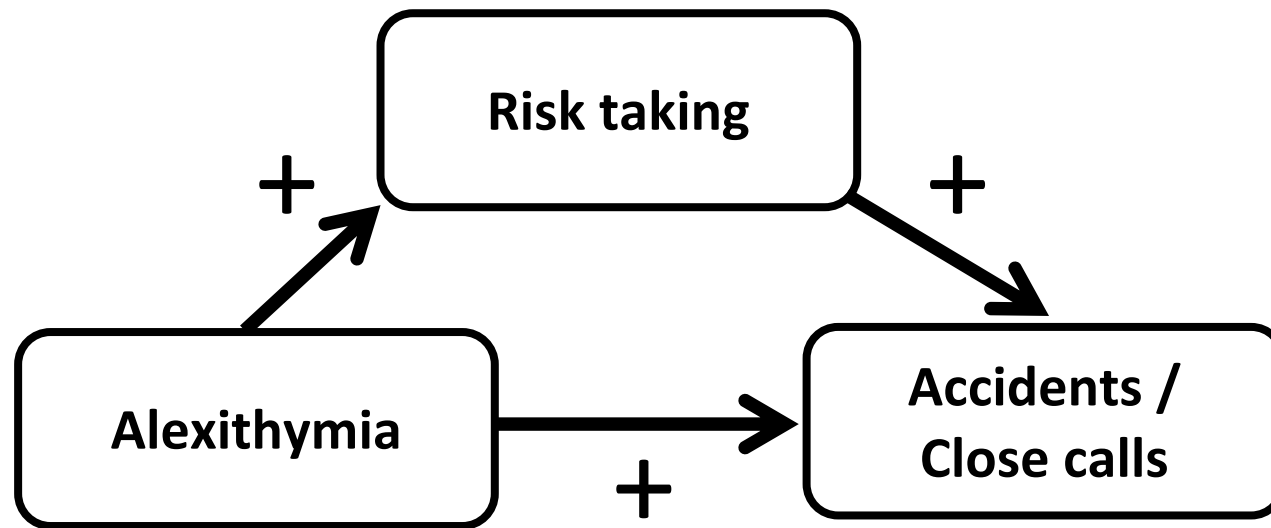


Figure 1. The mediating role of risk taking in the alexithymia – accidents/close calls relationship.