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Correlation of Alexithymia with Anxiety Disorder

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Abstract: ***Alexithymia is characterized by difficulties in recognizing and verbalizing feelings, a paucity of fantasy life, concrete speech, and thought closely tied to external events. The aim of study is to elucidate the relationships between different components of the alexithymia construct and anxiety disorder. In order to study the relations between anxiety and alexithymia in a 145 anxiety disorder patients, we administered Toranto Alexithymia scale (TAS30) and Hospital Anxiety and Depression scale (HADS). Results indicated positive correlations between anxiety and alexithymia scores.***

Keywords: alexithymia, anxiety, TAS20, HADS

1. Introduction

The alexithymia concept was first introduced by Peter E. Sifnéos and John C. Nemiah, [Sifneos, 1973] from the clinical observation of patients with classic psychosomatic diseases. He introduced the term "alexithymia," derived from the Greek words a (lack), lexis (word), and thymos (emotion). It was conceptualized as encompassing a cluster of cognitive traits including difficulty identifying feelings, difficulty describing feelings to others, externally oriented thinking, and a limited imaginative capacity [Nemiah et al, 1976]. Taylor et al. proposed that alexithymia reflected a deficit in the cognitive processing of emotions or, more generally, a disturbance in the regulation of emotions. Initially, alexithymic features were assumed to be typical of psychosomatic disease (Taylor 1987). However, further studies have indicated that alexithymia exists in various psychiatric disorders such as depressive disorders (Honkalampi 2007), somatoform disorders (Burba 2006), anxiety disorders (Heinrichs 2005; Spitzer 2007) and schizophrenia (Todarelo2005).The prevalence of alexithymia in working age populations has been shown to be about 9-17% for men and 5-10% for women (Salminen JK1998). Patients suffering from alexithymia are diagnosed with greater exacerbation of anxious-depressive symptoms (Li2015). Several studies assess the relationship between alexithymia and anxiety disorder. Bagby et al. found a positive correlation between alexithymia and anxiety, measured by TAS 26. Blanchard et al. found non-significant correlation between alexithymia, measured by the Schalling Sifneos Personality Scale (SSPS) and state anxiety (STAI). The aim of our study to determine the correlation between alexithymia and anxiety disorder.

2. Method and Material

This study was carried out in the outpatient clinic of a psychiatry department in RIMS, Ranchi, a tertiary care referral centre, during August2019 to November 2019. The Ethics Committee of the Institute approved the study. All the patients were recruited after obtaining proper written informed consent. This is cross-sectional study. The study sample included 145 patients diagnosed with anxiety disorder as per ICD10 aged between 15 and 60 years, of either gender. Patient's with comorbid psychiatric disorders, the presence of physical illness which could explain the anxiety disorder and chronic, debilitating physical illness like, diabetes, hypertension were excluded from the study.Patients meeting the inclusion and exclusion criteria were assessed in detail on the semi structured socio-demographic data sheet devised for the study. Hospital anxiety and depression scale used to screen anxiety disorder and TAS-20 used to assess alexithymia.

Toronto Alexithymia Scale (TAS-20): Toronto Alexithymia Scale (Bagby, et.al, 1994) was utilized to rate level of alexithymia. This scale is a 20-item questionnaire which measures three aspects of alexithymic problems, namely difficulty identifying feelings, difficulty describing feelings and externally oriented thinking, on a 5-point Likert scale.The total score ranging from 20 to100 and >61 used as cut off point for alexithymia.

Hospital Anxiety and Depression Scale (HADS): The HADS is a self-report rating scale of 14 items, designed to measure anxiety (HADS-A) and depression (HADS-D), with each subscale consisting of 7 items. This scale is often used for the assessment of depression and anxiety in patients with physical illnesses.

3. Data Analysis

Data was processed using Statistical Package of Social Sciences—version 16.0 (SPSS-16). Descriptive statistics was used to calculate mean, percentage, and standard deviation of the sample. Two-tailed Pearson correlations were used in order to examine the associations between three subscales of alexithymia and anxiety symptoms.

4. Result

Demographics

A total of 150 patients of anxiety disorder were selected for study, further 5 patients excluded due to physical comorbidity. The man age and education of the sample were 33.06 (SD 9.82years) and 10.55 (SD 4.39) years. Most of the participants were male (53.1%), married (68.3%), Hindu (52.4%), residing in urban background (53.1%), belonging to middle socioeconomic status (49.7%) and employed (49.7%). The mean duration of illness of anxiety disorder was 26.35 (SD 31.97) months (Table-1)

Table 1: Sociodemographic Characteristics (N=145)

Variables	Mean SD	Minimum	Maximum
Age	33.06+ 9.82	16.00	57.00
Education (in years)	10.55+ 4.39	0.00	17.00
Duration of illness (in months)	26.35+31.97	2.00	240.00
Total alexithymia score	66.65+8.43	44.00	84.00
		n	%
Gender	male	77	53.1
	female	68	46.9
Marital status	married	99	68.3
	unmarried	44	30.3
	widow	2	1.4
Religion	Hindu	76	52.4
	Muslim	33	22.8
	Christian	20	13.8
	Other	16	11
Habitat	rural	68	46.9
	urban	77	53.1
Occupation	unemployed	48	33.1
	employed	72	49.7
	student	25	17.2
Economic status	lower	63	43.4
	middle	72	49.7
	higher	10	6.9

Correlations between alexithymia and anxiety

In our study prevalence of alexithymia was 74%. The mean score of total alexithymia was 66.65(SD 8.43). Positive correlations were found between the total score of anxiety (r= 0.510, p< 0.01) and alexithymia (r= 0.572, p< 0.01). The analysis of the correlations between the scores for the different TAS dimensions and anxiety scores showed that the most of the items of HADS-Anxiety were positively correlated to all the three dimensions of alexithymia (ie, DIF ,DDF,EOR) and total scores of alexithymia. Only fourth item of HADS-Anxiety was not correlated with any dimensions of alexithymia. First item of HADS-Anxiety was positively correlated to first dimension i.e. difficulty identifying feelings (r= 0.274, p <0.01) and third dimensions i.e. externally oriented thinking (r= 0.311, p< 0.01)and sixth item was correlated with first dimension (r= 0.211, p< 0.05) only (Table-2)

Table 2: Pearson's Correlation of alexithymia and anxiety

Anxiety Sx of HADS	TAS1 (DIF)	TAS2 (DDF)	TAS3 (EOR)	TAS Total
A1	.274**	.133	.311**	.312**
A2	.499**	.387**	.191*	.436**
A3	.353**	.376**	.431**	.473**
A4	.133	.052	.092	.121
A5	.368**	.482**	.421**	.505**
A6	.211*	.070	.135	.183*
A7	.221**	.246**	.194*	.264**
Anxiety Total	.510**	.446**	.441**	.572**

*Correlation is significant at 0.05 level,** Correlation is significant at 0.01 level

DIF- Difficulty Identifying Feelings, DDF- Difficulty Describing Feelings, EOR- Externally Oriented Thinking, A1- feel tense,A2- Frightened feeling as something awful about to happened, A3-Worrying thought,A4-can set at ease and feel relax,A5-feeling like butterfly in stomach,A6-feel restless,A7-sudden feeling of panic.

5. Discussion

Relationship between alexithymia and anxiety disorder are well established. Previous findings on anxiety disorders have differed across studies; rates of alexithymia varied from 12% to 60%, according to the particular diagnosis within the genre of anxiety disorders. (cox; Parker). Within our sample of various anxiety disorders,74 % of patients were found to be alexithymic. From a general point of view, the results of this study showed a positive correlation between alexithymia and anxiety. All three dimensions of TAS-20 including difficulty identifying feelings, difficulty describing feelings and externally oriented thinking are positively correlated with total score of HADS-Anxiety (respectively r=0.510 p<0.01, r= 0.446 p<0.01 and r= 0.441 p<0.01) . These findings are coherent with previous results (Hendryx MS, Bagby RM). Besides these general considerations, the present study also provided information about intercorrelation between TAS dimensions and different items of HADS-Anxiety scale. Cox et al. argued there is a conceptual and psychometrical overlap between alexithymia and anxiety. He also found a positive correlation with the difficulty communicating feelings to others as well, which is similar with our study.Devine et al. found that Anxiety Sensitivity (AS) was significantly and positively associated with scores on the difficulty identifying and difficulty describing emotions subscales of the TAS-20 (respectively r=0.45, p<0.001 and r=0.22 p<0.005), but unrelated to scores on the external-oriented thinking subscale (r=0.03). Berthoz et al. found stronger relationship between alexithymia and trait anxiety than between alexithymia and state anxiety.

6. Conclusion

The findings of the present analyses are important to the study of alexithymia for different reasons. First, the results of this study confirm earlier results that alexithymia is positively correlated with anxiety score, and further provided evidence that there is a positive correlation between alexithymia dimension and anxiety symptoms.Moreover,future studies are needed to refine the exploration of type of anxiety disorder and alexithymia.

7. Declaration Page

To be used for life science journals + articles with biological applications

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References

[1] Sifneos P. E. (1973). The prevalence of 'alexithymic' characteristics in psychosomatic patients. *Psychotherapy and psychosomatics*, *22*(2), 255–262. https://doi.org/10.1159/000286529

[2] Nemiah, J., 1976. Carl Binger, MD, 1889-1976. *Psychosomatic Medicine*, 38(5), pp.295-296.

[3] Black, T., 1988. Psychosomatic Medicine and Contemporary Psychoanalysis, CT: International University Press. 1987.391 pp. *British Journal of Psychiatry*, 152(4), pp.590-591.

[4] Honkalampi, K., Hintikka, J., Koivumaa-Honkanen, H., Antikainen, R., Haatainen, K., &Viinamaki, H. (2007). Long-term alexithymic features indicate poor recovery from depression and psychopathology. A six-year follow-up. *Psychotherapy and psychosomatics*, *76*(5), 312–314. https://doi.org/10.1159/000104709

[5] Burba, B., Oswald, R., Grigaliunien, V., Neverauskiene, S., Jankuviene, O., &Chue, P. (2006). A controlled study of alexithymia in adolescent patients with persistent somatoform pain disorder. *Canadian journal of psychiatry. Revue canadienne de psychiatrie*, *51*(7), 468–471. https://doi.org/10.1177/070674370605100709

[6] Heinrichs, M., Wagner, D., Schoch, W., Soravia, L. M., Hellhammer, D. H., &Ehlert, U. (2005). Predicting posttraumatic stress symptoms from pretraumatic risk factors: a 2-year prospective follow-up study in firefighters. *The American journal of psychiatry*, *162*(12), 2276–2286. https://doi.org/10.1176/appi.ajp.162.12.2276

[7] Spitzer, C., Vogel, M., Barnow, S., Freyberger, H. J., &Grabe, H. J. (2007). Psychopathology and alexithymia in severe mental illness: the impact of trauma and posttraumatic stress symptoms. *European archives of psychiatry and clinical neuroscience*, *257*(4), 191–196. https://doi.org/10.1007/s00406-006-0669-z

[8] Todarello, O., Porcelli, P., Grilletti, F., &Bellomo, A. (2005). Is alexithymia related to negative symptoms of schizophrenia? A preliminary longitudinal study. *Psychopathology*, *38*(6), 310–314. https://doi.org/10.1159/000088919

[9] Salminen, J. K., Saarijärvi, S., Aärelä, E., Toikka, T., &Kauhanen, J. (1999). Prevalence of alexithymia and its association with sociodemographic variables in the general population of Finland. *Journal of psychosomatic research*, *46*(1), 75–82. https://doi.org/10.1016/s0022-3999(98)00053-1

[10] Li, S., Zhang, B., Guo, Y., & Zhang, J. (2015). The association between alexithymia as assessed by the 20-item Toronto Alexithymia Scale and depression: A meta-analysis. *Psychiatry research*, *227*(1), 1–9. https://doi.org/10.1016/j.psychres.2015.02.006

[11] Bagby, R. M., Taylor, G. J., & Ryan, D. (1986). Toronto Alexithymia Scale: relationship with personality and psychopathology measures. *Psychotherapy and psychosomatics*, *45*(4), 207–215. https://doi.org/10.1159/000287950

[12] Blanchard, E. B., Arena, J. G., &Pallmeyer, T. P. (1981). Psychometric properties of a scale to measure alexithymia. *Psychotherapy and psychosomatics*, *35*(1), 64–71. https://doi.org/10.1159/000287479

[13] Bagby, R. M., Taylor, G. J., & Parker, J. D. (1994). The Twenty-item Toronto Alexithymia Scale--II. Convergent, discriminant, and concurrent validity. *Journal of psychosomatic research*, *38*(1), 33–40. https://doi.org/10.1016/0022-3999(94)90006-x

[14] Hendryx, M. S., Haviland, M. G., & Shaw, D. G. (1991). Dimensions of alexithymia and their relationships to anxiety and depression. *Journal of personality assessment*, *56*(2), 227–237. https://doi.org/10.1207/s15327752jpa5602_4

[15] Cox, B. J., Swinson, R. P., Shulman, I. D., &Bourdeau, D. (1995). Alexithymia in panic disorder and social phobia. *Comprehensive psychiatry*, *36*(3), 195–198. https://doi.org/10.1016/0010-440x(95)90081-6

[16] Devine, H., Stewart, S. H., & Watt, M. C. (1999). Relations between anxiety sensitivity and dimensions of alexithymia in a young adult sample. *Journal of psychosomatic research*, *47*(2), 145–158. https://doi.org/10.1016/s0022-3999(99)00033-1

[17] Parker, J. D., Taylor, G. J., Bagby, R. M., &Acklin, M. W. (1993). Alexithymia in panic disorder and simple phobia: a comparative study. *The American journal of psychiatry*, *150*(7), 1105–1107. https://doi.org/10.1176/ajp.150.7.1105