

Alexithymia in a Normal Elderly Population

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The aim of the study was to determine the prevalence of alexithymia in an elderly Finnish population sample. Associations between alexithymia and sociodemographic factors were investigated, together with the relationship between alexithymia and perceived somatic health and self-reported psychic health. The study forms a part of the Turun Vanhustutkimus (TUR-VA) project, which is a longitudinal, prospective follow-up study dealing with psychosocial adaptation to retirement and to old age. The study group consisted of a population sample of 72-year-old people (N = 190). Alexithymia was measured with the 26-item

version of the Toronto Alexithymia Scale (TAS-26). The prevalence of alexithymia was 34%. Alexithymia was associated with poor perceived somatic health. Alexithymia was associated with having a psychiatric disturbance (measured by the 36-item General Health Questionnaire [GHQ-36]), but this relationship disappeared when the influence of perceived somatic health was controlled for. Alexithymia was not associated with gender, marital status, social status, or residential area.

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SIFNEOS¹ coined the term alexithymia (“no words for feelings”) 23 years ago to denote an impoverishment of fantasy and capacity for symbolic thought and an inability to experience and verbalize emotion. Since then, it has been noted that alexithymia is linked with different kinds of psychosomatic disorders and also with various somatic diseases²⁻⁴ and chronic pain.⁵⁻⁷ The associations between alexithymia and almost every kind of patient group have been studied.^{3,8} Taylor et al.⁹ have even proposed that the alexithymia construct could be a potential paradigm for all psychosomatic medicine.

There has been disagreement about the question of whether alexithymia is a nonneurotic personality dimension.¹⁰⁻¹¹ Also, the relationship of alexithymia to sociodemographic factors is still an open question. Is alexithymia a pure psychosomatic concept without connections to sociodemographic factors? Some studies exist concerning, e.g., alexithymia and gender, but the results are somewhat contradictory due to the variation of methods, settings, and samples.¹²⁻¹⁹ The literature is sparse concerning the occurrence of alexithymia in normal populations. Recently, Pasini et al.²⁰ studied the relationships between alexithymia and age, gender, and education in a sample from a normal population aged less than 65 years. They concluded that a study of alexithymia with an older

sample from a normal population is needed. To our knowledge, no such study exists.

The aim of the present study was to investigate the prevalence of alexithymia in an elderly Finnish population sample. Associations between alexithymia and sociodemographic factors were investigated. The relationship between alexithymia and perceived somatic health and self-reported psychic health was also studied. This study forms a part of the Turun Vanhustutkimus (TUR-VA) project, which deals with psychosocial adaptation to retirement and subsequently to old age.²¹

METHOD

Subjects

The TURVA project is a long-term prospective follow-up study. The initial study was performed in 1982 when the subjects were 62 years old. Herein we report part of a follow-up study, which was performed by means of interviews in 1990 to 1992. All subjects had already been retired for more than 5 years.

The initial population sample consisted of individuals born in 1920, alive on January 1, 1982, and not in permanent institutional care. The urban part of the sample (n = 200) was selected randomly from the population of the city of Turku (170,000 inhabitants, in Southwestern Finland) and the rural sample (n = 189) systematically from rural municipalities near Turku. A total of 339 subjects participated in the initial study. The rate of loss from the initial sample was 12.9%. Before the follow-up study, 56 subjects (16.5%) had died. Of those still living, 67.1% (n = 190) completed the Toronto Alexithymia Scale (TAS) questionnaire and 32.9% (n = 93) refused.

Comparisons between dropouts, participants, and subjects who died before the follow-up evaluation were made according to the following variables: gender, marital and social status, residential area, type of pension, self-reported health, and health assessed by physicians. Participants and dropouts differed only by residential area: the proportion of individuals living in rural areas was significantly higher in

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dropouts than in participants. Subjects who died before the follow-up evaluation were more commonly men, and they reported their somatic health in the initial study as poorer than subjects still living at the time of the present study. Their health was also assessed as significantly poorer at the medical examination of the initial study than the health of the still-living group.

Instruments

The instruments used in the follow-up study included a psychosocial structured interview, questionnaires, and psychological tests. The 36-item General Health Questionnaire (GHQ-36)²² was sent to the subjects by mail with the invitation to the study interview. After the interview, subjects completed the TAS questionnaire at home. The GHQ-36 was used as a measure of mental health of the subjects. Subjects were assessed as probable psychiatric cases if they scored five or more points. Alexithymia was measured using the TAS, a 26-item self-report measure of alexithymia that has good internal consistency, good test-retest reliability, and a factor structure congruent with the alexithymia construct.^{13,23,24} The TAS total score ranges from 26 to 130 points. The developers of the instrument suggest that a score of 74 or higher identifies alexithymic cases and a score of 62 or less identifies nonalexithymic cases. The mean of the TAS score is also often used in comparisons. Both ways are used in this study.

Statistical Methods

The data were analyzed using the SAS, Version 6.03 (SAS Institute, Cary, NC). The chi-square test was used for statistical evaluation of group comparisons in categorical variables, and the *t* test in numerical variables. The log-linear analysis (CATMOD procedure) was the method used in simultaneous analysis of relationships between several variables.²⁵

RESULTS

Approximately one third of the sample were assessed as alexithymic according to the TAS. No difference in the prevalence of alexithymia was found between the genders or the marital status groups. Subjects' social status was measured using a Finnish classification based on occupational prestige.²⁶ The proportion of alexithymics in the two highest groups was nearly one third. In the lowest group, the proportion was slightly higher, but the difference was not significant. Subjects with a lower level of education were significantly more commonly alexithymic than the group with a higher level of education. Inhabitants of urban and rural areas did not differ with regard to the prevalence of alexithymia (Table 1).

The prevalence of alexithymia in psychiatric cases according to the GHQ-36 was significantly higher than in the group of nonpsychiatric

Table 1. Alexithymia in 72-Year-Old Finnish People

Variable	Prevalence of Alexithymia (%)	<i>P</i>	Mean of TAS	<i>P</i>
Gender		NS		NS
Male	34.5		68.0	
Female	33.0		67.8	
Marital status		NS		NS
Unmarried	50.0		71.5	
Married	30.4		67.5	
Divorced	26.7		65.0	
Widowed	34.6		67.6	
Social status		NS		NS
1-3	28.6		61.1	
4-6	32.1		67.4	
7-9	38.5		69.7	
Education		.038		NS
Primary school	38.9		69.2	
Primary school ≥ 1 year	23.9		65.3	
Residential area		NS		NS
Urban	33.0		67.6	
Rural	34.6		68.3	
GHQ-case		.009		.0006
No	27.8		66.0	
Yes	46.9		72.0	
Self-reported somatic health		.009		.0001
Very good/fairly good	28.4		65.9	
Quite poor/very poor	50.0		73.5	

cases. Subjects who assessed their physical health as poor were significantly more commonly alexithymic than those who considered themselves very or quite healthy. This means that, separately analyzed, alexithymia was significantly associated with both psychiatric morbidity and perceived poor somatic health. However, according to log-linear analysis (including alexithymia, psychiatric morbidity measured by the GHQ-36, and perceived somatic health), the main reason for this was the strong interaction between psychiatric morbidity and perceived poor somatic health. In this analysis, alexithymia was nearly significantly ($P < .05$) associated with perceived poor somatic health, and it was not associated with psychiatric disturbance.

DISCUSSION

There are many methods of measuring alexithymia. Determining the best method is one of the main problems in studying alexithymia. The method used in the present study was the TAS. Its validity and reliability have been studied carefully.^{13,23} The developers of the TAS have presented a new revised version of the method, TAS-20,^{27,28} since the data of our study were collected.

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