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RELATIONSHIPS BETWEEN ALEXITHYMIA AND PSYCHOLOGICAL CHARACTERISTICS ASSOCIATED WITH EATING DISORDERS

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Abstract—This study examines the relationships between alexithymia and psychological characteristics and behaviors that are commonly associated with eating disorders. The 20-item Toronto Alexithymia Scale (TAS-20) and the Eating Disorder Inventory (EDI) were administered to a group of 48 female patients with anorexia nervosa, a matched comparison group of 30 normal women, and an unmatched comparison group of 116 male and 118 female university students. In the anorexic and male student groups, the TAS-20 correlated significantly and positively with the EDI subscales, Ineffectiveness, Interpersonal Distrust, Interoceptive Awareness, and Maturity Fears. The TAS-20 correlated significantly only with Interpersonal Distrust in the matched comparison group, and only with Ineffectiveness and Interpersonal Distrust in the female student group. The results suggest that alexithymia is related to several psychological traits that are characteristic of patients with eating disorders and thought to play a role in the development of the disorders, but is unrelated to attitudes and behaviors concerning abnormal eating and body weight and shape. *Copyright © 1996 Elsevier Science Inc.*

Keywords: Alexithymia; Eating disorders; Eating Disorder Inventory.

INTRODUCTION

The traditional psychoanalytic theory of anorexia nervosa was challenged during the early 1960s by Bruch [1], who changed the focus of inquiry from conflicts over unconscious "oral impregnation fantasies" to certain perceptual and conceptual disturbances that she had begun to identify in many eating disorder patients. These included severe body image disturbances, interoceptive disturbances (such as inaccuracy in identifying bodily and emotional states), and an overall sense of ineffectiveness. Recognizing the important clinical implications of these disturbances. Bruch [1, 2] advised against the use of interpretive psychotherapy for anorexia nervosa and recommended instead a therapeutic approach that enables patients to become aware of, and to identify, their own feelings and impulses.

Over subsequent decades the development of instruments for measuring psychological deficits, and their use in empirical studies with eating disorder patients, have

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yielded considerable support for Bruch's assertions [3]. The development and validation of the Eating Disorder Inventory (EDI) in particular, and its application to numerous clinical populations, have confirmed that a drive for thinness, a lack of interoceptive awareness, and an overwhelming sense of ineffectiveness are characteristic features of anorexia nervosa [4, 5]. Several other psychological characteristics and behaviors that are commonly associated with eating disorders have been defined that are also measured by the EDI; these are body dissatisfaction, bulimia, perfectionism, interpersonal distrust, and maturity fears. Interpersonal distrust is of particular interest as it refers not only to a reluctance to form close relationships, but also to a reluctance to express thoughts and feelings to others [6]. Identifying one's feelings accurately and communicating them to other people both play a role in the self-regulation of distressing emotional states [7–9].

In recent years, several investigators have examined the relationship between eating disorders and alexithymia, a personality construct that encompasses some of the cognitive and affective deficits that Bruch [1, 10] identified in patients with anorexia nervosa. The salient features of the alexithymia construct are difficulties in identifying and communicating feelings, an impoverished imaginative life, and an externally orientated cognitive style [11, 12]. Although these characteristics were reported initially among patients suffering from one or more of the so-called "classical" psychosomatic diseases, empirical studies have demonstrated high rates of alexithymia among patients with substance use disorders [13], posttraumatic stress disorder [14], panic disorder [15, 16], and somatoform pain disorder [17]. The highest reported rate of alexithymia (77.1%), however, was in a preliminary study we conducted with a sample of women with anorexia nervosa [18]; alexithymia was unrelated to the extent of weight loss and the duration of illness and, therefore, could not be attributed to effects of starvation or chronic malnutrition on the personality. Since that study was published several other investigators have reported high rates of alexithymia ranging from 48% to 63% in samples of patients with anorexia nervosa and from 40% to 63% in samples of patients with bulimia nervosa [19–22]. All of these studies measured alexithymia with the self-report Toronto Alexithymia Scale (TAS) [23].

The finding of high rates of alexithymia among patients with anorexia nervosa or bulimia nervosa has led some investigators to examine recently the relationships between alexithymia and the cognitive and behavioral traits measured by the EDI. In a large nonclinical sample of female undergraduate university students, Laquatra and Clopton [24] found that the TAS correlated positively and significantly with all of the EDI subscales except Perfectionism; the strongest correlations were with Interoceptive Awareness, Ineffectiveness, and Interpersonal Distrust. Zwaan et al. [25] investigated a group of 182 obese women (45.6% of whom had binge eating disorder) and found, in a series of stepwise multiple regression analyses, that EDI subscales, Interpersonal Distrust and Ineffectiveness, as well as low educational level, were independent predictors of TAS scores.

Since publication of our earlier study with anorexic women [18], we have developed a revised and improved version of the TAS which has been named the 20-item Toronto Alexithymia Scale (TAS-20) [26]. The TAS-20 has a three-factor structure and uses a more conservative cutoff score than the TAS for identifying alexithymic subjects. As the anorexic women in our earlier study, and a comparison group of