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Alexithymia in somatoform and depressive disorders

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Abstract

Objective: Alexithymia and its association with attribution styles, amplification and illness attitudes was studied among subjects with somatoform disorders, depressive disorders and normal subjects. **Methods:** Two groups of 30 subjects each, bearing diagnoses of somatoform disorder and depressive disorder respectively (ICD-10 DCR), and one group of 30 normal controls were recruited. The study subjects were assessed using the Toronto Alexithymia Scale and scales for assessing attribution styles, amplification and illness attitudes. **Results:** Mean alexithymia scores in the somatoform (60.4) and depressive disorder groups (62.5) were higher than in normal subjects (54.2). In the somatoform disorder group, total alexithymia and 'difficulty describing feelings' scores positively correlated with psychological attribution (the latter correlation was also noted in the depressive disorder group), but not with the illness attitudes, amplification, somatic attribution scores or any of the sociodemographic variables. Compared with normal subjects, those with somatoform and depressive disorder had greater difficulty in identifying bodily sensations and feelings. Subjects with depressive disorder had more difficulty in expressing feelings compared to somatoform disorder subjects. **Conclusions:** While total alexithymia scores do not differentiate somatoform from depressive disorders, the two diagnostic groups do differ in that depressed subjects have greater difficulty in expressing feelings. However, all three groups had mean scores within the non-alexithymic range. Alexithymia and difficulty in expressing feelings were associated with psychological attribution of innocuous bodily sensations in the somatoform disorder group suggesting that alexithymic subjects are more able to psychologize bodily symptoms than non-alexithymic subjects. Somatoform and depressive disorder subjects and normals differ from each other in certain alexithymic characteristics, which could have potential therapeutic implications.

Keywords: Alexithymia; Somatoform disorders; Depressive disorders

Introduction

Alexithymia is a multidimensional construct defined by a difficulty in identifying and describing feelings, a difficulty in distinguishing between feelings and bodily sensations, a paucity of fantasies, and an externally focused cognitive style [1]. Alexithymic characteristics have been observed among patients with somatization (medically unexplained physical symptoms) [1,2]. Studies have found a high prevalence of alexithymia among somatoform disorder patients [3]. Alexithymia has also been reported to be associated with depression in a number of studies [4–7]. On the other hand, somatization and depression are closely related clinical presentations, in the sense that somatizing patients are often depressed and depressed patients often present with somatization [8,9]. It has been reported that subjects with alexithymic characteristics are not suited for insight oriented (dynamic) or verbal therapies. They may, however, benefit from behavioral or nonverbal modalities [1]. Hence, a study of alexithymia among somatoform and depressive disorder patients may have important therapeutic implications.

Further, alexithymia has been found to be associated with illness attitudes like hypochondriacal beliefs and somatic focusing with negative health implications among somatizing and psychiatric patients. [10,11]. Thus, symptom appraisal and consequent help seeking may be related to alexithymia.

An investigation to assess alexithymia among subjects with somatoform disorders and depressive disorders in comparison to a normal control sample was conducted. The relationship between alexithymia, its dimensions and illness attitudes, somatosensory amplification and attribution styles among these subjects was also studied.

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Methodology

The study was conducted at the National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore, India. Subjects were recruited from the outpatient services of the Department of Psychiatry, which is attended mostly by patients seeking psychiatric consultation for the first time, as well as some referred from other sources. Three groups of 30 subjects each were studied, of which two groups had diagnoses of somatoform disorder and depressive disorder (depressive episode or dysthymia), respectively (ICD-10 DCR). None of the subjects included in the study were secondary referrals. The third 'normal' group consisted of friends and relatives accompanying patients, with a GHQ-28 score ≤ 5 [13].

Subjects for both patient groups were recruited after being assessed with the Schedules for Clinical Assessment in Neuropsychiatry (SCAN)–Part 1 and screener for Part 2 [12] by a trained investigator (VD). Exclusion criteria were organic mental disorders, substance use disorders, psychotic disorders and anxiety disorders.

Instruments

Toronto Alexithymia Scale (TAS) is a 26-item self-report questionnaire developed by Taylor et al. using a factor-analytic, construct-oriented approach [14]. This scale was previously translated and standardized to Kannada language in this center [15].

Subjects were administered the TAS by an investigator guided interview along with instruments for assessing symptom attribution styles (Symptom Interpretation Questionnaire) [16], amplification (Somatosensory Amplification Scale) [17] and illness attitudes (Illness Attitude Scales) [18] as part of a larger study.

Data was analyzed using a computerized statistical package (SPSS 10.1). One-way ANOVA with post hoc corrections and *t* test for continuous variables, and chi-square test for categorical variables was used for group comparisons. Pearson Product–Moment Correlation analysis was also used for alexithymia total and factor scores, attribution patterns, amplification, illness attitudes and pertinent demographic variables. Significance level (alpha) was set at $< .05$.

Results

The sociodemographic characteristics of the three groups are given in Table 1. The three groups had comparable sociodemographic backgrounds. In each group, the majority was female and from middle socioeconomic background. A large proportion of subjects in each group were illiterate (Table 1).

Fifty-seven percent of the somatoform disorder sample had a diagnosis of undifferentiated somatoform disorder and 27% had persistent pain disorder. Forty-eight percent of the depressive disorder sample had a moderate depressive episode and 40% had dysthymia. Both groups had similar illness duration. The large proportion of patients with dysthymia explains the larger standard deviation (48.5) of illness duration in the depressive disorder group.

The mean TAS score for the somatoform disorder group was 60.4 (S.D. = 11.5), which was similar to the depressive disorder group (62.5, S.D. = 11.8) and significantly higher than the normal group (54.2, S.D. = 6.4) (Table 2). No significant differences in alexithymia scores were found between literate and illiterate subjects.

Factor analytic studies have identified the following four factors for TAS: (1) 'difficulty in identifying feelings and bodily sensations,' (2) 'externally oriented thinking,' (3) 'difficulty expressing feelings' and (4) 'reduced daydreaming' [19,20]. Similar factors have been identified in studies at NIMHANS [15]. Data was further analysed using these four factors (Table 2). Somatoform and depressive disorder

Table 1
Sociodemographic and illness characteristics of study groups

Variables	Somatoform disorder ($n = 30$)	Depressive disorders ($n = 30$)	Normal ($n = 30$)	Statistic $\chi^2/F/t$ value	Significance
Gender					
Males	9	7	8	0.34	NS
Females	21	23	22		
Socioeconomic status					
Middle	21	21	25	2.57	NS
Lower	9	9	5		
Religion					
Hindu	11	9	9	0.40	NS
Non-Hindu	19	21	21		
Education					
Not literate	19	17	14	1.71	NS
Literate	11	13	16		
Age (years)					
Mean (S.D.)	34.4 (7.7)	33.1 (9.4)	33.7 (6.6)	1.6	NS
Illness duration (months) mean (S.D.)	41.0 (34.7)	29.9 (48.5)	–	2.4	NS