

Alexithymia in Male Alcoholics: Study in a Turkish Sample

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The prevalence of alexithymia among male alcoholic cases in a clinical sample from the Turkish population and the relationship between alexithymia and clinical characteristics of alcoholics were studied. Participants were 56 males with alcohol dependence. Alcohol dependence was diagnosed by means of the Structured Clinical Interview for DSM-IV (SCID-I), Turkish version. Alexithymia was screened using the 20-item version of the Toronto Alexithymia Scale (TAS-20). Almost 42% of the patients with alcoholism had a score greater than 60 on the TAS-20, and were

therefore considered as alexithymic. The alexithymic patients were found to have a lower level of education and poor economic status. In addition, the severity of alcoholism and duration of alcohol use has been shown to be associated with alexithymia. These results suggest that there was a strong connection between alexithymia and alcoholism. However, the prevalence of alexithymia was not different in Turkish alcoholic men compared with Western alcoholic men. © 2003 Elsevier Inc. All rights reserved.

THE ORIGINAL DEFINITION given to alexithymia is the inability to identify and use language to describe feelings.¹ Alexithymia generally is thought to be a stable personality trait and a predisposing risk factor for a variety of psychiatric disorders.² Many studies have indicated relatively high prevalence rates of alexithymia in psychosomatic disorder,³ depressive disorder,⁴ somatoform disorder,⁵ post-traumatic stress disorder,⁶ panic disorder,⁷ and substance-related disorders.^{8,9}

Wise et al.¹⁰ suggested that alexithymic individuals were more introverted and less socially comfortable, probably as a result of difficulty communicating their feelings. Rybakowski et al.¹¹ noted that alcohol intake might be a way to alleviate stress situations in alexithymic subjects and facilitate their verbal and emotional personal contacts. The rewarding experience with alcohol may eventually lead to the development of dependence. Thus, prevalence of alexithymic features in alcoholic subjects is higher than those in the general population.^{12,13} On the other hand, Freyberger¹⁴ divided alexithymia into two types, primary as a personality trait and secondary as a state reaction. Haviland et al.¹⁵ found that alexithymic characteristics of newly abstinent alcoholics decreased as their treatment progressed, and they concluded that alexithymia is a state reaction in many patients with alcohol dependence. Their proposal has been supported by many recent studies.¹⁶⁻¹⁸

The prevalence of alexithymia among alcoholic patients has been reported to range from 48% to 78% in several studies.^{11,12,19,20} These studies on alcoholism and alexithymia have mainly been carried out in the Western population. However, many authors²¹⁻²³ reported that cultural differences might influence the prevalence of alexithymia. Leff²⁴

insisted that people from developed countries show a greater differentiation of emotional states than those in developing countries and that some languages impose constraints on the expression of emotion. Therefore, it may not be appropriate to generalize Western findings to all countries. However, the number of studies about alcoholism and alexithymia in developing countries is limited. In this study, we aimed to identify the prevalence of alexithymia and related clinical features with alexithymia in a sample of male alcoholic outpatients in a developing country, Turkey.

METHOD

Sample

Subjects were 56 consecutive male alcoholics who attended an outpatient unit at the Department of Psychiatry, Gulhane School of Medicine, Turkey. The study was preceded by a 1- to 10-day period of abstinence from alcohol. Patients with concomitant psychiatric disorders, substance abuse (other than alcohol), organic brain syndrome, and other somatic diseases were excluded. The control group was 70 healthy persons, who were relatives of patients attending an outpatient unit of internal medicine, matched for age, gender, socioeconomic status, and education with the subjects. All subjects participated voluntarily in the study and gave written informed consent, which was obtained after the procedure had been fully explained to them.

The mean age of the alcoholic patients and control subjects was 39.0 ± 9.9 and 36.2 ± 9.5 years ($t = 1.1$, $df = 124$, $P > .05$), and educational level was 10.1 ± 3.1 and 10.5 ± 3.3 years ($t = -.8$, $df = 124$, $P > .05$), respectively. There were no significant differences between groups in respect to economic ($\chi^2 = .2$, $df = 1$, $P > .05$) and marital status ($\chi^2 = .2$, $df = 1$, $P > .05$).

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Measures

Participants responded to a battery of questions, which included a brief questionnaire requesting information on socio-demographic variables and clinical characteristics of alcoholism. Whenever possible, the patient's history was corroborated by the medical record, clinicians, and family members. The diagnosis of alcohol dependence in each participating patient was confirmed by means of the Structured Clinical Interview for DSM-IV (SCID-I),²⁵ Turkish version,²⁶ conducted by trained interviewers. The severity of alcoholism was assessed using the Michigan Alcoholism Screening Test (MAST),²⁷ Turkish version.²⁸ The prevalence of alexithymia was screened using the 20-item version of the Toronto Alexithymia Scale (TAS-20),^{29,30} Turkish version.³¹ The Turkish version of the TAS-20 has been validated in a Turkish population study. Each TAS-20 item was rated on a five-point (1-5) Likert scale, with total scores ranging from 20 to 100. The total scores of the TAS-20 were categorized according to the recommendations of Taylor et al.²; thus a score ≥ 61 indicated alexithymia and ≤ 51 no alexithymia. Subjects with a TAS-20 score between 52 and 60 were categorized as intermediate. Cronbach's α was 0.76.

Statistics

Alcoholics with a TAS-20 score ≥ 61 were compared with nonalexithymic alcoholics (TAS-20 score ≤ 51). Mann-Whitney U tests, t tests, or chi-square tests analyzed differences between both groups concerning sociodemographic and clinical variables. In addition, correlation analyses were done for continuous variables. A P value less than .05 was considered to indicate statistical significance in all of the analyses.

RESULTS

In the alcoholic group, 48.2% of patients ($n = 27$) had a score greater than 60 on the TAS-20, and were therefore considered as alexithymic. Rates of intermediate alexithymic and nonalexithymic alcoholics were 19.7% ($n = 11$) and 32.1% ($n = 18$), respectively. Alexithymic subjects were signifi-

cantly less educated ($z = -2.5$, $P < .035$) than the nonalexithymics. In addition, alcoholics with alexithymia had lower economical status than nonalexithymics ($\chi^2 = 7.5$, $df = 2$, $P < .024$). Age ($z = -.2$, $P > .871$) and marital status ($\chi^2 = 1.8$, $df = 2$, $P > .05$) were not associated with alexithymia (Table 1).

In the control group, according to TAS-20, 21.4% of subjects ($n = 15$) were alexithymic. The rate of alexithymics in the control group was significantly lower than alcoholic group (21.4% v 48.2%, $\chi^2 = 13.6$, $df = 2$, $P < .001$). Alexithymia was associated with poor economic status ($\chi^2 = 6.6$, $df = 2$, $P < .037$), but it was not associated with age ($z = -.4$, $P > .657$), educational level ($z = -.2$, $P > .823$), and or marital status ($\chi^2 = 4.4$, $df = 2$, $P > .05$) in the control subjects (Table 1).

Data in Table 2 show age at onset of alcohol use, duration of alcohol use, TAS-20 scores, and MAST scores of the alcoholic patients. The age at onset of alcohol use was lower in alexithymics than in nonalexithymics ($z = -2.1$, $P < .38$). The duration of alcohol use was 17.9 ± 7.9 years in the alexithymic group, and 11.9 ± 7.3 years in the nonalexithymic group. The difference between groups was statistically significant ($z = -2.1$, $P < .035$). There was also a positive correlation between TAS-20 score and duration of alcohol use ($r = -.373$, $n = 56$, $P < .005$). In addition, MAST scores of the alexithymic alcoholics were significantly higher than that of the nonalexithymic alcoholics ($z = -4.2$, $P < .000$). Moreover, there was

Table 1. Comparison of Sociodemographic Data of the Alcoholic Men and Control Subjects

	Male Alcoholics			Control Subjects		
	Alexithymics ($n = 27$)	Nonalexithymics ($n = 18$)	P	Alexithymics ($n = 15$)	Nonalexithymics ($n = 45$)	P
Age, median \pm SD (yr)	37.3 \pm 9.6	36.2 \pm 9.9	NS	37.1 \pm 8.9	35.4 \pm 9.9	NS
Education, median \pm SD (yr)	9.4 \pm 3.2	12.0 \pm 2.6	.035*	10.6 \pm 2.9	10.7 \pm 3.6	NS
Marital status, n (%)			NS			NS
Single	8 (29.6%)	4 (22.2%)		1 (6.7%)	24 (53.3%)	
Married	13 (48.2%)	11 (61.1%)		12 (80%)	14 (31.1%)	
Widowed	6 (22.2%)	3 (16.7%)		2 (13.3%)	7 (15.6%)	
Economic status, n (%)			.024†			.037†
Good	16 (59.3%)	17 (94.4%)		7 (46.7%)	34 (75.6%)	
Poor	11 (40.7%)	1 (5.6%)		8 (53.3%)	11 (24.4%)	

*Mann-Whitney U test.

†Chi-square.

Abbreviation: NS, not significant.

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