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Alexithymia and insomnia

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Abstract

The purpose of the present study was (1) to investigate the association between insomnia and alexithymia, as measured by the Toronto Alexithymia Scale (TAS-20) and its subscales, and (2) to test if the TAS-20 and its subscales show the same correlational pattern with anxiety, depression and perfectionism in insomnia patients as has previously been found in non-clinical samples. A consecutive series of 259 insomnia patients were compared with a community sample. Although the insomnia patients scored significantly higher on the TAS-20, this difference disappeared when trait anxiety was controlled for, and was primarily due to patients who suffered from insomnia associated with another psychiatric disorder. All insomnia groups, however, showed elevated scores on the TAS-20 subscale Externally Oriented Thinking (EOT). The correlational analysis showed moderate to high correlations between the TAS-20 (and its subscales Difficulties Identifying Feelings and Difficulties Describing Feelings, although not the EOT) and measures of depression, anxiety and perfectionism, thus replicating a pattern from non-clinical samples. The results are discussed in terms of externally oriented thinking being an interesting dimension of alexithymia, which is (a) not confounded by negative emotion and standards of performance, and (b) shows generally elevated scores in insomnia patients.

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Keywords: Insomnia; Alexithymia; Trait anxiety; Depression; Perfectionism

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1. Introduction

The construct of alexithymia developed from clinical observations that many patients with psychosomatic disorders had difficulty talking about feelings and fantasies (Sifneos, 1973). This led to a definition of alexithymia that emphasized difficulties in identifying and describing emotions, and in differentiating between emotions and bodily sensations. In Taylor, Bagby, and Parker's (1997) formulation of the theory, alexithymia is assumed to involve an impaired capacity to construct mental representations of emotions, which are needed both for the cognitive processing of emotional experiences and for the verbal communication of emotional experiences to other people – two essential forms of emotional regulation. As a result of these difficulties, alexithymic individuals are assumed to be susceptible to the development of various somatic and mental disorders.

Although alexithymia has been argued to play an important role in both mental and somatic disorders, little research has been done on the possible role of alexithymia in sleep disorders. The main purpose of the present study was to study the association between insomnia and alexithymia, as measured by the Toronto Alexithymia Scale (TAS-20). The TAS-20, which is the most commonly used measure of alexithymia, is a self-assessment instrument with three subscales: Difficulties Identifying Feelings (DIF), Difficulties Describing Feelings (DDF), and Externally Oriented Thinking (EOT).

In previous research, some evidence of an association between insomnia and alexithymia has been reported by Pallesen et al. (2002), who found that a sample of elderly insomniacs scored significantly higher than good sleepers on the TAS-20, and in particular on the DIF subscale. There is also some evidence of an association between alexithymia and self-reported poor sleep in non-clinical samples (Hyypää, Lindholm, Kronholm, & Lehtinen, 1990). Further, Bazydlo, Lumley, and Roehrs (2001) found an association between alexithymia and polysomnographic measures of poor sleep in a non-clinical sample, although De Gennaro et al. (2002) could not replicate this finding.

It is known that insomnia may occur both as an independent disorder (so-called primary insomnia), and in connection with psychiatric conditions like depression and generalized anxiety disorder (American Psychiatric Association, 1994). This raises the question whether a possible association between insomnia and alexithymia holds both for insomnia generally or merely for anxiety- or depression-related insomnia. If the latter is the case, the association between insomnia and alexithymia should disappear when anxiety and/or depression is controlled for. Consistent with the latter hypothesis, De Gennaro, Martina, Curcio, and Ferrara (2004) found that, although the TAS-20 correlated significantly with self-report measures of poor sleep, these associations disappeared when depression was controlled for. Several studies have shown moderate to strong correlations between the TAS-20 and not only depression, but also trait anxiety (e.g., Bagby, Parker, & Taylor, 1994; De Gucht, Fontaine, & Fischler, 2004; Luminet, Bagby, Wagner, Taylor, & Parker, 1999; Lumley, Ovie, Stettner, Wehmer, & Lakey, 1996; Lundh & Simonsson-Sarnecki, 2001), and some evidence suggests that the association with trait anxiety may be even stronger than that with depression (e.g., Berthoz, Consoli, Perez-Diaz, & Jouvent, 1999). This makes it important to control also for anxiety when studying the association between alexithymia and insomnia.

One main purpose of the present study was therefore to compare different subdiagnostic groups of insomnia patients with regard to their scores on the TAS-20. If alexithymia as measured by the

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