Alexithymia and Life Satisfaction in Primary Healthcare Patients

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The relationship between life satisfaction and alexithymia was studied in a sample of 229 patients as a part of a naturalistic follow-up study of depression in Finnish primary health care. The measures were the abbreviated Life Satisfaction Scale and the 20-item Toronto Alexithymia Scale. Depression was assessed by telephone with the short form of the Composite International Diagnostic Interview. Of all subjects, 19.2% were alexithymic, and 9.2% were depressed. Alexithymia was negatively associated with life satisfaction even when depression and other confounding factors were controlled for. Alexithymia is a risk factor for life dissatisfaction in primary-care patients. (Psychosomatics 2007; 48:523–529)

In the early 1970s, Sifneos[1] coined the term "alexithymia." Alexithymia means "no words for feelings," and it refers to a personality construct characterized by impoverishment of fantasy, poor capacity for symbolic thought, and an inability to experience and verbalize emotions. It is, by definition, considered a stable personality trait.[1,2] Alexithymia has been shown to be associated with several medical conditions and mental health problems, including depression.[2,3] The prevalence of alexithymia in working-age populations has been shown to be about 9%–17% for men and 5%–10% for women.[4–7] At the population level, alexithymia is associated with older age, male sex, lower socioeconomic status, fewer years of education, single marital status, and poorer perceived health.[4–7]

An association between alexithymia and dissatisfaction with life has been found in two Finnish population studies,[6,8] two studies on coronary heart disease patients,[9,10] and in a study of outpatients with depression.[11] Le et al.[12] conducted a cross-cultural study finding that life satisfaction was negatively correlated with alexithymia in American students. In a study on adjustment difficulties of expatriates, Fukunishi et al.[13] found that alexithymia was associated with dissatisfaction with life abroad. In their study on emotional intelligence in a sample of general-community dwellers, Palmer et al.[14] found that alexithymia correlated negatively with life satisfaction. However, in none of these studies was the main focus especially on alexithymia and life satisfaction, and no subjects were from a primary-care sample.

As far as we know, there are no studies on associations between alexithymia and life satisfaction in primary healthcare patients. We analyzed these associations as a part of a naturalistic follow-up study of depression in Finnish primary care. We hypothesized that life satisfaction and alexithymia were negatively related, independently of depression.

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METHOD

Study Design and Sample

The design of the initial study, which was carried out in 1991–1992 in the Tampere region (Finland) has been described in detail in earlier publications.[15–17] The aim of the initial study was to investigate the recognition and prevalence of depression in working-age primary-care patients. The study sample at baseline comprised 436 primary healthcare patients in the age range of 18 to 64 years, of whom 14.2% were suffering from major depression and 12.3% from minor depression according to the Present State Examination (PSE, 9th Version).[18]

Attempts were made to recontact, in 1998–1999, all the patients who took part in the baseline study. A questionnaire containing the abbreviated Life Satisfaction Scale (LSS–B), the 20-item Toronto Alexithymia Scale (TAS–20), and structured questions concerning sociodemographic factors and general health was mailed to 413 patients. Of these, 229 (55.4% of the sample) returned the completed LSS–B and the TAS–20 and agreed to be interviewed by telephone. The ethical committee of Tampere University Hospital approved the study procedure, and all subjects gave written informed consent.

Measures

The characteristics of the participants are shown in Table 1. There were three age categories: <40 years, 40–59 years, and ≥60 years. Marital status was divided into two categories: "married/cohabiting" and "other." A six-level variable containing information on vocational education comprised the following alternatives: no vocational education, vocational training courses or on-the-job training, vocational school, lower college or institute, higher college or institute, and university or institute of higher education. It was dichotomized as follows: 1) vocational school at most (lower education); or 2) at least college/higher vocational institutes (higher education). The patients were asked how sufficient they found their own income or that of their family. The answers were categorized into a three-class variable: 1) very or fairly sufficient; 2) moderate; and 3) somewhat or very insufficient. Perceived physical health was classified as "good or fairly good," "average," and "rather poor or poor."

The LSS–B is an abbreviated form of the Finnish Life Satisfaction Scale (LSS–A).[19] It consists of three main components: 1) mental balance; 2) assessment of earlier life; and 3) present happiness. LSS–B items are shown in Table 3. This instrument, which has been validated in Finnish, comprises 12 items, scored 1: Yes, I agree; 2: No, I do not agree; and 3: I cannot say. To obtain a total score, responses labeled "2" and "3" were interchanged, and four items were reverse-scored. The total score of the LSS–B varies between 12 and 36; the higher the score, the greater the satisfaction with life. The Cronbach α for the scale was 0.87 in the present study. For single-item analyses, the LSS–B items were dichotomized, combining the classes "I agree" and "I cannot say."

Alexithymia was assessed with the TAS–20. Its internal consistency, test–retest reliability, as well as convergent, discriminant, and concurrent validity have been demonstrated to be good.[20–24] The psychometric properties of the Finnish version of the TAS–20 have proven to be satisfactory.[25] The TAS–20 consists of three subscales, which reflect the three main facets of the alexithymia construct: the first subscale assesses difficulties in identifying feelings (e.g., "I have feelings that I cannot quite identify."); the second subscale concerns difficulties in describing feelings (e.g., "It is difficult for me to find the right words for my feelings."); and the third subscale reflects concrete, externally-oriented thinking or a preoccupation with the details of external events (e.g., "I prefer talking to people about their daily activities, rather than their feelings."). The Cronbach α for the scale was 0.87 in this study. The cut-

TABLE 1. Characteristics of the Participants (N = 229)

Characteristic	N (%)
Sex	
Female	151 (65.9)
Male	78 (34.1)
Age	
<40 years	46 (20.1)
40–59 years	106 (46.3)
≥60 years	77 (33.6)
Marital status	
Married/cohabiting	186 (81.2)
Other	43 (18.8)
Vocational education[a]	
Lower education	160 (70.2)
Higher education	67 (29.8)
Income level[b]	
Very/fairly sufficient	71 (31.3)
Moderate	114 (50.2)
Somewhat/very insufficient	43 (18.5)
Perceived health	
Good/fairly good	85 (37.1)
Average	87 (38.0)
Rather poor/poor	57 (24.9)

[a]Data from one case are missing.
[b]Data from two cases are missing.