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Effects of inpatient psychotherapy on the stability of alexithymia characteristics ☆

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Abstract

Background: Although alexithymia is associated with several psychiatric disorders, there has been little research into the effects of psychodynamic psychotherapies on this condition. Here, the influence of inpatient multimodal psychodynamic psychotherapy on alexithymia and symptom load was evaluated in a large sample of patients. **Methods:** Alexithymia [measured with the Toronto Alexithymia Scale (TAS)-26] and psychological stress and depression [measured with the Symptom Checklist 90 Revised (SCL-90-R)] were evaluated at admission and after inpatient multimodal psychotherapy in patients with various psychosomatic and psychiatric disorders admitted to this unit between 2002 and 2005. Patients undergoing both short-term (up to 4 weeks) and long-term treatment (8–12 weeks) were studied. Analyses of covariance were used to analyse the data on depression (SCL-90-R) and psychological stress (SCL-90-R), and correlations between admission and discharge scores for the TAS-26 were computed to evaluate mean and relative stability of alexithymia. **Results:** Data on 397 of the 568 patients admitted were analysed. Psychological stress and depression (SCL-90-R) decreased significantly during the study across all diagnostic groups. The TAS-26 total score also decreased significantly, showing that there was no mean stability of alexithymic characteristics. However, the significance of decrease was lost when psychological stress and depression were controlled for. Highly significant correlations between TAS-26 sores before and after treatment reflected high relative stability of alexithymia. **Conclusions:** During inpatient multimodal psychodynamic treatment, the symptom load and alexithymia in our patients decreased. The high relative stability of alexithymia shown supports the view that alexithymia is a relative stable personality trait.

Keywords: Alexithymia; Psychotherapy; Relative stability; Mean stability

Introduction

Alexithymia is a condition characterised by a lack of emotional awareness. People with alexithymia have difficulty identifying and verbalising feelings, and their thinking process is externally focused on facts. Alexithymic characteristics were first described in patients with psychosomatic disorders [1]. Its prevalence in the general population is 17%, but it occurs more frequently in people with psychosomatic disorders and psychiatric disorders [2,3]. Furthermore, people with somatoform disorders, depressive disorders, anxiety disorders, primary hypertonia, and eating disorders are particularly likely to have alexithymia [2–8]. Treating patients with a mental disorder that is linked to alexithymia is considered to be particularly difficult because of the lack of emotional awareness [9–11]. In order to provide effective treatment strategies for the future, we need information on the way in which alexithymia in patients with mental health disorders can be influenced by psychotherapy.

A number of authors regard alexithymia as a personality trait that is stable over time [12,13]. There are different views on its etiology. Some believe that it is caused by psychological

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and/or neurobiological developmental deficits and that the limited perception, differentiation, and processing of feelings result in disturbed mood regulation, which increases vulnerability to psychosomatic disorders [5,14]. Other authors view alexithymia as a secondary mechanism — a defence or a coping mechanism that results from mental stress such as depression, anxiety, or trauma [9,15–17]. However, these apparently differing views on its etiology — vulnerability versus defence/coping — may, in fact, complement rather than contradict one another [18].

The first clinical studies on alexithymia evaluated psychopharmacological treatment in patients with major depression and showed that positive changes in the total score for the Toronto Alexithymia Scale (TAS) were associated with an improvement in symptoms [19,20]. One of these studies argued that alexithymia showed no absolute stability over time, and because of this, the psychological assessment of changes in alexithymic characteristics has mainly focused on relative stability — that is, the extent to which the relative differences in alexithymia scores between patients persist over time [19].

First studies on the amenability of alexithymia to psychotherapy found that TAS scores showed relative stability after psychopharmacological [19] and behavioural therapy [21]. Early studies on inpatient multimodal psychodynamic psychotherapies also indicated that therapy was associated with decreasing TAS scores [22–24]. However, the decrease in the TAS scores did not remain significant when controlled for negative affectivity (anxiety, depression) as a covariant [22]. Outpatient group therapy, which helped to reduce complications in patients who had a myocardial infarct, was also associated with a significant reduction in TAS scores [23]. Indeed, the studies mentioned above rejected the value of differentiating between the two types of stability — absolute and relative. Only Simson et al. [24], in a small sample of 48 psychosomatic patients, showed both relative stability and a lack of absolute stability of TAS alexithymia scores. However, these authors did not consider the influence of depression and symptom severity on the development of alexithymia.

In treating mental disorders, multimodal psychodynamic psychotherapy focuses on intrapsychic conflicts and deficits, which are assumed to form the basis of the symptoms. The present study is based on the consideration that during inpatient multimodal psychodynamic psychotherapy, each individual patient plays a part in the social events in the ward. The way in which the patient participates corresponds with his or her disorder and object relations. Both structural deficits [25] and defence mechanisms occur in this situation and are considered in the psychotherapeutic process. The process may therefore include therapeutic mirroring of the particular behaviour in conflict situations, the creation of a causal connection between the current subjective existential orientation and triggering conflict situations, or an invitation to describe inner states and assistance with naming these. Thus, inpatient psychodynamic psychotherapy should improve the patient's introspective abilities and his or her capacity to identify and verbalise feelings.

Similar effects are expected from art, body, and music therapy, in which nonverbal ways of expression experience a linguistic transformation in the therapy process. Since difficulty in identifying and verbalising feelings is symptomatic of alexithymia, successful therapy should result not only in lower psychological stress but also in lower alexithymia scores.

The present study was designed to evaluate the influence of multimodal inpatient psychodynamic psychotherapy on alexithymic characteristics in a large clinical sample. It aimed to test the following hypotheses:

1. Alexithymia does not show absolute stability after psychotherapeutic intervention.
2. With improvement in symptoms, relative stability of alexithymia can be demonstrated.

Methods

Treatment setting

In Germany, the preferred treatment setting for patients with psychosomatic and neurotic disorders as well as those with personality disorders is the psychosomatic clinic. All patients are generally treated in the same unit, regardless of diagnosis.

The 24-bed unit where this study took place comprises one short-term and two long-term treatment areas. All three offer multimodal treatment and provide individual, group, body, art, and music therapy. In addition, the units offer milieu therapy (weekly meetings of the entire ward), a jogging group, and relaxation training (progressive muscle relaxation according to Jacobson and imaginative techniques). Any issues concerning the patients' family and social environment are addressed during partner and family consultations. Direct confrontation with patients' domestic and social environments happens within the scope of weekend leaves.

Group and individual therapy

Group psychotherapy sessions last for 1 h and take place three times a week in the short-term treatment area and twice a week in the long-term area. Patients in these semi-open groups are asked to disclose frankly their inner impressions and their impressions relating to the group. The relationships between individual group members and with the therapist are well observed and dealt with in the group as transference, counter-transference, resistances, and defence behaviour. In addition, each patient has two individual therapy sessions a week in the long-term group and one in the short-term group.

Short- and long-term treatment

The indications for short-term and crisis intervention are generally adjustment disorders or posttraumatic stress