Addictive Behaviors 34 (2009) 237–245

Contents lists available at ScienceDirect

Addictive Behaviors

Alexithymia and alcohol use disorders: A critical review

Fred Arne Thorberg [a,b,*], Ross McD. Young [a], Karen A. Sullivan [a,b], Michael Lyvers [c]

[a] Institute of Health and Biomedical Innovation, Queensland University of Technology, 60 Musk Avenue, Kelvin Grove, Queensland 4059, Australia
[b] School of Psychology and Counselling, Queensland University of Technology, Carseldine, Queensland 4034, Australia
[c] Department of Psychology, Bond University, Gold Coast, Queensland 4229, Australia

ARTICLE INFO

Keywords:
Alexithymia
Alcohol use disorder
Alcoholism
Affect regulation deficit
Critical review

ABSTRACT

All human beings experience emotion. However a number of individuals have difficulties recognising, processing and regulating their emotions. This set of emotional "deficits' is classified as alexithymia. The prevalence rate of alexithymia in alcohol use disorders is between 45 and 67%. The objective of this paper is to review the published research on alexithymia and alcohol use, assess the methodological quality of this evidence, and draw the findings together to present a critical update on the relationship between alexithymia and alcohol use disorders. Yet, few research studies have comprehensively investigated alexithymia in alcohol use disorders, and a number of key issues still remain to be addressed in exploring the veracity of the link between alexithymia and alcohol use. For example, limited evidence exists regarding the association between alexithymia, alcohol consumption and severity of alcohol dependence. Furthermore, there is no current knowledge about the predictive utility of alexithymia in relation to more well researched and established psychological drinking constructs. Although alexithymia is often considered a risk factor for the development of alcohol use disorders, there is little evidence to support this notion. Given that alexithymia may have the potential to interfere with treatment outcomes, a better understanding of the role of alexithymia in alcohol use is needed.

1. Introduction

Alexithymia is a multifaceted construct that was first described by Sifneos (1973) as difficulty identifying and communicating feelings, differentiating feelings and somatic sensations of emotional arousal, a diminuation of fantasy and imagination and an externally oriented cognitive style (Nemiah, Freyberger, & Sifneos, 1976). Alexithymia is a cross-cultural phenomenon and has been identified in studies across 18 different ethnic and racial groups (Parker, Shaughnessy, Wood, Majeski, & Eastabrook, 2005; Taylor, Bagby, & Parker, 2003). Between 45 and 67% of alcohol dependent individuals have been identified as alexithymic (Evren, Kose, et al., 2008; Loas, Fremaux, Otmani, Lecercle, & Delahousse, 1997; Sauvage & Loas, 2006; Uzun, Ates, Cansever, & Ozsahin, 2003). Some evidence suggests that alexithymia may have an adverse impact on the treatment of alcohol use disorders (Loas et al., 1997; Ziolkowski, Gruss, & Rybakowski, 1995), and given the substantial cost of such disorders worldwide (Lowinson, Ruiz, Millman, & Langrod, 2005), this relationship warrants closer attention. There is a limited amount of empirical evidence exploring the relationship between alexithymia and alcohol use, which is surprising as alexithymia has been hypothesised to be a risk factor in the genesis of alcohol use disorders (De Rick & Vanheule, 2006; de Timary, Luts, Hers, & Luminet, 2008; Taylor, Bagby, & Parker, 1997). Because people with alexithymia often feel uncomfortable in social situations (Uzun et al., 2003; Wise, Mann, & Shay, 1992), some researchers have proposed that alexithymic individuals use alcohol as a coping mechanism for stress or to improve interpersonal functioning (Kauhanen, Julkunen, & Salonen, 1992; Rybakowski, Ziollkowski, Zasadzka, & Brzezinski, 1988). However few of these specific hypotheses have been empirically validated.

A number of key issues need to be addressed in examining the veracity of the link between alexithymia and alcohol dependence. First, the relationship between alexithymia and alcohol consumption as well as severity of alcohol problems requires examination. Second, various dimensions of alexithymia are potentially associated with differential risk in relation to alcohol use or response to alcohol and these relationships are worthy of inspection. Third, the predictive utility of alexithymia in terms of predicting relapse rates or response to treatment requires review. Because there has been no published critical review on alexithymia and alcohol use disorders to date, the aim of this paper is to conduct such a review.

2. Methods

For identification of the relevant studies a combination of key words was used: 'alexithymia', 'alexithymic features', 'alexithymic', 'alcohol use disorder', 'alcohol misuse disorder', 'alcohol dependence',

* Corresponding author. School of Psychology and Counselling, Queensland University of Technology, Carseldine, Queensland 4034, Australia. Tel.: +61 7 3138 6131; fax: +61 7 3138 6030.
E-mail address: f.thorberg@qut.edu.au (F.A. Thorberg).

0306-4603/$ – see front matter © 2008 Elsevier Ltd. All rights reserved.
doi:10.1016/j.addbeh.2008.10.016

Table 1
Descriptions and methodological aspects of the studies reviewed

Author	Measure	Sample type	Sample size		Gender analysis	Methodology	Measure of alcohol problem	Quantity/ frequency aggregate[a]	Relationship between alexithymia and other risk factors	Relationship between alexithymia and other psychological drinking construct
			Female	Male						
Evren, Kose, et al. (2008)	TAS-20	ADIP	0	111	Male only	Cross-sectional	DSM-IV SCID-1	Not reported	TCI	Not investigated
Evren, Sar, et al. (2008)	TAS-20	ADIP	0	176	Male only	Cross-sectional	SCID-I MAST	Not reported	State and trait anxiety, depression, dissociation and PSS	Not investigated
de Timary et al. (2008)	TAS-20	ADIP	25	45	Combined and separate	Prospective	DSM-IV	Not reported	Anxiety and depression	Not investigated
De Rick and Vanheule (2007a,b)	BVAQ-40	Clinical–ADIP[b] Control	30 30	71 71	Combined Combined	Cross-sectional	EuropASI	Not reported	PDT, Anxiety and depression	Not investigated
De Rick and Vanheule (2007a,b)	BVAQ-40	Clinical–ADIP[b]	30	71	Combined	Cross-sectional	EuropASI	Not reported	Attachment and parental bonding	Not investigated
De Rick and Vanheule (2006)	BVAQ-40	Clinical–ADIP[b]	30	71	Combined	Cross-sectional	EuropASI	Not reported	Attachment and parental bonding	Not investigated
Sauvage and Loas (2006)	BVAQ-20B & TAS-20	Clinical–ADIP	0	63	Male only	Cross-sectional	DSM-IV	Not reported	Not investigated	Not investigated
Cleland et al. (2005)	TAS-20	Clinical–ADOP	Total 61		Combined	Prospective	DSM-IV	Not reported	Not investigated	Not investigated
Junghanns et al. (2005)	TAS-20	Clinical–ADIP	5	27	Combined and separate	Prospective	DSM-IV	Quantity mean	Tension Desire to drink	AE[c]
Sakuraba et al. (2005)	TAS-26	Clinical–ADIP Control	0 0	85 91	Male only Male only	Cross-sectional	MAST DSM-IV	Not reported	Suicidal ideation	Not investigated
van Rossum et al. (2004)	TAS-20	Clinical–ADIP	18	66	Combined	Cross-sectional	DSM-IV	Not reported	Co-dependence of other drug use and gastrointestinal symptoms	Not investigated
Uzun et al. (2003)	TAS-20	Clinical–ADOP Control	0 0	56 70	Male only Male Only	Cross-sectional	MAST SCID-I	Not reported	Not investigated	Not investigated
Loas et al. (2000)	TAS-20	Clinical–ADIP Student Community	12 114 35	48 30 22	Combined Combined Combined	Cross-sectional	DSM-IV	Not reported	Depression and interpersonal dependency	Not investigated
Cox et al. (1998)	TAS-26	Clinical–ADIP	0	37	Male only	Laboratory	DSM-IV	Not reported	Affect	Not investigated
Loas et al. (1997)	BIQ & TAS-20	Clinical–ADIP and AAIP	11	36	Combined	Prospective	DSM-III-R	Not reported	Depression	Not investigated
Cecero and Holmstrom (1997)	TAS-20	ADOP	0	100	Male only	Cross-sectional	MAST	Not reported	Dysphoria, affect intolerance, interpersonal difficulties and self-esteem	Not investigated
Ziolkowski et al. (1995)	TAS-26	Clinical–ADOP	0	60	Male only	Cross-sectional	DSM-III-R	Not reported	Not investigated	Not investigated
Kauhanen et al. (1992)	TAS-26	Community	0	2674	Male only	Cross-sectional	NACI	Frequency Quantity	Stress and ARD	Not investigated
Haviland et al., 1991 (Study 1)	TAS-26	Clinical–ADIP ABIP	0 0	93 37	Male only Male only	Cross-sectional	DSM-III-R 71.5% PSA 35.4% IDU	Not reported	Depression	Not investigated
Haviland et al., 1991 (Study 2)	TAS-26	Clinical–diagnosis not stated	0	55	Male only	Prospective	DSM-III-R 20.4% IDU	Not reported	Depression	Not investigated
Rybakowski and Ziolkowski (1990)	SSPS LBM	Clinical–ADIP	0	100	Male only	Cross-sectional	MAST CSAD	Not reported	Not investigated	FHA
Rybakowski et al. (1988)	SSPS	Clinical–ADIP	0	100	Male only	Cross-sectional	MAST CAGE	Not reported	Hypertension	Not investigated
Haviland et al. (1988)	SSPS	Clinical–ADIP	0	90	Male only	Cross-sectional	Nil	Not reported	Depression	Not investigated
Finn & Phil., 1988	SSPS	Community MG (NA) UG (NA)	0 0	10 10	Male only Male Only	Cross-sectional and laboratory	MAST, DSM-III	Not reported	Not investigated	FHA- MG and UG
Finn et al. (1987)	SSPS	Student–NA	0	48	Male only	Cross-sectional	MAST, DSM-III	ABPW	Not investigated	FHA

AAIP= alcohol abusing inpatients, ABPW = alcoholic beverages per week, ADIP = alcohol dependent inpatients, ADOP = alcohol dependent outpatients, AE = alcohol expectancy, ARD = alcohol related disorders, BIQ = Beth Israel Questionnaire, BVAQ = Bermond Vorst Alexithymia Questionnaire, CAGE = A Screening test of Alcohol Dependence, CSAD = Clinical Scale of Alcohol Dependence, EuropASI = European Addiction Severity Index, FHA = family history of alcoholism, IDU = intravenous drug use, LBM = laboratory based measures, MAST = Michigan Alcoholic Screening Test, MG = multigenerational, NA—non alcoholic, NACI—Nordic Alcohol Consumption Inventory, PDT = Personality Disorder Traits, PO = professional observation, PSA = poly substance abuse, PSS = Psychiatric Symptom Severity, SCID-I = Structured Clinical Interview for DSM-IV, SSPS = Schalling–Sifneos Personality Scale, TAS = Toronto Alexithymia Scale, TCI = Temperament and Character Inventory and UG = unigenerational.
[a]Quantity = average number of drinks per drinking session, frequency = average number of drinking sessions per week.
[b]The same sample was utilised in all studies.
[c]Alcohol expectancy = cognitions related to alcohol.