

Are alexithymia and schizoid personality disorder synonymous diagnoses?

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Abstract

Relationships among alexithymia, personality disorders, and higher-order psychopathological and interpersonal dimensions were examined in 199 college students and a close relative of each. Alexithymia, the difficulty to express and identify emotions, was measured by the Observer Alexithymia Scale (OAS; [Haviland, M. G., Warren, W. L., & Riggs, M. L. (2000). An observer scale to measure alexithymia. *Psychosomatics*, 41, 385–392]), which was completed by each student's relative. Each student completed three self-report measures: the Coolidge Axis II Inventory (CATI; [Coolidge, F. L. (2000). *Coolidge Axis II Inventory: Manual*. Colorado Springs, CO: Author.]), the Five Dimensional Personality Test (5DPT; [van Kampen, D. (2009). Personality and psychopathology: A theory-based revision of Eysenck's PEN model. *Clinical Practice and Epidemiology in Mental Health*, 5, 9–21]), and the Horney-Coolidge Tridimensional Inventory (HCTI; [Coolidge, F. L. (1998). *Horney-Coolidge Tridimensional Inventory: Manual*. Colorado Springs, CO: Author]). Results indicated that higher levels of alexithymia are associated with personality disorders and their traits, such as schizoid, avoidant, and paranoid. With regard to the issue of the similarity and difference between alexithymia and schizoid personality disorder, there was sufficient evidence across all of the measures to suggest that they are not synonymous entities. Finally, alexithymic traits were associated with concurrent depressive traits even in a non-clinical sample.

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In his work with psychosomatic patients, Sifneos [1] observed that many had great difficulty communicating during their clinical interviews. He also observed that they particularly had trouble finding appropriate words to describe their feelings. He proposed the use of the term “alexithymia,” which he derived from Greek, *a*=lack, *lexis*=word, and *thymos*=mood or emotion. Sifneos found that psychosomatic patients, when compared to a control group, scored over twice as high on an observer questionnaire measuring alexithymic characteristics, such as a tendency to describe minuscule details instead of feelings, an inability to use appropriate words to describe emotions, a lack of a rich fantasy life, and use of actions to express emotions.

Earlier, psychoanalyst Karen Horney [2] may have described a prototype of the alexithymic patient. She postulated that the

paucity of inner experiences in an individual leads to externalized living and anxieties not conscious to the person. This condition, she believed, led to several neurotic disturbances, which she classified into two categories: substitute-functions and reactive anxieties. Her category of substitute-functions fit individuals who relied solely on the outside world for guidance of their behaviors because they lacked the ability to experience their emotions and beliefs. Horney thought emotions that should be attributed to oneself were projected onto others, and one's feelings were not truly owned. Horney also described a shift from *being* to *appearing*; in other words, she thought that a feeling of anxiety might become a concern if that person was aware that his or her hands were perspiring or trembling. Horney believed that ‘externalized living’ was the emphasis of relying on others' expectations and rules instead of one's own.

Horney's [2] second category of neurotic disturbances – reactive anxieties – constituted an unawareness of inner experiences, which resulted in a feeling of emptiness of which the person may not be aware. She thought that this emptiness was the source of reactive anxieties that led to neurotic behaviors. Horney emphasized that if unawareness

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The CATI, 5DPT, and HCTI are available free for research purposes from the senior author.

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persists, then the individuals would keep externalizing and intellectualizing their behaviors. Without emotional responses to situations, Horney believed that individuals could not fathom their unrelatedness to self and others.

Since Sifneos' [1] original conception of alexithymia, the condition has been investigated in a plethora of psychopathological conditions outside the domain of psychosomatic illnesses, including depression, neuroticism, posttraumatic stress disorder, Asperger's disorder, traumatic brain injury, alcohol addiction, interpersonal problems, and personality disorders (e.g., [3–9]).

The relationship of alexithymia to personality disorders is particularly intriguing. For example, alexithymia has been empirically demonstrated to be related to the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR; [10])* Cluster C personality disorders: avoidant, dependent, and obsessive-compulsive [6,11]. Alexithymia has also been shown to be significantly related to borderline personality disorder [12]. Bach, de Zwaan, Ackard, Nutzinger, and Mitchell [13] found alexithymia to be positively correlated with schizotypal personality disorder traits and negatively correlated with histrionic personality disorder traits. Additionally, patients with antisocial personality disorder showed significantly higher levels of alexithymia compared to a control group free of any psychological disorder [14]. De Rick and Vanheule [4] found alexithymic traits to be positively correlated with schizoid, avoidant, and antisocial personality disorder traits. In contrast to the findings of Bach, deZwaan, Ackard, Nutzinger, and Mitchell [13], they found alexithymia to be negatively correlated with schizotypal personality disorder traits.

In a recent study, Honkalampi et al. [15] found that alexithymia (as measured by the Toronto Alexithymia Scale [3]) was not a significant predictor of personality disorders (as measured by the Structured Clinical Interview for *DSM-III-R* [16]) in a non-clinical sample of 1,347 Finnish adults. Honkalampi et al. did claim a strong and significant association between alexithymia and depression. However, they found alexithymia to be related to concurrent depressive symptomatology and not to major depressive disorder, perhaps, because the latter diagnosis was measured dichotomously, i.e., presence or absence, rather than as a continuous variable. The mediating role of depression in the expression of alexithymia is certainly an important issue and deserves further attention.

Determining whether alexithymia is a distinct or an overlapping construct with the concept of personality disorders, particularly schizoid personality disorder, remains an important issue. According to *DSM-IV-TR*, the essential features of the schizoid personality disorder are both a pattern of detachment in social relationships and a restricted expression of emotions. The *DSM-IV-TR* also notes that individuals with schizoid personality disorder can appear socially inept, superficial, and self-absorbed, coupled with a constricted affect, making these individuals often appear cold and aloof. In this regard, it would appear on its face

validity that Sifneos [1] was describing some of the core deficiencies of schizoid personality disorder when he outlined the features of alexithymia.

Vanheule et al. [9] also considered that an important element in alexithymia is the interpersonal style of relating to others. They argued that patients with alexithymia tended towards social conformity, conflict avoidance, yet approached other people in unempathic, cold, detached ways if forced to interact. Otherwise, Vanheule et al. speculated that they simply tended to avoid close relationships. Again, at face validity, it would appear that Vanheule et al. were describing the other essential feature of schizoid personality disorder (i.e., detachment in social relationships) rather than alexithymia.

Finally, as noted previously [15], there is evidence that alexithymia appears to be significantly associated with symptoms of depression, perhaps more than any other psychopathological condition. Thus, it may be important to investigate alexithymic traits in a non-clinical population (those without a high prevalence of depression) in regard to measures that include higher-order dimensions of psychopathology, interrelationships, and personality disorder traits and features.

Therefore, in the present study, it was hypothesized that alexithymia, as measured by the Observer Alexithymia Scale (OAS) and its five subscales [17] would be significantly and strongly positively correlated with schizoid personality disorder features. In addition, based on the aforementioned literature, alexithymia should also be significantly and positively correlated with avoidant, dependent, obsessive-compulsive, borderline, schizotypal (based on the findings by [13]), antisocial, and depressive personality disorders, and significantly and negatively correlated with histrionic personality disorder traits, as measured by the Coolidge Axis II Inventory (CATI; [18]). These relationships will also be explored by multiple regression analyses. Second, it was hypothesized that alexithymic traits would be significantly correlated with a measure of higher-order psychopathological traits, i.e., the Five-Dimensional Personality Test (5DPT; [19]). These traits and hypothesized relationships with alexithymia are as follows: Neuroticism (positive), Extraversion (negative), Insensitivity (positive), Absorption (positive), and Orderliness (positive), and that the pattern of the relationship between schizoid personality disorder traits and the 5DPT would be the same as for alexithymic traits. These traits will also be explored with a multiple regression analysis. Third, in order to explore Vanheule et al.'s proposal that alexithymia is intimately linked to interpersonal relationship styles, it was hypothesized that alexithymic traits (total OAS score and its five subscales) would be correlated with all three interrelationship dimensions of the Horney-Coolidge Tridimensional Inventory (HCTI; [20]), which is a measure of interpersonal relationship styles based upon Karen Horney's psychodynamic personality theory [21]. It was hypothesized that there would be a negative correlation between alexithymia and the Compliance

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