Alexithymia and its relationship with anxiety and depression in eating disorders

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Received 20 December 2001; received in revised form 13 December 2002; accepted 4 February 2003

Abstract

The objective was to study alexithymia and its relationship with anxiety and depression in eating disorders (ED) in a Spanish sample. One hundred and fifty-one females with an eating disorder: 25 with anorexia nervosa, restricting subtype (ANR), 44 with anorexia nervosa, bulimic subtype (ANB), and 82 with bulimia nervosa (BN) [according to criteria from DSM-IV (American Psychiatric Association, 1994)], and a control group of 43 females, were assessed with the Toronto Alexithymia Scale (TAS-20), the Beck Depression Inventory (BDI) and the Self-Rating Anxiety Scale (SAS). Patients with ED present higher rates of alexithymia than controls, but after controlling for anxiety and depression the differences among groups disappear. Depression and anxiety predicted and correlated positively with alexithymia. Our findings are consistent with previous studies, and suggest that alexithymia is closely related to anxiety and depression, and could be a trait or a state in patients with ED.

Keywords: Alexithymia; Eating disorders; Anxiety; Depression; TAS-20

1. Introduction

Nemiah, Freiberger, and Sifneos (1977) defined the construct alexithymia as follows: (1) difficulty identifying and describing subjective feelings; (2) difficulty distinguishing between feelings and the bodily sensations of emotional arousal; (3) lack of fantasy; and (4) an externally oriented
cognitive style. Nowadays, alexithymia is conceptualised as a deficit in the cognitive-experiential component of emotions response systems (subjective awareness and verbal reporting of feelings), and in the interpersonal regulation of emotions. Several authors have attributed alexithymia to the slowing of the affect development during early childhood (Taylor, 2000).

Alexithymia has been found in many different pathologies such as somatoform disorders, alcoholism, drug addiction, posttraumatic stress, asthma, depression, eating disorders, but, as Taylor (2000) suggested, more prospective studies are required to establish a causality direction. Bruch (1962, 1973, 1982) suggested that the difficulty to distinguish and describe feelings is the main deficit in eating disorders (ED), related to a sense of general inadequacy and a lack of control over one’s life. Following Bruch’s suggestions, Taylor, Bagby, and Parker (1997) conceptualised ED as affect regulation disorders. Using the Toronto Alexithymia Scale (TAS) (Bagby, Parker, & Taylor, 1994) in its different versions, empirical studies reported alexithymia rates ranging from 22.9 to 77.1% for patients with anorexia nervosa and from 32.3 to 56% for patients with bulimia nervosa (Bourke, Taylor, Parker, & Bagby, 1992; Cochrane, Brewerton, Wilson, & Hodges, 1993; Corcos et al., 2000; De Groot, Rodin, & Olmsted, 1995; Jimerson, Wolfe, Franko, Covino, & Sifneos, 1994; Rastam, Gillberg, Gillberg & Johansson, 1997; Schmidt, Jiwany, & Treasure, 1993; Taylor, Parker, Bagby, & Bourke, 1996). The percentages found in patients and controls (range 3.3–27) are not reliable due to the different TAS versions and cut-off scores used.

Taylor et al. (1996) stated that in eating disorders a deficit on the cognitive processing of emotions appears, but not on the operational cognitive style, suggesting that the lack of close relationships of anorexic patients could be due to alexithymia. Alexithymia is associated with interpersonal distrust, ineffectiveness, and lack of interoceptive awareness in ED, but it is not related to drive for thinness and body dissatisfaction. On the other hand, starvation, hyperactivity, binging and vomiting, could be attempts to regulate distressing and undifferentiated emotional states in these patients (Taylor et al., 1997).

Numerous reports reveal the existence of a relationship between alexithymia, depression and anxiety. Hendryx, Haviland, and Shaw (1991) suggested that alexithymia is a multidimensional feature. They also reported that some dimensions correspond to a state, specially the difficulty to identify and to describe feelings, because they are related to a generalized anxiety response or stress in which depression would be a manifestation. These authors proposed that alexithymia could be an attempt to blockade negative emotions associated with stress. Pandey and Mandal (1996) suggested that the association between alexithymia and overestimated perceived arousal might be due to the association between alexithymia and anxiety. Jacob and Hautekeete (1999) found that alexithymia was related to low affective intensity, and suggested that it was an effect of lesser interest in emotions. However, if depression and anxiety were controlled, the relation between alexithymia and enhanced affective intensity disappeared. Honkalampi,Hintikka, Saarinen, Lehtonen, and Viinamaki (2000) and Honkalampi, Koivumaa-Honkanen, Tankanen, Hintikka, Lehtonen, and Viinamäki (2001) found that alexithymia, in depressed patients, was a state that was dependent on and strongly related to depression. Several authors note that alexithymia is a personality trait that could favour anxiety and depression (Martínez-Sánchez, Ato-García, Córcoles, Huedo, & Selva, 1998; Parker, Bagby, & Taylor, 1991; Taylor, 2000; Wise, Mann, & Shay, 1992). Other authors argue that alexithymia could be considered as a state due to distress and depressive mood (Corcos et al., 2000). Finally, other authors outline that alexithymia can be
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