Alexithymia in DSM-IV Disorder

Comparative Evaluation of Somatoform Disorder, Panic Disorder, Obsessive-Compulsive Disorder, and Depression

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The purpose of this study was a direct comparative evaluation of alexithymia in patients with somatoform disorder, panic disorder, obsessive-compulsive disorder, and depression, taking into account the multidimensionality of the alexithymia construct. The authors administered the Structured Clinical Interview for DSM-IV (SCID) and the Toronto Alexithymia Scale (TAS-20) to a sample of 234 subjects. Panic disorder, but no other diagnosis, was significantly related to lower TAS-20 total scores (P = 0.000). Regarding TAS-20 subfactors, Factor 1 was significantly associated with somatoform disorder (P = 0.006) and depression (P = 0.002), Factor 2 was significantly associated with depression (P = 0.025), and Factor 3 was significantly associated with obsessive-compulsive disorder (P = 0.001), whereas panic disorder showed a significant negative correlation with Factor 3 (P = 0.001). The relationships of the three subfactors with various DSM-IV diagnoses and sociodemographic variables emphasize the multidimensionality of alexithymia.

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The term "alexithymia," which literally means "no words for mood," was introduced by Sifneos[1,2] to designate a cluster of cognitive and affective characteristics that Nemiah and Sifneos[3] had observed among patients with classic psychosomatic diseases. Considering alexithymia as a multidimensional construct, it is defined by the following characteristics: striking difficulties in identifying and describing feelings, difficulties in discriminating between feelings and bodily sensations of emotional arousal, markedly constricted imaginative processes (as evidenced by a paucity of fantasies), a cognitive style that is concrete and reality based (also denoted as externally oriented thinking or "pensée opératoire"), and a high degree of social conformity with little contact with their own psychic reality.[4] However, an increasing body of studies indicates that alexithymia features exist not only in classic psychoso-matic disorders but also in other severe and chronic somatic diseases and psychiatric disorders.[5–9]

Accordingly, alexithymic characteristics have been investigated in patients with different psychiatric disorders, such as substance abuse,[10–14] posttraumatic stress disorder,[15,16] somatoform disorder,[17–23] anxiety disorders,[24–26] obsessive-compulsive disorder,[24] and depression.[27–32] Regarding somatoform disorder, some findings support the theoretical conception and clinical impression of an association between alexithymia and complaints of somatic

symptoms.[17,19,21] However, Kooiman[23] suggests that alexithymia appears to be a theoretically important and clinically appealing concept, but the empirical evidence that alexithymia predisposes to the development or persistence of medically unexplained physical symptoms is imperfect. Bach et al.[33] demonstrated that alexithymia and somatization reflect separate constructs that may occur simultaneously. Regarding the relationship between alexithymia and panic disorder, Cox et al.[26] suggest a conceptual overlap between alexithymia and psychological aspects of panic disorder. However, considering the relationship between alexithymia and depression, previous studies[27–29] suggest that alexithymia is independent of depression. In other words, there does not appear to be a causal link between depression and alexithymia. To date, there are conflicting results regarding the potential influence of the level of depression on alexithymia ratings.[27,32] Additionally, with regard to cognitive and social correlates, Kirmayer and Robbins[34] emphasize the multidimensionality of the TAS measures. However, Kauhanen et al.[35] stress that alexithymia could be viewed not only as a psychological phenomenon but also partly as a socially determined one.

Regardless, the question of the nonspecificity of the alexithymia construct still awaits further clarification. Moreover, in some of these studies, besides the TAS total score, the multidimensionality of the alexithymia construct, as suggested by recent validational studies on the TAS-20,[36] is not always taken into account. Therefore, we designed the present study for the direct comparative assessment of alexithymia in several psychiatric disorders, including somatoform disorder, panic disorder, obsessive-compulsive disorder, and depression, with regard to, besides the TAS-20 total score, the cognitive and affective characteristics integrated into the alexithymia construct. Accordingly, the different aspects of alexithymia may be outlined more distinctly in various mental disorders by considering sociodemographic variables such as age, gender, and educational level. This approach appears clinically useful and theoretically meaningful for current psychosomatic research.

METHODS

The subject sample was drawn from 297 patients consecutively admitted to the Behavior Therapy Ward at the Department of Psychiatry, University of Vienna, Austria, during a 4-year period. Subjects were selected in light of illness severity requiring psychopharmacologic and psychotherapeutic inpatient treatment. However, for statistical purposes, we included only "pure" cases in the study, that is, subjects who fulfilled more than one DSM-IV diagnosis were not included. The final subject sample consisted of 234 subjects, and subject-to-subject comparisons were performed.

Psychiatric diagnoses were determined using the Structured Clinical Interview for DSM-IV (SCID-I), German version.[37] All interviews were conducted by the senior author (MB). Subjects included in the study with the diagnosis of panic disorder fulfilled the DSM-IV criteria for panic disorder with and without agoraphobia. Subjects included in the study with the diagnosis of depression fulfilled the DSM-IV criteria for a major depressive episode.

Additionally, the Twenty-Item Toronto Alexithymia Scale (TAS-20, German version)[38] was administered as part of a comprehensive psychometric investigation. This recently developed 20-item self-report measure of alexithymia has been demonstrated to be a psychometrically sound measure of alexithymia.[39,40] Written instructions were given asking the subjects to respond on a 5-point Likert scale the extent to which they agreed or disagreed with each statement. As recommended in previous studies,[38–40] the results are expressed as TAS-20 total score and as factor scores, using the following item-factor distribution: Factor 1 (difficulty identifying feelings and distinguishing them from bodily sensations of emotion): Items 1, 3, 6, 7, 9, 13, and 14; Factor 2 (difficulty expressing feelings): Items 2, 4, 11, 12, and 17; and Factor 3 (externally oriented thinking): Items 5, 8, 10, 15, 16, 18, 19, and 20. The German version of the TAS-20 used in this study was developed by Parker and colleagues, who used a translation-backtranslation procedure to establish cross-language equivalence.[38] In their study, the three-factor model of the TAS-20 was cross-validated in samples of German, American, and Canadian undergraduate students, showing similar item-factor distributions for both the English and the German version.[38] A comparable item-factor distribution could also be demonstrated for a German sample of nonpatient adults as well as a clinical sample.[33]

Two-tailed t-tests were conducted to compare the means for each group. Stepwise multiple regression analyses were performed to examine the influence of particular DSM-IV diagnoses such as somatoform disorder, panic disorder, obsessive-compulsive disorder, and depression on alexithymia TAS-20 total scores and subfactors. Additionally, age, gender, and the educational level were included in the stepwise multiple regression analyses. Diagnoses, age, gender, and educational level were used as independent variables. All calculations were performed by SPSS,[41] and values are means ± SD unless otherwise noted.