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Depressive personality dimensions and alexithymia in anorexia nervosa

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Abstract ;

An association has been reported between high levels of alexithymia and depression in patients with anorexia. This study has examined alexithymic features and depressive experiences in patients with anorexia (n=50) and matched controls (n=55). The subjects were assessed with the Toronto alexithymia Scale (TAS-20) and Beck Depression Inventory (BDI).The anorexic patients had high levels of alexithymic features and depressive symptoms. Comparisons of alexithymic features between anorexic patients and controls after adjustment for depression showed a significant difference between anorexic patients and controls for the TAS Difficulty Identifying Feelings factor. The results of this study suggest that people with anorexia show specific clinical profiles associating alexithymic features and depressive dimensions.

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Introduction

Eating disorders are currently considered as multi-factorial syndromes resulting from several neurobiological, psychological, sociocultural predisposing factors (Garner & Myerholtz,2000). Some authors have suggested integrating this conceptualizing in the capacity to regulate emotions as the primary disturbance (taylor & al,1997). The concept of alexithymia, literally “no words for feelings” (Sifneos,1973), has been proposed to operationalyse this cognitive-affective disturbance, which is characterized by a difficulty in identifying and describing feelings, a diminution of fantasy, and concrete and poorly introspective thinking (taylor & al,1997). Studies have supported the view that alexithymia is a stable personality trait rather than a state –dependent phenomenon linked to depression (Luminet & al,2001). Several studies have reported high levels of alexithymia in subjects with eating disorders, especially anorexia nervosa (Corcos &al,2000). Due to their limitations in regulating emotions, alexithymic subjects are overwhelmed by uncontrollable sensations that they try to regulate by resorting to maladaptive self-stimulatory behaviors. These strategies may be considered as misguided attempts to organize affects and internal states and to consolidate a defective sense of self (Groot & al,1995). Attachment theorists have sought to explain the origin of this impairment in emotion regulation as defective bonding that develops in a inadequate nurturing environment. It has been shown, in fact, that caregiver reactivity to emotional states in children determines long-lasting patterns of affective regulation (Kraemer & Londer,1995).Insecure children interacting with insensitive parents, learn to ward off emotions and to replace comfort that would ordinarily come from the mothers with self-soothing strategies that could be considered as precursors of other maladaptive self-regulating behaviors (Crittenden,1994). Patterns of insecure attachment have been associated with increased risk for depressive psychopathology and adverse relationship outcomes (Sound & Wichstrom,2002). These patients, lacking self-confidence and an adequate self-regulating psychic structure, are subject to strong negative affective states and are unduly influenced by external factors. They experience negative self-evaluations and concerns about perceived negative evaluations from

others that are accompanied by depression (Speranza & al,2003).

The aim of the present study was twofold. First, we wanted to assess alexithymia in a large sample of anorexic patients. The second aim was to examine the relations between alexithymic features and depression.

2- Methods:

2-1- Subjects:

Participants of this study were selected from Cheraga Psychiatry. For this study, only female subjects aged between 20 and 50 years who had requested care in hospital or consulting facilities and had been assigned a DSM-5 diagnosis of anorexia nervosa.

A control group of non-healthy female subjects, were selected from Algiers University, aged between 19 and 55 years.

2-2- assessment procedure:

Data were collected between January 2018 and march 2018.

Alexithymia was rated using the Arabic translation of the revised Toronto Alexithymia Scale (TAS-20), a self-report scale with 20 items rated on a 5-point, likert scale ranging from 1 (strongly disagree to 5 (strongly agree) (Loas & al, 1995). The TAS-20 has demonstrated reliability and validity, and is currently the most widely used measure of the alexithymia construct. The 20 items of the TAS are clustered into three factors corresponding to the theoretical dimensions of alexithymia: Difficulty Identifying Feelings (DIF), Difficulty Describing Feelings (DDF), and externally Oriented Thinking (EOT) (Bagby & al (1994). The scores of the sub-factors were calculated by using the Arabic factor structure (Loas & al,2001). The cut-off point used for alexithymya was >56 (Loas & al,1996).

Depression was measured using the abridged version of the Beck Depression Inventory (BDI-13). The (BDI) is the self-report inventory measuring characteristic attitudes and symptoms of depression (Beck & al,1961).An abridged version with 13 items selected within all the items showing a high correlation (>0,90) with the total score of the (BDI-21) has been developed as a specific tool for epidemiological studies including clinical and non-clinical subjects (Beck & Beck,1972).The 21- item and the 13-item forms have shown correlations ranging from 0,89 to 0,97 and a similar factor structure indicating that the short form is an acceptable substitute for the long form (Beck & al,1974). Both the original version of the (BDI-13) and the Arabic translation have high internal consistency and

substantial test-retest reliability (Beck & al,1988).

2-3- Statistical analysis:

The comparisons between the anorexia nervosa group, as well as a control group were made by the chi-square test for categorical variables. The comparisons with TAS and BDI were calculated with a t test. Statistical analyses were performed with SPSS, version 10.1.

3-Results:

Subjects with anorexia nervosa had a more severe disorder than controls (t=11.4, df=2, p<0.001),(X^2=79.6, df=2,p<0.001).

Subjects with anorexia nervosa showed higher BDI scores (m=13.4,sd=7.8) than controls (m=3.2,sd=4),df=3,p<0.005.

Subjects with anorexia nervosa showed had higher alexithymia scores(m=57.5,sd=11.2) than controls (m=41,sd=10.4),df=3,p<0.001.

4- Discussion

In this study, anorexic patients show higher levels of alexithymia than matched controls, to confirm published data on the importance of alexithymia among patients presenting an eating disorder (Corcos & al,2000). Altough differences are diminished once depression is taken into account, some differences persist in comparison to controls, subjects with anorexia are less able to describe their emotions. These difficulties seem not to be influenced by the level of depression. Not all these studies, however, were adjusted for depression (Troop & al,1995), notwithstanding its well-known impact on alexitymic features (Corcos & al,2000). This supports the specificity of alexithymia in the psychopathology of eating disorders. As Sexton and colleagues have suggested, for anorexic patients, the reduced ability to express emotions may be related to more stable traits of personality functioning such as a schizotypal, avoidant and dependent personality disorders (Bach & al,1994).

The relationship between alexithymia and dependency in anorexic patients is consistent with the clinical picture of these patients who are characterized by an excessive reliance on significant others to obtain a sense of security and self-word, alexithymic features could favor dependency by reducing insight and self-knowledge (Loas & al,2000). Relying on others to regulate their emotions, anorexic patients tend to develop symbiotic-like relationships and to inhibit all behaviors that might disrupt such relationships (Bagby & al,1992).

Dependency and self-criticism are dimensions in alexithymic patients. This is not surprising since one of the major

problems of eating disorder patients is a constant for autonomy and self-definition, which is supposed to arise from an incomplete development of the separation-individuation process during infancy (Goodsit,1983). This process is achieved by interactions, with a primary caretaker who is highly responsive to the needs of the child and allows him to internalize progressively the ability to recognize and regulate internal needs and impulses (Loas & al,2000).

Blatt and Zuroff (1992) consider that anaclitic/dependent patients are more sensitive to the holding function of the therapeutic relation, while introjective/self-critical patients are more sensitive to interpretations. Alexithymic anorexic patients who show a strong anaclitic depression could benefit from a supportive approach.

Limitation of this study, that is based on statistical correlations between self-reported scores in a cross-sectional study, it should be a future longitudinal study.

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