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A study and comparison of Alexithymia among patients with substance use disorder and normal people

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Abstract

The present study aimed at the comparison of the prevalence of Alexithymia among patients with substance use disorder and normal people. To achieve the goal, 85 patients were selected among clients referring to addiction treatment centers in Tehran city, and 85 normal subjects were selected using at-hand sampling. Data from the subjects were collected using the Toronto Alexithymia Scale (TAS). Data were analyzed using T-test: Results indicated there existed a significant difference between patients with substance use disorder and normal people in terms of their total scores in alexithymia: patients with substance use disorder reported more problems and symptoms compared to normal people.

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1. Introduction

All human beings experience emotion. However a number of individuals have difficulties recognising, processing and regulating their emotions (Thorberg, Young, Sullivan & Lyvers, 2009). 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, lack 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).

Alexithymia, which results in poor emotional regulation and stress-management abilities, has sometimes been considered as a vulnerability factor for medical and psychiatric illnesses (Taylor & Bagby, 2004). Sifneos (1996)
has suggested that alexithymia is common in individuals with a substance use disorder. Taylor et al (2004) found that half of the newly abstinent participants in their sample were also alexithymic.

Alexithymia rates in the general population have been reported to be 9% to 17% for men and 5% to 10% for women (Mattila, Ahola, Honkonen, Salminen, Huhtala & Joukamaa, 2007), whereas estimates are as high as 70% in some clinical groups (Bourke, Taylor, Parker & Bagby, 1992). Numerous studies have reported high rates and levels of alexithymia in adult substance abusers, and some speculate that substances are used to compensate for deficits in emotional self-awareness (Taylor, Bagby, & Parker, 1997). For individuals with alexithymia symptoms, risky behaviors may provide affective regulatory benefits (Roedema & Simons, 1999). Examples of alexithymia's association with affect regulation via risk behaviors include skydiving to reduce feelings of anxiety (Woodman, Cazenave & Le Scanff, 2008) and alcohol use coping to potentially modulate distress (Rybakowski, Ziolkowski, Zasadzka, & Brzezinski, 1988; Stewart, Zvolensky, & Eifert, 2002; Taylor, Bagby, & Parker, 1997).

Alexithymia is thought to be a trait that predisposes individuals to psychosomatic and drug-abuse disorders (Morrison & Pihl, 1990). Therefore, alexithymia can be considered a hypothetic personality construct that has been associated with a variety of medical and psychiatric disorders (Taylor, Bagby, & Parker, 1990). It has been known to be associated with substance abuse and may interfere with successful psychotherapy (Lumley, Downey, Stettner, Wehmer & Pomerleau, 1994).

Recent clinical observation and psychiatric diagnostic findings of drug-dependent individuals suggest that they are predisposed to addiction because they suffer painful affect states and related psychiatric disorders. Therefore, the point which needs a closer attention is that many of the factors which are influential in substance abuse disorders relate to personality and intrapersonal variables, which [often] help to aggravate the disorder. A review of the literature reveals alexithymia is frequent among substance abusers, and low among normal people. Despite the rapid development of these disorders across the country, so far few studies have paid attention to the issue. Therefore, this study aimed at comparing alexithymia prevalence among people with substance abuse disorder and normal people, in order that by gaining more knowledge about the disorder, actions can be taken to alleviate the problems of people with the disorder.

2. Method

2.1. Participant

As the study attempted to compare the prevalence of alexithymia among substance-abuse-disordered and normal people, the design of the study was causal-comparative. The population of the study included all patients with substance abuse disorder who had consulted a health center in Tehran city, as well as all people without the disorder who inhabited the city. The sample of the study included 170 participants, of whom 85 were substance-dependent people who had consulted Centers for the Withdrawal of Drugs, located either in the center, south or east of Tehran, in the year 1388 (2009), and 85 were participants who had no record of substance abuse or dependence, and who were matched on the basis of demographic variables, including age, gender, educational level and income with the patient group; participants were selected using convenience sampling method.

2.2. Instruments

To collect data, Toronto Alexithymia Scale (bagby, et.al, 1994) was utilized. This scale is a 20-item questionnaire which measures three aspects of alexithymic problems, namely difficulty identifying feelings, difficulty describing feelings and externally oriented thinking, on a 5-point Likert scale. Psychometric properties of Toronto Alexithymia Scale-20 has been studied and confirmed across different studies (Parker, et.al, 2001). Ghorbani, et.al (2002) estimated the validity of the scale among Iranian and American samples and calculated α coefficients for the subscales of difficulty identifying feelings, difficulty describing feelings and externally oriented thinking at .50, .74 and .61 respectively, for the Iranian samples; for the American group the coefficients were estimated at .60, .82 and .77, respectively. Cronbach α coefficient for the questionnaire was calculated .85 in the current study.
3. Findings

In this section, description and categorization of the obtained data are presented according to the following tables. Comparison of the mean scores of the normal and substance abuse groups in alexithymia, the results of which are presented in table 1, revealed patients with substance abuse disorder had higher mean scores in alexithymia.

<table>
<thead>
<tr>
<th>Groups</th>
<th>n</th>
<th>Mean</th>
<th>Standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance use group</td>
<td>85</td>
<td>58.87</td>
<td>12.68</td>
</tr>
<tr>
<td>Normal group</td>
<td>85</td>
<td>52.30</td>
<td>11.80</td>
</tr>
</tbody>
</table>

To compare people with substance abuse disorder and normal people in the variable alexithymia, T-test for independent groups was utilized in the study. As indicated in table 2 the hypothesis is not rejected, because the observed T is 3.51, which is significant at $\alpha = .001$; Therefore, it is evident people with substance abuse disorder have shown more problems in alexithymia in comparison to the normal people.

<table>
<thead>
<tr>
<th>Comparison of the normal and substance abuse groups in alexithymia</th>
<th>t</th>
<th>df</th>
<th>$\alpha$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comparison of the normal and substance abuse groups in alexithymia</td>
<td>3.51</td>
<td>168</td>
<td>.001</td>
</tr>
</tbody>
</table>

4. Discussion

A closer look at the obtained results shows people with substance abuse disorder reported more problems and deficits in alexithymia as compared to their normal counterparts. Findings from this study is consistent with results from El Rasheed (2001), Pinard et.al (1996), uzun (2003), Thorberg et.al (2009), Bogby, et.al(1994) and Cleland et.al(2005). The following explanation can be posed for this finding: alexithymia is a key element in emotional dysregulation and an etiological factor in substance abuse disorder . Because, as mentioned before, patients with substance abuse disorder turn to drugs to prevent undesirable statuses that are directly the results of alexithymia and which they try to get rid of by means of drugs, making the situation even worse for them in the long run.

As mentioned before, it seems alexithymia is an enduring, fixed, intrapersonal characteristic among some people. (Pinard, et.al, 1996). Although it is not easy to draw causal conclusions in this case, it can be concluded alexithymia is one very influential factor in explaining the substance abuse disorder.

Another hypothesis regarding the etiology of alexithymia is that in people with the disorder, responses from autonomic nervous system is so prolonged that once these people encounter emotionally- provocative situations, these inefficient physiological responses, elicited in a long period of time, cause inappropriate affects. (Li & Sinha 2006)

In addition, recent studies have identified the nervous layers involved in emotional stress in cocaine-dependent people with different levels of alexithymia, indicating that, having considered the involved nervous layers in the process, alexithymia is a potential risk factor for substance abuse disorder. Other studies also show how alexithymia might change cocaine-dependent peoples' nervous responses to stress; this is the first step to understand how these two factors aggravate the substance abuse disorder. It is assumed brain's limbic reactions are associated with the levels of alexithymia in substance users. (Li & Sinha 2006)

On the other hand, it can be concluded alexithymia is regarded an important factor in the formation of substance abuse disorder; Therefore if people with this disorder do not receive the necessary supports, they may eventually
turn to substance use in order to compensate for their deficits and shortcomings. Substance use disorder will definitely cause problems for people in their lives; although we know the disorder is the result of interactions among many factors, it is necessary to increasingly provide support and help for these people so that they can develop balanced and dynamic personalities.

References


