Alexithymia and Eating Disorders

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Recommended Citation
Available at: https://dc.cod.edu/essai/vol15/iss1/8
Emotions are the primary reaction of the human psyche to various life situations and events. They are the signals of orienting and guiding person’s thoughts and actions. Moreover, emotional experience occurs spontaneously and always affects human consciousness, and the inner spiritual world, as well as physiological processes of the body. Most of the mentally healthy people realize, in varying degrees, the emotions they experience and can categorize those emotions verbally. However, according to Karukivi et al., approximately 10% of the total adult population is unable to do so (2010, p. 227). This phenomenon was discovered relatively recently and named alexithymia, which literally means “no words for mood.”

Alexithymia does not mean the absence of emotions; alexithymics experience the same spectrum of emotions as an average person. Indeed, their main problem is the impossibility to express these feelings and to differentiate them from physical sensations, which ultimately lead to a sense of inner dissatisfaction, much distress, and consequently, to numerous psychosomatic and psychiatric disorders including abnormal eating behaviors. Furthermore, the presence of alexithymic personality traits has a direct correlation with the possibility of development of anorexia nervosa (AN), bulimia nervosa (BN), and binge eating disorder (BED) and severity of their manifestation. Despite the relatively low prevalence rates, about 3.2% of the adult population of the United States suffers from some forms of eating disorder (www.nimh.nih.gov), they have the highest mortality rate among all mental illnesses (Arcelus et al., 2010, p. 729). It was noted that many of these patients had problems differentiating their physical feelings from their emotions and correlating episodes of their abnormal eating behavior with any emotional stimulus. These observations led researchers to propose that one of the predisposing factors or causes of occurrence and development of these pathological conditions was the low level of emotional awareness in these patients, which is so typical for alexithymia (Budlowski et al., 2005, p. 325).

In regard to this hypothesis and to better understand the alexithymia phenomenon, and also in order to develop effective strategies for the treatment of these dangerous disorders, a number of scientific studies were conducted. Kessler, Schwarze, Filipic, and Traue, a group of researchers from the University Clinic of Psychosomatic Medicine and Psychotherapy at the Ulm University, Germany, under the supervision of Professor Joern von Wietersheim, a vice director of Department of Psychosomatic Medicine and Psychotherapy, Ulm University Medical Center, performed one of them in 2006. The main purpose of this research was to find support for an idea that alexithymia is relevant to eating disorders (ED), such as anorexia nervosa (AN) and bulimia nervosa (BN), and to find out whether the inability of facial emotions recognition is the one of the components of alexithymia, or an independent skill.

In the article “Alexithymia and facial emotion recognition in patients with eating disorders,” researchers claim that patients with ED are “clearly alexithymic and show psychopathologic symptoms” (Kessler et al., 2006, p. 248). They found evidence supporting this statement in the results of the research, in which the group of 79 female patients with eating disorders and the control group of 78 healthy female volunteers were tested by the Toronto Alexithymia Scale questionnaire. Comparative analysis of the data gained during the test showed that the patients with AN and BN had a higher rate of alexithymia traits than the control group in the subscales Identifying Emotions and Difficulties Describing Emotions. However, the scores of both groups in the scale of

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facial emotion recognition examined by the FEEL Test did not have any significant differences. This allowed the scientists, in contradistinction to previous theories, to conclude that “emotion recognition from faces and alexithymia are two independent phenomena” (p. 248).

A similar study was conducted by a group of Italian scientists headed by Alessandro Carano, MD of psychiatry, from the Oncology and Neurosciences Department of the Institute of Psychiatry of University “G. d’Annunzio” in Chieti and under the supervision of Filippo Maria Ferro, a professor of psychiatry. However, the purpose of this work was to reveal the place that alexithymia and body dissatisfaction occupy in the development of binge eating disorder (BED) and the extent of its manifestation.

The study involved more than 100 patients of both genders, suffering from BED, selected by special parameters to maintain purity of the experiment, and which were examined by TAS-20, the Binge Eating Scale (BES), the Body Shape Questionnaire-Short Version (BSQ-S), and some other techniques. As a result, 39.6% were found to have alexithymic trait, compared to 13% in the general population. Further analysis of the data showed that patients with BED and alexithymia stated a higher severity of disorder and body dissatisfaction than patients without this personal trait. Carano et al. concluded that “the presence of alexithymia could play an indirect role in the pathogenesis of BED, facilitating the presence of depressive symptoms and lower self-esteem” (2006, p. 337).

Funded from the Turku University Foundation and the Turku Municipal Health Care and Social Services, research undertaken by a scientific team from University of Turku, Finland, in contradistinction to the two previous one, was designed to identify and evaluate the interconnection of eating disorders symptoms and alexithymia in a non-clinical adolescent population sample. Participants, whose average age was 19 years, were examined by the SCOFF (“Sick,” “Control,” “One,” “Fat,” “Food”) Questionnaire, specializing in the main symptoms of anorexia nervosa and bulimia nervosa, and also by the 20-item Toronto Alexithymia Scale. Data derived from of the statistical analysis of the results showed a distinct correlation between alexithymia and eating disorder symptoms in adolescents, and that, compared to the non-alexithymic sample, alexithymic adolescents had a higher risk of developing an ED. Also, they found no evidence pointing to a mediating role of sociodemographic factors and the relationship between eating disorders and alexithymia. They considered as interesting findings of this study a definite correlation between the presence of alexithymic features and evaluation of the general state of health: the alexithymics rated their health as moderate or fairly poor (Karukivi et al., 2010, p.233).

While the link between alexithymia and eating disorders finds many evidences, the mechanisms of their interaction have not been studied enough. Some scientists believe that “emotion-processing deficits induce intense, often uncontrolled, affective reactions” and pathological eating behaviors could “represent a way of discharging negative affects” (Budilowski et al., 2005, p. 326). Interesting conclusions were made by a group of scientists from the Institute of Psychiatry of “G. d’Annunzio” University Chieti-Pescara, Italy, in collaboration with Domenico De Berardis4 in their article “Alexithymia and its relationships with dissociative experiences, body dissatisfaction and eating disturbances in a non-clinical female sample.” The results of their study not only confirmed that the presence of alexithymia personality traits potentially increases the possibility of eating disorder development, but also allowed them to identify their causal relationship. They indicate that “misinterpretation of perceptual and behavioral aspects of body image,” due to alexithymic features, can cause the formation of a “vicious circle” of dissatisfaction body and low self-esteem, which ultimately increases the risk of developing eating disorders (De Berardis et al, 2009, p. 476).

Although the list of factors provoking abnormal eating behavior3 is not just limited to alexithymia, a lack of inner emotional awareness may exacerbate the problem and complicate recovery. However, this condition of emotional blindness can be corrected, and nowadays, there are many methods for this, starting from the classic psychotherapeutic techniques such as group therapy, skill-based therapy, and relaxation techniques, and ending with a simple daily journaling and even
reading “emotional” books. So, maybe, romance novels are not as useless as they seem to be …

Notes

1. The term “alexithymia” was invented by psychotherapist Peter Sifneos in 1973.
2. For more information on this topic, please see www.nimh.nih.gov/health/topics/eating-disorders.
4. For more information about Domenico De Berardis, please see www.publicationslist.org/domenico.deberardis

References


