

# Prevalence of Alexithymia in the General Adult Population of Quetta, Balochistan in Pakistan

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#### Abstract

Alexithymia is recognized as a medical condition in which an individual fails to express his feelings rather suppressing their thoughts and face difficulties in distinctive emotions leading to a number of neuropsychiatric issues. By means of measuring emotional intensity based on the professed reality of external stimuli, inferences could be drawn to indicate distinctive response patterns of such individuals. Therefore incidence of alexithymia was studied in the general adult population of Quetta Balochistan by using a well-recognized measuring scale TAS-20. High prevalence of alexithymia was found in both the genders i.e., Males (93%) and Females (87%) suggesting that predominance of negative emotional experiences and disturbed cognitive functioning in alexithymia may result in unstable mental status of individuals with conditions like somatic complaints, anxiety, depression and even social dysfunction.

Keywords: Emotional cognition; Alexithymia; Clinical disorders

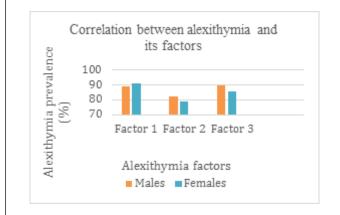
#### Introduction

Alexithymia is recognized as a medical condition in which an individual fails to express his feelings rather suppressing their thoughts and face difficulties in distinctive emotions leading to a number of neuropsychiatric issues [1]. Symptoms such as somatic sensations of emotional arousal, supressiveness of feelings, limited imagination and externally orientated perception and psychosomatic disorders [2,3]. Clinical conditions including eating disorders, hypertension etc. is quiet common [4]. Besides in some studies it was revealed that alexithymia has been reported in mostly single and socially isolated individuals [5] with high prevalence among older adults [6-8]. Numerous researches on alexithymia revealed its association with autism spectrum disorders. However inability or diminished ability to understand and express emotions is a prominent symptom in alexithymic individuals [9]. In addition, alexithymic patients often display a deficiency in understanding and produce inappropriate responses to situations, perhaps due to their inability to understand feelings of other people or situations [10]. Defective emotional perception is another well recognized feature of alexithymia leading to impaired cognition. Emotional cognition is based on how situations or people are perceived i.e., how a stimulus is understood. It influences the intensity of emotional response [11]. Since perception of a situation varies from person to person therefore intensity of emotional responses also varies from individual to individual and in case of alexithymics, one is unable to correctly appraise a situation [12,13]. With age and exposure, people can learn different ways to properly recognize and express emotions [14]. However in several studies it was reported that individuals displayed a stronger emotional response to a real disturbing stimulus than a fictional one [15]. But in case of alexithymics problem in processing and identifying emotions weakens their ability to empathize with emotional stimuli [16]. Thus by means of measuring emotional intensity based on the apparent reality of external stimuli, deductions could be made to reveal the response patterns of such individuals. Number of attempts have been made to develop measuring scales for alexithymia. In 1985, the TAS-26 Scale (26-item Toronto Alexithymia) was developed [17] and later a revised version of TAS-26 was developed in 1994 as TAS-20 [18]. It is considered to be the most suitable existing measuring scale for alexithymia with good reliability and validity [19]. TAS-20 scale is structured on three basic factors that identifies three separate aspects of alexithymia that is difficulty in identifying feelings and distinguishing them from somatic sensations; emotional suppressiveness; and external oriented thinking pattern which is defined as the cognitive style characterized by obsession with the facts of external events rather than thought content related to emotions and imaginations [18,19]. The main aim of this research was to find the pervasiveness of alexithymia in the general adult population of Quetta Balochistan, since very little is known with respect to this specific population.

## Materials and Methods

This research survey was conducted in Quetta, Balochistan. Included participants were selected at random in this study keeping the sample size of 400 i.e., 200 males and 200 females and were mostly undergraduate students in different educational institutes of Quetta. Participants with any history of chronic medical illness, psychiatric illness, neurological damage or disease were excluded from the study. A well-recognized scale TAS-20 was used as a measuring scale for alexithymia. TAS-20 scale construct is based on three most important factors (Factor 1- Difficulty in identifying feelings; Factor 2-Difficulty in describing feelings; Factor 3-Externally oriented thinking) [18] which help in identifying alexithymics individuals, besides demographic information was also obtained from the participants. Alexithymia score  $\geq 61$  indicates higher degrees of alexithymia and  $\leq$ 

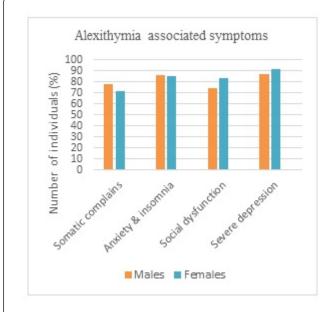
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51 indicates low alexithymia [19]. Microsoft excel was used for the

statistical analysis of the raw data.

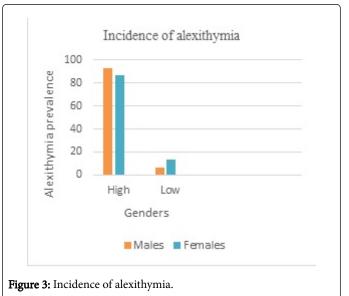
**Figure 1**: Correlation between alexithymia and its three dimensions in both the genders.



**Figure 2:** Alexithymia associated physical and mental health issues in both the genders.

# **Results and Discussion**

Our findings revealed the cognitive dimension of alexithymia in a sample size of 400.Several studies confirmed that the affective dimension of alexithymia, may differentially affect emotional processing in males and females [20,21]. As in our case alexithymia was more prevalent in males (93%) than females (87%). However the difference in prevalence rate between the two genders was not that much as indicated in (Figures 1-3). In addition our study also reported that alexithymia is also associated with anxiety and depression [22]. Since its signs were observed in both the genders along with other alexithymia associated clinical symptoms. However the levels of



Consequently, it is crucial to take alexithymia dimensions into consideration and also to control for levels of depression in future studies on prosodic perception in alexithymia. As it is well comprehended that preponderance of positive emotive experiences in an individual's life reduces the likelihood of psychosomatic related problems while predominance of negative emotive experiences may result in unstable mental status resulting in psychosomatic complaints, anxiety, depression and even social dysfunction as indicated in alexithymic individuals. This pattern of correlation between the dimensions (factors) of alexithymia and psychosomatic health also reveals the possibility that anhedonia and proneness to negative emotions associated with alexithymia may be a factor responsible for the impaired mental health of alexithymic individuals [25]. It is also evident that alexithymia may lead to high negative affect and/or reduced positive feelings which in turn may lead to poor mental health. Our findings support the earlier observations that high incidence of alexithymia in both the genders is associated with poor mental health because such individuals faces difficulty in identifying and communicating emotions and feelings to others leading to cognitive discrepancy. During our research it was also noted that the apparent symptom of recurrent anxiety was seen in both the genders with difficulties in identifying and describing emotional states [26]. The overall prevalence rate of alexithymia suggested that greater inclination towards negative emotions is quiet common in alexithymic individuals along with decreased capacity to experience positive emotions [27-30]. Based on the three dimensions (factors) of alexithymia, emotional regulation is also disturbed in such individuals that suffer from impaired cognition [31]. Therefore, emotional suppressiveness found in alexithymics may be an important contributing factor responsible for damaging effect on mental health [32-35]. Based on our findings it was revealed that overall high incidence of alexithymia and its associated symptoms was found in the general adult population of Quetta, Balochistan affecting both the genders. Such individuals not only suffer from cognition dysfunction but also from emotion regulation difficulties leading to unstable mental health [36,37].

depression may differ in males and females but it alters the acuity of emotional prosody in both the sexes [23,24].

#### Conclusion

Our results therefore revealed that alexithymia is associated with numerous impaired mental and physical health issues .As an outcome individual suffers from emotional suppressiveness. However, some other cognitive deficits in alexithymic individuals are potentially linked with mental problems may be due to the reason that emotion regulation difficulties may arise as a possible mediator in causing alexithymia and its associated symptoms.

#### References

- 1. Sifneos PE (1973) The prevalence of balexithymic Q characteristics in psychosomatic patients. Psychother Psychosom 22: 255–262.
- Taylor GJ, Bagby RM, Parker JDA (1997) Disorders of affect regulation: alexithymia in medical and psychiatric illness, Cambridge University Press, New York, USA.
- 3. De Gucht V, Heiser W (2003) Alexithymia and somatisation: a quantitative review of the literature. J Psychosom Res 54: 425–434.
- Lumley MA, Roby KJ (1995) Alexithymia and pathological gambling. Psychother Psychosom 63: 201–206.
- Kauhanen J, Kaplan GA, Cohen RD, Salonen R, Salonen JT (1994) Alexithymia may influence the diagnosis of coronary heart disease. Psychosom 56: 237–244.
- Kokkonen P, Karvonen JT, Veijola J, Laksy K, Jokelainen J, et al. (2001) Prevalence and sociodemographic correlates of alexithymia in a population sample of young adults. Compr Psychiatry 42: 471–476.
- 7. Helmers KF, Mente A (1999) Alexithymia and health behaviors in healthy male volunteers. J Psychosom Res 47: 635–645.
- Waldstein SR, Kauhanen J, Neumann SA, Katzel LI (2002) Alexithymia and cardiovascular risk in older adults: psychosocial, psychophysiological, and biomedical correlates. Psychol Health 17: 597– 610.
- 9. Svenaeus F (1999) Alexithymia: A phenomenological approach. Philosophy, Psychiatry, and Psychology 6: 71-82.
- Taylor G (2000) Recent developments in alexithymia theory and research. Canadian Journal of Psychiatry. Revue Canadienne De Psychiatrie 45: 134-142.
- 11. Siemer M, Mauss I, Gross JJ (2007) Same situation--Different emotions: How appraisals shape our emotions. Emotion 7: 592-600.
- 12. Fataneh N, Marof R, Mariani M (2010) The relationship between alexithymia and emotional intelligence, Asian Social Science 6: 166-170.
- 13. Fischer P, Greitemeyer T, Kastenmüller A, Vogrincic C, Sauer A (2011) The effects of risk-glorifying media exposure on risk-positive cognitions, emotions, and behaviors: A meta-analytic review. Psychological Bulletin. Advance Online Publication.
- Fischer P, Greitemeyer T, Kastenmüller A, Vogrincic C, Sauer A (2010) Girl hit by car after prank. Retrieved at ebaumsworld.com/video/watch/ 81090469
- 15. Parker J, Eastabrook J, Keefer K, Wood L (2010) Can alexithymia be assessed in adolescents? Psychometric properties of the 20-item Toronto Alexithymia Scale in younger, middle, and older adolescents. Psychological Assessment 22: 798-808.
- 16. Palencik JT (2008) Emotion and the force of fiction. Philosophy and Literature 32: 258-277.
- 17. Krahé B, Möller I, Huesmann L, Kirwil L, Felber J, et al. (2010) Desensitization to media violence: Links with habitual media violence exposure, aggressive cognitions, and aggressive behavior. Journal of Personality and Social Psycholog 100: 630-646.

- Lumley MA, Gustavson BJ, Partridge R, Labouvie-Vief G (2005) Assessing alexithymia and related emotional ability constructs using multiple methods: Interrelationships among measures. Emotion 5: 329-342.
- 19. Taylor GJ, Ryan D, Bagby RM (1985) Toward the development of a new self-report alexithymia scale. Psychother Psychosom 44: 191-199.
- 20. Bagby RM, Taylor GJ, Parker JD (1994) The twenty-item Toronto Alexithymia Scale I: Item selection and cross-validation of the factor structure. J Psychosom Res 38: 23-32.
- Simonsson-Sarnecki M, Lundh LG, Torestad B, Bagby RM, Taylor GJ, et al. (2000) A Swedish translation of the 20-item Toronto Alexithymia Scale: cross-validation of the factor structure. Scand J Psychol 41: 25-30.
- 22. Moormann P, Bermond B, Vorst H, Bloemendaal, A, Teijn S, et al. (2008) New avenues in alexithymia research: The creation of alexithymia types. Emotion regulation: Conceptual and clinical issues [e-book]. New York, NY: Springer Science Business Media, pp. 27–42.
- Bermond B, Bierman D, Cladder M, Moormann P, Vorst H (2010) The cognitive and affective alexithymia dimensions in the regulation of sympathetic responses. International Journal of Psychophysiology 75: 227–233
- 24. Picardi A, Fagnani C, Gigantesco A, Toccaceli V, Lega I, et al. (2011) Genetic influences on alexithymia and their relationship with depressive symptoms. Journal of Psychosomatic Research 71: 256–263.
- 25. Naranjo C, Kornreich C, Campanella S (2011) Major depression is associated with impaired processing of emotion in music as well as in facial and vocal stimuli. Journal of Affective Disorders 128: 243–251.
- Garrido-Va'squez P, Jessen S, Kotz SA (2011) Perception of emotion in psychiatric disorders: on the possible role of task, dynamics, and multimodality. Social Neuroscience 6: 515–536.
- Parker JDA, Bagby RM, Taylor G J (1989) Toronto Alexithymia Scale, EPQ, and measures of somatic complaints. Personality and Individual Differences 10,599-10,604.
- Taylor GJ (1994) The alexithymia construct: Conceptualization, validation, and relationship with basic dimensions of personality. New Trends in Experimental and Clinical Psychiatry 10: 61-61.
- Diener E, Seligman ME (2002) Very happy people. Psychological science 13: 81-84.
- Lu L, Shih JB (1997) Sources of happiness: A qualitative approach. The Journal of Social Psychology 137: 181-187.
- Chang EC, Farrehi AS (2001) Optimism/pessimism and informationprocessing styles: can their influences be distinguished in predicting psychological adjustment. Personality and individual differences 31: 555-562.
- 32. Watson D, Clark LA (1984) Negative affectivity: the disposition to experience aversive emotional states. Psychological bulletin 96: 465.
- Kessler H, Kammerer, M, Hoffmann H, Traue HC (2009) Regulation von Emotionen und Alexithymie: Eine korrelative Studie. PPmP-Psychotherapie PsychosomatikMedizinische Psychologie 60: 169-174.
- 34. Gross JJ, Muñoz RF (1995) Emotion regulation and mental health. Clinical Psychology: Science and Practice 2: 151-164.
- 35. Liverant GI, Brown TA, Barlow DH, Roemer L (2008) Emotion regulation in unipolar depression: The effects of acceptance and suppression of subjective emotional experience on the intensity and duration of sadness and negative affect. Behavior Research and Therapy 46: 1201-1209.
- Lundh LG, Broman JE (2006) Alexithymia and insomnia. Personality and individual differences 40: 1615-1624.
- Pandey R, Saxena P, Dubey A (2011) Emotion regulation difficulties in alexithymia and mental health Europe's Journal of Psychology 7: 604-623.