



Alexithymia and Depression in Spouse of Persons with Alcohol Dependence

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ABSTRACT

The present investigation has been aimed at to assess the level of alexithymia among personas with alcohol dependence and their spouses. A sample of 120 subjects was recruited for the study as per the inclusion criteria of the present study. The following tools were administered on the sample: Beck's Depression Inventory-II, Addiction Severity Index, Toronto Alexithymia Scale and General Health Questionnaire-12. Appropriate statistical techniques were applied to analyze the data. The findings of the study indicates that the level of alexithymia in persons with alcohol dependence and spouse of persons with alcohol dependence higher than normal healthy controls and their spouses. The presence of such phenomenon along with depression affects the therapeutic outcomes negatively. It is also concluded that Alexithymia is a clinical construct and personality trait found in alcohol dependent persons and their spouses.

Introduction

Emotional expression is very important in context with mental health. Sifneos (1973) coined the term "a lack of words for feelings". The term alexithymia is not single deficit of words of feelings but it defines a condition having a multiple features.

Alexithymia is a deficiency to express feelings due to failure of emotional awareness. People with Alexithymic are usually fail to identify their emotion, understand emotions that eventually lead to limited emotional functioning.



Alexithymic features are being reported among patients with psychosomatic diseases and somatization disorder, post traumatic stress disorder (Krystal et al. 1987) and psychoactive substance use disorders (Krystal and Raskin, 1987). It is proposed that persons with substance dependence find drugs and substance only resort to deal with unpleasant states of mind. They believe that these problems and crisis are not possible to manage within available resources (Khantzian, 1985 and Lane et al. 1987). There has been little attempt, however, to investigate empirically the alleged association between alexithymia and substance abuse. Rybakowski et al. (1987) reported alexithymia in 78% of a group of male alcoholic inpatients. More recently, Haviland et al. (1988) and found alexithymia in 50.4% of a group of men who were mixed substance abusers.

Some people with substance dependence are violent towards family members, abusive behavior and disrupt the entire family environment (Wilson and Moos et al. 1978, 1982). Haviland et al. (1988) has suggested that secondary alexithymia is a defensive response to acute depression that typically accompanies situation. Also, in family of person with alcohol dependence, the presence of alexithymic features were observed (Fukunishi, 1992). In another study by Kubo et al. (2003) in a group of male alcoholic patients with high suicidal risks, found that both the patients and their wives were often alexithymic.

As is mentioned earlier, the concept of alexithymia developed from observations in the psychoanalytic therapeutic situations with patients of psychosomatic disorders. The phenomenon, in part at least, has been reported and described by various authors in last four decades.

The German psychoanalyst Reusch (1948) observed that many patients suffering from posttraumatic syndrome, “classical” psychosomatic disease or other



choric illnesses manifest difficulty in the verbal and symbolic expression of emotion. He referred to these patients as “infantile personalities”.

It is a well-recognized fact in psychoanalytic research and therapy that patients with longstanding physical complaints do poorly in therapy and produce insurmountable difficulties in therapy development and resolution of transference. They almost invariably generate the counter-transference emotion of boredom in the therapist.

The French psychoanalyst Marty and De (1963) observed the tendency of psychosomatic patients to substitute actions and descriptive words for affective language. They used the term “pensee operateire” (operatory thinking) to describe the concrete, restricted and stereotypic cognitive style of these patients whose thoughts and communications in consequence become literal, utilitarian and concerned with minute of external events.

Nemiah and Sifneos (1970) observed similar features like reduced or absent symbolic thinking and an inability to recognize and verbalize emotions. Sifneos in 1972 coined the term alexithymia from Greek roots and gave the first comprehensive account of the newly emerged concept.

NEED FOR THE PRESENT STUDY

Although previous studies showed alexithymia in families of persons with alcohol dependence, the studies are very few in number. Moreover, there has been no study on alexithymia in spouse of alcoholic dependent patients in Indian context. Previous studies also showed Alexithymia to be distinct and separate from depression. But evidence for this is conflicting. Present study is an attempt to see the alexithymia, depression, and anxiety in spouse of alcoholics and how it's various dimensions are related to depression and anxiety.



AIM AND OBJECTIVES

- To see the relationship of Alexithymia and depression in spouses of alcoholics.
- How Alexithymia dimensions are related to depression in spouses of alcoholics.

HYPOTHESES: (NULL)

- Alexithymia, depression, anxiety is not present in spouse of alcoholic.
- Various dimensions of Alexithymia are not related to depression in spouse of alcoholics.

The study was conducted at famous Psychiatry institute. It provides inpatients and outpatients services to patients from whole of central and northeastern India and few parts of northwestern India. The subjects were recruited for the study through purposive sampling technique.

SAMPLE

Alcohol dependent patient were taken along with their spouses as the experimental group, and 30 healthy people were taken along with their spouses. In total 120 subjects were recruited as per inclusion and exclusion criteria. Those who fulfill the ICD-10-DCR (WHO, 1992) criteria for alcohol dependence syndrome and 2 week after the initiations of successful detoxification program were taken. Male patients having 8th standard education level were included in the study. Duration of stay should be minimum of 3 years after the dependent state of the spouse and should be between the age range of 18-50years educated up to 8th standard. Normal healthy controls were taken who scored 3 or less on General Health Questionnaire-12.

TOOLS USED

1. Socio-Demographic and Clinical Data Sheet
2. Toronto Alexithymia Scale (Talyor et al. 1985)

3. Beck's Depression Inventory (Beck et al. 1979)
4. Addiction Severity Index (McLellan, 1980)
5. General Health Questionnaire-12 (Goldberg. 1978)

Description of Tools of Assessment

1. **Socio-Demographic & Clinical Data Sheet:** A semi structured socio-demographic assessment sheet was used to elicit information regarding various social and demographic variables like age, domicile, religion, education, duration of marriage, occupation, family type etc.
2. **Toronto Alexithymia Scale (Taylor et al. 1985):** Toronto self-report Alexithymia Scale (TAS) has 26 items. The responses are taken on a 5 point scale. The maximum score one can get on the scale would be 130 and the minimum score 26. The scale has adequate split half reliability ($r = .75, p = 0.001$), as stated in the manual of Toronto Alexithymic Scale.
3. **Beck's Depression Inventory (Beck et al. 1979):** The Beck's Depression Inventory (BDI) is a self-rating inventory to measure the severity of depression, unlike many other scales for depression. Subjects are instructed to rate their mental state on a 0-3 spectrum (0-least, 3=most). For psychiatric patients the average internal consistency found to be 0.86.
4. **Addiction Severity Index (ASI) (McLellan, 1980):** The ASI assesses seven functional areas of the person; medical status, job and support, drug use, alcohol abuse, legal status, family/social status and mental/psychiatric status. There are 142 items in the index. These include general demographics plus a common format for each of the seven problem areas. The problem severity scores have been reported to correlate with various independent variables with correlation ranging from 0.43-0.72.

5. **General Health Questionnaire (GHQ-12) (Goldberg, 1978):** It is used to rule out any psychiatric illness in normal healthy control. General health questionnaire (GHQ-12) is a self-administered screening test designed for quick and easy identification of “probable psychiatric case” in the target population. In the present study, GHQ was used as a screening tool to detect “probable psychiatric case” in control population.

PROCEDURE

30 patients with a diagnosis of Alcohol Dependence Syndrome and 30 normal healthy controls along with their spouse, fulfilling the inclusion and exclusion criteria were recruited in the study. After establishing rapport, a clinical interview was held and informed consent was obtained. The socio-demographic and clinical data sheet was filled. Toronto Alexithymia Scale, Hamilton Anxiety Rating Scale, Beck's Depression Inventory and Defensive Style Questionnaire were applied in Alcohol Dependent Syndrome patients, spouses of patients, normal control and spouse of normal controls. Addiction Sever Index was applied in Alcohol Dependent Syndrome patients and GHQ.12 was applied in normal controls.

STATICAL ANALYSIS

The statistical analysis was carried out using SPSS for Windows; Version 10.0 (Chicago, Illinois) The analysis of the obtained data was done using various descriptive and inferential statistics in the following:

- To compare the continuous variables t-test was used and for categorical variable Chi-Square test was used.
- To see the correlations between Toronto Alexithymia scale and Beck's depression inventory, Spearman's correlation test was used.

RESULTS

The study included 30 spouses of alcoholic male dependent patients and 30 spouses of 30 normal healthy male controls.

Table 1: Comparison of socio demographic characteristic in alcohol dependent patients and normal control subjects

Variables	Groups		t df=58	P
	Patients (N=30) M ± SD	Normal (N=30) M ± SD		
Mean age (in year)	36.63 ± 4.50	35.83 ± 4.81	.665	.509
Education (in year)	12.73 ± 2.74	13.50 ± 2.33	1.167	0.248
Duration of marriage (in year)	12.53 ± 5.68	9.66 ± 5.32	2.015	.049

(P<0.005)

Table 2: Comparison of scales administered in patients and control group

Variable		Groups		χ ²	df	P
		ADS patients (N=30)	Control men (N=30)			
Toronto Alexithymia Scale (TAS)	Absent	17 (56.6%)	23 (76.6 %)	2.700	1	.100
	Alexithymic	13 (43.3%)	7 (23.3 %)			
Beck's Depression Inventory. (BDI)	Absent	5 (16.6 %)	29 (96.6 %)	39.386	3	< 0.001
	Mild	8 (26.6 %)	1 (3.3 %)			
	Mod	11 (36.6 %)	0			
	Sever	6 (20 %)	0			
	Present	21 (70 %)	17 (56.6 %)			
	Present	27 (90 %)	22 (73.3 %)			
	Present	24 (80 %)	15 (50 %)			

(P<0.001)

Table 3: Indicates that control group scored less on Beck’s Depression Inventory (BDI), as compared to alcohol dependence group by indicating significant difference between two groups on the compared variables.

Table: 3 Comparison of scales administered in spouses of alcohol dependent patients and control group

Variable		Groups		χ^2	df	P
		Spouse of AD patient (N=30) n (%)	Spouse of normal control (N=30) n (%)			
Toronto Alexithymia Scale	Absent	18 (60 %)	27 (90 %)	7.200	1	.007
	Alexithymi	12 (40 %)	3 (10 %)			
Beck’s Depression Inventory.	Absent	4 (13.3 %)	25 (83.3 %)	31.278	3	< 0.001
	Mild	10 (33.3 %)	4 (13.3 %)			
	Mod	7 (23.3 %)	1 (3.3)			
	Sever	9 (30 %)	0			
	Present	23 (76.6%)	22 (73.3 %)			

(P<0.001)

Table 4: Indicates that there exists significant difference (p< 0.001) between the spouse of alcohol dependence spouse and spouse of normal control. The spouse of control scored less on Toronto Alexithymia Scale (TAS), Beck’s Depression Inventory (BDI), and Hamilton Anxiety Rating Scale (HARS) as compared to the spouse of ADS group.

Table 5: Correlations of Alexithymia total score with psychopathological variable in spouse of Alcohol Dependent Patient

	BDI	HARS	DSQ (mature factor)	DSQ (Neurotic factor)	DSQ (immature factor)
TAS total	.478**	.482**	-.063	.138	.787**
TAS sub Scale (Identify feeling)	.511**	.521**	-.102	.269	.195

TAS sub scale (daydreaming)	.242	.223	.045	-.087	.212
TAS sub scale (External thinking)	.075	.116	.116	-.008	.378*
TAS sub scale (Communicate feeling)	.048	.013	-.092	.061	-.137

** Significant at .01 level

* Significant at .05 level

Table 5: Shows that the total score of Toronto Alexithymia Scale (TAS) in case of spouses of alcohol dependent patient was positively correlated with score on Beck's Depression Inventory (BDI). Besides this one sub scale of Toronto Alexithymia Scale (TAS) namely identify feeling has been found to be significantly correlated with Beck's Depression Inventory (BDI) scores.

Discussion and Conclusion

Alexithymia is a clinical construct that defines the persons who are not able to relate with their feelings, lack or minimum fantasies, stereotypic vision to and tend to over concern about somatic issues. Alexithymia is conceptualized by the behavioural scientists as a personality trait found in persons with psychosomatic disorders and substance disorders. It has also been noted to function as state phenomenon in a profound illness. Substance use has been a potential cause which produces the mental conditions throughout the world. Various psychological problems occur not only in substance dependence patients but also in their families such as anxiety, depression, or confusion. A phenomenon which is the manifestation of alexithymic features related to denial of the existence in alcohol dependent patients is also experienced by the family of alcohol dependent persons especially in spouse. However, the past researches do not suggestive of such impression. On the other hand few researchers have stated that secondary Alexithymia is a defensive response to the



acute depression that basically occurs followed by a stressful event (Haviland et al. 1988). Parker et al. (1991) described that Alexithymia was a construct that was distinct from depression though the evidence has been conflicting. Therefore the relationship between Alexithymia and depression may be an important factor in substance dependence. The observations of the present study also suggested that the level of alexithymia in persons with alcohol dependence and spouse of persons with alcohol dependence higher than normal healthy controls and their spouses. The presence of such phenomenon along with depression affects the therapeutic outcomes negatively.

It is concluded that Alexithymia is a clinical construct and personality trait found in alcohol dependent persons and their spouses. They need to be educated to develop their social skills to effectively manage their family life.

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