

ALEXITHYML& IN KARACHI

Pages with reference to book, From 40 To 41

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ABSTRACT

Alexithymia is a new term which usually means “no words for mood “and used to describe a disorder where patients have difficulty in expressing feelings in words. Such patients therefore express emotions in somatic terms. We have selected headache as a symptom to test the term Alexithymia. A group of thirty patients with the complaint of persistent headache of more than 6 months duration, without any organic pathology or neurological disease entity was taken. This study concludes that Alexithymic traits are not necessarily more prominent in those having psychophysiological symptoms specially tension headache. It also shows that we should not accept any new concept evolved in Wool without testing it in our own conditions (JPMA 41: 40, 1991).

INTRODUCTION

Alexithymia literally means no words for mood and is used to describe a group of patients who have impoverished fantasy lives and difficulty in expressing their feelings in words¹. They dream rarely and tend to focus on physical symptoms and trivial environmental details. They rarely cry and exhibit an operative style of thinking which is concrete, inert and stimulus-bound (Table-I).

Table 1. Salient features of “Alexithymia”.

Difficulty in expressing emotion.

Impoverished fantasy life.

Use of action to avoid conflict.

Concrete cognitive style (1a pensee operateire).

Infrequency of dreams.

Tendency to focus self - reports on physical symptoms and trivial environmental detail.

Rare display of copious crying.

Although this cluster of alexithymic traits may appear in various patient groups, most reports link them with psychosomatic symptoms.^{2,3} The present study is an attempt to measure alexithymic traits in a group of patients with psychosomatic symptoms and compare them with a control group. Our hypothesis was that alexithymic traits would be more prominent among patients presenting with somatic symptoms.

METHOD

The symptom chosen for this study was ‘Tension Headache.’ Although this condition was not

considered to be one of the classical psychosomatic illnesses it is now categorized with “psychological factors affecting physical conditions” in D.S.M III, ⁴ alongwith other psychosomatic conditions and given the code of 316.00. International classification of disease of WHO (ICD-9) ⁵ includes it in ‘psychalgia’ under code 307.8 where headache is of “mental origin and a more precise medical or psychiatric diagnosis cannot be made”. The sample of patients and controls was taken from the out-patients walk-in clinic of the department of psychiatry at Jinnah Postgraduate Medical Centre, Karachi. This is attached to a teaching state hospital and caters to people from the lower socio-economic stratum. Thirty patients between the ages of 16-45 years were taken with the complaint of persistent headache of more than 6 months duration, without any organic pathology or neurological disease entity e.g migraine. These patients were given urdu version of ‘M.M.P.I. ⁶ Alexithymia Scale, which consists of 21 statements to be marked true or false by the subject, A score of 13 and above was taken as alexithymia, 7 or less as nonalexithymia, and between 8-12 as borderline. A control sample of 30 persons from similar socioeconomic, sex and age group without headache was also taken and rated on the M.M.P.I. Alexithymia Scale.

RESULTS

The average age of the experimental group, which we will call the “headache group” was 34 years, while that of the control group was 28 years. There were 5 males and 25 females in the headache group and 7 males and 23 females in the control group (Table II).

Table II. Demographic Characteristics of Headache and Control groups.

Demographic	Characteristics	Headache Group	Control Group
Age	Range	16-45yrs	16-45yrs
	Average	34yrs	28yrs
Sex	Males	05	07
	Females	25	23
Marital Status	Married	21	20
	Single	07	07
	Widowed	02	02
	Separated	00	01

Ten out of thirty (33%) from the headache group were found to be alexithymic as compared to eleven (37%) in the control group. Fourteen patients (47%) from the headache group turned out to be borderline alexithymic as compared to seventeen (58%) from the control group. Six (20%) subjects were nonalexithymic from the headache group as compared to only two (7%) from the control group (Table III).

Table III. Alexithymia Scores of Headache and Control Groups.

	"HeadacheGroup"	"ControlGroup"
Alexithymic	33.3%	36.7%
Borderline Alexithymic	46.7%	56.7%
Non-Alexithymic	20.0%	06.7%

DISCUSSION

In our series 33.3% patients with 'headache' 36.7% controls were alexithymic. Similarly, there was a higher percentage (56.7%) of borderline alexithymics among the control group as compared to the "Headache" group (46.7%). This study, therefore, concludes that alexithymic traits are not necessarily more prominent in people having psycho-physiological symptoms specially tension headache. There could be more than one explanation for such a result. It is likely that the traits we were trying to elicit are present in most people belonging to the lower socioeconomic strata i.e. under-privileged. Several cognitive characteristics have been found among the under privileged, most of whom are similar to alexithymic traits e.g. they are physical and visual, rather than aural, externally oriented rather than introspective, and use words in relation to action rather than being word bound.⁸ As we had taken our samples (both the headache and the control groups) from the lower socioeconomic stratum both the groups are showing alexithymic traits, regardless of the fact whether they had psychosomatic symptoms or not. This study also shows that we should not accept any new concept evolved and introduced in the west without testing it in our own conditions.

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