

## ОГЛЯДИ ЛІТЕРАТУРИ

© Skrypnikov A.M.; Zhyvotovska L.V., Herasymenko L.O., Boiko D.I., Bodnar L.A.

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### ALEXITHYMIA IN HEALTHY PEOPLE AND ITS ROLE IN DEVELOPMENT OF DIFFERENT DISORDERS

Skrypnikov A.M., Zhyvotovska L.V., Herasymenko L.O., Boiko D.I., Bodnar L.A.

Ukrainian Medical Stomatological Academy, Poltava, Ukraine

*Знижену здатність або ускладненість усно висловити, назвати власні емоційні стани або почуття інших людей, прийнято називати алекситимією. В даний час проводяться дослідження, в яких з'ясовують, чи є алекситимія специфічною властивістю особистості або ж вона може призводити до психосоматичних захворювань, будучи їх предиктором. Деякі дослідники вважають, що алекситимія сама по собі не є захворюванням і являє собою ряд характеристик, властивих певним індивідам. Алекситимія чітко виражена в складі особистості пацієнтів із серцево-судинними захворюваннями і являє собою окремий фактор в цій структурі. В цілому дослідження показують, що пацієнти з алекситимією гіперчутливі як до внутрішніх соматичних неприємних відчуттів, так і до зовнішніх больових стимулів, проте описати відмінності різних видів болю у них не виходить. Алекситимію можна розглядати як один з преморбідних особистісних факторів, що знижують компенсаторні можливості психологічного захисту при люцидному алкоголізмі. Алекситимія виявлена у багатьох пацієнтів з наркоманіями. Замість того, щоб просто звільнитися від болісних, нестерпних або гнітючих почуттів, люди, які зловживають хімічними речовинами, можуть використовувати їх для управління афектами, особливо коли ці афекти виявляється важко вловити, розрізнити і дати їм назву. У той же час недостатньо вивчені відмінності в проявах алекситимії при алкогольних і наркотичних залежностях, в тому числі її вплив на розвиток залежної поведінки. Вивчення алекситимії є актуальним питанням сучасної психіатрії та наркології, оскільки дозволить застосовувати персоніфікований підхід до пацієнта та вдосконалити сучасні лікувально-реабілітаційні заходи.*

**Ключові слова:** алекситимія, афективні розлади, лікування психічних розладів, психосоматичн захворювання, лікувально-реабілітаційни заходи.

*The reduced ability or difficulty to express verbally, to name one's own emotional states or feelings of other people, is commonly called alexithymia. Currently, studies are being conducted in which they ascertain whether alexithymia is a specific property of a person or whether it can only predispose to psychosomatic diseases, being their predictor. Some researchers believe that alexithymia itself is not a disease and is a series of characteristics characteristic of certain individuals. Alexithymia is clearly expressed in the personality structure of patients with cardiovascular diseases and represents a separate factor in this structure. In general, studies show that patients with alexithymia are hypersensitive to both internal somatic unpleasant sensations and external pain stimuli, but they cannot describe the differences between different types of pain. Alexithymia can be considered as one of the premorbid personality factors that reduce the compensatory psychological defense capabilities in lucid alcoholism. Alexithymia is found in many drug addicts. Instead of simply getting rid of painful, intolerable, or overwhelming feelings, people who abuse chemicals can use them to control affects, especially when these affects are hard to grasp, distinguish, and give them a name. At the same time, the differences in the manifestations of alexithymia in alcohol and drug addiction, including its influence on the development of addictive behavior, are not well understood. The study of alexithymia is a topical issue of modern psychiatry and narcology, which allows us to apply a personified approach to the patient and to improve modern therapeutic and rehabilitation measures.*

**Keywords:** alexithymia, affective disorder, treatment of mental disorders, psychosomatic diseases, therapeutic and rehabilitation measures.

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The first problem with alexithymia was identified by P.

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Sifneos. Further research in this area has been and is being conducted very intensively, and today alexithymia is one of the significant problems of neurology and neuropsychology. Over the past two decades, alexithymia problems have been widely and extensively discussed in the medical literature. The main results of these studies are discussed in the present review [21].

Currently, studies are being conducted in order to ascertain whether alexithymia is a specific property of a person or whether can only predispose to psychosomatic diseases, being their predictor. Some researchers believe that alexithymia itself is not a disease and is a series of characteristics of certain individuals [22].

Currently, alexithymia is understood as a psychological characteristic of an individual, characterized by difficulty or complete inability of a person to accurately describe their own emotional experiences and understand the feelings of another person, difficulties in determining differences between feelings and bodily sensations, fixation on external events to the detriment of internal experiences. Aleximics are characterized by an endless description of physical sensations, often without connection with a particular disease. Neglect of one's internal mental and physical well-being is combined with a limited ability to regulate the internal state. Internal sensations are described as boredom, emptiness, fatigue, tension, arousal. The main defect in the affect area of alexithymics is the inability to differentiate emotions and sensations of unspecified physiological disorder. There is also a feature such as limited use of symbols, as evidenced by the poverty of fantasy and imagination. In the alexithymical personality, the listed features may appear equally or one of them may prevail [3].

Recent progress in neuroimaging has provided important information regarding emotional experience and the presence of alexithymia. Hence, from the point of view of social and affective processing, people with alexithymia show lower reactivity in areas of the brain associated with emotions. Many studies have reported reduced activation in the limbic areas (for example, the cingulate cortex, anterior insular part, the amygdala) and the prefrontal cortex, when people with alexithymia try to feel other people's feelings or outlive their own emotions, compared to those with no alexithymia [14].

The results of studies using functional MRI show that in patients with alexithymia, the activity of the left dorsolateral prefrontal cortex, the dorsal part of the bridge, the cerebellum is reduced, and in the pain matrix - the left caudal front part of the cingulate. They also showed increased activity in the zone of the Reil island on the right and in the lower frontal gyrus. During the test for recognition of emotions, there is a high activity in the anterior part of the cingulate gyrus in people with a low level of alexithymia and, on the contrary, low activity in this area in people with a high level of alexithymia. The relationship between alexithymia and the concentration of neurotransmitters in the zone of the insula and the anterior part of the cingulate gyrus is studied [15,16,19].

As for primitive emotional reactions, such as the response to pain, people with alexithymia have increased activity in areas of the brain that are involved in physical sensation. Moreover, in difficult social situations, people with alexithymia may not be able to use feelings to behave accordingly. Thus, a defect in the development of emotional nerve structures can lead to increased sensitivity to bodily sensations and unhealthy behavior,

which, in turn, can be a possible mechanism that links alexithymia and psychosomatic disorders [17].

One can distinguish primary and secondary alexithymia. Primary alexithymia is a constitutional feature of the personality, and the secondary one is the result of disorders of different pathogenesis (organic lesions of the central nervous system, depression, some chronic diseases, emotional-volitional disorders, etc.) [18].

Primary alexithymia is caused by defects in the formation of the brain in the fetal development, the consequences of postpartum trauma, postpartum complications and has been observed since childhood. Secondary alexithymia develops as a result of psychotrauma, but more often on the background of lung neurological disorders or minimal cerebral dysfunction. It can also be a manifestation of latent depression, increased anxiety, post-traumatic stress disorder, and the like. The development of secondary alexithymia is also affected by improper parenting (denying, controversial, hyperopia, hypopoesis), the situation in the family. Secondary alexithymia can be both a stable personality trait and a temporary reaction to depression or anxiety [10].

From the standpoint of modern psychiatry, it is considered that the primary alexity is practically not subject to correction. Psychotherapy of secondary alexithymia in most cases can be successful, but to consolidate the positive results is desirable and medication therapy. In relation to aleximics is conducted psychotherapy, aimed at reducing the level of anxiety and psycho-emotional stress. In addition, the use of special techniques that help the patient learn to recognize and describe the words of their emotions, overcome the lack of emotional reactions, develop intercostal relationships and the ability to include imagination [6].

To explain the alexithymia syndrome and its role in the formation of psychosomatic disorders, J. S. Nemiah identifies two models of "denial" and "deficit". The model of "denial" implies a global inhibition of affects. If the negation is regarded as a psychological defense, then theoretically it is possible to allow the reversibility of the protective process and the subsequent disappearance of the alexithymia syndrome and somatic symptoms. In this case, we can speak of "secondary alexithymia," that is, a condition that is found in some patients who have suffered severe injuries, and in patients with psychosomatic diseases who, after psychotherapy, acquire feelings and fantasies that were previously so amazingly absent. However, as clinical experience shows, in many patients with psychosomatic disorders, alexithymic manifestations are irreversible, despite the long, intensive and skillful deep psychotherapy. Such patients remain totally incapable of affect and fantasy. For them, the deficit model seems more acceptable. In accordance with this point of view, there is no inhibition, but the absence of functions and the underlying mental apparatus. In the deficit model, emphasis is placed on the disorder of instinct, which, bypassing mental processing due to its reduced ability to symbolize instinctive needs and fantasize, directly affects somatic with adverse consequences [4].

Specific interpersonal problems are associated with alexithymia, especially the problem of cold, distanced or aggressive behavior in society, typical of some patients with alexithymia, inability to build relationships with loved ones, inability to make friends, inability to empathy, emotional intimacy. Helicophobia (fear of being ridiculed by other people) and the level of emotional intelligence are

also closely associated with alexithymia, but researchers studying this connection come to the conclusion that these conditions are not combined [5].

At the same time, it was found that alexithymia is not associated with the disrupted ability of cognitive empathy in the form of a change of position when performing cognitive activity, suggesting a communicative orientation on another person. When performing the cognitive task of defining concepts, taking into account the position of another person, subjects with high alexithymia scores showed the ability to take this position into account, not differing from the abilities of the subjects without signs of pronounced alexithymia. Thus, alexithymia is associated with impaired ability to decentration only during the processing of emotional stimuli. There is a lack of ability to understand the feelings of others, empathize with them and respond differentially to their emotional states. At the same time, such a parameter of alexithymia as "poverty of fantasy" is positively connected with the willingness to "get involved in the problems of others", which can be interpreted as evidence of the desire to compensate for the poverty of one's own inner life by intensive participation in the problems of other people [8].

We revealed a statistically greater severity of alexithymia in boys compared with girls. This psychological information is explained, firstly, by some gender characteristics (greater emotional sensitivity and psychological flexibility of girls, their tendency toward emotional identification, sincere sympathy, less hostility and greater emotional variation); secondly, with indisputable specificity of the education of boys in society. The existing stereotype of upbringing "male" behavior eliminates the orientation towards feelings and is aimed at forming a strong personal and social position. In this case, inflexible, schematized mechanisms of behavior are formed, which are accompanied by socially approved aggressiveness, which contributes to the accumulation of alexithymic manifestations.

The relationship between the severity of alexithymia and the level of education in the absence of health disorders has been proven. The highest rates of alexithymia are characteristic of subjects with a low level of education. This psychological information corresponds to the logic of the study. The presence of a high level of education is due to greater erudition, cognitive activity, an understanding of the versatility of the world, the ability to respond flexibly to its changes and readiness for tolerant interaction. Education also implies mastering the most constructive patterns of behavior and the ability to choose from them the most appropriate situation and the emotional state of the communication partner. The obtained psychological information indicates the need to pay special attention to persons with a low level of education in the aspect of accumulating alexithymic traits as needing special psychological support technologies [1].

As a result of modern research, it has also been established that alexithymia is clearly expressed in the personality structure of patients with cardiovascular diseases and is a separate factor in this structure. Alexithymia takes part in the formation of a specific life activity: excessive concentration on the performance of professional duties, the constant desire to achieve success and the need for recognition creates the basis for common emotional incompetence, inability to build constructive empathic relationships with the world. The rhythm of life of such patients leaves no time for emotional manifestations, and they are subject to repression. This displace-

ment of emotions and serves as the basis for the formation of somatic disease, which is accompanied by ignoring the painful symptoms. The presence of the disease is perceived by the patient as an obstacle to the implementation of professional activities. Pronounced disorders lead to the need to distinguish between emotional and physiological manifestations, but this is hampered by pronounced alexithymia [2].

Studies in the field of algology are of particular relevance: the specificity of sensations in patients with pain syndromes of various etiologies has been revealed, the level of alexithymicity in those who complain of pain is studied. In general, studies show that patients with alexithymia are hypersensitive to both internal somatic unpleasant sensations and external pain stimuli, but they cannot describe the differences between different types of pain. Questionnaires for studying the nature and intensity of pain do not always help, because patients often do not understand the meanings of the words suggested in the questionnaires [20].

Based on the results of psychometric studies, we can conclude that alexithymia cannot be considered, as a number of authors consider, only as a predictor or a sign of personality psychosomatisation, since it is clearly detected in practically healthy individuals of different age groups. The relatively constant detection rate of alexithymia in individuals of different age groups, as well as its association with a number of indicators of the emotional-personal sphere, suggest that most likely alexithymia can be considered as one of the components of the integral personality characteristic. The evidence of the consistency of this assumption is the data on the age characteristics of the nature of the correlation of alexithymia with anxiety and depression, as well as its relationship with indicators such as intraversion, emotionally unstable and external personality types [11].

Alexithymia can be considered as one of the premorbid personality factors that reduce the compensatory psychological defense capabilities in lucid alcoholism (in the early stages of alcohol dependence) and complicate the structure of alcohol anosognosia in patients (in the later stages of the disease) due to its components, such as alcohol anosognosia due to insufficient awareness and due to an alcoholic decline in personality. "Secondary alexithymia" is layered on the stable personality characteristics described by the "congenital deficit" model, which can be regarded as a risk factor for the development of alcohol dependence [12].

While conducting clinical work with victims of alcoholism, Henry Crystal noted that some of his patients are unable to differentiate their feelings (for example, they cannot distinguish anxiety from depression), are prone to somatisation of affect and cannot express their feelings with words. All these people, answering the question about their condition, cannot identify various emotional states in themselves, for example, tell them whether they are sick, tired or hungry, are experiencing sadness or anger. They may briefly display brilliant mental abilities, but ultimately show that their reactions are caused more by events and facts, but are almost unrelated to emotions [7].

The lack of control in the emotional sphere leads to the need to use external means that can affect the emotional state, including to the use of psychoactive substances. Alexithymia is found in many drug addicts. The high severity level of the alexithymic in the personality structure of psychoactive drug users contributes to a decrease in their adaptive capacities and is one of the psy-

chological factors for the development of the addiction syndrome. Unhealthy, repetitive aspects of substance use are attempts to work out painful affective states for which words, memories, or other symbolic representations do not exist. Instead of simply getting rid of painful, intolerable, or overwhelming feelings, people who abuse chemicals can use them to control affects, especially when these affects are hard to grasp, distinguish, and give them a name [9].

Individuals with alexithymic traits are often characterized by a specific imbalance, in which emotions are mainly manifested in the context of dependence, and not in real life. If the context of addiction is saturated with emotions, then reality, on the contrary, becomes emotionally impoverished, in real social relations the intensity of the emotional background decreases. This is especially noticeable when the attitude of others to the addict changes in a negative way. His detachment begins to perform a defensive reaction. Alexithymia is one of the risk factors for addiction among young people. The relationship between alexithymia and addictions is found as a result of the realization of various forms of addictive behavior, as well as the transformation of a person's personality. At the same time, the specificity of alexithymia in young people with non-chemical dependencies consists in total self-isolation of a person from the surrounding real world. The relationship of alexithymia with addictions among young people is manifested in the lack of stability of the emotional-volitional sphere, as well as a low level of self-control [13].

**Conclusions:** Despite the fact that more and more researchers are paying attention to the phenomenon of alexithymia, there are still quite a few studies in the literature on this phenomenon in different categories of patients. Thus, the study of manifestations of alexithymia is a topical issue of modern psychiatry, which will improve existing rehab programs, enhance quality of life and return patients to full social functioning.

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