ABSTRACT

The aim of the present study was to determine alexithymia in patients suffering from somatoform disorders, and to find its relationship with social support, life events, coping style, family functioning and verbal fluency.

The subjects in the study were between the age range of 18 to 65 years. The patients who were diagnosed by a qualified psychiatrist as suffering from somatoform disorders (ICD-10, WHO, 1992) were included in the study. However, they were excluded if they had a history of major medical illness, or a concurrent diagnosis of psychosis, organic brain syndrome, or mental retardation; or if they hailed from broken/ single parent families. Normals had to score less than 3 on General Health Questionnaire to be included in the study. The two groups were statistically comparable on age, gender education, occupation, marital status, family income and residential area.

The final sample comprising of 102 patients and 116 matched normal controls, were assessed on 20-itom Toronto Alexithymia Scale, PGI-Social Support Questionnaire, Presumptive Stressful Life Events Scale, The Coping Checklist, Family Interaction Pattern Scale, and The Word Naming Test. Using the t-test, correlational analysis, ANOVA, and stepwise regression analysis, the statistical analysis was conducted on the total as well as the subscores of each of the above measures.

The results of the study revealed that alexithymia is more prevalent in somatoform disorders' patients. The patients had lower social support, more life events in the past 2-3 years, commonly used different type of coping mechanisms, had more communication and cohesion in their families, and had poorer verbal fluency. Female gender, lower educational level and joint family correlated with
alexithymia, but alexithymia was equally prevalent across the age groups. Alexithymia was negatively correlated with social support and verbal fluency; positively correlated with certain coping mechanisms and family functioning, and had no relation with the number of life events in the past 2-3 years. Regression analysis revealed that 45.3% of the total variance in alexithymia could be explained by the variables assessed in the study.

The relationship of alexithymia with the total as well as the subscales of each of the variables assessed, are discussed in detail. Implications of the present study and suggestions for future research are also described.