Prevalence of alexithymia in eating disorders in a clinical sample of 800 Mexican patients

Prevalencia de alexitimia en los trastornos de la conducta alimentaria en una muestra clínica de 800 pacientes mexicanas

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Abstract

Introduction: The inability to identify, express feelings, and not distinguish between emotions and bodily sensations, is known as alexithymia. In 1988, it developed The Toronto Alexithymia Scale (TAS-20), consists of 20 items and three factors: a) difficulty of identifying feelings and differences between feelings and bodily sensations; b) difficulty of describing feelings; and c) externally oriented thinking. It's considered that people with eating disorders have specific deficits in identify and communicate their feelings. **Objective:** The present study has as purpose to the instrument validation. **Methods:** It was a cross-sectional study and psychometric character design of a single sample, formed of 435 persons suffering eating disorder (ED), with an age range of 12-68 years, of which 91% were women and 9% were men. To obtain the reliability of the instrument, applies internal consistency test, which resulted in an alpha of 0.89, then applied a factor analysis of principals components with oblimin rotation. **Results:** According to statistical analysis, were eliminated six items, so the scale finished with 14 items, and to analyze it observed that these items correspond with the two main factors of the original scale. The ED patients present alexithymia. **Discussion:** The scale satisfies the criteria of validity necessary for use in this population.

KEY WORDS: Alexithymia. Toronto Scale. Validation. Eating disorder. Mexico.

Resumen

Introducción: La incapacidad para identificar y expresar sentimientos, y no distinguir entre las emociones y las sensaciones corporales, se conoce como alexitimia. En 1988 se desarrolló la Escala de Alexitimia de Toronto (TAS-20), que está conformada por 20 reactivos y tres factores: a) dificultad para identificar los sentimientos y las diferencias entre sentimientos y sensaciones corporales; b) dificultad para describir sentimientos; y c) pensamiento orientado externamente. Se considera que las personas con trastornos de la conducta alimentaria (TCA) tienen déficits específicos en la identificación y la comunicación de sus sentimientos. **Objetivo:** Realizar la validación de dicho instrumento. **Método:** Estudio de tipo transversal y de carácter psicométrico con diseño de una sola muestra, conformada por 435 personas con diagnóstico de TCA, con un rango de edad de 12 a 68 años, de las cuales el 91% eran mujeres y el 9% eran hombres. Para obtener la confiabilidad del instrumento se

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aplicó una prueba de consistencia interna, que dio como resultado un alfa de 0.89; posteriormente se hizo un análisis factorial de componentes principales con rotación oblimin. **Resultados:** De acuerdo con el análisis estadístico, se eliminaron seis reactivos, de tal forma que la escala finalizó con 14 reactivos, y al analizarlos se observó que concordaban con los dos factores principales de la escala original. Las pacientes con TCA presentan alexitimia. **Discusión:** La escala satisface los criterios de validez necesarios para ser utilizada en dicha población.

PALABRAS CLAVE: Alexitimia. Escala de Toronto. Validación. Trastornos de la conducta alimentaria. México.

Introduction

Emotions are internal experiences that only are externally manifested by means of gestures or movements; they induce us to act and, through them, a certain physiological state is produced in the human body. In turn, feelings are the mental expression of emotions. In contrast, there is a syndrome known as alexithymia¹, which is characterized by the inability to identify and express feelings, in addition to not distinguishing between emotions and bodily sensations.

Now, the etymology of the word “alexithymia” comes from the Greek: *a* (lack), *lexis* (word) and *thymos* (emotion); it is described as a multidimensional construct meaning an absence of words to express emotions².

Among the characteristics shown by people who suffer from alexithymia, the following can be mentioned: a) a marked difficulty in identifying, describing and communicating emotions; b) difficulty in distinguishing between feelings and emotions, on one hand, and between emotions and bodily sensations on the other; c) deterioration of the capacity for symbolization, manifested by limited fantasy and other imaginative activities; and d) preference to cognitively focus on external events rather than on internal experiences³.

On the other hand, eating disorders (ED) constitute a group of mental disorders characterized by an altered behavior with regard to food intake or by the appearance of behaviors aimed at controlling weight. This disorder causes physical and psychosocial functioning problems, and has as main characteristics a distorted eating behavior and extreme concern for the body image and weight^{4,5}. López and Treasure⁶ define EDs as being complex and multi-causal mental health illnesses, which mainly affect adolescents and young women.

The most frequent diagnosis during adolescence, according to the 2002 Diagnostic and Statistical Manual of Mental Disorders (DSM-TR), is ED, not otherwise specified (NOS), followed by anorexia nervosa (AN) and bulimia nervosa (BN). However, EDs have

not been regarded as a public health problem in Mexico, and hence statistics on the subject are scarce⁷.

Most studies on eating disorders' epidemiology are based on risky eating behaviors, which are defined as those inappropriate compensatory behaviors that are characteristic of EDs and that do not meet the diagnostic requirements in both frequency and duration. These behaviors include concerns about getting fat, binge eating with a feeling of lack of control with regard to food intake and restrictive eating behaviors (practice of diets, fasting, excessive exercise and consumption of weight loss pills) and purgatives (use of laxatives, diuretics and self-induced vomiting) with the purpose to lose weight⁸.

According to the National Health and Nutrition Survey (ENSANUT – *Encuesta Nacional de Salud y Nutrición*), the most common risky eating behaviors among Mexican adolescents were concerns about getting fat, eating too much and losing control over food intake. The proportion of adolescents who participated in said survey and that were at risk of having an ED was 1.3% (1.9% in females and 0.8% in males). This proportion was half a percentage point higher than that recorded in 2006 ENSANUT⁹, and a national increase is recorded between 2006 and 2012 in the prevalence of risk-behaviors for AN, BN and ED¹⁰.

Similarly, in 2010, Unikel et al.⁸ conducted a study in the Federal District based on the Mexican Adolescent Mental Health Survey, in a representative sample of 3005 adolescents between 12 and 19 years of age, and found 0.2% of AN and 0.9% of BN in females⁸.

Relationship between eating disorders and alexithymia

Espina¹¹ concludes that alexithymia appears in different pathologies, especially in psychosomatic disorders, drug addiction and EDs, since people with eating disorders somatize their affections and act impetuously in stressful situations without being aware or having an adequate control on the expression of their emotions.

Mitchell and Mazzeo¹² describe that the inability of a person to identify and discriminate his/her emotional states can represent an emotional void that generates an exaggerated interest in physical details of the subject's own body. Similarly, Cochrane, et al.¹³ analyzed alexithymia's individual characteristics and concluded that, in eating disorders, people have specific deficits in identifying and communicating their feelings.

Toronto alexithymia scale

To measure the level of alexithymia in the Toronto population, Bagby, et al.¹⁴ created the Toronto Alexithymia Scale (TAS), which is widely used. This scale has had two revisions (TAS-R and TAS-20). The original version consists of 26 sections that were reduced to four factors. The final version of the scale comprised 20 items and 3 factors: a) difficulty in identifying feelings and differences between feelings and bodily sensations; b) difficulty in describing feelings; and c) externally oriented thinking. According to empirically determined cutoff points, people who obtain a score of 61 or more in TAS-20 are identified as being patients with alexithymia¹⁴.

TAS-20 is scored using a 5-point Likert-type scale that shows the degree of conformity/nonconformity with the statement. Using this scale and others, different authors have found a relationship between alexithymia and ED. Some studies are described below.

Díaz and Balbás¹⁵ studied alexithymia-related variables in 25 patients with EDs and 34 people in a control group, using TAS-20 and the Eating Disorders Evaluation Scale. The results reflected the existence of significantly higher mean levels of alexithymia in the group of subjects with ED than in the subjects of the control group.

In turn, Espina conducted an investigation with the purpose to investigate the existence of alexithymia in parents who had a daughter with ED. He assessed the parents of 73 women with eating disorders and the parents of 72 females without EDs, using the TAS, Beck's Depression Inventory, the Eysenck Personality Questionnaire and the Anxiety Self-Assessment Scale. The author describes that parents of daughters with ED show higher scores on TAS-20 in comparison with those in the control group. Parental high scores of are associated with neurosis, anxiety and depression. The author concludes that alexithymia should be taken into account in order to help parents express emotions so that they can be able to be empathetic,

since they are a highly important role model for their children, and if the former do not know how to communicate their feelings, neither will the latter do¹⁶.

Speranza, et al.¹⁷ conducted a 3-year longitudinal study where they investigated the prognostic value of alexithymia characteristics in a sample of patients with EDs. To that end, they used the TAS-20 and Beck's Depression Inventory, with the results showing that the difficulty in identifying feelings can negatively influence on the long-term evolution of patients with ED.

In turn, Behar¹⁸ determined the presence of alexithymia and assertiveness in different types of ED. He assessed 108 women with ED, to whom he applied the Food Attitude Test, the Eating Disorder Inventory, TAS-20 and the Rathus Assertiveness Schedule. The study found that all subgroups achieved scores within the alexithymia range, especially those with AN, who also showed a cognitive style more oriented towards external details, while subjects with BN showed greater difficulty in discriminating emotional signals.

Previous validations of the toronto alexithymia scale

In Mexico City, the TAS-20 scale validation was carried out with 153 subjects. Reliability was calculated with Cronbach's alpha coefficient, which yielded a value of 0.875. The factorial analysis separates only the two latter factors: difficulty in describing feelings to others and having a cognitive style oriented towards concrete things¹⁹.

In turn, Unikel and Caballero²⁰ validated the TAS-20 scale in Mexico with patients with ED. The authors made modifications to the English version and to the validation carried out in the Mexican population²¹, taking only 10 items, which they divide in two factors: a) difficulty in identifying emotions and b) difficulty in communicating emotions.

In Puebla, validation of the questionnaire was also carried out with 400 college students, with a Cronbach alpha of 0.77 being obtained. In this study, the results denote the reliability of the first two factors: difficulty in identifying feelings and differentiating them from the bodily or physiological sensations that accompany emotional arousal, and difficulty describing others' feelings; with the third factor, known as cognitive style oriented towards concrete things, being left out²². Similar results were shown by Moral²³, who studied TAS-20 psychometric properties and its relationship with

Table 1. Sample characteristics

	N	%
Gender		
Female	396	91.0
Male	39	9.0
Marital status		
Single	338	77.7
Married	49	11.3
Divorced	17	3.9
Widowed	4	0.9
Cohabiting	4	0.9
Other	23	5.3
Level of education		
Primary school	8	1.8
Secondary school	85	19.5
High school	133	30.6
College degree	188	43.2
Postgraduate	6	1.4
Other	15	3.4
Occupation		
Student	313	72.0
Professional	89	20.5
Homemaker	20	4.6
Unemployed	8	1.8
Other	5	1.1
Time of evolution		
0-6 months	86	19.8
6-12 months	49	11.3
1-3 years	90	20.7
3-5 years	30	6.9
5 years or more	160	36.8
Other	20	4.5

social desirability (measured with the L scale of the Minnesota Multiphasic Personality Inventory, MMPI) in a sample of 381 students in Nuevo León.

In view of the above, the purpose of the present study is to carry out the TAS validation by means of internal consistency and validity of the construct of the instrument using the exploratory factorial analysis method, in a sample from a clinic specialized in EDs.

Method

Type of study

Cross-sectional, psychometric field study, with a single-sample design. A sample was used of 435 subjects diagnosed with ED according to DSM-IV and DSM-IV TR criteria (APA, 1994, 2002), since these were the versions that were in force at the time of data collection. Of these individuals, 16.5% had AN, 19.3% BN, 6.7% binge eating disorder and 57.5% ED not otherwise specified. Mean age was 22 years (standard deviation: 10.22) (Table 1).

Instrument

The TAS-2014 consists of 20 items with six Likert-type answer options, ranging from “strongly disagree” to “strongly agree”, and are scored between 0 and 5. Questions 4, 5, 10, 18 and 19 are inversely scored.

It should be noted that, in the original 26-item scale²⁴, five possible answers were offered, which were scored from 1 to 5 and, thus, the highest possible score, using one method or the other, is the same (100 points), although the range is different: 20-100 and 0-100, respectively.

The scale is subdivided into three areas: a) difficulty in discriminating emotional signals (items 1, 3, 6, 7, 9, 13 and 14); b) difficulty in verbally communicating emotions (items 2, 4, 11, 12 and 17); and c) externally oriented thinking (items 5, 8, 10, 15, 16, 18, 19 and 20). The version used in this work is the Spanish validated translation²⁵.

Procedure

The alexithymia scale was applied to all female patients of the Angeles ED Clinic over a 9-year period. It was applied together with a series of psychological tests in a single session; however, for this study, only the data yielded by the TAS-20 standardized version that was validated with the Spanish population were used.

Statistical analysis

The scale items underwent an analysis for internal consistency through Cronbach's alpha reliability analysis using the SPSS program, version 21. Similarly, a factorial analysis of the main components was carried out with oblimin rotation.

Results

Those items that obtained an item-total correlation ≥ 0.28 were considered valid and, therefore, items 5, 10, 16, 18, 19 and 20 were eliminated. Most of these items were observed to correspond to the “externally oriented thinking” subscale.

Now, to know the psychometric structure of the scale, a factorial analysis of the main components with oblimin rotation was carried out with the remaining items, which yielded two factors after six iterations that explained 52.58% of total variance.

This way, the final instrument was composed of 14 items divided in two factors with 9 and 5 questions, respectively.

Table 2. Items of each component with their respective factorial loads

Factor 1	Item	Factorial load
13	<i>No sé lo que sucede dentro de mí</i> (I don't know what goes on inside of me)	0.83
9	<i>Tengo sentimientos que no identifico completamente</i> (I have feelings that I do not fully identify)	0.80
1	<i>A menudo estoy confuso sobre las emociones que estoy sintiendo</i> (I am often confused about the emotions I am feeling)	0.76
6	<i>Cuando estoy alterado no sé si estoy triste, asustado o enojado</i> (When I am annoyed I don't know if I am sad, frightened or angry)	0.74
2	<i>Es difícil para mí encontrar las palabras exactas para describir lo que siento</i> (It is difficult for me to find the right words to describe what I'm feeling)	0.74
7	<i>A menudo estoy confuso sobre mis sensaciones corporales</i> (I am often confused about my bodily sensations)	0.73
14	<i>A menudo no sé por qué estoy enojado</i> (Often I don't know why am I angry)	0.72
3	<i>Tengo sensaciones físicas que ni siquiera los médicos comprenden</i> (I have physical sensations that not even doctors understand)	0.58
8	<i>Prefiero dejar que las cosas pasen que entender por qué suceden de esa manera</i> (I prefer letting things happen than understanding why they happen the way they do)	0.40
Factor 2	Item	Factorial load
12	<i>La gente me pide que exprese mis sentimientos</i> (People ask me to express my feelings)	0.74
17	<i>Es difícil para revelar mis sentimientos más íntimos incluso a mis amigos más cercanos</i> (It is difficult to unveil my most intimate feelings even to my closest friends)	0.73
4	<i>Soy capaz de describir fácilmente mis sentimientos</i> (I am able to easily describe my feelings)	0.67
11	<i>Me es difícil decir qué es lo que siento acerca de las personas</i> (I find it hard to express the way I feel about people)	0.62
15	<i>Prefiero hablar con la gente sobre sus actividades cotidianas o diarias antes que de sus sentimientos</i> (I prefer talking with people about their usual or daily activities rather than about their feelings)	0.65

The “difficulty in discriminating emotional signals” factor, with an explained variance of 43.37%, and the “difficulty in verbal communication of emotions” factor, with an explained variance of 9.20%, obtained a Cronbach's alpha of 0.89. The items of each component and their factorial loads are shown in table 2.

Finally, the scale showed an acceptable internal consistency (Cronbach alpha: 0.89), as each one of the factors also did ($F1 = 0.87$ and $F2 = 0.75$).

Discussion

According to the TAS validity statistical analysis, six items were eliminated due to pre-established statistical criteria, and thus the scale ended up with 14 items, which make up the first two original factors, with 9 items for the first factor (“Difficulty in discriminating

emotional signals”) and five for the second (“difficulty in verbally communicating emotions”). The first factor explained variance is 43.37%, and that of the second factor is 9.20%, while the instrument internal consistency is acceptable, since it has a 0.89 Cronbach alpha value. Therefore, having eliminated the third factor is regarded as being appropriate. These results agree with most reviewed studies^{20,23}.

According to the reported analysis, it is concluded that the scale meets the necessary validity criteria to be used in said population. Now, it was necessary for the TAS validation to be carried out in population with ED because of the relationship between this type of disorders and alexithymia. In fact, Lavender and Anderson²⁶ propose an explanation for this relationship, which says that eating disorders behaviors are developed because regulating emotions is sought, and

people with an eating disorder have difficulty accessing emotional regulation effective strategies.

Therefore, it is essential for therapeutic interventions to be included for people at risk of developing an eating disorder and, as explained by Calvo, et al.²⁷, such prevention programs should facilitate recognition and acceptance of emotions and their regulation. Similarly, it is imperative to identify alexithymia, which can be mainly associated with depression, social anxiety and lack of assertiveness in this population²⁸.

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Ethical responsibilities

Protection of people and animals. The authors declare that no experiments have been conducted on humans or animals for this research.

Confidentiality of data. The authors declare to have followed the protocols of their working center on the publication of patient data.

Right to privacy and informed consent. The research complied with the ethical regulations whereby the participants, on each respective State, signed an informed consent form accepting their participation; furthermore, none of the participants was exposed to any type of risk by answering the questionnaires.

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Conflict of interests

There are no conflicts of interests involving any of the authors.

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