

## Prevalence of Alexithymic Characteristics in Psoriatic Patients

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Although many skin diseases have a more or less objective etiological pathogenesis, none can leave out of consideration a neuropsychologically reactive conditions. This circumstance adds a pathogenetic component which, if not exclusive, is certainly remarkable and should not be underestimated for a more precise diagnostic identification of the disease and especially as regards prophylaxis and integrated therapy. Among psychosomatic patients, including those suffering from dermatological conditions, many authors have drawn attention to the remarkable preponderance of personalities having a restricted cognitive-affective style, deficient verbal expression of the emotions, mental faculties deficient in the abstract processes, and deficient introspective abilities, i.e. alexithymic personalities. In addition to having any of these features, alexithymic patients find it difficult to acknowledge their innermost feelings and therefore cannot employ them as 'signals' of emotional stress; their imaginative process is impaired and their verbalization and thoughts are fundamentally concrete and practical. In the present study we evaluated the prevalence of alexithymic characteristics in a sample of subjects diagnosed as suffering from psoriasis.

### METHOD

\*Patients ( $n = 32$ ) were assessed using a measurement instrument specific for Alexithymia, viz. the Toronto Alexithymia Scale (TAS), and an unspecific instrument, the Rorschach test. Total and TAS factor scores were compared with those of 120 healthy controls matched with the experimental group by sex, age, and educational level (Table I).

\*TAS is a 26-item self-report scale regarded as reliable and valid. Cut-off = or >74. TAS has a 4-factor structure:

- F1 = difficulty identifying and distinguishing between feelings and bodily sensations  
 F2 = difficulty in communicating feelings  
 F3 = inhibited daydreaming  
 F4 = externally oriented thinking

\*Rorschach is a projective test. Its variables indicating alexithymia are:

1. Low response productivity
2. Low human movement percepts
3. Restricted affective response
4. Poorly adapted affect
5. Perceptual stereotype
6. Deficient ideational and affective assets.

### RESULTS

\*(See Table II): Our patients have more alexithymic characteristics than controls, but without statistically significant difference. Borderline scores result in higher percentages in controls than in patients. We can think that the difference between alexithymic and non-alexithymic subjects is sharper in our patients than in controls.

\*(See Table III): Comparison between all samples and controls regarding total and TAS factor mean scores shows an alex-

ithymic level higher in patients than in healthy subjects, considering only the total TAS and factor 1. This makes us think that our patients have secondary alexithymic characteristics, i.e. are reactive against affectively negative emotions with the aim of protecting themselves from those.

\*(See Table IV): In agreement with Taylor, we found no statistically significant differences concerning sex and low educational

Table I. Sociodemographic characteristics of patients and controls

	Patients ( $n=32$ )	Controls ( $n=120$ )	<i>t</i> -test
Age			
Mean	37.0	34.16	$p=0.137^*$
(SD)	(12.27)	(8.7)	
Range	20-55	18-50	
Sex			
M	12	60	$p=0.554^{**}$
F	20	60	$p=0.603^{**}$
Educational level			
E/H (low)	10	60	$p=0.312^{**}$
S/U (high)	22	60	$p=0.402^{**}$

\**t*-test. \*\* $\chi^2$ .

Table II. T.A.S. scores

	Patients ( $n=32$ )	Controls ( $n=120$ )	<i>t</i> -test
Range	40-86	26-91	
Mean	60.94	54.50	$p<0.05^*$
(SD)	(12.21)	(12.80)	
TAS=>74	15.6%	9.1%	$p<0.001^{**}$
TAS <74e>63 (Borderarea)	25.0%	34.1%	$p<0.01^{**}$

\**t*-test. \*\* $\chi^2$ .

Table III. Total and factors T.A.S. mean scores

	Patients ( $n=32$ )	Controls ( $n=120$ )	<i>t</i> -test
TAS	60.94	54.50	$p<0.05$
(SD)	(12.21)	(12.80)	
F1	26.12	21.90	$p<0.05$
(SD)	( 9.75)	(10.05)	
F2	18.00	16.20	n.s.
(SD)	( 5.96)	( 9.75)	
F3	13.19	12.90	n.s.
(SD)	( 6.28)	( 7.84)	
F4	11.25	11.00	n.s.
(SD)	( 3.49)	( 5.98)	

Table IV. Mean T.A.S. scores for sex and educational level

	Patients	n	Controls	n	t-test
TAS M (SD)	61.42 ( 9.64)	12	54.2 (12.9)	60	n.s.
TAS F (SD)	60.65 (13.75)	20	54.8 (12.8)	60	n.s.
TAS E/M (SD)	61.40 ( 8.88)	10	56.0 (14.4)	60	n.s.
TAS S/U (SD)	60.73 (13.64)	22	52.9 (10.9)	60	$p < 0.01$

level, but patients with a high educational level seem to be more alexithymic than the others.

\*As regards the Rorschach test, all patients have a fantasy and affectivity lower than that of the controls, restricted affective responses, poorly adapted affect, and a perceptual stereotype higher than our healthy subjects, according to literature data.

### CONCLUSIONS

Many authors think that alexithymia can vary along a continuum, so that all subjects, in particular situations, regress to a less symbolic communicational style. This is conceivable in our psoriatic patients with a probable secondary alexithymia. We believe that an integrated therapy could be useful for them, especially with the aim of helping alexithymic psoriatics to recognize their inner feelings and to employ them as 'signals' of emotional stress.

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