Letter to the Editor

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Alexithymia and Treatment Preferences among Psychiatric Outpatients

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Clinicians generally consider psychotherapy a difficult enterprise with most alexithymic patients [1]. After all, most forms of psychotherapy require self-reflection, interest in internal events, and access to feelings – the very skills that alexithymic patients appear to lack. Thus, alexithymic patients are often viewed as difficult to treat with psychotherapy (primarily expressive forms) [2] and are frequently referred to other forms of treatment, e.g. pharmacotherapy. It is unknown whether alexithymic patients actually prefer pharmacotherapy over psychotherapy.

It is becoming more evident that considering patients' preferences is important when developing a treatment plan, with evidence of direct benefit when doing so [3–5]. Patients' attitudes toward their treatment likely influence the development of the therapeutic alliance. Disappointment from not receiving a desired treatment could interrupt this central process, while a feeling of encouragement could arise in patients receiving their preferred treatment, rendering them more likely to engage in that treatment and form stronger alliances.

With regard to alexithymia, we would expect to find that psychiatric patients who prefer pharmacotherapy will have higher levels of alexithymia relative to those patients who prefer psychotherapy. The present study attempted to test this hypothesis.

Participants were recruited from two psychiatric outpatient clinics in Vancouver, Canada and Edmonton, Canada. Each site offers patients psychotherapy and/or pharmacotherapy. At each clinic, all consecutive new patients over the age of 17 who gave their informed consent were included. The only exclusion criterion was insufficient knowledge of the English language. The total sample included 145 patients. Information about diagnoses was not collected. However, based on clinic records, the most prevalent diagnoses were: major depression (40.7%), substance-related disorders (9.5%), dysthymia (8.7%), and adjustment disorder (7.2%).

Patients completed a questionnaire battery consisting of the Toronto Alexithymia Scale-20 [6], the Brief Symptom Inventory-18 [7], and a Treatment Preference scale that we developed for this study. The Treatment Preference scale gave respondents the choice of selecting Medication Treatment, Psychotherapy (the type of psychotherapy was not defined), or No Treatment (wait and see). The scale also asked respondents to indicate whether they would prefer individual or group therapy if they selected 'Psychotherapy' as their treatment preference. The questionnaires were completed upon the patient's first presentation to the clinic and before meeting with the intake clinician.

Data were analyzed using SPSS for Windows. All statistical tests were two-tailed; p values of < 0.05 were considered statistically significant. We used logistic regression to determine the association between alexithymia and treatment preference. In all analyses, we included the potentially confounding variables of general symptom distress, previous psychiatric treatment, and site of data collection. A backward stepwise approach was used to retain only those variables with $p < 0.05$ in the final model.

First, we looked at the relationship between treatment preference and alexithymia ratings. These analyses revealed that patients who preferred medication treatment or no treatment at all did not differ significantly from patients who preferred psychotherapy, with regard to overall level of alexithymia or level of alexithymic factors (table 1). None of the other variables in the analyses were significantly associated with treatment preference.

The second set of analyses focused on the sub-sample that preferred psychotherapy (n = 104). Overall level of alexithymia differed significantly between the groups of patients who preferred individual versus group therapy. Patients who preferred group therapy had higher levels of alexithymia compared to those who preferred individual therapy, Wald = 4.5, d.f. = 1, $p < 0.04$. Similar results were found for one of the alexithymia subscales. In particular, patients who preferred group therapy had significantly higher levels on the Externally Oriented Thinking subscale compared to patients who preferred individual therapy, Wald = 4.7, d.f. = 1, $p < 0.04$.

This study of alexithymia and treatment preferences among psychiatric outpatients has two main findings. First, we found that alexithymia did not significantly differ among the groups of patients who chose medication treatment, psychotherapy, or no treatment at all. Our finding suggests that high alexithymia is just as likely to be present among those who prefer psychotherapy as those who prefer medication treatment or those who would prefer to take the wait-and-see approach to dealing with their problems. This finding is consistent with those of Aarela et al. [8] who reported that alexithymia was not associated with the likelihood of patients following up with psychotherapeutic treatment recommendations. Similarly, Berger et al. [9] found that alexithymia was not significantly associated with men's attitudes toward psychological help-seeking. Taken together, these findings suggest that it is not appropriate to assume that alexithymic patients have reservations about entering into a psychotherapeutic treatment. Thus, psychotherapy should be considered as a viable treatment option for these patients.

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Table 1. Alexithymia scores for the different patient groups

	Total sample (n = 145)	Medication preference subgroup (n = 35)	No treatment preference subgroup (n = 6)	Psychotherapy preference subgroup (n = 104)	Individual therapy preference subgroup (n = 87)	Group therapy preference subgroup (n = 17)
TAS-20* total score	2.87 (0.65)	3.03 (0.70)	2.97 (0.81)	2.80 (0.62)	2.74 (0.62)	3.10 (0.55)
TAS-20 factor 1 score[a]	3.09 (0.96)	3.31 (1.02)	3.03 (1.21)	3.02 (0.92)	2.96 (0.93)	3.36 (0.81)
TAS-20 factor 2 score[b]	3.18 (0.94)	3.31 (1.01)	3.50 (1.16)	3.11 (0.90)	3.07 (0.90)	3.34 (0.87)
TAS-20 factor 3 score[c]	2.47 (0.64)	2.62 (0.69)	2.59 (0.82)	2.42 (0.61)	2.36 (0.60)	2.73 (0.58)

Mean (standard deviation) scores are shown. * TAS-20 = Toronto Alexithymia Scale-20: [a] Difficulty Identifying Feelings; [b] Difficulty Describing Feelings; [c] Externally Oriented Thinking.

The second main finding is that patients who preferred group therapy had higher levels of alexithymia compared to those who preferred individual therapy. One possible explanation for this is that alexithymic patients may perceive group therapy as a setting that affords some opportunity to be a passive observer. They may feel that individual therapy would require their constant participation in an activity (i.e., talking about feelings) that they may not be completely comfortable with. A different explanation is that alexithymic patients may believe that sharing therapy with others provides an opportunity to learn how to work with feelings. Interestingly, some authors have discussed the powerful therapeutic opportunity that group therapy can provide to the alexithymic patient [10]. Indeed, studies have demonstrated the benefits of group therapy for alexithymic patients [11, 12]. However, others have found that highly alexithymic patients did not benefit as much as non-alexithymic patients from different forms of group therapy [13]. Thus, while alexithymic patients may be as open to receiving group therapy as non-alexithymic patients, the amount of benefit they derive from such treatment may not be as great.

Although preliminary and in need of further study, the results from our study suggest that, while psychotherapy with alexithymic patients may be challenging, this type of treatment may be readily accepted by such patients. Future research should further examine the specific types of psychotherapeutic treatment preferences (e.g., cognitive, psychodynamic) among alexithymic patients, and whether honoring such preferences translates into treatment benefits.

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