

*Original article*

**Attachment and alexithymia:  
the role of emotions from the affective deprivation towards illness**

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**Abstract**

A growing body of evidence investigated the relationship between alexithymia and attachment styles. Particularly, the attachment model suggests that repeated crucial stressful interactions, such as trauma, can increase the vulnerability to illness in adult life. Nowadays, few longitudinal studies evaluate the link of relational style and health of patients throughout the course of life, nevertheless such studies depend on a more solid evidence that psychotherapy or other interventions can improve attachment than what is currently available. The object of this case report is to describe the relationship between attachment style and alexithymia in a patient with experience of child trauma.

Key words: attachment; alexithymia; affective dysregulation.

**Introduction**

Emotions, innate and biological phenomena mediated by subcortical and limbic systems, are the biological component of affect. Feelings, instead, are much more complex individual psychological phenomena because they involve cognitive processing and subjective experience mediated by neocortical functions.

The ability to think and reflect on their own and others' emotional states, indicated as *reflective function* or *mentalization* (Fonagy & Target 1997) requires the ability to understanding the mental state and to form mental representations of emotions and other experiences of oneself and others. The dysfunction in this emotional process is called *alexithymia* (Sifneos PE, 1973).

Taylor and Bagby's work (1997) about attachment relationships has provided a lot of information related to the etiology of alexithymia. In this theoretical framework alexithymia is considered a psychological concept associated with psychosomatic illnesses. Nevertheless, recently, it is believed that alexithymia is a nonspecific predisposition to various physical and psychiatric disorders, characterized by a common origin, that is the affective dysregulation (Taylor and Bagby, 2004).

The attachment theory assumes the continuity of the attachment style over time, thanks to the creation of mental models of affective figures and of Self, which are the basis for subsequent relationships.

This stable trend is regulated by internal working models, that are cognitive-affective-emotional patterns built on the experiences of the individual in his inner world and determine the behavioral reactions to a separation (both real and imaginary) and to meeting with the attachment figures (Spertling and Berman, 1994).

The following case report highlights the relationship between attachment style and the appearance of alexithymia in a patient of 24 years suffering from "Obsessive-Compulsive Disorder", according to DSM IV-TR.

## Case Report

The patient showed depressive symptoms, demoralization, crying, apathy, clinophilia, feelings of "uselessness", with the onset about five years before. She was also affected by agoraphobia, obsessions about her studies and the hair loss and compulsive rituals consisting of a marked activity with regard to "pimples" on the face.

She had reported academic success with a tendency to "satisfy her parents " until attending University, when, at the beginning of medical studies, she had an emotional breakdown with panic attacks in the course of an examination, after which she abandoned her studies with subsequent withdrawal and social isolation.

During the psychotherapy, the father figure was absent until the emergence of the news of his death. Her mother, the more present subject, was described as being "apprehensive" towards her children.

The beginning of the therapy was particularly complicated in her difficulties in managing relationships with "men", therefore it was necessary to provide an integrated pharmacological and supportive psychotherapeutic treatment.

The psychological assessment revealed the presence of alexithymia measured with Toronto Alexithymia Scale (TAS-20) and a strong oppositional attitude along with marked anxiety and depressed mood at the Rorschach test (refusal; devitalized percepts eg, robots, bones etc.; negation); it also showed a structure tending to somatization (low number of responses and the difficulty in percept verbalization).

## Discussion

This case report illustrates how alexithymic subjects are focused on the physical sensations that accompany emotional activation, leading to an amplification and a

misinterpretation of bodily sensations as signs of physical disease (process of somatization). As a result of inefficient emotion regulation, in addition, these people show an increase in the responses of the autonomic and neuroendocrine systems, predisposing to the development of somatic diseases.

Therefore, in this case, it seems more appropriate to consider clinical expression of alexithymia as dimension of personality, that predisposes non-specifically to both somatic and psychological disorders as a result of affective dysregulation.

This approach, which puts alexithymia in modern theories of emotions, has particularly underlined the attachment relationship as a valuable source of information about the etiology of alexithymia.

Furthermore, it is interesting to note an affective deficiency of parental figures for different reasons (maternal lack and paternal absence). In this perspective, some more recent studies (Ciechanowski et al, 2002; Picardi et al, 2005) show that attachment insecurity is greater in patients with a variety of disease rather than in the control groups of healthy people.

The causes of this association are based on both a predisposition to affective and neurobiological dysregulation, as in the case described above, and on changes in many physiological functions related to the quality of early emotional relationships. From these studies on the "regulators" through which attachment can affect health status, it's possible to identify four main mechanisms (Mauder et al. 2008):

- 1) alteration of the physiology of stress,
- 2) the assumption of certain illness behaviors,
- 3) the interaction between rates of illness and attachment behavior,
- 4) the affective dysregulation.

In this case, it is possible to observe how these four components have been linked to some aspects of personality, something that was clearly evident and very difficult to manage in the psychotherapeutic relationship (transfert/countertransference). Mauder proposed that the link between infant attachment and adult health is based on three assumptions:

1. the attachment behavior is strictly linked to the biology of stress response (in clinical case prompted by the university examinations and by their failure);
2. a significant developmental continuity between individual infant attachment style and individual adult attachment style (the bad relationships with men);
3. the attachment relationships in adulthood are related to the biology of stress responses (defense mechanisms carried out by the patient).

Since the creative imagination and skills of emotional regulation are more likely enhanced in the context of secure attachment, it is reasonable to expect that alexithymia is associated with insecure attachment patterns (Mauder et al. 2001; Montebanocci et al. 2004).

This case is in line with studies showing that alexithymia is related to childhood trauma, such as no optimal parental figures and insecure attachment relationships. Nowadays, few longitudinal studies evaluate the link of relational style and health of patients throughout the course of life, nevertheless these studies, such as Mauder's, depend on a more solid evidence that psychotherapy or other interventions can improve attachment than what is currently available.

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