

Study of alexythimia in elderly women with ischemic heart disease

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Article info

Accepted 30.12.2020

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Oniskovets, B. (2020). Study of alexythimia in elderly women with ischemic heart disease. *Fundamental and applied researches in practice of leading scientific schools*, 42 (6), 13-15.

The article reveals the results of an empirical study of alexithymia in elderly women with coronary heart disease. It was found that alexithymia is seen as the inability of a person to name the emotions experienced by himself or other people, that is, to translate them into a verbal plan. The study allows us to state that alexithymia of elderly women with coronary heart disease has pronounced gender-specific features. The conducted testing allowed to show the respondents that their opinion about the adequate perception of oneself is not always fair and true.

Keywords: *alexithymia; ischemic heart disease; old age; treatment; emotional sphere.*

Introduction

Currently in Ukraine and in the world, there is a steady trend towards an increase in the number of diseases of the cardiovascular system, in the structure of which the leading place is occupied by coronary heart disease (CHD).

According to modern notions, emotions are an important factor in health, which is essential in the organization of individual forms of adaptation to environmental conditions. It should be noted that maintaining mental balance is the most important prerequisite for health and purposeful human activity and therefore requires special psychological flexibility, strength reserve. If these psychological characteristics are absent or insufficient, the neuropsychiatric stress that arises, gradually increasing, can cause the failure of compensatory and adaptive mechanisms with the subsequent development of acute or chronic psychosomatic disorders, including cardiovascular disease. In this regard, it seems relevant to study the psychological factors that influence the development of coronary heart disease in older women, because this category is the most vulnerable.

Thus, people with alexithymia have difficulty distinguishing and assessing other people's emotions, which is thought to lead to an ineffective emotional response. Alexithymia occurs in approximately 10% of the population and can occur in several psycho-emotional states.

Given the above, addressing the clinical structure and dynamics of alexithymia in elderly women with coronary heart disease would develop a system of medical and

psychological rehabilitation, which would significantly improve the prognosis of the underlying disease and quality of life. The above determined the relevance and necessity of this work.

The relevance of the study with theoretical and methodological justification of the problem

In a study by Smulevych, Sirkina, Ovcharenko and others. the clinical features of somatic disease and the internal picture of the disease in the model of coronary heart disease [11]. It is emphasized that the objective severity and control of the condition in these diseases cannot be considered as the only parameters of coronary heart disease, which were associated with the formation of the internal picture of the disease. It was studied that in hypertension alexithymia is observed in patients in 55.3% of cases of primary hypertension [12].

Alexithymia is characterized by difficulty or inability of a person to accurately describe their own emotional experiences and understand the feelings of another person, the difficulty of distinguishing between feelings and bodily sensations, fixation on external events to the detriment of internal experiences.

J.C. Nemiah and P.E. Sifnoes [2] cite the characteristics of such patients: they describe in detail their feelings, them. it is difficult to articulate them clearly.

To determine the severity of alexithymia, it is customary to use the following techniques: BIQ (Beth questionnaire), SSPS (Sifnoes personal scale), 22-point alexithymia scale in

MMPI, but they all gave conflicting data. At the St. Petersburg Research Psychoneurological Institute named after V.M. Bekhterev adapted the Toronto alexithymic scale, proposed in 1985 by G. Taylor et al. [4]. Studies using this scale have shown that 5 to 23% of healthy adults have some alexithymic traits [5]. Studies of the mechanisms of mental adaptation in patients with a vital threat in chronic heart failure have revealed a high level of alexithymia in these patients [9]. Studies have shown that alexithymia occurs in 31-49% of patients with coronary heart disease [7].

The purpose of the study

The purpose of the article is to highlight the results of an empirical study of alexithymia in elderly women with coronary heart disease.

Materials and Methods

Thus, it was assumed that most patients with coronary heart disease are not able to assess their own psycho-emotional state fully adequately. This assumption necessitated the screening of patients for alexithymia.

According to modern ideas, alexithymia is a psychological characteristic, which is determined by the following cognitive-affective features:

- 1) difficulties in defining (identifying) and describing one's feelings;
- 2) difficulties in distinguishing between feelings and bodily sensations;
- 3) decreased ability to symbolize, as evidenced by the poverty of imagination and other manifestations of imagination;
- 4) focusing more on external events than on internal experiences [6].

It was decided to conduct a survey using the Toronto Alexithymia Scale (TAS) for testing.

The Toronto Alexithymia Scale (TAS) is a clinical questionnaire designed to examine a personality trait such as alexithymia, which is the reduction or absence of the ability to recognize, differentiate, and express emotional experiences and bodily sensations. Sometimes this concept also includes low emotional sensitivity to other people, low emotional involvement in everyday life.

There are several modifications of the Toronto scale of alexithymia, each of which has its advantages and disadvantages [14, p. 228]. For example, the classic and most common is the 20-point Toronto Alexithymia Scale (TAS-20), one of the most used tools for measuring alexithymia, but the limitation of the ability to imagine remains unnoticed [15]. Therefore, as part of our study, it was decided to use a 26-point "Toronto alexithymia scale" (TAS-26).

The first version of the TAS-26 questionnaire was developed in 1985 by Graham J. Taylor and co-authors (Graeme J. Taylor, D. Ryan, R. Michael Bagby), the method contains 26 questions and one scale.

Analysis of medical and psychological literature showed that there is a high probability that patients with marked physiological manifestations of coronary heart disease (fatigue, tachycardia, etc.) are characterized by high levels of anxiety, as well as more pronounced manifestations of anxiety and depression in the late stages of hospitalization; in the absence of such manifestations, depressive states may be less pronounced, especially at the initial stage of hospitalization and, to a greater extent, are detected by the end of the hospital stay.

These assumptions were confirmed during interviews with patients. It has been observed that they are depressed by the need not only to undergo treatment, but also to change their lifestyle. They are confused by the need to adhere to the regime, reduce physical activity, forced less care and so on. This situation caused patients' anxiety, some confusion, and so on.

The results of the study

The tests were preceded by a structured interview, one of the goals of which was to interest the elderly in cooperation. Many both patients and healthy people refused to take the test - the most common judgments were "I already know everything about myself", "what can you tell us that we have not heard", "why do we need it" and so on.

The first test offered to all groups was the alexithymia test, which is, in fact, a test of objective self-perception. How well people evaluate themselves.

Table 1.

Testing on the Toronto Alexithymia Scale			
Group	The norm	Risk group	Alexithymia
CG*	5,20	92,68%	7,32%
EGC*	6,86	61,90%	38,10%
EGJ*	5,46	38,46%	61,54%

Note *: CG control group;
EGC-experimental group of men;
EGJ-experimental group of women.

To compare the samples (to determine whether the differences are significant), we use the Mann-Whitney U test.

To do this, we will combine the samples in pairs and perform the appropriate ranking.

To compare the magnitude of depression according to the Mann-Whitney U test, it is necessary to compare the corresponding values of the samples in the control group (CG) and in the experimental groups.

Let's compare samples of KG with EGC.

Determine the rank amounts:

$$P_1 - K_1 = 48 \cdot 2,5 + 50 \cdot 7,5 + 52 \cdot 13 + 55 \cdot 20 + 56 \cdot 22 + \dots + 81 \cdot 72 = 1564;$$

In the same way we calculate the rank sum for EGC: $P_1 - EGC = 1992;$

Determine the empirical values of the criterion U Mann-Whitney by the formula:

$$U = (n_1 \cdot n_2) + \frac{n_x \cdot (n_x + 1)}{2} + P_x,$$

(2.1)

n_1 – number of respondents, in the first group – 41 persons; n_2 – 42 persons;

P_x – larger rank amount, n_x – the number of respondents in the group with a higher rank amount. Result: $U = 703$;

Critical values $p \leq 0,01 : U_{kp} = 605$; $p \leq 0,05 : U_{kp} = 679$;

The obtained empirical value $U = 703$ is in the zone of insignificance.

Thus, the differences between the samples are insignificant, which means that the nature of the differences in the manifestations of alexithymia in men with coronary heart disease and in healthy respondents is quite small.

Similarly, let's examine the relationship between the control sample and women with coronary heart disease.

$P_2 - K\Gamma = 1363.5$;

$P_2 - E\Gamma\kappa = 3007.5$;

$U = 502.5$

Critical values $p \leq 0,01 : U_{kp} = 764$; $p \leq 0,05 : U_{kp} = 852$;

The obtained empirical value $U = 502.5$ is in the area of significance, and differences in the manifestations of alexithymia are significant.

Let's compare samples of EGCh and EGJh.

Determine the rank amounts:

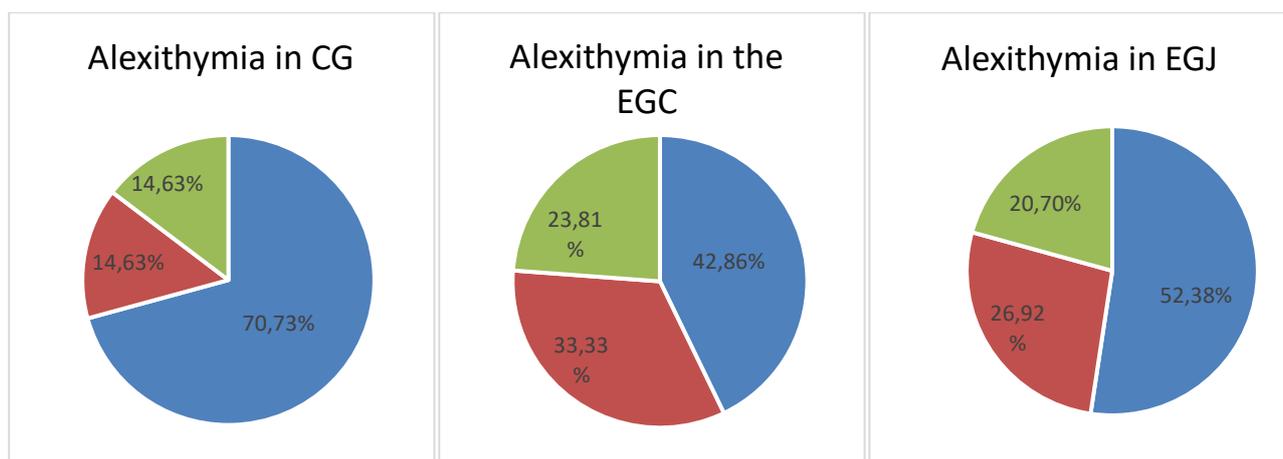
$P_3 - E\Gamma\psi = 1582.5$;

$P_3 - E\Gamma\kappa = 2882.5$;

The result of the comparison: $U = 679.5$;

Critical values $p \leq 0,01 : U_{kp} = 785$; $p \leq 0,05 : U_{kp} = 875$;

Thus, the psychophysiological state of alexithymia of elderly women with coronary heart disease has pronounced gender-specific features.



Conclusions of prospects for further research

The conducted testing allowed to show the respondents that their opinion about the adequate perception of oneself is not always fair. An empirical study found that alexithymia in elderly women with coronary heart disease has pronounced gender-specific features. This allowed to persuade the elderly to take part in testing, aiming to better understand the manifestations of psychophysiological condition and as a result - to improve the effect of treatment.

The obtained indicators determine the need for further study of this problem at the empirical and applied levels.

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