Alexithymia, DMM & Psychoanalysis

Can AAI’s help to understand Alexithymia?
A first approach.

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Expressed Somatic Symptoms [ess]

- Very frequent appearance during interview.
- Evidence for near constant (mostly high) arousal.
- Experienced organically; generalized state for self.
- Entirely non-verbal: meaning and their representation remains vague.
- Meaning is not communicated.
Expressed Somatic Symptoms [ess]

• Non-verbal behaviour has repeated function and is active part of AAI (not only a sigh).
• Interfere with the conduct of interview – disrupt communication.
• Representation without entering psychological process, no symbolization – no words.
• Speaker seem oblivious of the symptom as a symptom.
Expressed Somatic Symptoms [ess]

• Represents:
  - denied information,
  - information around irresolvable conflict,
  - forbidden to know (in speaker’s mind) information.
    Implicit, non-verbal communication about which it is forbidden to speak. Together with a feeling diffused across the body – feeling bad all over.

• Conflict between:
  - Knowing and expressing with clarity - not knowing and expressing obscurely.
Expressed Somatic Symptoms [ess]

• Functions:
  o To deflect attention away from psychological and interpersonal issues to physical state and comfort of speaker; away from content of interview and meaning.
  o Care is given to the uncomfortable state and all actively (without knowing) avoid attending to problems.
  o Maximizing expressivity – reducing specificity.
  o No one is clear about meaning although representation is ‘lived’.
Expressed Somatic Symptoms [ess]

• Finding meaning:
  o Appearance under which topics?
  o High frequency of appearance is indicator for most threatening topics.

• Do we find [ess] in AAI transcripts with patients who score high (>60) on TAS-20 (Toronto Alexithymia Scale; Bagby, Taylor & Parker, 1994)?
Example: Willi

- 50 y, male, married, 1 child

- Symptoms:
  - ‘thin-skinned’, irritable, feeling insufficient, overburdened, hopeless.
  - Sweating, heart palpitations, trepidation.
  - Coronarspasmus, hearing loss, Rhinitis allergica, contact dermatitis, orchiditis (inflammation of testicles) in history.
  - Diagnose: depressive Episode.
Example: Willi

- **Childhood:**
  - Fearfully awake in the nights, afraid of the dark, nightmares of falling, enuresis.
  - Constant marital conflicts (parents), quarrels. Dominant F and caring M.

- **Adulthood:**
  - Marital conflicts: “mutually straining”, “emotionally too similar”. Sexual problems from start on.
What is actually your earliest childhood memory?

(moaning) Yes my earliest childhood memory (clearing his throat) well I can really now (very deep breathing in and out, blowing out strong) eh, it’s for this reason so bad, because I had these preliminary talks, actually led myself there somehow, it’s a situation eh, in the parental apartment eh, (puh) arguments between my parents. My father came well maybe I suppose, came home from a business trip, he then like I said was normally away for one whole week, from Monday to Friday and yes (puh, breathing out), well very tense situation. Yes I see myself standing between them relatively helpless and also sad. ( . . ) yes, well eh (Clearing his throat).
Willi’s AAI & [ess]

It gave a third situation, yes which I eh puhh, began relatively funny, he was at the open air pool with me and went home then and then came eh, came by a house, we were on our way by foot, came by a house, eh there lay a woman in the window and eh between us it had, had been a really, really joyful, loose atmosphere before. We even made jokes, Hm, hm.

What actually happened relatively seldom. Hm, hm. Made jokes and he was really, really in a good mood, eh how you would sort of say. (very deep breathing in) and looked at afterwards, I actually was pretty brave on this day with him. ( . . ) I could even be humorously with him. What I well actually usually prohibited myself, somehow, in secret. Because one always was afraid, that it, one is feeling bad Hm, hm.

And ( . ) I don’t know, how the situation is it’s not completely clear to me right now, well eh, eh the theme it was about. Anyway, I actually dared to say “Yes, pap you too are a donkey.” It must have been a matter of pets, or something like that, what do I know and then it started (with such an deep threatening under tone). ( . ) Well he has just, yes puh, puh, yes approached me and screamed me down and said: “You, just wait until we are at home” and has then more or less tried to put himself in the right perspective in front of this woman. Hm, hm.

There he has had a loss of authority somewhere. Through my statement. (deeper breathin out). Yes and then we came home and then of course I got it with the belt too.
Classification, topics of [ess] and similarities

Willi:

\[ \text{Utr}(p)_{PA} \text{ l}(p)_{\text{friend}} A+ C+ \Delta \ [\text{ess}] \]

Sexual marital problems: who is the father of the children? Breathing (in & out), deep voices: does Willi ‘know‘ about it and is not allowed to know? Protects relation to M?

Freddy:

\[ \text{DO Utr}(ds)_{PA} \text{ Ul}(p)_{F,C} A1-4C1-6 \ [\text{ess}] \]

Unlcear what happened, who has the money, who knows about it? Truth is presented and denied.
Classification, topics of [ess] and similarities

What do the AAI’s have in common?

- Unresolved trauma (physical abuse)
- Unresolved loss
- A+ & C+ self-protective strategy; blended (not alternating).
- [ess] breathing.

What is protected, somatically represented but not allowed to speak about?

Family secrets!
Classification, topics of [ess] and similarities

What is protected, somatically represented but not allowed to speak about?

Family secrets!

Missing/avoided mirroring or even disavowal of child’s perception leads to somatically represented information which is inaccessible for symbolization and semantic expression.

Accordingly, dis-associated affective information leads to regulatory deficits with regard to affect and cognition (how is what connected).
Alexithymia & Family secrets & Clinical Implication

Attend to expressive somatic symptoms.

Find the context and topics of their appearance.

Mark them as important!

Get the meaning for them.

Note the arousal as indicative of threat and self-(and other) protective needs.

Find words (together) for the fear and the protective intention.