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Response to "Features of Alexithymia or features of Asperger's syndrome?" by M. Corcos in European Child and Adolescent Psychiatry 12 (2003) Suppl. 2:15–16

Accepted: 22 January 2004

Sirs: Corcos [1] describes patients with Alexithymia as having a special incapacity to identify and describe feelings and emotions, a limited fantasmatic activity, and a pragmatic cognitive style primarily directed towards the outside world. It would appear to me that these features are also seen in Asperger's syndrome. Corcos also describes a distinction between 'primary Alexithymia (related to a neurobiological deficit) and secondary Alexithymia (as a protective strategy

towards intense and prolonged traumatic situations) or between state and trait Alexithymia'. This primary Alexithymia would appear to correspond to Asperger's syndrome with largely a genetic aetiology. Clinically, I have also seen secondary Alexithymia, or what I would prefer to call Asperger-like features, in persons who have been reared with extreme emotional deprivation, for example in the past in orphanages in Eastern Europe.

Corcos goes on to state that Alexithymia can be considered 'as a transnosographic clinical dimension existing along a continuum from normality to pathology'. In my opinion, the same could be said of the features of Asperger's syndrome. Indeed, it would seem to me that features of the psychopathology of Asperger's syndrome are somewhat non-specific in that they can occur in Eating disorders, Conduct disorders, and in Personality disorders of the type which used to be called Psychopathic Personality in the past [2]. This would fit with the notion of a continuum or spectrum, with 'shadow' syndromes and with what Christopher Gillberg called Empathy disorders [3]. It appears to me that recent research supports this broader spectrum approach.

References

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