Emotional Experiences Induced Alexithymia

Abstract
Alexithymia is a perceptive discrepancy documented in individuals facing problems in describing their emotions, distinguishing between bodily sensations and emotional state along with decreased symbolic activity. Emotions play an important role in inducing this personality trait in individuals based on their past positive and negative emotional experiences and predetermines their proneness for existing situations. If not medically attended might lead to severe personality disorders affecting the mental health of an individual.

Keywords: Somatic; Alexithymia; Emotions

Introduction
Alexithymia is defined as a perceptive discrepancy recognized in individuals facing problems in describing their emotions, distinguishing between bodily sensations and emotional state along with decreased figurative activity as supported by external oriented thinking concentrating on external events rather than inner emotional state probably due to scarcity of imagination [1,2].

Literature Review
Individuals suffering from alexithymia displayed decreased responsive functioning in contemplating feelings and emotions along with affects such as reduced ability for positive emotional experiences, pervasiveness and proneness towards negative emotions i.e. anhedonia [3], poor emotional and mental stability and stress regulation tendencies [4]. This neurological condition in individuals is associated with a number of physical and mental problems [5,6]. Several reports have confirmed that alexithymia is related with a number of symptomatic complaints such as severity of depression, sensitivity to anxiety [7-9], bodily complaints [10-12], hypertension [13], inflammatory bowel disease [14], somatoform disorders [15], panic disorder [16], eating disorders [17], cardiac problems [18-21]. Regardless of the substantial experimental indications that alexithymic individuals have elevated risks to establish a number of somatic disease [14], somatoform disorders [15], panic disorder [16], eating disorders [17], cardiac problems [18-21].

Nida Tabassum Khan*
Department of Biotechnology, Balochistan University of Information Technology Engineering and Management Sciences, Quetta, Pakistan

*Corresponding author:
Nida Tabassum Khan

Department of Biotechnology, Balochistan University of Information Technology Engineering and Management Sciences, Quetta, Pakistan.

Received: September 22, 2017; Accepted: October 04, 2017; Published: October 09, 2017

Citation: Khan NT (2017) Emotional Experiences Induced Alexithymia. Cell Mol Med. Vol.3 No.3:13
induced by positive negative emotional experiences and severity of this trait is regulated by prolonged negative impacts. Though such individuals may be temporally stable but with the passage of time develop serious mental illness [25] followed by sadness, distress, anger, guilt, fear, nervousness, disapproval, tiredness, anxiety, depression and frustration etc. Thus, making them prone to negative emotions. However, on the other hand positive mind set individuals [26] are prone towards good mental health with lesser symptoms of psychopathology such as depression, hypochondriasis, or schizophrenia [27-29]. Lack of ability to distinguish positive aspects from negative emotions is a marking characteristic of depression [30]. However, individuals feeling greater positive affect are less likely to undergo from stressful situation [31], social phobia or anxiety [32]. Extent of reaction also varies for example individuals with eminent negative affect are prone to respond extremely negative to distressful situations and displayed far more complex physiological and mental health difficulties in alexithymia than those having low negative affects [33].

Discussion

It is now clear that alexithymia is induced by positive negative emotional intensities with increased tendency to experience negative emotions leading to a number of mental/physical health problems. Thus, alexithymia should be identified clinically because it is worthy of medical attention. Specific aspects of alexithymia such as enhanced fantasy and difficulty identifying emotions were significantly associated with somatization along with other prominent symptoms such as pain, anxiety etc. These pathways were facilitated by negative affectivity [34,35] with medically unexplained symptoms [36,37].

Conclusion

In the light of the above-mentioned observed evidences, the present review gives us a glimpse of alexithymia and its association with positive negative emotional experiences along with its effects on the mental health of an individual.

References

1. Sifneos PE (1973) The prevalence of ‘alexithymic’ characteristics in psychosomatic patients. Psychother Psychosom 22: 255-262.
2. Taylor GJ (1984) Alexithymia: Concept, measurement, and implications for treatment. Am J Psychiatry 141: 725-732.
3. Simonsson-Sarnecki M, Lundh L, Torestad B, Bagby R, Taylor G, et al. (2000) A Swedish translation of the 20-item Toronto Alexithymia Scale: Cross validation of the factor structure. Scand J Psychol 41: 25-30.
4. Luminet O, Rime B, Bagby RM, Taylor GJ (2004) A multimodal investigation of emotional responding in alexithymia. Cogn Emot 18: 741-766.
5. Lumley M, Stettner L, Wehmer F (1996) How are alexithymia and physical illness linked? A review and critique of pathways. J Psychosom Res 41: 505-518.
6. Taylor G, Bagby R (2004) New trends in alexithymia research. Scientific World Journal 73: 68-77.
7. Berthoz S, Consoli S, Perez-Diaz F, Jouvent R (1999) Alexithymia and anxiety: Compounded relationships? A psychometric study. Eur Psychiatry 14: 372-378.
8. Taylor GJ (1994) The alexithymia construct: Conceptualization, validation, and relationship with basic dimensions of personality. New Trends Exp Clin Psychiat 10: 61-74.
9. Taylor GJ, Parker JDA, Bagby RM, Acklin MW (1992) Alexithymia and somatic complaints in psychiatric out-patients. J Psychosom Res 36: 417-424.
10. Parker JDA, Bagby RM, Taylor GJ (1989) Toronto alexithymia scale, EPQ, and measures of somatic complaints. Pers Individ Dif 10: 599-604.
11. Taylor SE, Brown JD (1988) Illusion and well-being: A social psychological perspective on mental health. Psychol Bull 103: 193.
12. Vassend O (1987) Personality, imaginative involvement, and self-reported somatic complaints: relevance to the concept of alexithymia. Psychother Psychosom 47: 74-81.
13. Todarello O, Taylor GJ, Parker JD, Fanelli M (1995) Alexithymia in essential hypertensive and psychiatric outpatients: a comparative study. J Psychosom Res 39: 987-994.
14. Porcelli P, Zaka S, Leoci C, Centonze S, Taylor GJ (1995) Alexithymia in inflammatory bowel disease. Psychother Psychosom 64: 49-53.
15. Cox BJ, Kuch K, Parker JD, Shulman ID, Evans RJ (1994) Alexithymia in somatoform disorder patients with chronic pain. J Psychosom Res 38: 523-527.
16. Zeitlin S, McNally R (1993) Alexithymia and anxiety sensitivity in panic disorder and obsessive-compulsive disorder. Am J Psychiatry 150: 658-660.
17. Dedroot J, Rodin G, Olmsted M (1995) Alexithymia, depression, and treatment outcome in bulimia-nervosa. Compr Psychiatry 36: 53-60.
18. Mattila A, Saarni S, Salminen J, Huhtala H, Sintonen H, et al. (2009) Alexithymia and health-related quality of life in a general population. Psychosomatics 50: 59-68.
19. Temoshok L, Waldstein S, Wald R, Garzino-Demo A, Sun L, et al. (2008) Type C coping, alexithymia, and heart rate reactivity are associated independently and differentially with specific immune mechanisms linked to HIV progression. Brain Behav Immun 22: 781-792.
20. Devine H, Stewart SH, Watt MC (1999) Relations between anxiety sensitivity and dimensions of alexithymia in a young adult sample. J Psychosom Res 47: 145-158.
21. Honkalampi K, Hintikka J, Tanskanen A, Lehtonen J, Viinamäki H (2000) Depression is strongly associated with alexithymia in the general population J Psychosom Res 48: 99-104.
22. Pandey R, Choubey AK (2010) Emotion and health: An overview. SIS Journal of Projective Psychology and Mental Health, 17: 135-152.
23. Pennebaker JW (1993) Putting stress into words: Health, linguistic, and therapeutic implications. Behav Res Ther 31: 539-548.
24. Friedlander L, Lumley MA, Farchione T, Doyal G (1997) Testing the alexithymia hypothesis: Physiological and subjective responses during relaxation and stress. J Nerv Ment Dis 185: 233-239.
25. Watson D, Clark LA (1992) Affects separable and inseparable: On the hierarchical arrangement of the negative effects. J Pers Soc Psychol 62: 489.
26. Jahoda M (1958) Current concepts of positive mental health. Basic Books. New York, USA.

27. Diener E, Seligman ME (2002) Very happy people. Psychol Sci 13: 81-84.

28. Chang EC, Farrehi AS (2001) Optimism/pessimism and information-processing styles: Can their influences be distinguished in predicting psychological adjustment? Pers Individ Dif 31: 555-562.

29. Lu L, Shih JB (1997) Sources of happiness: A qualitative approach. J Soc Psychol 137: 181-187.

30. Clark LA, Watson D, Mineka S (1994) Temperament, personality, and the mood and anxiety disorders. J Abnorm Psychol 103: 103-116.

31. Lyubomirsky S, King L, Diener E (2005) The benefits of frequent positive affect: Does happiness lead to success? Psychol Bull 131: 803-855.

32. Kashdan TB, Roberts JE (2004) Social anxiety’s impact on affect, curiosity, and social self-efficacy during a high self-focus social threat situation. Cognit Ther Res 28: 119-141.

33. Watson D, Clark LA (1984) Negative affectivity: The disposition to experience aversive emotional states. Psychol Bull 96:465.

34. Bailey PE, Henry JD (2007) Alexithymia, somatization and negative affect in a community sample. Psychiatry Res 150: 13-20.

35. Hosoi M, Molton IR, Jensen MP, Ehde DM, Amtmann S, et al. (2010) Relationships among alexithymia and pain intensity, pain interference, and vitality in persons with neuromuscular disease: Considering the effect of negative affectivity. Pain 149: 273-277.

36. De Gucht V, Fischler B, Heiser W (2004) Neuroticism, alexithymia, negative affect, and positive affect as determinants of medically unexplained symptoms. J Psychosom Res 36: 1655-166.

37. De Gucht V, Fischler B (2002) Somatization: A critical review of conceptual and methodological issues. Psychosomatics 43: 1-9.