



Alexithymia and Emotional Constructs: Emotional Inhibition, Emotional Intelligence and Empathy



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Abstract

Alexithymia, a deficit in emotional experience and processing, is often recognized as a predictive factor in the occurrence of mental and physical conditions of insanity, especially from observations in patients with psychosomatic disorders. The alexithymia construct is characterized by emotion-related dimensions (difficulty in recognizing and describing emotions, differentiating them from somatic sensations) and cognition-related dimensions (concrete, non-introspective thinking). From this conceptualization, the literature has investigated alexithymia related to other constructs such as: emotional inhibition, emotional intelligence, empathy, and interpersonal relationships. This opinion aims to analyze their nature and relationship with alexithymia components, emphasizing the features that make them similar but not overlapping.

Keywords: Alexithymia; Emotional Inhibition; Emotional Intelligence; Empathy; Interpersonal Relationships

Abbreviations: EIS: Emotion Inhibition Scale; TAS-20: Toronto Alexithymia Scale-20; DCPR: Diagnostic Criteria for Psychosomatic Research

Introduction

The word "alexithymia" comes from the Greek "Alexis Thymos", a multidimensional personality construct introduced by Sifneos [1]. It originated in the psychoanalytic field and is frequently found in patients with psychosomatic disorders [2]. Indeed, difficulties in identifying feelings and outward-oriented thinking style, characteristic of individuals with alexithymia, impair the correct interpretation of somatic sensations. This plays a role in the increased frequency of both physical and psychological problems. Alexithymia describes a specific cognitive-affective processing disorder that consists of four characteristics [3]:

a. Difficulty identifying and verbally describing feelings. People with alexithymia rely primarily on the somatic component to define what they feel. They may, in addition, show exaggerated affective reactions, such as anger or crying, which they cannot describe, link to triggering events, or integrate into a single affective experience.

b. Difficulty in discriminating between somatic sensations and affective states that accompany emotional arousal. People with alexithymia tend to express their emotions primarily on the somatic level since they are unable to process them on the cognitive level.

c. Outward-oriented thinking or cognitive style. Thinking is oriented toward the external world rather than the internal world or states of mind. People with high levels of alexithymia provide excessive details about their health and their thoughts deviate from emotions and imagination.

d. Impaired symbolic activity. Imaginative and dream activity is reported to be low. They rarely dream and tend to describe events by omitting feelings. Their language is not symbolic at all, so much so that it prevents others from accessing their inner world.

Previous studies had also found that individuals with a high level of alexithymia more frequently use inappropriate coping strategies, such as avoidance, social isolation, behavioral disengagement and emotional inhibition [4]. Building on this conceptualization, alexithymia has over time been related to emotion-related constructs: emotional inhibition, emotional intelligence and empathy.

Related or overlapping constructs?

Emotional inhibition

Emotional inhibition is defined as a strategy, a process of emotional expression and reflects an inclination of individuals to conceal the expression of emotions, during an affective experience [5]. In people with emotional inhibition, the expressive and linguistic component of emotions appears limited. This is a functional strategy if circumscribed only in the short term. In fact, emotional inhibition appears to be functional in adaptation and promoting well-being [6]. On the other hand, if this reaction is prolonged over time, emotion inhibition may increase the risk of psychopathological consequences at the neurobiological, cognitive, and relational levels [5]. Although the difficulty in recognizing and verbalizing emotions of alexithymia people seems to delineate the construct of emotional inhibition, some studies share an idea of alexithymia as an independent construct. Indeed, a person who uses mechanisms of inhibition or repression of emotions does not lack the capacity for emotional expression and insight when defenses give way [7].

Emotional inhibition, measured by the Emotion Inhibition Scale (EIS), and alexithymia, measured by both the Toronto Alexithymia Scale-20 (TAS-20) and the Diagnostic Criteria for Psychosomatic Research (DCPR), were correlated in a study of heart transplant patients and a healthy control group [8]. Both groups reported similar scores on the two measures of alexithymia, while the “dissimulation of feelings” subscale of the EIS was found to be a discriminating factor between the two groups. A positive association was found between the alexithymia construct measured by the TAS-20 and emotional inhibition in the “verbal inhibition” and “shyness” dimensions of the EIS. However, the association with the dimensions of “dissimulation of feelings” and “self-control” does not appear significant, except between the subscale “difficulty describing feelings” of the TAS-20 and “dissimulation of feelings” of the EIS. A recent study also reports a small association between measures of alexithymia and emotional inhibition [6]. These findings underscore the similarity of the two constructs but do not complete overlap. In particular, the emotion dissimulation dimension is shown to be independent of the measures of alexithymia. This reflects the difference that exists between the difficulty in cognitive processing of emotions and the use of emotional dissimulation as a coping strategy. In other words, people with high emotional inhibition experience emotion and report difficulty in verbalizing it or choose to

consciously regulate its expression.

Emotional intelligence

Emotional intelligence has been defined as “the ability to monitor one’s feelings and emotions, discriminate between them, and use this information to guide thoughts and actions” [9]. It is distinguished by five characteristics: emotional awareness, emotional self-regulation, motivation, identification of others’ emotions, and social skills [10]. Gardner [11] identified two subtypes of emotional intelligence: intrapersonal intelligence (understanding one’s own affective states) and interpersonal intelligence (understanding the intentions and desires of others). The former factor can be related to assertiveness, self-actualization, self-esteem and independence, the latter to empathy, interpersonal skills and social responsibility [12]. Indeed, emotional competence also has a social function because it enables the transfer of the subject’s thoughts and purposes and regulates social interactions in view of them [13]. Good insight and discernment between somatic and affective feelings distinguishes individuals with high emotional intelligence. In the case of adverse events, they do not enact inhibition mechanisms, but rather give meaning to the resulting emotions, thus attaching cognitive valence to the experience. People with high emotional intelligence seem to cope better with the emotional experience resulting from a stressful condition, as they are guided by good emotional understanding and processing. They are, therefore, able to express emotional experience and manage it appropriately according to the relevant context [14]. Based on these distinguishing features, perceived emotional intelligence and alexithymia can be understood as two sides of the same coin, positive and negative features for skillful emotional regulation.

One study observed that the scales of emotional intelligence and alexithymia walk oppositely along two dimensions: attention to one’s emotions and clarity and regulation of one’s emotions. These findings are confirmed by other previous studies [15]. Indeed, data in the literature point to a possible negative association between alexithymia and emotional intelligence [16,17]. In fact, Parker et al. [12] observed that people with alexithymia access their feelings less directly and have more difficulty handling them adequately. In addition, high levels of emotional intelligence appear to be protective factors against psychophysiological symptoms [12] or in the prevention of dysfunctional behaviors [18]. In a recent study of depressed patients, high scores on measures of emotional intelligence were correlated with low alexithymic traits and a lower frequency of dysregulated behaviors, such as suicidality [18]. Intelligence, as indicated by our IQ, measures logical-mathematical abilities, but emotional intelligence represents an additional competence not only in awareness of one’s internal states but also of nonverbal body language (such as body sensations), a useful tool for establishing and maintaining interpersonal relationships.

Empathy

Research is increasingly focusing on the impact of alexithymia in social connections, based on the hypothesis of detecting high scores in individuals with empathy deficits [19]. Indeed, emotions are an important factor in building and maintaining social relationships. Empathy is the ability to tune into the emotional state of others while continuing to maintain self-awareness; it also presupposes recognition of the affective states of others, expressed through nonverbal modalities, such as expression or movement. If a person with alexithymia fails to connect with his own internal states, it will be difficult for him to succeed with those of others. They, in fact, differentiate poorly between negative emotions, experience few positive emotions in intimate relationships, have low self-confidence, have a high need for approval, and experience strong discomfort in close situations with others [20]. Therefore, low scores in empathic skills are observed in individuals with alexithymia, impairing the maintenance of meaningful interpersonal relationships for the individual [21]. Barrett-Lennard [22] observed that “without empathic activation, individuals live in emotional isolation.” A study by Frye-Cox and Hesse [23] confirms this thesis, noting that alexithymia is associated with high levels of loneliness and low marital relationship quality. Dissatisfaction in relationships, such as couple relationships, stems from a low emotional connection that these people can develop with others [24].

Conclusion

The present discussion provides an overview of emotion-related constructs and the directions of their association with alexithymia. From the data that emerged, it is observed that each construct converges on similar subscales; however, it maintains its own independence by traveling in different directions. Indeed, these results provide important information regarding the need to analyze each construct separately, read it as clinically different, and consider specific assessment measures.

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