## Alexithymia

Alexithymia originates from Greek, where "a" means absence, "lexis" means word, and "thymos" means emotion. It is derived from the combination of words meaning "lack of words for emotions" and was coined by Sifneos (Lesser, 1981). Cognitively, alexithymia is described as "being inadequate in perceiving, identifying, and describing emotions" (Dereboy, 1990). The most important characteristics of alexithymic individuals are reported to be a decrease in the perception of emotions and difficulty in expressing them.

Alexithymic individuals often struggle the most in forming social relationships. They cannot find emotions to reflect their thoughts and fail to externalize them (Sifneos, 1988). Alexithymic individuals cannot distinguish between emotional arousal and physical arousal and rely on physical symptoms to express their emotions (Lesser, 1985). Therefore, when trying to conceptualize the concept of alexithymia, it was initially used to understand a psychosomatic symptom. Later, it was understood that it is not a condition exclusive to individuals with only psychosomatic characteristics (Arena, Blanchar, and Pallmayer, 1981). It is suggested that alexithymic individuals are intelligent but use their intelligence as a means to escape from their emotions (Sifneos, 1988). According to some researchers, alexithymia is more related to personality types than other disorders.

In the initial stages of the concept of alexithymia, it was said to be characterized by physical symptoms, limited fantasy production, difficulty in finding appropriate words to express emotions, repetitive use of selected words, rarely occurring dreams, and dependency or distance in communication with others (Lesser, 1981; Ahrens and Deffner, 1986). Later on, it was thought that these features are occasional behaviors in individuals, leading to more comprehensive descriptions (Gülol, Şaşıoğlu, and Tosun, 2013).

Despite having various opinions, studies mostly converge on the characteristics of alexithymic individuals as "difficulty in recognizing, distinguishing, and expressing emotions," "lack of imagination," "operational thinking," and "externally oriented cognitive structure" (Leser, 1981; Sifneos, 1988; Taylor, 1991):

Difficulty in recognizing, distinguishing, and expressing emotions: Recognizing and expressing emotions are the most problematic situations for alexithymic individuals. They often cannot differentiate between their emotions and thoughts. When asked how they feel about something, they often talk about their thoughts on the matter. Also, they do not display emotional expressions on their faces, and their feelings cannot be understood from their facial expressions (Sifneos, 1977; Lesser, 1981). They mostly describe emotions in bodily symptoms. In fact, alexithymic individuals engage in social relationships, thoughts, narration, and conversation in daily life. However, they confuse their emotions and thoughts and face the most problems in this regard in their relationships (Krystal, 1979; Sifneos, 1988).

Lack of imagination: Individuals with alexithymic traits generally do not fantasize. Rarely, their dreams are a waste of time for them, and their dreams are not emotionally charged. Most of the time, the contents of their dreams are related to concrete rules of daily life and are not fantasy-based. On the other hand, they also rarely remember their dreams, which are also not emotionally charged. Details are more prominent for them than emotions, and an operational thinking style dominates (Krystal, 1979, Sifneos, 1988).

Operational thinking: Contrary to popular belief, individuals with high levels of alexithymia can manage their interpersonal relationships like other individuals. Their pragmatic and solution-oriented thinking style allows them to find solutions to problems in the shortest way when faced with a problem. Since they do not delve into emotions related to the problem, internal conflicts that cause the problem are less likely to occur. As a result, they are more likely to be perceived by their surroundings as problem solvers or task finishers. Taking all these into account, the relationship of alexithymic individuals with their social environment generally progresses smoothly (Dougal, 1982; Lesser, 1985; Taylor, 1991).

Externally oriented cognitive structure: The cognitions of individuals with high levels of alexithymia are highly focused on external stimuli. They make a lot of effort to adapt to the environment because they are aware of themselves. This makes them externally oriented (Taylor, 1991). At this point, the concept of pseudonormality emerges. Individuals with high levels of alexithymia analyze the events in their lives in great detail, behave according to the expectations of their environment rather than their own internal resources (Dougal, 1982).

## **REFERENCES**

Ahrens, S., & Deffner, G. (1986). Empirical study of alexithymia: Methodology and results. American journal of psychotherapy, 40(3), 430-447.

Blanchard, E. B., Arena, J. G., & Pallmeyer, T. P. (1981). Psychometric properties of a scale to measure alexithymia. Psychotherapy and Psychosomatics, 35(1), 64-71.

Dereboy, İ. F. (1990). Aleksitimi öz-bildirim ölçeklerinin psikometrik özellikleri üzerine bir çalışma. (Yayımlanmamış tıpta uzmanlık tezi), Hacettepe Üniversitesi Tıp Fakültesi Psikiyatri Anabilim Dalı, Ankara.

Krystal, H. (1979). Alexithymia and psychotherapy. American journal of psychotherapy, 33(1), 17-31.

Lesser, I. M. (1981). A review of the alexithymia concept. Psychosomatic Medicine. 43:531-543.

Lesser, I. M. (1985). Alexithymia. New England Journal of Medicine, 312(11), 690-692.

McDougall, J. (1982). Alexithymia: a psychoanalytic viewpoint. Psychotherapy and psychosomatics, 38(1-4), 81-90.

Sifneos, P. E., Apfel-Savitz, R., & Frankel, F. H. (1977). The phenomenon of alexithymia: Observations in neurotic and psychosomatic patients. Psychotherapy and psychosomatics, 28(1/4), 47-57.

Sifneos, P. E. (1988). Alexithymia and its relationship to hemispheric specialization, affect, and creativity. Psychiatric Clinics of North America, 11(3), 287-292.

Şaşıoğlu, M., Gülol, Ç., & Tosun, A. (2013). Aleksitimi kavramı. Psikiyatride Güncel Yaklaşımlar, 5(4), 507-527.

Taylor, R. J., Fordyce, I. D., & Alexander, D. A. (1991). Relationship between personality and premenstrual symptoms: a study in five general practices. British Journal of General Practice, 41(343), 55-5.