

**Olivier Luminet, R. Michael Bagby, Graeme J. Taylor (eds.)**  
**Alexithymia: Advances in Research, Theory, and Clinical Practice**  
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Emotional disorders are widely represented in literature and cinema, lending them a presence in popular culture well beyond the clinical sphere. Indeed, eccentric artists and poets are often depicted as suffering from mood disorders such as depression, while both existing and fictional scientists are often portrayed as having neurodevelopmental disorders such as autism.

In the clinical setting, these disorders are systematically defined in the fifth version of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5). The taxonomy proposed in the manual provides the fundamental tools for diagnosis and treatment and has become the standard guide worldwide. However, the light shed on the field of mental health by this “bible” sometimes leaves important psychiatric constructs in the shadows. And some of these constructs could be crucial for understanding inner mechanisms that play a role in already recognized mental disorders. Such is the case with Alexithymia, a psychiatric

construct that, despite its absence from official diagnostic manuals, has a long and fascinating history in research, as aptly retraced in the present miscellany: *Alexithymia: advances in research, theory, and clinical practice*, edited by Olivier Luminet, R. Michael Bagby, and Graeme J. Taylor.

The neologism “Alexithymia” (from the Greek stems “a-”=lack + “lêxis”=word + “thymos”=mood or emotion, literally “without words for emotions”) was introduced in 1973 by the American psychiatrist Peter E. Sifneos to explain the peculiar characteristics of his psychosomatic patients, whose physical symptoms were accompanied by a psychological condition of “emotional turmoil”. These patients exhibited difficulties in finding words for emotional feelings, poor skills in fantasy, and an externally-oriented style of thinking, which also meant they responded poorly to classic psychoanalytic treatment.

The first chapter of the book, which provides a general reconstruction of the history of Alexithymia, illustrates how, 50 years after Sifneos’ pioneering work, research on the construct has grown exponentially, addressed by different paradigms and approaches in the fields of medicine, psychiatry and psychology. The first theoretical investigation of alexithymia signalled the emerging revolution in the field of psychosomatic medicine. At that time, Alexander’s specificity theory dominated and only a few diseases – considered to derive from specific psychological rather than biological factors, such as Freudian intrapsychic conflicts – were labelled psychosomatic. In contrast, Sifneos and his colleague, J. Nemiah suggested that the quality of emotion processing has an inverse relation with the risk of somatisation, endorsing what would become the modern psychosomatic approach to all physical illnesses. This suggests that psychosocial factors influence the whole body in a probabilistic manner and can predict disease onset, presentation, maintenance, susceptibility to treatment, and resolution.

At the same time, several psychoanalytical theories have extended the alexithymia construct beyond the boundaries of psychosomatics. In particular, Krystal’s research, guided by Bowlby’s attachment theory, on holocaust survivors and patients with substance use disorders has opened the way for the study of the role of trauma and early childhood experiences in relation to alexithymia. Then, during the ‘90s, an outburst of partially overlapping conceptual models fostered

advancements in alexithymia theory. Among these, I should mention at least: (a) Fonagy and Target's concept of *mentalization*, i.e. the capacity to be aware of and to think about intentional mental states (e.g. feelings, beliefs, desires, etc.) in oneself and others; (b) Wilma Bucci's *referential activity*, linking subsymbolic and symbolic components of emotional schemas. This link, when disrupted by traumatic events, causes the patient to be "without symbols for somatic states"; (c) Lane and Schwartz' theory of *levels of emotional awareness*, suggesting cognitive and ontogenetic development of emotional schemas, from the lowest stage, where emotional information is perceived uniquely as "awareness of bodily information" to the highest levels of complexity, with "awareness of blends of blends of feelings".

Moving from theory to empirical research, these major advancements can be understood in light of the operationalization of the alexithymia construct during the '90s. The second chapter of the book focuses precisely on the analysis of the psychometric properties of the principal instruments for the assessment of alexithymia. In this context, the *20-item Toronto Alexithymia Scale* (TAS-20), developed by two of the three editors of the book certainly stands out as the instrument with the highest reliability and validity, as well as the highest practicality, among other reasons, because it is a self-report questionnaire including only closed questions.

The TAS-20 has been translated into more than 20 languages, encouraging the design of a large number of comparative studies. This cultural perspective on alexithymia is presented in the third chapter of the book, where the authors consider studies that assess levels of alexithymic traits in people of different generations, sex, and ethnicity (i.e. East Asian and Western populations). Analysing the results of these studies, the authors problematize the fact that both the construct of alexithymia and its standard assessment instrument, the TAS-20, are embedded in the cultural context where they were developed, namely the same culture that generated the modern Western psychiatric approach. However, to date, studies conducted have found only limited differences in TAS-20 results, mainly in the EOT (Externally Oriented Thinking) subscale. Among the three TAS-20 factors, EOT is the factor least associated with pathological conditions, as well as the one with the lowest internal consistency when

tested in different cultural-linguistic contexts. Consequently, further research, which critically addresses the legitimacy of a comparative perspective must clarify, at the very least, whether differences found in EOT are due to an altered ability to perceive and describe emotions in the compared groups or, conversely, whether they are ascribable to different behavioural manifestations of emotions, consistent with similar levels of alexithymia.

After these introductory chapters, the book continues with three specialized sections, which describe findings on alexithymia in the fields of cognitive psychology (Part II), clinical practice (Part III), and biology and neuroscience (Part IV). These sections require certain domain expertise. However, the reader need not read the book from beginning to end. Within these sections, each chapter stands alone, structured as a systematic review of papers debating a particular topic, factor, or technique related to alexithymia.

In Part II, the authors analyse the effects of severe alexithymia on transversal cognitive functions such as language, memory, and the executive system. They show impairments in encoding and linguistically processing information with emotional valence. Notwithstanding these impairments, alexithymics exhibit normal processing of neutral language and memory stimuli. A general deficit in executive functions can be explained by the fact that these highest order cognitive processes comprise all the above-mentioned functions. For instance, cognitive control processes may be entirely compromised by the inability of individuals with high alexithymia to inhibit unwanted or irrelevant incoming emotional information from the inside or outside world.

In Part III, the authors explore the complex relationship between Alexithymia and physical/mental health. Alexithymia can logically precede or follow physical illness. If it precedes illness, alexithymia can be associated with repeated amplification of body sensations related to affect; it could represent added vulnerability for the onset of somatic symptoms as well as risky behaviours (i.e. substance abuse, eating disorders) undertaken in the attempt to suppress emotions that are experienced as overwhelming and undifferentiated sensations. And yet, alexithymia can also represent the consequence of physical illness (i.e. chronic pain). Moreover, this condition is often diagnosed in comorbidity with other mental disorders, such as

depression and anxiety disorders, magnifying their symptoms or, as for other physical pathologies, lowering the efficacy of therapeutic treatment and delaying seeking for care. Therefore, alexithymia seems to represent a *liaison* between mental and physical health. But comorbidity also raises some questions about the unique contribution of this condition, after subtracted from all the other diseases it is usually accompanied by.

Part IV moves on to the analysis of biological factors contributing to alexithymia. The search for the “genetic architecture” of alexithymia is just at its beginning, although preliminary findings suggest that this is a promising endeavour. More effort is also needed to understand the relationships between alexithymia and the endocrine and immune systems. Studies on the neural correlates of alexithymia using neuroimaging techniques have already revealed different patterns of brain activity in areas linked to emotional processing (the insula, amygdala, anterior cingulate cortex, regions in the prefrontal cortex), as well as structural differences (reduced grey matter) in parts of the same areas. Moreover, studies on physiological markers (heart rate variability, skin conductance, etc.) suggest a “decoupling hypothesis”, i.e. hyper-reactivity of the autonomic nervous system accompanied by decreased subjective experience of emotions. Curiously, this hypothesis was recently challenged, and the reverse interpretation put forward. In fact, Section IV of the book ends with a chapter exploring the hypothesis – probably inherited from the embodied cognition revolution – that there is a strong association between the awareness of emotional states and the more general awareness of bodily states (interoceptive awareness). It is the authors’ opinion that an exploration of this relation could advance our understanding of many conditions, especially including autism spectrum disorder.

To conclude, it should be noted that the majority of the empirical studies reported in the book use the TAS-20 to assess alexithymia. Despite the high validity and reliability of this instrument,

we cannot assume perfect correspondence between TAS-20 results and the alexithymia construct. The editors themselves give sound advice regarding the proper use of the instrument they themselves developed, suggesting researchers take a dimensional rather than a categorical approach to TAS-20 results. Moreover, since alexithymia is considered a deficit in the conscious experience of emotion, a self-report scale might not be the most suitable tool to measure it. This is the reason why the authors suggest a multi-method approach that integrates self-report scales with instruments that rely on the presence of an observer or an interviewer.

In general, the book portrays alexithymia as a prolific psychological construct, built with contributions from many fields of study, from psychosomatics and psychoanalysis to modern affective neuroscience. By its very nature, alexithymia piques the interest of scholars in many disciplines, including philosophers, who use it to address a number of classical issues concerning emotions and their relations with other aspects of human thought. For instance, this condition may have implications for the debate over cognitive and perceptual theories of emotion: are perceptual feelings sufficient to identify a certain emotion or are cognitive resources also needed to appraise the situation and, thus, identify the emotions appropriate to that situation.

Specifically, alexithymia may help us specify when emotions reach consciousness and specify the contribution of conscious experiential and representational content – that very content that people with alexithymia lack. Lastly, studying alexithymia in connection with co-occurring deficits in social cognition could highlight the role of emotional awareness in the development of empathy, here intended as understanding others’ emotional feelings.

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