- Difficulty identifying feelings;
- Difficulty distinguishing between feelings and bodily sensations of emotional arousal;
- Difficulty describing feelings to other people;
- Constricted imagination evidenced by lack of fantasies
- Stimulus-bound, externally-orientated, thinking style.
  - General population rate 7-10% (Pasini et al., 1992)
- Proneness to psychological distress.
- Linked with a range of psychopathology
  - General population rate = 7-10%.
  - Depression = 45% (Honkalampi et al., 2001)
  - Panic disorder = 34% (Cox et al., 1995)
  - Social phobia = 37% (Cox et al., 1995)
  - Anorexia = 68% (Taylor et al. 1997)
- Alexithymia & Somatisation (Taylor 1990)
  - Difficulty discriminating between emotional feelings and bodily sensations
  - Amplification and misinterpretation of somatic sensations that accompany arousal.
  - Attribution of body sensations to somatic illness not emotional problems
  - Describe response to bereavement or personal tragedy in terms of physical symptoms.
    - Tension headaches
    - Muscle cramps
    - Irritable bowel
    - Cardiac problems
- Wood et al. 2009 - Alexithymia and Somatisation in a Traumatic Brain Injury Sample

- Those who don’t talk about traumatic event -
  - Ruminate on their experience
  - Rumination maintains high stress levels
  - Stress creates fatigue, muscle tension, autonomic imbalance.
- Often expressed as musculo-skeletal disorder;-
- Pennebaker 1985: Traumatic experience and psychosomatic disease
- Sensitivity to somatic signals as a basis for ‘functional somatisation’
  - Taylor 1999
    - A trait of anxiety proneness
      - A fear of anxiety itself, based on belief that it has harmful consequences
      - A negative belief system about what will happen when anxiety is experienced (Mueller & Alpers, 2006).
    - Different from Speilberger’s Trait anxiety:
      - Trait anxiety - response to a broad range of perceived threats.
      - Anxiety sensitivity - specific to one’s own bodily sensations.
    - Personality trait normally distributed throughout the general population. (Taylor, 1999; Esteve & Camacho, 2008).
    - Focus attention on bodily sensations and attribute catastrophic negative consequences to normal sensations - makes them more vulnerable to somatoform disorders.

  - Components of AS
    - Fear of somatic sensations
      - heart palpitations predict a heart attack
    - Fears loss of cognitive control
      - concentration difficulties may signify impending mental breakdown or brain tumour
    - Fear of publicly observed anxiety reactions.
      - fear blushing as this may cause public ridicule.

  - Anxiety Sensitivity Index Peterson and Reiss 1987
    - AS determines level of stress needed to evoke anxiety reaction
    - Marked differences in degree to which anxiety is feared
    - Explains range of individual differences to life experience (see McNally (1995))

  - Experimental Evidence
      - They found that those with higher anxiety sensitivity reported greater pain and disability following orthopaedic injury.
      - Anxiety sensitivity associated with depressed mood – major factor contributed to pain perception

  - Psychobiological perspectives Reif & Barsky 2005
    - Increased sympathetic ANS activity can increase awareness of somatic states
      - Raised blood pressure (dizziness; light headed; unsteady)
      - Heart rate (palpitations; tachycardia)