Review

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Alexithymia Across Psychiatric Disorders

Psikiyatrik Bozukluklarda Aleksitimi

Tunahan Sun[1], Lut Tamam[2], Mehmet Emin Demirkol[2], Caner Yeşiloğlu[2]

[1]Dr. Ekrem Tok Mental Health and Diseases Hospital, Adana
[2]Cukurova University, Adana

ABSTRACT

Alexithymia is a condition characterized by difficulty in identifying and expressing emotions. This narrative review aimed to provide an integrative synthesis of the conceptual, neurobiological, and clinical dimensions of alexithymia across major psychiatric diagnoses. Recent research has connected alexithymia with various psychiatric disorders, including depression, anxiety disorders, bipolar disorder, schizophrenia, obsessive-compulsive disorder, trauma and related disorders, somatic symptom disorders, eating disorders, personality disorders, sleep disorders, attention-deficit/hyperactivity disorder, and alcohol and substance use disorders. Across diagnostic categories, reported prevalence rates vary considerably, ranging from approximately 13% to over 70% depending on the disorder and population studied, with rates exceeding 40–60% in somatic symptom disorders. Clinically, alexithymia is linked to higher symptom burden, reduced functioning, lower quality of life, increased suicidal thoughts, and poorer response to treatment. Neurobiological findings consistently implicate alterations within the anterior insula, anterior cingulate cortex, amygdala, and prefrontal regions, supporting the conceptualization of alexithymia as a transdiagnostic vulnerability factor associated with disrupted interoceptive awareness and emotion regulation networks. Including alexithymia routinely in psychiatric assessments could greatly enhance diagnosis and treatment planning. It is thought that treatment approaches that aim to increase emotional awareness, strengthen the link between bodily sensations and emotions, and improve emotion regulation skills may improve clinical outcomes in individuals with psychiatric disorders who exhibit alexithymic features.

Keywords: Alexithymia, emotion regulation, psychiatric disorders

ÖZ

Aleksitimi, duyguları tanımlama ve ifade etmede güçlüklerle karakterize bir fenomendir. Bu anlatısal derlemenin amacı, aleksitiminin kavramsal, nörobiyolojik ve klinik boyutlarını başlıca psikiyatrik tanılar çerçevesinde bütüncül biçimde sentezlemektir. Aleksitimi, güncel literatürde depresyon, anksiyete bozuklukları, bipolar bozukluk, şizofreni, obsesif-kompulsif bozukluk, travma ve ilişkili bozukluklar, somatik belirti bozuklukları, yeme bozuklukları, kişilik bozuklukları, uyku bozuklukları, dikkat eksikliği/hiperaktivite bozukluğu ve alkol ve madde kullanım bozuklukları dahil olmak üzere çeşitli psikiyatrik bozukluklarla ilişkilendirmiştir. Tanılar arasında bildirilen prevalans oranları geniş bir aralık göstermekte olup, çalışılan popülasyona göre yaklaşık %13 ile %70'in üzerine kadar değişmektedir ve özellikle somatik belirti bozukluklarında oranların %40–60 düzeylerine ulaştığı bildirilmektedir. Klinik açıdan aleksitimi, artmış belirti yükü, işlevsellikte bozulma, yaşam kalitesinde düşüş, intihar düşüncelerinde artış ve tedavi yanıtındaki kötüleşme ile ilişkilidir. Nörobiyolojik bulgular, anterior insula, anterior singulat korteks, amigdala ve prefrontal bölgelerdeki değişikliklere işaret ederek, aleksitiminin interoseptif farkındalık ve duygu düzenleme ağlarındaki bozulmalarla ilişkili tanılar arası bir yatkınlık faktörü olduğunu desteklemektedir. Aleksitiminin psikiyatrik değerlendirmeye rutin bir biçimde dâhil edilmesi, tanısal değerlendirme ve tedavi planlamasına önemli katkı sağlayabilir. Duygusal farkındalığı artırmayı, bedensel duyumlar ile duygular arasındaki bağı güçlendirmeyi ve duygu düzenleme becerilerini geliştirmeyi hedefleyen tedavi yaklaşımlarının, aleksitimik özellikler gösteren psikiyatrik bozukluğa sahip bireylerde klinik sonuçları iyileştirebileceği düşünülmektedir.

Anahtar sözcükler: Aleksitimi, duygu düzenleme, psikiyatrik bozukluklar

Address for Correspondence: Tunahan Sun, Dr. Ekrem Tok Mental Health and Diseases Hospital, Adana, Türkiye
e-mail: tunasun01@gmail.com
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Introduction

Alexithymia is characterized by difficulties in recognizing, distinguishing, and verbally expressing emotions. It was first described by Sifneos in 1973. The term alexithymia derives from Greek roots a (no), lexis (word), and thymos (feeling), and literally means "no words for feelings." (Goerlich 2018). Many people struggle to recognize, identify, and express their emotions. Individuals diagnosed with alexithymia tend to focus on their physical sensations at the expense of imagination (internal fantasy) (Liao et al. 2025). The difficulties individuals experience in identifying and expressing emotions can impair their capacity for social and emotional communication and empathy, which in turn hinder the development of healthy interpersonal relationships and negatively affect everyday functioning, including maintaining routines, fulfilling responsibilities, and engaging in social roles (Liu et al. 2025).

The rate of alexithymia in the general population is about 10%. However, among people with psychosomatic conditions, this rate increases to 40-60%. The prevalence may be higher in those with psychosomatic issues because they tend to express psychological distress through physical symptoms (Kano and Fukudo 2013).

Alexithymia is often present across various psychiatric disorders and is linked to treatment resistance due to its negative impact on treatment response. In addition, alexithymia has been reported to be associated with increased suicidal thoughts in individuals diagnosed with psychiatric disorders (Pinna et al. 2020). The latest focus on alexithymia has centered on the idea that it could be a transdiagnostic risk factor, suggesting a common vulnerability to developing various psychiatric disorders (Preece et al. 2022, Taylor et al. 2024).

Although previous research shows that alexithymia exists across various psychiatric disorders, most current studies have focused on only one diagnosis. Additionally, there has been little effort to integrate both theoretical and practical evidence from neurobiology and clinical sources. The purpose of this review is to provide an integrated overview of the existing literature on alexithymia by examining its definition, neurobiological underpinnings, and clinical manifestations across multiple psychiatric diagnoses.

Method

A comprehensive literature search was conducted in PubMed/MEDLINE, Scopus, PsycINFO, Web of Science, and Google Scholar databases. The search covered publications from January 2008 to December 2025, while seminal and classical studies that contributed to the historical development of the alexithymia construct were included without date restrictions.

The search strategy used combinations of the following keywords: "alexithymia" OR "emotional awareness" OR "emotion recognition" AND "psychiatric disorders" OR "depression" OR "major depressive disorder" OR "anxiety disorders" OR "bipolar disorder" OR "schizophrenia" OR "obsessive–compulsive disorder" OR "trauma" OR "post-traumatic stress disorder" OR "somatization" OR "somatic symptom disorder" OR "personality disorders" OR "eating disorders" OR "sleep disorders" OR "attention-deficit/hyperactivity disorder" OR "alcohol use disorder" OR "substance use disorder". In addition, the reference lists of relevant articles were manually screened to identify additional studies of potential relevance.

Studies were selected based on their scientific validity, methodological coherence, and conceptual contribution to alexithymia research. Peer-reviewed empirical studies (cross-sectional, longitudinal, neuroimaging, psychometric, or clinical), meta-analyses, systematic reviews, and theoretical or mechanistic papers examining psychological or neurobiological aspects of alexithymia in psychiatric or healthy populations were considered eligible.

Case reports, theses, conference abstracts without accessible full texts, non–peer-reviewed publications, methodologically inadequate studies, studies that did not use validated instruments to assess alexithymia, or studies not primarily focused on alexithymia were excluded.

A Conceptual and Neurobiological View on Alexithymia

Measurement of Alexithymia

The most common scale used to measure alexithymia is the 20-item Toronto Alexithymia Scale (TAS-20). It consists of three subscales: Difficulty Identifying Feelings (DIF), Difficulty Describing Feelings (DDF), and Externally Oriented Thinking (EOT) (Schroeders et al. 2022). Based on cutoff scores established for the TAS-20, individuals who obtain a total scale score of 61 or more are defined as alexithymics, while those obtaining a score of 52-60 are designated as potentially (borderline) alexithymic. Those scoring 51 or less are considered not alexithymic (Craparo et al. 2015). The Turkish version of the TAS-20 has demonstrated acceptable validity and reliability, with its three-factor structure (DIF, DDF, EOT) confirmed in Turkish samples, supporting the use of the original cut-off scores in Turkish populations (Güleç et al. 2009).

Is Alexithymia a Trait or a State?

Alexithymia has traditionally been viewed as a personality characteristic (Koppelberg et al. 2023), but whether it is a "trait" or a "state" is still under debate. In discussions about ideas surrounding alexithymia, there is both primary and secondary alexithymia. Primary alexithymia is a developmental personality trait believed to arise from childhood trauma. It is thought to persist throughout a person's life and may lead to the development of psychosomatic illnesses related to excessive stress and anxiety. Hence, primary alexithymia is considered a personality trait that develops early in life. In contrast, secondary alexithymia is believed to result from traumatic experiences in adulthood or from sociocultural and psychological factors (Goerlich 2018).

Alexithymia is a personality trait that can develop throughout one's lifetime (Nemiah 1976, Sifneos 1996). A meta-analysis found evidence that childhood abuse is linked to alexithymia in adulthood (Ditzer et al. 2023) as well as a creator of both the parental and child predictors of alexithymia (e.g., emotional abuse, neglect, and physical neglect). Such evidence provides insight into the environmental influences of early childhood on alexithymia and can be considered an example of a primary type of alexithymia. In a longitudinal study with a seven-month follow-up and three assessment points, alexithymia demonstrated strong absolute and relative stability, with no significant changes from baseline measurements (Larionow et al. 2025). Thus, findings indicate that alexithymia is likely a stable trait of an individual's personality. It has been suggested that different environmental situations influence alexithymia. Research studies have shown that individuals experiencing high levels of stress and anxiety or depression tend to have higher levels of alexithymia compared to those with lower levels of stress and anxiety or depression (Zhang et al. 2023). Psychotherapy can help reduce alexithymia scores (Tsubaki and Shimizu 2024). Taken together, the results of current research suggest that alexithymia has both short- and long-term effects components.

Differentiating between trait and state alexithymia is clinically critical, as mistaking a transient emotional suppression for a stable personality trait may mislead clinicians, resulting in inaccurate diagnoses and suboptimal treatment plans. In terms of prognosis, trait alexithymia is generally characterized by high temporal stability and persistent emotional processing deficits, which may contribute to elevated psychopathological risk and resistance to psychotherapy (Taylor et al. 1997). In contrast, state alexithymia tends to diminish as the underlying condition (e.g., depression) improves (Li et al. 2015). This distinction also guides treatment planning: individuals with trait alexithymia may benefit from long-term, specialized interventions to enhance emotional awareness. However, their symptoms tend to be less responsive to change. On the other hand, individuals with state-related alexithymia may respond well to short-term supportive therapies focused on the primary disorder, often showing significant improvement in emotional expression skills (Cameron et al. 2014).

Neurobiological Infrastructure and Brain Regions

Using neuroimaging techniques, researchers identified which brain areas are associated with alexithymia. Neuroimaging studies show that the insula and anterior cingulate cortex (ACC) are the primary brain

regions involved in the neurobiology of alexithymia because these areas are responsible for regulating emotions and helping individuals to be consciously aware of their emotional states (Motomura et al. 2023). The insula is central to interoceptive awareness, whereas the ACC is involved in emotion regulation and conscious emotional processing; neuroimaging studies indicate that dorsal ACC abnormalities are a key neural feature associated with alexithymia. By comparing alexithymic individuals and those without alexithymia while they viewed angry faces, researchers found that alexithymic individuals displayed lower levels of activity in the dorsal ACC and anterior insula (AI). It has been suggested from the data that the dorsal ACC and AI are not as active during the emotional-cognitive process of interpreting angry faces (Kano and Fukudo 2013). Furthermore, an additional study found that individuals with AI damage experience more alexithymia than those without, supporting the hypothesis that AI is a critical component of emotion awareness (Hogeveen et al. 2016).

One study used functional MRI to demonstrate that North Korean refugees exhibited increased connectivity between their left amygdala and the left and right dorsolateral prefrontal cortex (DLPFC) and the dorsal ACC, which was also linked to their levels of alexithymia. This suggests that a possible reason for the increased connection between the amygdala and frontal brain areas in North Korean refugees could be a decrease in amygdala activity due to frontal regulation, which may contribute to the development of alexithymia (Kim et al. 2020).

Psychodynamic Explanations

The concept of alexithymia originated in psychoanalytic and psychosomatic theories. Alexithymia was first described in connection with psychosomatic disorders (Liao et al. 2025). According to psychodynamic theory, alexithymia may stem from a deficiency in recognizing emotions caused by developmental factors and early-life defense mechanisms. In this view, individuals with alexithymia have trouble bringing their emotions into conscious awareness and are unable to symbolize their feelings. Joyce McDougall described alexithymic individuals as "emotionally deaf and mute." She explained that psychotic patients use delusional words to manage their anxiety, while alexithymic individuals strip words of their emotional significance to cope, which can lead to psychosomatic disorders (López-Muñoz and Pérez-Fernández 2020).

In recent years, alexithymia has also been linked to a failure in emotion-focused mentalization, or the ability to perceive one's own and others' emotions as intentional states. Alexithymia has been conceptualized as reflecting deficits in emotional mentalization and specific aspects of human intelligence. (Bagby et al. 2025).

Alexithymia and Psychiatric Disorders

Alexithymia presents differently across psychiatric disorders. The following sections explore its links with specific diagnoses. Reported prevalence rates differ widely across disorders and study groups, as summarized in Table 1.

Depressive Disorder

Evidence suggests a bidirectional relationship between alexithymia and depressive disorder (DD), whereby alexithymic traits increase vulnerability to depression and depressive episodes further impair emotional awareness (Liu et al. 2025). Across clinical and community samples, higher levels of alexithymia are observed during depressive episodes and tend to decrease with symptom remission (Kano and Fukudo 2013), suggesting a dynamic interaction rather than a purely secondary phenomenon.

Symptom severity in depression is strongly positively linked to overall alexithymia, particularly with the DIF and DDF subscales (Liu et al. 2025). Beyond symptom severity, alexithymia has also been linked to adverse clinical outcomes in depression, including increased suicidal ideation and non-suicidal self-harm behaviors, with resilience emerging as a potential mediating factor, particularly in adolescent populations (Zhang et al. 2023).

From a mechanistic perspective, impaired interoceptive processing may contribute to depressive symptomatology primarily through alexithymia (Shen et al. 2025). In this context, difficulties in interpreting internal bodily and emotional signals may limit effective emotion regulation and contribute to the persistence of depressive affect. Neurobiological studies further support this model, demonstrating decreased functional connectivity within networks involved in cognitive control and self-referential processing (Ho et al. 2016), as well as alterations in white matter integrity associated with deficits in emotional recognition and expression (Kang et al. 2022).

Table 1. Prevalence of alexithymia across psychiatric disorders

Disorder	Prevalence (%)	Age Group	Assessment Tool	Key References
MDD	26–76	Adult/Adolescent	TAS-20	Kim et al. 2008, Leweke et al. 2011, Wang et al. 2021
Anxiety Disorders (GAD, SAD, PD)	13–42.5	Adult/Adolescent	TAS-20	Kumar et al. 2018, Šago et al. 2020, Onat et al. 2025
SCH	31–35	Adult	TAS-20	Xiao et al. 2024, Liao et al. 2025
OCD	60–69	Adult	TAS-20	Khosravani et al. 2017, Abd-El-hamed et al. 2023
PTSD	90	Adult	TAS-20	López-Peláez et al. 2025
SSD	~50	Adult	TAS-20	Rady et al. 2021
Eating Disorders	45–70	Adolescent/Adult	TAS-20	Westwood et al. 2017, Pace et al.2023
ADHD	41.5	Child/Adult	TAS-20	Kiraz et al.2021
AUD / SUD	30–67	Adult	TAS-20	Thorberg et al. 2009, Cruise and Becerra 2018, Orsolini 2020

ADHD: Attention-Deficit/Hyperactivity Disorder; AUD: Alcohol Use Disorder; ED: Eating Disorders; GAD: Generalized Anxiety Disorder; HC: Healthy Controls; MDD: Major Depressive Disorder; OCD: Obsessive–Compulsive Disorder; PD: Panic Disorder; PTSD: Post-Traumatic Stress Disorder; SAD: Social Anxiety Disorder; SCH: Schizophrenia; SSD: Somatic Symptom Disorder; SUD: Substance Use Disorder; TAS-20: Toronto Alexithymia Scale-20.

Anxiety Disorders

A consistent association between anxiety disorders and alexithymia, with higher prevalence and severity reported across generalized anxiety disorder, social anxiety disorder, and panic disorder has been determined in the previous studies (Kumar et al. 2018, Šago et al. 2020, Onat et al. 2025). Alexithymia has been linked to increased anxiety severity (Kumar et al. 2018) and may represent a vulnerability factor, such as parental rejection (Fabris et al. 2025). Rather than reflecting disorder-specific patterns, alexithymia appears to function as a transdiagnostic vulnerability linked to increased anxiety severity and impaired emotion regulation.

From a conceptual perspective, chronic anxiety, particularly in GAD, may be interpreted as a cognitive strategy developed to avoid emotional processing. Rather than identifying and articulating emotional distress, individuals tend to focus on more concrete and controllable concerns, such as work performance or physical health. This pattern allows temporary avoidance of direct emotional confrontation. Over time, repeated and persistent reliance on this maladaptive coping strategy may lead to a progressive reduction in emotional awareness, ultimately resulting in alexithymic symptoms (Fabris et al. 2025).

Bipolar Disorder

Individuals with bipolar disorder (BD) exhibit elevated levels of alexithymia, which are associated with functional impairment and reduced psychosocial functioning beyond mood symptom severity (Ospina et al. 2019). Alexithymia has been shown to predict poorer functional insight and everyday functioning in BD (Ospina et al. 2019).

Alexithymic traits appear to interact with BD across illness phases. Higher levels of alexithymia have been observed during both manic and depressive episodes and are associated with diminished functional abilities and perceived social support, particularly following manic episodes (Hastürk and Bingöl 2025). Early-onset bipolar I disorder has also been associated with greater severity of alexithymia, longer duration of illness, more frequent mood episodes, and a higher risk of suicide attempts (Takım et al. 2024), suggesting that alexithymia may be related to a more severe and chronic illness course.

Comparative studies further indicate that alexithymia is positively associated with depressive symptom severity and negatively associated with quality of life in BD (Karayağız and Baştürk 2016), suggesting that deficits in emotional awareness contribute to illness burden. Collectively, these data suggest that alexithymia interacts with core features of BD by affecting illness severity, functional outcomes, and psychosocial adaptation rather than merely reflecting transient mood-related effects.

Schizophrenia

Evidence indicates that schizophrenia is associated with higher levels of alexithymia (Ozdemir et al. 2025). Large-sample and meta-analytic studies demonstrate that a substantial proportion of patients with schizophrenia exhibit clinically relevant alexithymic traits, with considerable variability across demographic and clinical subgroups (Xiao et al. 2024).

Alexithymia in schizophrenia appears to be closely linked to core symptom dimensions. Patients with higher levels of alexithymia exhibit more severe negative symptoms and more significant cognitive impairments (Liao et al. 2025), suggesting that deficits in emotional awareness may exacerbate disturbances in emotional expression and motivation, which are key to functional disability. Consistent associations have also been reported between alexithymia, reduced functional abilities, and poorer psychosocial functioning. (Demirkol et al. 2019, Ospina et al. 2019).

In addition, elevated alexithymia has been associated with increased suicidal ideation among individuals with schizophrenia (Demirkol et al. 2019), further underscoring its clinical relevance. Rather than constituting a distinct comorbid condition, alexithymia appears to interact with negative and cognitive symptom dimensions, thereby contributing to heterogeneity in clinical presentation and quality of life outcomes among patients with schizophrenia.

Obsessive-Compulsive Disorder

Obsessive–compulsive disorder (OCD) is associated with higher levels of alexithymia (Roh et al. 2011, Sun et al. 2025). Individuals with OCD consistently exhibit higher alexithymia levels than healthy controls, with alexithymic traits further linked to relational and sexual dysfunctions (Sun et al. 2025), suggesting broader impairments in emotional and interpersonal functioning.

Beyond overall severity, specific dimensions of alexithymia show distinct associations with OCD symptom profiles. Difficulties in identifying feelings have been linked to hoarding and controlling behaviors (Pozza et al. 2015), whereas impairments in describing feelings and externally oriented thinking are more closely related to overall symptom severity (Khosravani et al. 2017) Higher alexithymia levels have also been associated with poorer insight, increased suicidal ideation, and greater clinical severity (Khosravani et al. 2017, Abd-Elhamed et al. 2023). Taken together, these findings suggest that alexithymia interacts with core obsessive–compulsive processes by increasing symptom severity, impairing insight, and increasing functional burden, rather than constituting a disorder-specific feature.

Post-Traumatic Stress Disorder

Converging evidence indicates that post-traumatic stress disorder (PTSD) is associated with higher levels of alexithymia, reflecting persistent difficulties in emotional awareness and expression following traumatic exposure (Frewen et al. 2008). Although prevalence estimates vary across studies, meta-analytic findings consistently demonstrate greater alexithymic traits in PTSD populations (Edwards 2022).

Clinical studies further suggest that the severity and chronicity of trauma exposure are key determinants of alexithymia. Higher levels were observed in individuals exposed to prolonged or repeated trauma (López-Peláez et al. 2025), supporting the notion that cumulative traumatic stress may exceed emotional processing capacities. In this context, alexithymia has been associated with more severe clinical courses, including higher levels of depressive symptoms and persistent PTSD-related distress (Ogłodek 2022).

Conceptually, emotional suppression is often a result of trauma. It refers to the inability to experience or express emotions and is linked to PTSD. The connection between emotional suppression, PTSD, and the salience network may stem from negative emotions experienced across a range (Putica et al. 2021). Two complementary models describe alexithymia either as a pre-existing vulnerability factor for PTSD or as a secondary adaptation to traumatic stress (Eichhorn et al. 2014). These perspectives are not mutually exclusive and probably represent personal differences in developmental history, trauma severity, and resilience.

Neurobiological evidence supports shared neural substrates underlying PTSD and alexithymia, particularly involving the dorsal ACC. Structural and functional alterations in this region, which plays a critical role in emotional awareness and trauma processing, have been consistently associated with alexithymic traits in trauma-exposed individuals (Demers et al. 2015), suggesting a plausible neurobiological pathway linking emotional processing deficits to PTSD symptom persistence.

Somatic Symptom Disorders (Somatoform Disorders)

Alexithymia has been most extensively studied in the context of somatoform disorders, currently classified as somatic symptom disorders (SSD) in DSM-5 (Taylor et al. 2024, Luminet and Nielson 2025). Across both clinical and non-clinical populations, reduced emotional awareness has been consistently associated with greater somatic symptom severity (Kang et al. 2025), supporting the notion that difficulties in identifying and expressing emotions may promote the expression of psychological distress through bodily symptoms

Alexithymia is significantly more prevalent among individuals with medically unexplained physical symptoms, with specific dimensions showing differential associations with somatic complaints. Difficulties in describing feelings have been linked to increased somatic symptom reporting (Rady et al. 2021), while impairments in identifying feelings appear to predict somatization across various medical and psychiatric contexts (Lanzara et al. 2020, Marchetti et al. 2025). These findings suggest that alexithymia contributes to symptom persistence and functional impairment by limiting emotional awareness and regulation.

Personality Disorders

Alexithymia is consistently associated with personality disorders (PD), particularly within Cluster B and Cluster C, where emotional dysregulation and interpersonal dysfunction are core features (Chaim et al. 2024). Rather than representing a single phenomenon across personality pathology, alexithymia appears to interact with disorder-specific patterns of emotional processing and personality organization.

Among PD, borderline PD has been most extensively examined. Empirical studies indicate that individuals with borderline PD exhibit markedly elevated levels of alexithymia compared to healthy controls (Kılıç et al. 2020), with the strongest overlap observed between alexithymic traits and identity confusion (Modasi et al. 2025). These findings suggest that deficits in emotional awareness may amplify characteristic features of borderline PD, including emotional instability and impulsivity.

Across PD clusters, distinct alexithymia profiles have been described. In Cluster A disorders, alexithymia may contribute to emotional detachment and social withdrawal, whereas in Cluster B disorders, it appears to exacerbate affective instability and impulsive behaviors, particularly in borderline PD. In Cluster C disorders, alexithymic traits may reinforce avoidance, dependency, and difficulties in emotional expression within interpersonal contexts (Chaim et al. 2024). Collectively, these patterns indicate that alexithymia manifests differently across PD clusters, reflecting underlying differences in personality structure rather than a single shared mechanism.

Eating Disorders

The studies reported a robust association between eating disorders (ED) and alexithymia, with higher levels consistently reported across anorexia nervosa, bulimia nervosa, and binge ED (Nowakowski et al. 2013, Westwood et al. 2017, Pace et al. 2023). Difficulties in identifying and expressing emotions appear to be a common feature across ED diagnoses, suggesting that impaired emotional awareness may play a transdiagnostic role in disordered eating behaviors.

Affective symptoms substantially shape this relationship, with depression identified as a key mediator linking alexithymia to eating pathology (Enea 2025). In both clinical and non-clinical populations, difficulties in identifying and describing feelings have been shown to predict ED symptoms both indirectly through depression and anxiety, and through direct pathways (Wallis and Ridout 2022), indicating that alexithymia contributes to eating-related psychopathology beyond general emotional distress

Longitudinal findings further underscore the clinical relevance of alexithymia in ED, as higher levels of difficulty identifying feelings have been associated with poorer long-term treatment outcomes (Speranza et al. 2007), suggesting that impaired emotional awareness may hinder therapeutic engagement and recovery. From a psychopathological perspective, disordered eating behaviors may serve as maladaptive strategies to avoid, regulate, or control emotional experiences perceived as overwhelming or intolerable (Nowakowski et al. 2013).

Neurobiological evidence provides preliminary support for these models. Structural imaging studies have demonstrated associations between alexithymia, particularly the DIF dimension, and alterations in gray matter in regions implicated in emotional and cognitive integration, such as the parietal cortex, although these findings appear to vary across ED subtypes. (D'Agata et al. 2015).

Sleep Disorders

Major findings from previous studies indicate a significant association between sleep disorders (SD) and alexithymia across clinical and non-clinical populations (Alimoradi et al. 2022). Higher levels of alexithymia have been reported in individuals with SD, including patients with depressive disorder and schizophrenia (Cai et al. 2023, Yang et al. 2024), as well as in community samples (Bauermann et al. 2008). These findings suggest that the link between alexithymia and sleep disturbances extends beyond specific diagnostic categories.

Beyond symptom prevalence, emotional regulation processes appear to play a crucial role in the connection between alexithymia and sleep disturbances. Hammer and Bonfils found that emotion regulation strategies, such as reappraising one's thoughts, may affect the strength of the relationship between sleep quality or satisfaction and social functioning (Hammer and Bonfils 2024).

From a conceptual perspective, the relationship between alexithymia and SD symptoms has been interpreted as reflecting increased attentional focus on sleep-related bodily sensations and subjective sleep complaints (Bauermann et al. 2008). In parallel, theoretical models suggest that individuals with high alexithymic traits may exhibit sustained autonomic hyperarousal during emotional and waking states, consistent with the stress–alexithymia hypothesis (Panayiotou et al. 2018, Goerlich and Votinov 2023). This heightened physiological activation may interfere with sleep initiation and maintenance, thereby contributing to persistent sleep complaints (Kalmbach et al. 2018).

Attention Deficit Hyperactivity Disorder

Although the relationship between alexithymia and attention-deficit/hyperactivity disorder (ADHD) has received relatively limited attention, emerging evidence suggests a meaningful association between emotional processing deficits and core ADHD features. In adult samples, higher levels of impulsivity have been identified as a significant predictor of alexithymia (Kiraz et al. 2021). These findings suggest that behavioral disinhibition may interact with deficits in emotional awareness, contributing to the clinical complexity of ADHD.

Findings from pediatric populations further support this link, with significant correlations reported between alexithymia and ADHD symptoms, particularly involving difficulties in identifying feelings and externally oriented thinking (Donfrancesco et al. 2013). Deficits in emotional awareness have also been observed in parents of children with neurodevelopmental disorders (Durukan et al. 2018), suggesting that alexithymia may extend beyond the individual to influence broader psychosocial functioning.

Alcohol and Substance Use Disorders

A robust association between alexithymia and alcohol and substance use disorders has been shown, with difficulties in identifying and describing emotions commonly observed among individuals with problematic substance use. In alcohol use disorder (AUD), alexithymic traits have been associated with earlier initiation of alcohol use, greater consumption, and poorer long-term outcomes, although these relationships are best interpreted as associative rather than strictly causal (Wiśniewski et al. 2023). Prevalence estimates vary across studies, yet consistently suggest that a substantial proportion of individuals with AUD exhibit clinically relevant alexithymic features (Thorberg et al. 2009, Cruise and Becerra 2018).

Beyond prevalence estimates, alexithymia appears to be closely linked to the psychological and clinical severity of alcohol-related problems. Meta-analytic findings indicate that alexithymia may mediate the relationship between affective distress, impulsivity, and alcohol-related symptom severity, highlighting its potential role in shaping vulnerability and clinical course rather than serving as an isolated risk factor (Cruise and Becerra 2018). These findings underscore the importance of considering emotional awareness deficits within broader models of addiction psychopathology.

Table 2. Shared neurobiological mechanisms linking alexithymia and psychiatric disorders

Brain Region	Functional Role	Disorders	Type of Alteration	Direction	Key References
Anterior Insula	Interoceptive awareness,	MDD, GAD, PTSD, ED, ADHD	Functional & Structural	Reduced activation and/or functional connectivity during emotion and interoception tasks	Kano and Fukudo 2013, van der Velde et al. 2013
Anterior Cingulate Cortex	Emotion regulation	BPD, PTSD, SCH, OCD	Functional & Structural	Functional and structural alterations, including reduced task-related activation	Berthoz et al. 2002, Kano and Fukudo 2013, Demers et al. 2015
Amygdala	Emotional salience processing	PTSD, ED, BD	Functional	Increased or decreased reactivity depending on task context	Kim et al. 2020
Prefrontal Cortex	Cognitive control	ADHD, SUD, BD	Functional	Reduced network efficiency or cognitive control	Berthoz et al. 2002, Kano and Fukudo 2013
Orbitofrontal Cortex	Decision-making	OCD, ED	Structural	Reduced regional gray matter volume	Berthoz et al. 2002, Xu et al. 2018, Yang et al. 2024
Striatum	Reward processing	OCD, SUD	Structural	Reduced regional gray matter volume and altered reward-related activation	Xu et al. 2018;

ADHD: Attention-Deficit/Hyperactivity Disorder; BD: Bipolar Disorder; BPD: Borderline Personality Disorder; ED: Eating Disorders; GAD: Generalized Anxiety Disorder; MDD: Major Depressive Disorder; OCD: Obsessive–Compulsive Disorder; PTSD: Post-Traumatic Stress Disorder; SCH: Schizophrenia; SUD: Substance Use Disorder

Similar patterns have been observed in substance use disorders (SUD) involving illicit substances. Studies consistently report higher levels of alexithymia among substance users compared to non-users, with meta-analytic evidence demonstrating a small but significant association between psychoactive substance use and alexithymic traits (Kun et al. 2023). Higher levels of alexithymia have been observed across various substances, including cannabis, and are associated with increased depressive symptoms, anxiety, impulsivity, and lower health-related quality of life in individuals with SUD (Palma-Álvarez et al. 2021).

From a theoretical perspective, the hypoarousal model has been proposed to explain the association between alexithymia and substance use. According to this model, individuals with alexithymic traits may exhibit chronically low autonomic arousal and engage in substance use as a compensatory strategy to increase physiological activation (Orsolini 2020). Although this framework does not fully account for the heterogeneity of substance use behaviors, it provides a useful conceptual lens for understanding how deficits in emotional processing may interact with motivation and reward-related processes in addiction.

Neuroimaging findings indicate the presence of shared neurobiological mechanisms that link alexithymia with multiple psychiatric disorders. These findings are summarized in Table 2

Cross-Diagnostic Synthesis of Alexithymia Across Psychiatric Disorders

Although prevalence rates of alexithymia vary widely across psychiatric disorders, converging evidence suggests that these differences are mainly attributable to heterogeneity in study populations, cultural factors, and illness characteristics rather than disorder-specific mechanisms (Westwood et al. 2017, Kun et al. 2023, Xiao et al. 2024). Methodological variability, such as differences in study design (cross-sectional versus longitudinal) and sample composition (clinical versus community samples), further contributes to inconsistencies in reported prevalence rates (Larionow et al. 2025).

Across various diagnostic categories, alexithymia is consistently linked to greater symptom severity, functional impairment, lower quality of life, and increased suicidality (Demirkol et al. 2019, Pinna et al. 2020, Zhang et al. 2023). Neurobiological evidence shows significant overlap, especially involving the AI and ACC, regions crucial for interoceptive awareness and emotion regulation (Kano and Fukudo 2013, van der Velde et al. 2013, Motomura et al. 2023). These common neural correlates support viewing alexithymia as a transdiagnostic construct rather than a disorder-specific phenomenon (Preece et al. 2022, Taylor et al. 2024).

Importantly, disorder-specific variations seem to reflect different interactions between alexithymia and core psychopathological features, such as emotional numbing in PTSD (Eichhorn et al. 2014), negative symptoms in schizophrenia (Liao et al. 2025), impulsivity in ADHD and SUD (Kiraz et al. 2021, Kun et al. 2023), or affective instability in PD (Kılıç et al. 2020). From a clinical perspective, these interactions may partly explain differences in symptom presentation, illness progression, and treatment response across diagnostic groups.The clinical features and prognostic relevance of alexithymia across psychiatric disorders are summarized in Table 3.

Although this review provides an integrative synthesis of alexithymia across psychiatric disorders, several limitations should be acknowledged. First, this study was conducted as a narrative review rather than a systematic review or meta-analysis. Therefore, study selection and synthesis may be influenced by interpretative considerations despite efforts to ensure methodological rigor. Second, substantial heterogeneity exists across included studies in terms of sample characteristics and cultural contexts. Most studies relied predominantly on self-report measures, particularly the TAS-20, which may be influenced by response bias and limited emotional insight. Furthermore, a considerable proportion of the available literature is based on cross-sectional designs, limiting causal inferences regarding the directionality of associations between alexithymia and psychiatric symptoms. Finally, cultural variability in emotional expression and regulation may affect both prevalence estimates and clinical interpretation. Future research employing longitudinal, multimodal, and cross-cultural designs is needed to clarify causal mechanisms and enhance generalizability.

Table 3. Clinical and prognostic implications of alexithymia across psychiatric disorders			
Disorder	**Main Associated Clinical Features**	**Prognostic Implications**	**Key References**
Major Depressive Disorders	Impaired emotional awareness, increased symptom severity, non-suicidal self-injury, reduced resilience	Poorer treatment response, increased chronicity, and elevated suicide risk	Pinna et al. 2020, Zhang et al. 2023, Liu et al. 2025
Anxiety Disorders	Avoidance of emotional processing, heightened somatic focus, impaired emotion regulation	Greater symptom severity	Kumar et al. 2018, Fabris et al. 2025
Bipolar Disorder	Functional impairment and reduced psychosocial functioning, decreased perceived social support	Longer illness duration, increased episode frequency, and suicide attempts	Ospina et al. 2019, Takım et al. 2024, Hastürk and Bingöl 2025
Schizophrenia	Prominent negative symptoms, cognitive impairment,	Reduced functional outcomes, increased suicidal ideation	Demirkol et al. 2019, Liao et al. 2025
Obsessive–Compulsive Disorder	Higher symptom severity, poor insight, sexual and relational dysfunction	Greater treatment resistance, increased suicidality	Khosravani et al. 2017, Abd-Elhamed et al. 2023, Sun et al. 2025
Post-Traumatic Stress Disorder	Emotional numbing, reduced emotional awareness, trauma-related affect dysregulation	More severe clinical presentation, comorbid depression, poorer trauma processing	Eichhorn et al. 2014, Ogłodek 2022
Somatic Symptom Disorders	Increased somatic symptom burden, difficulty identifying emotions	Symptom persistence, frequent healthcare utilization	Rady et al. 2021, Kang et al. 2025
Personality Disorders	Emotional dysregulation, impulsivity, and Interpersonal difficulties	Greater psychosocial impairment	Kılıç et al. 2020, Chaim et al. 2024
Eating Disorders	Emotional avoidance, difficulty identifying feelings, and comorbid depression	Poor long-term outcomes, higher relapse rates	Westwood et al. 2017, Speranza et al. 2007
Sleep Disorders	Hyperarousal, excessive focus on sleep-related symptoms	Persistent sleep disturbance, impaired daytime functioning	Kalmbach et al. 2018, Alimoradi et al. 2022
Attention Deficit/Hyperactivity Disorder	Impulsivity, social dysfunction, emotional dysregulation	Functional difficulties	Donfrancesco et al. 2013, Kiraz et al. 2021
Alcohol / Substance Use Disorders	Low emotional awareness, impulsivity	Poorer clinical outcomes and relapse vulnerability	Cruise and Becerra 2018, Palma-Álvarez et al. 2021

Conclusion

Alexithymia involves persistent difficulties in identifying, describing, and regulating emotions. Although it is not formally recognized as a diagnostic category in major classification systems, accumulating evidence indicates that alexithymia is highly prevalent across a wide range of psychiatric disorders. Building on the cross-diagnostic evidence reviewed, this narrative synthesis conceptualizes alexithymia as a clinically meaningful transdiagnostic construct that extends beyond traditional diagnostic boundaries. Rather than

being confined to a single disorder, alexithymic traits appear to systematically influence clinical presentation, symptom severity, functional impairment, quality of life, and suicidal ideation across diagnostic categories. Together, these findings underscore the relevance of alexithymia not merely as an associated feature but as a dimensional factor with direct implications for assessment, prognosis, and treatment planning in mental health care.

From a neurobiological perspective, alexithymia is characterized by alterations within brain regions central to interoceptive awareness and emotion regulation, including the insula, ACC, amygdala, and PFC. The substantial overlap between these neural correlates and those implicated in various psychiatric disorders further supports the conceptualization of alexithymia as a shared vulnerability factor rather than a disorder-specific marker.

Clinically, it is important to distinguish between trait and state alexithymia. Trait alexithymia is marked by consistent emotional processing difficulties over time, often linked to early developmental or traumatic events, and may contribute to long-term mental health issues and resistance to therapy. Conversely, state alexithymia tends to depend on the situation and can change with the severity of symptoms, improving as the underlying psychiatric condition improves.

Mental health professionals should incorporate alexithymia into clinical assessments, as it can be a valuable tool for both diagnosis and treatment planning. Screening for alexithymia, especially in individuals with chronic conditions, multiple comorbidities, significant somatic complaints, high suicide risk, or partial or no response to treatment, can reveal underlying difficulties in recognizing and expressing emotions. This approach will help integrate psychoeducation, psychotherapy, and holistic interventions focused on emotion regulation skills into the treatment plan, moving beyond the traditional symptom-focused approach. Cognitive-behavioral therapy, emotion-focused therapy, and group therapies aimed at increasing emotional awareness, strengthening the mind-body connection, and developing emotion regulation skills can improve treatment outcomes in many psychiatric disorders by reducing alexithymic traits.

In conclusion, alexithymia should be regarded as a transdiagnostic construct that plays a vital role in the etiology, clinical presentation, and treatment outcomes of psychiatric disorders. In the future, increased neuroimaging and longitudinal studies on alexithymia across cultures and in children, adolescents, and older adults will deepen our understanding of the core neurobiological mechanisms underlying alexithymia and clarify its potential as a target for clinical intervention.

References

Abd-Elhamed MME, Hady RFA, Mahmoud SF, Mohamed BES (2023) Alexithymia, resilience and suicidal ideation among patients with obsessive-compulsive disorder. Middle East Curr Psychiatry, 30:86.

Alimoradi Z, Majd NR, Broström A, Tsang HWH, Singh P, Ohayon MM et al. (2022) Is alexithymia associated with sleep problems? A systematic review and meta-analysis. Neurosci Biobehav Rev, 133:104513.

Bagby RM, Zito L, Lau SCL, Mortezaei A, Porcelli P, Taylor GJ (2025) Alexithymia and impaired mentalization: Evidence from self-, informant-, and meta-perception ratings on the 20-item Toronto Alexithymia Scale. J Intell, 13:89.

Bauermann TM, Parker JDA, Taylor GJ (2008) Sleep problems and sleep hygiene in young adults with alexithymia. Pers Individ Dif, 45:318-322.

Berthoz S, Artiges E, Van de Moortele PF, Poline JB, Rouquette S, Consoli SM et al. (2002) Effect of impaired recognition and expression of emotions on frontocingulate cortices: an fMRI study of men with alexithymia. Am J Psychiatry, 159:961-967.

Cai F, Jiang H, Tong S, Zhou S, Wang M, Sun S et al. (2023) Alexithymia is associated with insomnia in Chinese patients with schizophrenia. Front Psychiatry, 14:1252763.

Cameron K, Ogrodniczuk J, Hadjipavlou G (2014) Changes in alexithymia following psychological intervention: A review. Harv Rev Psychiatry, 22:162-178.

Chaim CH, Almeida TM, de Vries Albertin P, Santana GL, Siu ER, Andrade LH (2024) The implication of alexithymia in personality disorders: A systematic review. BMC Psychiatry, 24:647.

Craparo G, Faraci P, Gori A (2015) Psychometric properties of the 20-Item Toronto Alexithymia Scale in a group of Italian younger adolescents. Psychiatry Investig, 12:500-507.

Cruise KE, Becerra R (2018) Alexithymia and problematic alcohol use: A critical update. Addict Behav, 77:232-246.

D'Agata F, Caroppo P, Amianto F, Spalatro A, Caglio MM, Bergui M et al. (2015) Brain correlates of alexithymia in eating disorders: A voxel-based morphometry study. Psychiatry Clin Neurosci, 69:708-716.

Demers LA, Olson EA, Crowley DJ, Rauch SL, Rosso IM (2015) Dorsal anterior cingulate thickness is related to alexithymia in childhood trauma-related PTSD. PLoS One, 10:e0139807.

Demirkol ME, Tamam L, Namli Z, Karaytug MO, Ugur K (2019) Association of psychache and alexithymia with suicide in patients with schizophrenia. J Nerv Ment Dis, 207:668-674.

Ditzer J, Wong EY, Modi RN, Behnke M, Gross JJ, Talmon A (2023) Child maltreatment and alexithymia: A meta-analytic review. Psychol Bull, 149:311-329.

Donfrancesco R, Di Trani M, Gregori P, Auguanno G, Melegari MG, Zaninotto S et al. (2013) Attention-deficit/hyperactivity disorder and alexithymia: A pilot study. Atten Defic Hyperact Disord, 5:361-367.

Durukan İ, Kara K, Almbaideen M, Karaman D, Gül H (2018) Alexithymia, depression and anxiety in parents of children with neurodevelopmental disorders. Pediatr Int, 60:247-253.

Edwards ER (2022) Posttraumatic stress and alexithymia: A meta-analysis of presentation and severity. Psychol Trauma, 14:1192-1200.

Eichhorn S, Brähler E, Franz M, Friedrich M, Glaesmer H (2014) Traumatic experiences, alexithymia, and posttraumatic symptomatology: a cross-sectional population-based study in Germany. Eur J Psychotraumatol, 5:23870.

Enea V (2025) Alexithymia and eating disorders. In Handbook of the Behavior and Psychology of Disease (Eds CR Martin, VR Preedy, VB Patel, R Rajendram):1893-1914. Cham, Springer.

Fabris MA, Longobardi C, Zdankiewicz-Ścigala E, Ścigała DK (2025) Parental rejection and generalized anxiety disorder in early adolescents: the mediating role of alexithymia. Front Psychol, 16:1511983.

Frewen PA, Dozois DJA, Neufeld RWJ, Lanius RA (2008) Meta-analysis of alexithymia in posttraumatic stress disorder. J Trauma Stress, 21:243-246.

Goerlich KS (2018) The multifaceted nature of alexithymia: A neuroscientific perspective. Front Psychol, 9:1614.

Goerlich KS, Votinov M (2023) Hormonal abnormalities in alexithymia. Front Psychiatry, 13:1070066.

Güleç H, Köse S, Güleç MY, Çitak S, Evren C, Borckardt J et al. (2009) Reliability and factorial validity of the Turkish version of the 20-item Toronto alexithymia scale (TAS-20). Klinik Psikofarmakol Bulteni, 19:214-220.

Hammer LA, Bonfils KA (2024) The roles of emotion regulation and alexithymia in the relationship between sleep and social functioning. Psychol Rep, doi: 10.1177/00332941241269472.

Hastürk DN, Bingöl FB (2025) The effect of alexithymia on functioning and perceived social support after a manic episode. J Psychiatr Nurs, 16:107-115.

Ho NSP, Wong MMC, Lee TMC (2016) Neural connectivity of alexithymia: Specific association with major depressive disorder. J Affect Disord, 193:362-372.

Hogeveen J, Bird G, Chau A, Krueger F, Grafman J (2016) Acquired alexithymia following damage to the anterior insula. Neuropsychologia, 82:142-148.

Kalmbach DA, Cuamatzi-Castelan AS, Tonnu CV, Tran KM, Anderson JR, Roth T et al. (2018) Hyperarousal and sleep reactivity in insomnia: current insights. Nat Sci Sleep, 10:193-201.

Kang S, Park CI, Kim SJ, Kang JI (2025) Associations between emotional awareness deficits and somatic symptoms in community and clinical populations: a cross-sectional study. BMC Psychol, 13:804.

Kang Y, Kim A, Kang W, Han KM, Ham B (2022) The association of white matter tracts with alexithymia among individuals with major depressive disorder. Exp Neurobiol, 31:343-352.

Kano M, Fukudo S (2013) The alexithymic brain: Neural pathways linking alexithymia to physical disorders. BioPsychoSocial Med, 7:1.

Karayağız Ş, Baştürk M (2016) Alexithymia levels in patients with unipolar and bipolar depression and the effect of alexithymia on both severity of depression symptoms and quality of life. Anadolu Psikiyatri Derg, 17:362-368.

Khosravani V, Samimi Ardestani M, Sharifi Bastan F, Kamali Z (2017) The relationship between alexithymia and symptom dimensions in patients with obsessive-compulsive disorder. J Obsessive-Compulsive Relat Disord, 14:127-133.

Kim N, Park I, Lee YJ, Jeon S, Kim S, Lee KH et al. (2020) Alexithymia and frontal–amygdala functional connectivity in North Korean refugees. Psychol Med, 50:334-341.

Kiraz S, Sertcelik S, Taycan SE (2021) The relationship between alexithymia and impulsiveness in adult attention deficit and hyperactivity disorder. Turk Psikiyatri Derg, 32:109-117.

Kılıç F, Demirdaş A, Işık Ü, Akkuş M, Atay İM, Kuzugüdenlioğlu D (2020) Empathy, alexithymia, and theory of mind in borderline personality disorder. J Nerv Ment Dis, 208:736-741.

Koppelberg P, Kersting A, Suslow T (2023) Alexithymia and interpersonal problems in healthy young individuals. BMC Psychiatry, 23:688.

Kumar V, Avasthi A, Grover S (2018) Somatosensory amplification, health anxiety, and alexithymia in generalized anxiety disorder. Ind Psychiatry J, 27:47-52.

Kun B, Alpay P, Bodó V, Molnár Á, Horváth A, Karsai S et al. (2023) Differences in the associations between psychoactive substance use and alexithymia: A series of meta-analyses. Clin Psychol Rev, 103:102297.

Lanzara R, Conti C, Camelio M, Cannizzaro P, Lalli V, Bellomo RG et al. (2020) Alexithymia and somatization in chronic pain patients: A sequential mediation model. Front Psychol, 11:545881.

Larionow P, Mudło-Głagolska K, Preece DA (2025) Is alexithymia a trait or a state? temporal stability in a three-wave longitudinal study. J Clin Med, 14:2628.

Li S, Zhang B, Guo Y, Zhang J (2015) The association between alexithymia as assessed by the 20-item Toronto Alexithymia Scale and depression: A meta-analysis. Psychiatry Res, 227:1-9.

Liao Y, Zhong Y, Yang K, Zhang XY (2025) Effects of comorbid alexithymia on cognitive impairment in chronic schizophrenia: A large-sample study on the Han Chinese population. Front Psychiatry, 16:1517540.

Liu Z, He S, Hou C (2025) The effect of alexithymia on depression: Evidence from meta-analysis. Front Psychol, 16:1465286.

López-Muñoz F, Pérez-Fernández F (2020) A history of the alexithymia concept and its explanatory models: An epistemological perspective. Front Psychiatry, 10:1026.

López-Peláez MM, Castañeda-González HO, Zenteno-Aguayo RA, Cabello-Rangel H (2025) Prevalence of alexithymia in patients with post-traumatic stress disorder: A cross-sectional study in Mexican outpatients. Journal of Global Health Neurology and Psychiatry, doi:10.52872/001c.138201.

Luminet O, Nielson KA (2025) Alexithymia: Toward an experimental, processual affective science. Annu Rev Psychol, 76:741-769.

Marchetti D, Di Nardo M, Di Benedetto S, Porcelli P (2025) Prevalence of somatic symptom disorder and influence of alexithymia in women with thyroid diseases. J Psychiatr Res, 189:231-235.

Modasi J, New AS, McClure MM, Koenigsberg HW, Rosell D, Hazlett EA et al. (2026) Associations between alexithymia and borderline personality criteria in personality disorders. Personal Disord, 17:73-82.

Motomura Y, Fukuzaki A, Eto S, Hirabayashi N, Gondo M, Izuno S et al. (2023) Alexithymia characteristics are associated with salience network activity in healthy participants: an arterial spin labeling study. J Physiol Anthropol, 42:18.

Nemiah JC, Freyberger H, Sifneos PE (1976) Alexithymia: A view of the psychosomatic process. Modern Trends in Psychosomatic Medicine, 3:430-439.

Nowakowski ME, McFarlane T, Cassin S (2013) Alexithymia and eating disorders: A critical review of the literature. J Eat Disord, 1:21.

Ogłodek EA (2022) Alexithymia and emotional deficits related to posttraumatic stress disorder: an investigation of content and process disturbances. Case Rep Psychiatry, 2022:7760988.

Onat M, Ünver ABN, Avcı H, Dinç GŞ, Çöp E, Akay AP (2025) The relationship between depressive symptoms, alexithymia, emotion regulation and empathy in adolescents with social anxiety disorder. Turk Psikiyatri Derg, 36:493-501.

Orsolini L (2020) Unable to describe my feelings without an addiction: the interdependency between alexithymia and addictions. Front Psychiatry, 11:543346.

Ospina LH, Shanahan M, Perez-Rodriguez MM, Chan CC, Clari R, Burdick KE (2019) Alexithymia predicts poorer social and everyday functioning in schizophrenia and bipolar disorder. Psychiatry Res, 273:218-226.

Ozdemir E, Xiao Z, Griffiths H, MacBeth A (2025) Alexithymia in schizophrenia and psychosis vulnerability: a systematic review and meta-analysis. J Clin Psychol, 81:410-424.

Pace CS, Muzi S, Morganti W (2023) Alexithymia in eating disorders: a narrative review. In Eating Disorders (Eds VB Patel, VR Preedy):313-352. Cham, Springer.

Palma-Álvarez RF, Ros-Cucurull E, Daigre C, Perea-Ortueta M, Serrano-Pérez P, Martínez-Luna N et al. (2021) Alexithymia in patients with substance use disorders and its relationship with psychiatric comorbidities and health-related quality of life. Front Psychiatry, 12:659063.

Panayiotou G, Panteli M, Vlemincx E (2018) Processing emotions in alexithymia: A systematic review of physiological markers.. In Alexithymia: Advances in Research, Theory, and Clinical Practice (Eds O Luminet, RM Bagby, GJ Taylor):291-320. Cambridge, Cambridge University Press.

Pinna F, Manchia M, Paribello P, Carpiniello B (2020) The impact of alexithymia on treatment response in psychiatric disorders: a systematic review. Front Psychiatry, 11:311.

Pozza A, Giaquinta N, Dèttore D (2015) The contribution of alexithymia to obsessive-compulsive disorder symptoms dimensions: an investigation in a large community sample in Italy. Psychiatry J, 2015:707850.

Preece DA, Mehta A, Becerra R, Chen W, Allan A, Robinson K et al. (2022) Why is alexithymia a risk factor for affective disorder symptoms? The role of emotion regulation. J Affect Disord, 296:337-341.

Putica A, Van Dam NT, Steward T, Agathos J, Felmingham K, O'Donnell M (2021) Alexithymia in post-traumatic stress disorder is not just emotion numbing: Systematic review of neural evidence and clinical implications. J Affect Disord, 278:519-527.

Rady A, Alamrawy RG, Ramadan I, Abd El Raouf M (2021) Prevalence of alexithymia in patients with medically unexplained physical symptoms: a cross-sectional study in Egypt. Clin Pract Epidemiol Ment Health, 17:136-145.

Roh D, Kim WJ, Kim CH (2011) Alexithymia in obsessive-compulsive disorder: clinical correlates and symptom dimensions. J Nerv Ment Dis, 199:690-695.

Šago D, Babić G, Bajić Ž, Filipčić I (2020) Panic disorder as unthinkable emotions: alexithymia in panic disorder, a Croatian cross-sectional study. Front Psychiatry, 11:466.

Sancassiani F, Perra A, Galetti A, Di Natale L, De Lorenzo V, Lorrai S et al. (2024) Alexithymia and bipolar disorder: virtual reality could be a useful tool for the treatment and prevention of these conditions in people with a physical comorbidity. J Clin Med, 13:6206.

Schroeders U, Kubera F, Gnambs T (2022) The Structure of the Toronto Alexithymia Scale (TAS-20): a meta-analytic confirmatory factor analysis. Assessment, 29:1806-1823.

Shen H, Li J, Zeng R, He Y, Dai J, Li Z et al. (2025) Depression may not be related to impaired interoceptive sensibility: the role of alexithymia. Behav Sci (Basel), 15:995.

Sifneos PE (1996) Alexithymia: Past and present. Am J Psychiatry, 153:137-142.

Speranza M, Loas G, Wallier J, Corcos M (2007) Predictive value of alexithymia in patients with eating disorders: a 3-year prospective study. J Psychosom Res, 63:365-371.

Sun T, Karakuş G, Tamam L, Demirkol ME, Namlı Z, Yeşiloğlu C (2025) Association between alexithymia, sexual dysfunctions, and dyadic adjustment in obsessive-compulsive disorder.Medicina (Kaunas), 61:1802.

Takım U, Gokçay H, Sağlam T (2024) The relationship between early onset bipolar i disorder with clinical features and alexithymia. Van Medical Journal, 31:159-165.

Taylor GJ, Bagby RM, Parker JDA (1997) Disorders of Affect Regulation: Alexithymia in Medical and Psychiatric Illness. Cambridge, Cambridge University Press.

Taylor GJ, Porcelli P, Bagby RM (2024) A defense of the original conceptualization of the construct and a critique of the attention-appraisal model. Clin Neuropsychiatry, 21:329-357.

Thorberg FA, Young RM, Sullivan KA, Lyvers M (2009) Alexithymia and alcohol use disorders: a critical review. Addict Behav, 34:237-245.

Tsubaki K, Shimizu E (2024) Psychological treatments for alexithymia: a systematic review. Behav Sci (Basel), 14:1173.

van der Velde J, Servaas MN, Goerlich KS, Bruggeman R, Horton P, Costafreda SG et al. (2013) Neural correlates of alexithymia: a meta-analysis of emotion processing studies. Neurosci Biobehav Rev, 37:1774-1785.

Wallis DJ, Ridout N (2022) Direct and indirect effects of alexithymia on disordered eating in a non-clinical female sample: Determining the role of negative affect. Front Psychiatry, 13:994024.

Westwood H, Kerr-Gaffney J, Stahl D, Tchanturia K (2017) Alexithymia in eating disorders: systematic review and meta-analyses of studies using the Toronto Alexithymia Scale. J Psychosom Res, 99:66-81.

Wiśniewski P, Jakubczyk A, Trucco EM, Kobyliński P, Suszek H, Zaorska J et al. (2023) Interoception, alexithymia, and anxiety among individuals with alcohol use disorder. Front Psychiatry, 14:1229985.

Xiao Y, Tian J, Pan YF, Dai Y, Sun YJ, Zhou Y et al. (2024) The prevalence of alexithymia in schizophrenia: A systematic review and meta-analysis. Asian J Psychiatr, 102:104280.

Xu P, Opmeer EM, van Tol MJ, Goerlich KS, Aleman A (2018) Structure of the alexithymic brain: A parametric coordinate-based meta-analysis. Neurosci Biobehav Rev, 87:50-55.

Yang X, Liu L, Tian Y, Yang C, Ling C, Liu H (2024) Insomnia and alexithymia in Chinese adolescents with major depressive disorder: a cross-sectional study of sex differences and associations. Psychol Res Behav Manag, 17:615-625.

Yang Z, Xiao S, Su T, Gong J, Qi Z, Chen G et al. (2024) A multimodal meta-analysis of regional functional and structural brain abnormalities in obsessive-compulsive disorder. Eur Arch Psychiatry Clin Neurosci, 274:165-180.

Zhang B, Zhang W, Sun L, Jiang C, Zhou Y, He K (2023) Relationship between alexithymia, loneliness, resilience and non-suicidal self-injury in adolescents with depression: a multi-center study. BMC Psychiatry, 23:445.

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