



Relationship between a Cross Modal Aspect of Alexithymia and Outcomes of Social Cognition Tests

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DESCRIPTION

Cognitive and affective deficiencies were initially used to characterize a multidimensional entity known as alexithymia. Alexithymia is distinguished specifically by challenges in recognizing and characterizing one's own emotions, constrained imaginative processes, and obsession with outside events. Initially identified in people with mental illnesses, alexithymia is now widely recognised as a dimensional personality feature. The onset and persistence of numerous somatic and mental diseases, such as autism spectrum disorder or depression, have been linked to high levels of alexithymia. The interoceptive deficit is linked to higher levels of depressive affect, emotional dysregulation, and social impairments in non-clinical samples, which are significant because alexithymia-related impairments also affect them most frequently, self-report questionnaires, are used to assess alexithymia, though sometimes interviews or implicit performance-based tests are also used. Notably, persons with elevated levels of alexithymia, who by definition have interoceptive impairments, may receive erroneous results from self-report tests. To more accurately evaluate interoceptive skill deficiencies, the Toronto Structured Interview for Alexithymia (TSIA) was created. Although few researches have used this time-consuming method of assessing alexithymia, there is little data on its validity and reliability. Different elements of alexithymia were detected depending on the assessment method (self-report, interview, or implicit testing), leading to a continuing discussion about the fundamental elements of alexithymia. All assessments revealed cognitive emotion processing abnormalities in alexithymia, but only part of them included imaginal processes.

A growing body of research casts doubt on the existence of an affective component in alexithymia, which the "Amsterdam model" grouped together with constrained imaginal processes and emotional reactivity under the general term affective emotion processing impairments. A lack of fantasies was conceptualized in other ways that were more directly related to an externally oriented thinking style, which together describe a cognitive operative thinking style as a distinguishing trait of

alexithymia. Additionally, there is disagreement about how important of a factor an impoverished dream life should be in the diagnosis of alexithymia. Despite these conflicting and ambiguous results, studies have rarely taken use of a multimethod alexithymia assessment's useful benefits in comprehending its defining elements, which may yield various outcomes. Because of conceptual ambiguity, there is disagreement over the connection between alexithymia and social cognition. Social cognition is a broad word that refers to a variety of distinct but connected affective processes, such as sharing in other's emotions (empathy) and conceptualizing and analysing other people's thoughts and intentions Theory of Mind (ToM). Alexithymia's cognitive components, which include difficulties describing and understanding feelings, have traditionally been connected to deficiencies in empathy. Alexithymia and theory of mind, on the other hand, may or may not be related. However, most studies narrowed their attention to only one facet of social cognition when evaluating these correlations with alexithymia. Disentangling the unique contributions of the cognitive and affective parts of alexithymia may reveal a more consistent pattern of relationships because empathy and theory of mind are distinct but connected. In addition, closely related characteristics like depression, anxiety, or autistic symptoms were infrequently taken into account while examining the connection between alexithymia and social cognition abilities. To sum up, there is conflicting and method-dependent information regarding the characteristics of alexithymia. The purpose of the current study was to clarify the elements of alexithymia and their connections to various aspects of social cognition. Three well-known assessment tools, the Toronto Structured Interview for Alexithymia (TSIA), the Toronto Alexithymia Scale, and the Bermond-Vorst Alexithymia Questionnaire (BVAQ), were utilised to create an ideal set of alexithymia components using Principal Component Analysis (PCA). We anticipated that parts might reflect a bias in the methodology (self-report or interview-based) and would differently reflect deficiencies in the processing of emotional and, if relevant, cognitive emotions.

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