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The association between alexithymia, somatic symptoms, and psychological support attitudes in consultation-liaison psychiatry patients

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ABSTRACT

Alexithymia, characterized by a diminished capacity to recognize and express emotions, may lead individuals to misinterpret emotional distress as physical symptoms, thereby influencing their patterns of seeking medical care. This study aimed to investigate the relationship between alexithymia, perception of somatic symptoms, and attitudes toward seeking psychological help in consultation-liaison psychiatry patients. The sample consisted of 50 patients who initially presented to non-psychiatric medical departments and were subsequently referred to psychiatry due to suspected comorbid psychiatric conditions. Participants completed the Toronto Alexithymia Scale (TAS-20), the Somatosensory Amplification Scale (SAS), the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS), and the Hospital Anxiety and Depression Scale (HADS). Alexithymia was detected in 20% of the referred patients. Among alexithymic participants, a statistically significant positive association was observed between scores on the HADS Anxiety Subscale and the ATSPPHS ($p = 0.005$). Furthermore, a significant positive relationship was found between HADS Depression Subscale scores and SAS scores ($p = 0.023$). Understanding the interplay between alexithymia and the expression of emotional and physical symptoms is of critical importance for medical professionals. Recognizing and addressing the emotional dimensions of health may enhance diagnostic accuracy, improve patient outcomes, and promote a more holistic, patient-centered approach to care.

ARTICLE HISTORY

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KEYWORDS

Alexithymia; somatic symptoms; psychological help-seeking; consultation-liaison psychiatry

Introduction

Alexithymia, as a psychological construct, is characterized by difficulties in recognizing, identifying, and expressing one's own emotions. Individuals with alexithymia often struggle to articulate their emotions and to comprehend their affective states (Cerutti et al., 2018). Limited capacity to categorize emotions, difficulties in distinguishing emotions from bodily sensations, and a tendency to focus on external events rather

than internal emotional experiences are typical features of alexithymia (Lumley et al., 2007).

Complaints or symptoms experienced by an individual without a clear physical explanation are referred to as somatic symptoms. These symptoms are strongly associated with psychological or emotional factors, highlighting the importance of the mind – body connection (Mostafaei et al., 2019). Somatic symptoms may include headaches, abdominal pain, fatigue, muscle aches, and other physical discomforts. While real and impactful on health, they often arise as manifestations of psychological or emotional distress (American Academy of Child and Adolescent Psychiatry [AACAP], n.d.).

Because individuals with alexithymia have difficulty verbally expressing their emotions, emotional distress may manifest somatically; the body speaks what words cannot convey. During crises with widespread global impact, alexithymic individuals may be more vulnerable due to impaired emotional processing, underscoring the importance of early identification and targeted support. Previous studies indicate that this vulnerability became particularly evident during the COVID-19 pandemic, when measures such as social isolation, quarantine, and lockdown intensified psychosocial difficulties. In elderly individuals and those with chronic illnesses, significant increases were reported in loneliness, hopelessness, helplessness, and death anxiety. These restrictions not only increased the prevalence of mental health problems but also heightened their clinical severity. For example, a study conducted at Geneva University Hospital found that, in the post-lockdown period, psychiatric emergency visits involved more severe clinical presentations, with notable increases in suicidal behavior and psychomotor agitation. Such findings suggest a rapid rise in psychosocial disorders and crises after the pandemic, highlighting the need to enhance accessibility of mental health services for at-risk groups, including alexithymic individuals (Ambrosetti et al., 2021; Amerio et al., 2020).

Approximately 35% of patients presenting to physicians from different specialties and/or referred to mental health professionals for various complaints are estimated to be clinically alexithymic (Lesser & Lesser, 1983). However, studies also demonstrate that alexithymia occurs in non-clinical populations, albeit at a much lower prevalence (Türk, 1992). Comparisons among psychiatric patients, psychosomatic patients, and healthy controls reveal that alexithymia is most prevalent in the psychiatric group (67.9%), followed by psychosomatic patients (57.7%), whereas control groups show considerably lower rates (Gürkan, 1996). In Turkey, the prevalence of alexithymia among psychosomatic patients has been reported as 22% (Beştepe et al., 2000).

Research on alexithymia emphasizes the relevance of sociodemographic variables such as gender and education level. For instance, a study of 230 U.S. college students reported that alexithymic traits were observed in 8.2% of males, 1.8% of females, and approximately 5% of the total sample (Blanchard et al., 1981). With respect to education, lower levels of education are associated with higher rates of alexithymia (Kauhanen et al., 1993).

Alexithymia is a significant factor negatively affecting psychological well-being. Individuals who struggle to identify and express their emotions face difficulties in stress management and emotion regulation. The ability to recognize and articulate not only positive but also negative emotions can enhance psychological well-being (Novick-Kline et al., 2005). However, given the strong associations between alexithymia, depression, anxiety, and adverse life events, the psychological well-being of individuals with alexithymia may be particularly compromised (Gilbert et al., 2012).

In the presence of alexithymia, identifying and addressing psychological factors underlying physical symptoms can be especially challenging, thereby complicating diagnosis and treatment. Medical professionals must consider both psychological and physiological factors in their assessments. Comprehensive care requires collaboration between medical and mental health specialists. Addressing both mental and physical dimensions ensures a more holistic approach to well-being (Lumley, 2004; Lumley et al., 2007).

Consultation-liaison psychiatry is a discipline at the intersection of psychiatric and medical disorders. In this field, mental health problems of patients with serious medical conditions are evaluated, diagnosed, and treated. Recognizing and managing the complex interplay between physical and psychological health is a vital function of consultation-liaison psychiatry. By providing integrated and comprehensive care, it aims to improve overall patient outcomes (Hoyle, 2015).

The present study aimed to investigate the relationship between alexithymia, somatic symptom perception, and attitudes toward seeking psychological help in consultation-liaison psychiatry patients. The main hypotheses were as follows: individuals with alexithymia, due to difficulties in identifying and expressing emotions, would perceive somatic symptoms more intensely; they would hold more negative attitudes toward seeking professional psychological help; alexithymia would be associated with higher levels of anxiety and depression; and higher levels of anxiety would increase the likelihood of seeking help. Accordingly, this study examined the interrelationships among alexithymia, somatic symptom sensitivity, anxiety, depression, and help-seeking attitudes.

The central hypothesis of this research is that individuals with alexithymia may interpret their symptoms as physical illness rather than as manifestations of psychological processes due to difficulties in recognizing and understanding emotions. Consequently, such individuals may be less inclined to seek psychiatric support. This study is innovative in that it examines alexithymia, somatic symptoms, and attitudes toward seeking psychological support within a holistic framework among consultation-liaison psychiatry patients. While previous studies have primarily focused on the relationship between alexithymia and somatic symptoms, this research contributes a novel perspective by also evaluating attitudes toward psychological help-seeking. In this context, the study aims to enhance the literature by exploring how alexithymia influences both somatic symptom perception and attitudes toward seeking psychological support.

Materials and methods

Participants and procedure

The study was conducted with 50 patients who were consecutively admitted to the Consultation-Liaison Psychiatry Unit of Balikesir University Faculty of Medicine, Department of Psychiatry, Balikesir, Turkey between July 2022 and December 2022. Inclusion criteria were: being aged 18 years or older, having sufficient cognitive capacity to complete the study assessments, and providing informed consent. Exclusion criteria

included: presence of severe psychotic disorders, intellectual disability, or acute medical instability that would prevent participation.

After obtaining approval from the XXX^{1,2} University Health Sciences Non-interventional Research Ethics Committee (Decision number: 2022/66 Decision date: 28/06/2022), patients meeting the inclusion criteria were informed about the study, and written informed consent was obtained. Sociodemographic data were collected using a structured questionnaire prepared by the researchers. Subsequently, participants completed the self-report measures described below under the supervision of a psychiatrist.

Instruments

Sociodemographic data form

This form was prepared by the researchers to obtain information on age, gender, marital status, education level, occupation, and medical history of the participants.

Toronto alexithymia scale (TAS-20)

The TAS-20, developed by Bagby et al. (1994), is a widely used self-report scale that measures alexithymia. It consists of 20 items rated on a 5-point Likert scale (1 = strongly disagree, 5 = strongly agree). The scale has three subdimensions: (1) difficulty identifying feelings, (2) difficulty describing feelings, and (3) externally oriented thinking. Higher scores indicate higher levels of alexithymia. The validity and reliability study of the Turkish version was conducted by Güleç et al.(2009).

Symptom checklist-90 revised (SCL-90-R) – somatization subscale

The SCL-90-R, developed by Derogatis (1977), is a multidimensional self-report inventory. In this study, only the Somatization subscale was used to evaluate the severity of somatic complaints. The validity and reliability of the Turkish adaptation were confirmed by Dağ (1991).

Hospital Anxiety and Depression Scale (HADS)

The Hospital Anxiety and Depression Scale (HADS), developed by Zigmond and Snaith (1983), is a self-report rating scale consisting of 14 items rated on a 4-point Likert scale (range 0–3). It is designed to assess anxiety and depression, with 7 items allocated to each subscale. The total score is obtained by summing all 14 items, while subscale scores are calculated by summing the respective seven items, yielding scores ranging from 0 to 21 for each subscale. The validity and reliability of the Turkish version of the HADS were established by Aydemir et al. (1997).^{3,4}

¹After obtaining approval from the Balıkesir University Health Sciences Non-interventional Research Ethics Committee (Decision number: 2022/66, Decision date: 28/06/2022), patients meeting the inclusion criteria were informed about the study, and written informed consent was obtained.

²Balıkesir

³The incorrect reference to “Hisli (1989)” has been removed from the text. The correct scale and corresponding references have been revised accordingly.

⁴The incorrect reference to “Hisli (1989)” has been removed from the text. The correct scale and corresponding references have been revised accordingly.

Attitudes toward seeking psychological help Scale – short form (ATSPPHS-SF)

This scale, developed by Fischer and Farina (1995), measures attitudes toward seeking professional psychological support.⁵ It consists of 10 items rated on a 4-point Likert scale (0 = strongly disagree, 3 = strongly agree). Higher scores indicate more positive attitudes toward help-seeking. The Turkish adaptation and validation study was conducted by Topkaya. 2014.^{6,7}

Statistical analysis

Data were analyzed using SPSS version 26.0 (IBM Corp., Armonk, NY). Descriptive statistics (mean, standard deviation, frequency, percentage) were calculated for socio-demographic and clinical variables. Pearson correlation analysis was used to examine the relationships among alexithymia, somatic symptoms, depression, anxiety, and attitudes toward seeking psychological help. Independent samples t-tests and one-way ANOVA were conducted to evaluate differences across sociodemographic variables. Multiple linear regression analyses were performed to determine predictors of help-seeking attitudes. Statistical significance was set at $p < 0.05$.

Results

A total of 50 patients were evaluated during the study period, of whom 38% ($n = 19$) were male and 62% ($n = 31$) were female. The patients' ages ranged from 20 to 64 years, with a median age of 46. Alexithymia was identified in 20% of the participants ($n = 10$). The distribution of demographic and clinical characteristics according to the presence of alexithymia is presented in Table 1. Statistical analysis revealed no significant differences between the groups in terms of demographic variables. However, regarding clinical features, the prevalence of previously diagnosed psychiatric disorders was significantly higher in individuals with alexithymia ($p = 0.022$). Furthermore, 50% of patients with alexithymia ($n = 5$) reported that they did not receive any social support during difficult times. In addition, the majority indicated that their reputation was negatively influenced by others' perceptions (60%, $n = 6$) and that the opinions of people around them were important to them (70%, $n = 7$).

Patients with alexithymia obtained significantly higher scores than non-alexithymic patients on the Difficulty Identifying Feelings (DIF), Difficulty Describing Feelings (DDF), and both HADS Anxiety and HADS Depression

⁵The correct reference for the ATSPPH-SF is Topkaya et al. (2014). The 2017 study refers to a different scale. Please keep the 2014 reference.

⁶The Somatosensory Amplification Scale (SAS) is a five-point Likert-type self-report scale consisting of 10 items, originally developed by Barsky et al. There are no reverse-scored items in the scale. The Turkish adaptation of the SAS was conducted by Güleç et al. Total scores range from 10 to 50, with higher scores indicating a greater tendency to perceive bodily sensations as intense and exaggerated. References Barsky, A. J., Wyshak, G., & Klerman, G. L. (1990). The somatosensory amplification scale and its relationship to hypochondriasis. *Journal of Psychiatric Research*, 24(4), 323–334. [⁷The Somatosensory Amplification Scale \(SAS\) has been added to the manuscript, and the corresponding references have been provided.](https://doi.org/10.1016/0022-3956(90)90004-AGüleç/ H., Sayar, K., & Öztürk, M. (2007). Somatosensory Amplification Scale'in Türkçe uyarlamasının geçerlik ve güvenilirliği. Klinik Psikofarmakoloji Bülteni (Bulletin of Clinical Psychopharmacology), 17(1), 15–23.</p>
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Table 1. Distribution of demographic and clinical characteristics according to TAS-20 scores.

Variables	Total (<i>N</i> = 50) <i>n</i> (%) Median (Min- Max)	Patients without Alexithymia (<i>n</i> = 40) <i>n</i> (%) Median (Min- Max)	Patients with Alexithymia (<i>n</i> = 10) <i>n</i> (%) Median (Min- Max)	p-value
Age (years)	46 (20–64)	46 (20–64)	47.5 (22–62)	1.000
Gender				0.722
Male	19 (38)	16 (40)	3 (30)	
Woman	31 (62)	24 (60)	7 (70)	
Education Status				0.336
Primary school	24 (48)	19 (47.5)	5 (50)	
High school	13 (26)	9 (22.5)	4 (40)	
University	13 (26)	12 (30)	1 (10)	
Marital Status				0.397
Single	10 (20)	7 (17.5)	3 (30)	
Married	40 (80)	33 (82.5)	7 (70)	
Income Rate				0.274
Low	8 (16)	5 (12.5)	3 (30)	
Middle	38 (76)	31 (77.5)	7 (70)	
High	4 (8)	4 (10)	0 (0)	
Known Chronic Disease	34 (68)	26 (65)	8 (80)	0.468
Using Medication	31 (62)	22 (55)	9 (90)	0.067
Known Psychological Disorder	4 (8)	1 (2.5)	3 (30)	0.022
When you feel the need for psychological support, which one do you prefer to get help from?				0.722
Family and social circle	19 (38)	16 (40)	3 (30)	
An expert from whom I can get professional support on this subject	31 (62)	24 (60)	7 (70)	
Did you receive social support from those around you in the process of confronting and coping with any problem you encountered?				0.767
I did not receive social support	21 (42)	16 (40)	5 (50)	
I was not encouraged to seek professional support	9 (18)	7 (17.5)	2 (20)	
I was encouraged to seek professional support	20 (40)	17 (42.5)	3 (30)	
Do you think that individuals with mental illness are immediately noticed by society and excluded from social relations?				0.494
No	30 (60)	25 (62.5)	5 (50)	
Yes	20 (40)	15 (37.5)	5 (50)	
How important are the opinions of other people about you?				0.664
Not important	15 (30)	12 (30)	3 (30)	
Important	32 (64)	25 (62.5)	7 (70)	
Very important	3 (6)	3 (7.5)	0 (0)	
Do negative perceptions of individuals with mental illness affect reputation in the professional environment?				0.244
No	15 (30)	14 (35)	1 (10)	
Yes	26 (52)	20 (50)	6 (60)	
I'm undecided	9 (18)	6 (15)	3 (30)	

subscales ($p < 0.001$, $p < 0.001$, $p < 0.001$, and $p = 0.019$, respectively). The scale scores of both groups are shown in Table 2.

Among alexithymic participants, a statistically significant positive correlation was found between scores on the HADS Anxiety Subscale and the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS) ($p = 0.005$). Additionally, a significant positive association was observed between scores on the HADS

Table 2. Comparison of psychometric Scale scores in patients with and without alexithymia.

Variables	Total (<i>N</i> = 50) n (%) Median (Min-Max)	Patients without Alexithymia (<i>n</i> = 40) n (%) Median (Min-Max)	Patients with Alexithymia (<i>n</i> = 10) n (%) Median (Min-Max)	p-value
SAS (Total)	32 (8–57)	32 (8–57)	35 (24–45)	0.302
DIF	16 (7–34)	16 (7–25)	26 (16–34)	<0.001
DDF	12.5 (6–21)	11 (6–19)	19 (17–21)	<0.001
EOT	22 (13–30)	22 (13–30)	23 (18–28)	0.679
TAS-20 (Total)	52 (30–81)	51 (30–60)	65 (61–81)	<0.001
ATSPPHS (Total)	21 (13–28)	21 (13–28)	22 (19–27)	0.272
HADS Depression Subscale	8 (1–16)	7 (1–16)	11 (4–15)	0.019
HADS Anxiety Subscale	9 (2–19)	7.5 (2–16)	15 (7–19)	<0.001

TAS-20: Toronto Alexithymia Scale-20; DIF: Difficulty Identifying Feelings; DDF: Difficulty Describing Feelings; EOT: Externally Oriented Thinking; SAS: Somatosensory Amplification Scale; ATSPPHS: Attitudes Toward Seeking Psychological Professional Help Scale; HADS: Hospital Anxiety and Depression Scale.

Depression Subscale and the Somatosensory Amplification Scale (SAS) ($p = 0.023$). Correlations between participants' scale scores are presented in [Table 3](#).

Discussion

In our study, the prevalence of alexithymia in the patient group was 20% ($n = 10$). In the literature, alexithymia rates in various clinical populations have been reported to range from 21% to 42.2% (Jones et al., 2004; Saarijarvi et al., 1993; Wise & Mann, 1995). In contrast, studies conducted with non-clinical groups have found lower rates of alexithymia, ranging from 8.1% to 10.3% (Honkalampi et al., 2000). The findings of our study are consistent with previous research, which reported a 22% prevalence of alexithymia among psychosomatic patients in Turkey (Beştepe et al., 2000).

Age, gender, marital status, and educational attainment did not significantly differ between the alexithymic and non-alexithymic groups in our study. However, previous studies in the literature have reported significant associations between alexithymia and male gender, older age, lower educational attainment, and lower socioeconomic status (Lane et al., 1998; Salminen et al., 1999). The discrepancy between our findings and those in the literature may be attributed to the relatively small sample size of our study.

Previous research has demonstrated a significant association between alexithymia, anxiety, and depression (Özen et al., 1999). Although alexithymia was originally conceptualized to account for symptoms observed in psychosomatic patients, subsequent research has highlighted its frequent cooccurrence with a wide range of psychiatric disorders, including substance use disorders, somatoform disorders, depression, and anxiety disorders (Bankier et al., 2001; Sifneos, 1996). In line with these findings, our study revealed that the prevalence of previously diagnosed psychiatric disorders was significantly higher among participants with alexithymia ($p = 0.022$).

In a study investigating the relationship between alexithymia and stigma in burn patients, a positive correlation was found between total stigmatization scores and total alexithymia scores. These findings suggest that higher levels of alexithymia may intensify the experience of stigmatization in burn patients (Zhang et al., 2023). Consistent with the existing literature, our study found that 60% of patients with alexithymia reported that

Table 3. Correlation between patients' Scale scores.

	SAS (Total)		(ATSPPHS) (Total)		HADS Depression Subscale		HADS Anxiety Subscale		DIF		EOT		TAS-20 (Total)	
	SAS (Total)	r	(ATSPPHS) (Total)	r	HADS Depression Subscale	r	HADS Anxiety Subscale	r	DIF	r	EOT	r	TAS-20 (Total)	r
Patients without Alexithymia	SAS (Total)	1.000	0.058	0.095	0.308	0.101	0.017	0.100	0.534	0.919	0.541	0.100	0.100	0.100
	ATSPPHS (Total)	0.058	1.000	0.232	0.560	-0.117	0.054	0.541	-0.117	0.017	0.129	0.541	0.540	-0.046
	HADS	0.095	0.232	1.000	0.149	0.471	0.170	0.428	0.471	0.918	0.428	0.428	0.776	0.776
	Depression Subscale	0.560	0.149	0.232	1.000	0.368	0.512	0.404	0.146	0.215	0.136	0.136	0.253	0.253
	HADS Anxiety Subscale	0.308	0.221	0.149	0.512	0.001	1.000	0.404	0.368	0.182	0.404	0.404	0.115	0.115
	DIF	0.054	0.170	0.001	0.001	0.005	0.438	0.653	0.438	0.212	-0.073	-0.073	0.333	0.333
	DDF	0.101	-0.117	0.001	0.146	1.000	0.005	0.653	0.005	0.189	0.653	0.653	0.036	0.036
	DDF	0.534	0.471	0.368	0.001	1.000	0.005	0.980	1.000	0.103	0.980	0.980	<0.001	<0.001
	EOT	0.017	0.017	0.215	0.368	0.525	0.005	0.605	0.525	1.000	0.605	0.605	0.001	0.001
	TAS-20 (Total)	0.919	0.918	0.182	0.182	0.103	0.189	0.084	0.525	1.000	0.084	1.000	0.527	0.527
Patients with Alexithymia	SAS (Total)	1.000	0.776	0.115	0.036	<0.001	0.653	<0.001	<0.001	0.001	<0.001	<0.001	<0.001	<0.001
	ATSPPHS (Total)	0.776	1.000	0.269	0.036	0.980	0.653	0.527	0.980	0.097	0.527	0.527	1.000	1.000
	HADS Depression Subscale	0.269	0.269	1.000	0.802	0.663	0.802	0.084	0.663	0.165	0.000	0.000	0.526	0.526
	HADS Anxiety Subscale	0.388	0.388	0.802	0.480	0.037	0.480	0.932	0.037	0.791	0.932	0.932	0.084	0.084
	DIF	0.388	-0.072	0.005	0.253	-0.352	0.253	0.163	-0.352	0.097	0.163	0.163	-0.451	-0.451
	DDF	0.027	0.037	0.037	0.319	0.316	0.316	0.654	0.316	0.421	0.654	0.654	0.191	0.191
	DDF	0.097	0.165	0.663	-0.352	1.000	0.354	0.226	1.000	0.070	0.250	0.250	0.226	0.226
	EOT	0.097	0.165	0.663	-0.352	0.316	0.316	0.486	0.316	0.847	0.486	0.486	0.531	0.531
	TAS-20 (Total)	0.572	0.526	0.005	-0.451	0.223	0.354	0.922	0.223	0.223	0.922	0.922	<0.001	<0.001
		0.084	0.118	0.191	0.191	0.535	0.316	0.341	0.535	1.000	-0.036	-0.036	0.341	0.341

SCA: Spearman Correlation Analysis; TAS-20: Toronto Alexithymia Scale-20; DIF: Difficulty Identifying Feelings; DDF: Difficulty Describing Feelings; EOT: Externally Oriented Thinking; SAS: Somatosensory Amplification Scale; ATSPPHS: Attitudes Toward Seeking Psychological Professional Help Scale; HADS: Hospital Anxiety and Depression Scale.

negative perceptions from others adversely affected their reputation, while 70% stated that the opinions of those around them were of significant importance.

It has been suggested that individuals with alexithymia, due to their impaired ability to identify and express emotions and underlying psychological distress, tend to focus on bodily sensations rather than the affective components of emotional experiences. Consequently, psychological distress in alexithymic individuals is believed to be expressed through an alternative pathway – namely, somatization. Numerous epidemiological and clinical studies have demonstrated a significant association between alexithymia and the reporting of somatic complaints, with alexithymia being identified as a potential predisposing factor for somatization (Mattila et al., 2008). In one study, the concept of ‘tendency to magnify bodily sensations’, proposed as an explanatory mechanism for somatization, was observed in patient groups with alexithymic depression (Sayar et al., 2003). Consistent with these findings, our study revealed a statistically significant positive correlation between the Depression Subscale score of the Hospital Anxiety and Depression Scale (HADS) and the Somatosensory Amplification Scale (SAS) among patients with alexithymia ($p = 0.023$). This result supports the notion of a close relationship between alexithymia and somatization and highlights the importance of considering somatization tendencies in the clinical evaluation of patients with depressive symptoms and alexithymic traits.

Studies examining the attitudes of individuals with substance use disorders and high levels of alexithymia toward seeking psychological help have produced mixed results. While some studies have reported that substance users with elevated alexithymia are less likely to engage in treatment compared to their counterparts with lower alexithymia levels, others have found comparable levels of help-seeking behavior across groups (Grabe et al., 2008; Morie et al., 2015). In our study, a statistically significant positive correlation was observed between the Anxiety Subscale score of the Hospital Anxiety and Depression Scale (HADS) and the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS) among alexithymic participants ($p = 0.005$). This finding suggests that individuals with higher anxiety levels may be more inclined to seek psychological support. It supports the notion that individuals who are able to recognize and acknowledge their emotional distress are more likely to view professional help as a constructive means of managing their mental health.

This study is significant in that it highlights the prevalence of alexithymic features among patients presenting with psychosomatic complaints, underscoring the importance of incorporating psychiatric evaluation into the clinical assessment of individuals with somatic symptoms. It emphasizes the need to consider not only physical but also psychological factors in order to provide a more comprehensive and effective approach to patient care.

Our study has several limitations that should be considered when interpreting the findings. First, the sample was drawn from a single hospital, which may limit the generalizability of the results to broader or more diverse populations. Additionally, the relatively small sample size may have reduced the statistical power and the ability to detect more subtle associations. The use of self-report instruments to assess alexithymia, somatic symptoms, and attitudes toward seeking psychological support introduces the possibility of response biases, such as social desirability bias. Furthermore, the cross-

sectional design of the study limits the ability to establish causal relationships between the variables.

To enhance the generalizability of future research findings, it is recommended that subsequent studies include participants from multiple hospitals and clinics and utilize larger sample sizes.

Conducting longitudinal studies would also help clarify causal relationships between alexithymia, somatic symptoms, and psychological help-seeking behaviors. Moreover, detailed

documentation of participants' somatic and psychiatric symptoms, along with follow-up data

on their utilization of and response to psychological support services, would provide a more comprehensive understanding of whether these symptoms are directly associated with alexithymia. Additionally, attachment style is another key factor that may significantly influence help-seeking behavior. In particular, individuals with avoidant attachment styles and high levels of alexithymia may be less inclined to seek psychological support. Therefore, future research exploring the interplay between alexithymia and attachment styles could offer valuable insights and contribute meaningfully to the existing body of literature.

Conclusion

This study indicates that individuals with high levels of alexithymia experience somatic symptoms more intensely and that their attitudes toward seeking psychological help are closely related to their emotional states. The findings demonstrate that difficulties in identifying and expressing emotions are associated with elevated anxiety and depression levels, and that depressive symptoms are linked to the exaggerated perception of physical complaints.

Moreover, the positive relationship between anxiety levels and help-seeking attitudes suggests that enhancing emotional awareness may increase the likelihood of pursuing psychological support. These results emphasize the importance of assessing both medical and psychiatric aspects in patients presenting with physical complaints.

Measuring alexithymia and implementing targeted psychological interventions may facilitate a more holistic and effective approach to patient care, integrating both physical and mental health considerations.

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References

- Ambrosetti, J., Macheret, L., Folliet, A., Wullschleger, A., Amerio, A., Aguglia, A., Serafini, G., Prada, P., Kaiser, S., Bondolfi, G., Sarasin, F., & Costanza, A. (2021). Psychiatric emergency admissions during and after COVID-19 lockdown: Short-term impact and long-term implications on mental health. *BMC Psychiatry*, 21(1), 465. <https://doi.org/10.1186/s12888-021-03469-8>
- American Academy of Child and Adolescent Psychiatry. (n.d.). *Physical symptoms of emotional distress: Somatic symptoms and related disorders*. Retrieved April 5, 2025, from, https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFFGuide/Physical_Symptoms_of_Emotional_DistressSomatic_Symptoms_and_Related_Disorders-124.aspx
- Amerio, A., Aguglia, A., Odone, A., Gianfredi, V., Serafini, G., Signorelli, C., & Amore, M. (2020). COVID-19 pandemic impact on mental health of vulnerable populations. *Acta Bio-Medica : Atenei Parmensis*, 91(9–S), 95–96. <https://doi.org/10.23750/abm.v91i9-S.10112>

- Aydemir, Ö., Güvenir, T., & Küey, L. (1997). Validity and reliability of Turkish version of hospital anxiety and depression scale. *Türk Psikiyatri Dergisi*, 8(3), 280–287.
- Bagby, R. M., Parker, J. D. A., & Taylor, G. J. (1994). The twenty-item Toronto Alexithymia Scale-I. Item selection and cross-validation of the factor structure. *Journal of Psychosomatic Research*, 38(1), 23–32. [https://doi.org/10.1016/0022-3999\(94\)90005-1](https://doi.org/10.1016/0022-3999(94)90005-1)
- Bankier, B., Aigner, M., & Bach, M. (2001). Alexithymia in DSM-IV disorder: Comparative evaluation of somatoform disorder, panic disorder, obsessive-compulsive disorder and depression. *Psychosomatics*, 42(3), 235–240. <https://doi.org/10.1176/appi.psy.42.3.235>
- Barsky, A. J., Wyshak, G., & Klerman, G. L. (1990). The somatosensory amplification scale and its relationship to hypochondriasis. *Journal of Psychiatric Research*, 24(4), 323–334. [https://doi.org/10.1016/0022-3956\(90\)90004-A](https://doi.org/10.1016/0022-3956(90)90004-A)
- Beştepe, E., Tüzer, V., & Önder, M. E. (2000). Psikiyatrik ve psikosomatik hasta ve kontrol grubunda aleksitimi: Karşılaştırmalı bir çalışma. *Psikiyatri Psikoloji Psikiyatri (3P) Dergisi*, 8(3), 175–181.
- Blanchard, E. B., Arena, J. G., & Pallmeyer, T. D. (1981). Psychometric properties of a scale to measure alexithymia. *Psychotherapy and Psychosomatics*, 34(2), 64–71.
- Cerutti, R., Zuffianò, A., & Spensieri, V. (2018). The role of difficulty in identifying and describing feelings in non-suicidal self-injury behavior (NSSI): Associations with perceived attachment quality, stressful life events, and suicidal ideation. *Frontiers in Psychology*, 9, 332991. <https://doi.org/10.3389/fpsyg.2018.00318>
- Dağ, İ. (1991). Belirti Tarama Listesi (SCL-90-R)'nin üniversite öğrencileri için güvenilirliği ve geçerliği. *Türk Psikiyatri Dergisi*, 2(1), 5–12.
- Derogatis, L. R. (1977). *Symptom checklist-90-revised (SCL-90-R): Administration, scoring and procedures manual*. Clinical psychometrics unit. Johns Hopkins University School of Medicine.
- Fischer, E. H., & Farina, A. (1995). Attitudes toward seeking professional psychological help: A shortened form and considerations for research. *Journal of College Student Development*, 36(4), 368–373.
- Gilbert, P., McEwan, K., Gibbons, L., Chotai, S., Duarte, J., & Matos, M. (2012). Fears of compassion and happiness in relation to alexithymia, mindfulness, and self-criticism. *Psychology and Psychotherapy: Theory, Research and Practice*, 85(4), 374–390. <https://doi.org/10.1111/j.2044-8341.2011.02046.x>
- Grabe, H. J., Frommer, J., Ankerhold, A., Ulrich, C., Gröger, R., Franke, G. H., Barnow, S., Freyberger, H. J., & Spitzer, C. (2008). Alexithymia and outcome in psychotherapy. *Psychotherapy and Psychosomatics*, 77(3), 189–194. <https://doi.org/10.1159/000119739>
- Güleç, H., & Köse S. Güleç Y. M. Çitak S. Evren C. Borckardt J. Sayar K. (2009). Reliability and factorial validity of the Turkish form of the 20- Item Toronto Alexithymia Scale. *Psychiatry and Clinical Neurosciences*, 19(1), 214–220.
- Gürkan, S. B. (1996). Aleksitimi. *Çukurova Eğitim Fakültesi Dergisi*, 2(14), 99–103.
- Honkalampi, K., Hintikka, J., Tanskanen, A., Lehtonen, J., & Viinamäki, H. (2000). Depression is strongly associated with alexithymia in the general population. *Journal of Psychosomatic Research*, 48(1), 99–104. [https://doi.org/10.1016/S0022-3999\(99\)00083-5](https://doi.org/10.1016/S0022-3999(99)00083-5)
- Hoyle, L. (2015). *The function of consultation-liaison psychiatry* (pp. 1–14). Springer International Publishing.
- Jones, M. P., Schettler, A., Olden, K., & Crowell, M. D. (2004). Alexithymia and somatosensory amplification in functional dyspepsia. *Psychosomatics*, 45(6), 508–516. <https://doi.org/10.1176/appi.psy.45.6.508>
- Kauhanen, J., Kaplan, G. A., Julkunen, J., & Salonen, J. T. (1993). Social factors in alexithymia. *Comprehensive Psychiatry*, 34(5), 330–335.
- Lane, R. D., Sechrest, L., & Riedel, R. (1998). Sociodemographic correlates of alexithymia. *Comprehensive Psychiatry*, 39(6), 377–385. [https://doi.org/10.1016/S0010-440X\(98\)90051-7](https://doi.org/10.1016/S0010-440X(98)90051-7)
- Lesser, I. M., & Lesser, B. (1983). Alexithymia: Examining the development of a psychological concept. *American Journal of Psychiatry*, 140(10), 1305–1308. <https://doi.org/10.1176/ajp.140.10.1305>

- Lumley, M. A. (2004). Alexithymia, emotional disclosure, and health: A program of research. *Journal of Personality*, 72(6), 1271–1300. <https://doi.org/10.1111/j.1467-6494.2004.00297.x>
- Lumley, M. A., Neely, L. C., & Burger, A. J. (2007). The assessment of alexithymia in medical settings: Implications for understanding and treating health problems. *Journal of Personality Assessment*, 89(3), 230–246. <https://doi.org/10.1080/00223890701629698>
- Mattila, A. K., Kronholm, E., Jula, A., Mälkiä, E., & Salminen, J. (2008). Alexithymia and somatization in general population. *Psychosomatic Medicine*, 70(6), 716–722.
- Morie, K. P., Nich, C., Hunkele, K., Potenza, M. N., & Carroll, K. M. (2015). Alexithymia level and response to computer-based training in cognitive behavioral therapy among cocaine-dependent methadone maintained individuals. *Drug and Alcohol Dependence*, 152, 157–163. <https://doi.org/10.1016/j.drugalcdep.2015.04.004>
- Mostafaei, S., Kabir, K., Kazemnejad, A., Feizi, A., Mansourian, M., Hassanzadeh Keshteli, A., Afshar, H., Arzaghi, S. M., Rasekhi Dehkordi, S., Adibi, P., & Ghadirian, F. (2019). Explanation of somatic symptoms by mental health and personality traits: Application of Bayesian regularized quantile regression in a large population study. *BMC Psychiatry*, 19(1), 207. <https://doi.org/10.1186/s12888-019-2189-1>
- Novick-Kline, P., Turk, C. L., Mennin, D. S., Hoyt, E. A., & Gallager, C. L. (2005). Level of emotional awareness as a differentiating variable between individuals with and without generalized anxiety disorder. *Journal of Anxiety Disorders*, 19(5), 557–572. <https://doi.org/10.1016/j.janxdis.2004.06.001>
- Özen, Ş., Özçetin, A., Özkan, M., Özbulut, M., & Başak, İ. (1999). Bedenselleştiren hastalarda eksen-2 bozuklukları, kişilik özellikleri ve aleksitimi. *Türkiye’de Psikiyatri*, 1(2), 114–122.
- Saarijärvi, S., Salminen, J. K., Tamminen, T., & Äärelä, E. (1993). Alexithymia in psychiatric consultation-liaison patients. *General Hospital Psychiatry*, 15(5), 330–333. [https://doi.org/10.1016/0163-8343\(93\)90026-K](https://doi.org/10.1016/0163-8343(93)90026-K)
- Salminen, J. K., Saarijärvi, S., Äärelä, E., Toikka, T., & Kauhanen, J. (1999). Prevalence of alexithymia and its association with sociodemographic variables in the general population of Finland. *Journal of Psychosomatic Research*, 46(1), 75–82. [https://doi.org/10.1016/S0022-3999\(98\)00053-1](https://doi.org/10.1016/S0022-3999(98)00053-1)
- Sayar, K., Kirmayer, L. J., & Taillefer, S. S. (2003). Predictors of somatic symptoms in depressive disorder. *General Hospital Psychiatry*, 25(2), 108–114. [https://doi.org/10.1016/S0163-8343\(02\)00277-3](https://doi.org/10.1016/S0163-8343(02)00277-3)
- Sifneos, P. E. (1996). Alexithymia: Past and present. *American Journal of Psychiatry*, 153(2), 137–142.
- Topkaya, N. (2014). Psikolojik yardım almaya yönelik tutum ölçeği kısa formunun (ATSPPH-SF) Türkçe uyarlaması: Geçerlik ve güvenilirlik çalışması. *Eğitim ve Bilim*, 39(176) :63–73.
- Türk, M. (1992). Üniversite öğrencilerinde aleksitimik özellikler ile ruh sağlığı arasındaki ilişki [Master’s thesis]. Ege Üniversitesi.
- Wise, T. N., & Mann, L. S. (1995). The attribution of somatic symptoms in psychiatric outpatients. *Comprehensive Psychiatry*, 36(6), 407–410. [https://doi.org/10.1016/S0010-440X\(95\)90247-3](https://doi.org/10.1016/S0010-440X(95)90247-3)
- Zhang, J., Ding, L., Wu, Y., Yao, M., & Ma, Q. (2023). Perceived stigma in burn survivors: Associations with resourcefulness and alexithymia. *Burns*, 49(6), 1448–1456. <https://doi.org/10.1016/j.burns.2022.12.018>
- Zigmond, A. S., & Snaith, R. P. (1983). The hospital anxiety and depression scale. *Acta Psychiatrica Scandinavica*, 67(6), 361–370. <https://doi.org/10.1111/j.1600-0447.1983.tb09716.x>