Monday, February 26, 2007

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**OAQ-G2, Introduction and Factor Targets**

By Jason Thompson

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**For an automated scoring version of the below questionnaire please click here:**

(English version): [Online Alexithymia Questionnaire G2.htm](http://www.alexithymia.com/qa2.htm)

(Spanish version): [Online Alexithymia Questionnaire G2.htm](http://www.alexithymia.com/qa2es.htm)

(German version): [Online Alexithymia Questionnaire G2.htm](http://www.alexithymia.com/qa2de.htm)

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**ONLINE ALEXITHYMIA QUESTIONNAIRE - G2** *(manual scoring version. For automated version click links above)*

**Instructions:** Answer the following questions as spontaneously as possible. If you get stuck on a question, leave it out and continue with the next. Each question can have one of 5 possible answers.

These are:

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
</table>

1. - When asked which emotion I’m feeling, I frequently don’t know the answer.

[ ] [ ] [ ] [ ] [ ]
2. - I'm unsure of which words to use when describing my feelings.

3. - I prefer to find out the emotional intricacies of my problems rather than just describe them in terms of practical facts.

4. - When other people are hurt or upset, I have difficulty imagining what they are feeling.

5. - People tell me to describe my feelings more, as if I haven't elaborated enough.

6. - Sex as a recreational activity seems kinda pointless.

7. - I can describe my emotions with ease.

8. - You cannot functionally live your life without being aware of your deepest emotions.

9. - People sometimes get upset with me, and I can't imagine why.

10. - People tell me I don't listen to their feelings properly, when in fact I'm doing my utmost to understand what they're saying!

11. - When I am upset I find it difficult to identify the feelings causing it.

12. - Describing the feelings I have about other people is often difficult.

13. - I prefer doing physical activities with friends rather than discussing each others’ emotional experiences.

14. - I am not much of a daydreamer.

15. - I don’t like people's constant assumptions that I should understand or guess their needs... its as if they want me to read their minds!

16. - I sometimes experience confusing sensations in my body.

17. - For me sex is more a functional activity than it is an emotional one.

18. - Some people have told me I am cold or unresponsive to their needs.

19. - I don't dream frequently, and when I do the dreams usually seem rather boring.
20. - Friends have indicated, in one way or another, that I’m more in my head than in my heart.

21. - I can’t identify feelings that I vaguely sense are going on inside of me.

22. - I often ask other people what they would feel if in my personal situation (any situation), as this better helps me understand what to do.

23. - I find it useful to ponder on my feelings as much as the practical issues when setting my priorities.

24. - I use my imagination mainly for practical means, eg., like how to work out a problem or construct a useful idea or object.

25. - I often feel incompetent, awkward, uncomfortable, or occasionally physically sick in sexual situations.

26. - When involved in difficult or turbulent relationships, I sometimes develop confusing physical symptoms.

27. - I tend to rely on other people for interpreting the emotional details of personal/social events.

28. - I don’t like conversations in which more time is spent discussing emotional matters than daily activities because it detracts from my enjoyment.

29. - I often get confused about what the other person wants from a sexual relationship.

30. - People I’ve been in close relationships with have complained that I neglect them emotionally.

31. - I like it when someone describes the feelings they experience under circumstances similar to my own, because this helps me see what my own feelings might be.

32. - My imagination is often spontaneous, unpredictable and involuntary.

33. - When helping others I prefer to assist with physical tasks rather than offering counsel about their feelings.

34. - I have puzzling physical sensations that even friends/aquaintances/others don’t understand.
35. - I get in a muddle when I try to describe how I feel about an important event.

36. - My imagination is usually not spontaneous and surprising, but rather used/employed in a more controlled fashion.

37. - I make decisions based on principles rather than gut feelings.

Scoring for all questions:
Strongly Agree | Agree | Undecided | Disagree | Strongly Disagree
................(5)................ (4) ............ (3)............. (2).............. (1)
Excepting questions 3, 7, 8, 23, and 32 which are inversely scored:
Strongly Agree | Agree | Undecided | Disagree | Strongly Disagree
................(1)................ (2)............ (3)............. (4).............. (5)

Maximum possible score is 185. This test uses cutoff scoring: equal to or less than 94 = non-alexithymia, equal to or greater than 113 = alexithymia. Scores of 95 to 112 = possible alexithymia. Forcing a respondent to give an answer to each question may cause frustration because it is quite possible that a particular question just doesn’t apply, thus disrupting the flow of the process. For this reason, unanswered questions are default as "undecided" and given a medium score of 3.

Introduction and Factor Targets

The online alexithymia questionnaire was developed in 2005 in response to perceived shortcomings of the previous alexithymia questionnaires such as the Bermond-Vorst or TAS-20. Three problems presented, namely the poorly targeted questions regarding constricted imaginal processes; secondly, the confusion experienced by the alexithymic subject when asked to recognize if they do, or don’t, experience the normal range of feelings; and thirdly the unavailability of testing instruments to the general public. The first of these perceived shortcomings concerns the very nature of imagining, which needed elaboration before questions could be economically targeted to the deficit in question. Discussions with alexithymic individuals revealed that many believed their imaginal capacity was intact, leading to positive questionnaire responses regarding their ability to daydream, imagine, or fantasise. With the introduction of Edward Casey’s distinction of the controlledness or spontaneity of a given act of imagining it became evident that commentaries regarding the absence of alexithymic imagining were referring to a deficit in 'spontaneous' or 'unconscious' imagining, and not to controlled imagining. With this knowledge the OAQ questions were written to reflect this distinction, for example, "I use my imagination mainly for practical means, eg., like how to work out a problem or construct a useful idea or object." and "My imagination is usually not spontaneous and surprising, but rather used/employed in a more controlled fashion," or inversely scored, "My imagination is often spontaneous, unpredictable and involuntary."

The second shortcoming related to the older wording of questions targeting difficulty identifying feelings and difficulty describing feelings. Whilst these factors are integral features of the alexithymia construct, the very nature of these deficits in the alexithymic individual may obscure recognition of their relative presence or absence as requested by the questionnaires. With this in mind we sought to alter or delete some of the overly direct questions, e.g. questions like "I don’t
know why I feel angry’ were not repeated, and wordings such as “I have feelings that I can’t properly identify” were replaced with a less assured, “I can't identify feelings that I vaguely sense are going on inside of me”. We also included a further set of questions asking what ‘other people say' about the alexithymic individual’s emotional communication, and reduced the number of items which presume an introspective ability of the individual to be aware of their deficits in emotional communication eg. we added “people tell me I don’t listen to their feelings properly, when in fact I'm doing my utmost to understand what they saying!” or “I don't like people's constant assumptions that I should understand or guess their needs... its as if they want me to read their minds!” and “people tell me to describe my feelings more, as if I haven't elaborated enough”.

Thirdly, we wanted to create an accessible, free guide for general practitioners and lay public for the purpose of gaining amateur assessment which might indicate the need for more thoroughgoing clinical assessment. At the moment recognised alexithymia questionnaires are expensive and difficult to acquire without clinical degrees in relevant disciplines, and it is hoped that the OAQ might fill the gap.

Further features of the OAQ include two subcategories; 'vicarious interpretation of feelings' and 'sexual difficulties and disinterest' which target interpersonal behaviours co-extensive with traits of alexithymia. Of the second of these, extensive discussions with alexithymic adults revealed common experiences of difficulties with sexual relations and activities, with descriptions of disturbing bodily sensations (associated with affect) and personal confusion regarding the sexual expectations and feelings of others. Although the individual's sexual libido may be functioning on a healthy level, the 'pseudophobia' (Krystal 1988) surrounding the emotional component of sexual intimacy is manifest as a reluctance to indulge in sexual act, or as a preference for sexual encounters involving low emotional intensity.

In May 2007 the Online Alexithymia Questionnaire underwent a revision of nine questions- 2, 7, 11, 12, 13, 16, 23, 28, 33 having similarities to, or reproductions of, wordings in the Toronto Alexithymia Scale (TAS-20), with duplications being replaced by more original phrasing. The modified questions have been approved by the authors of the copyrighted Toronto alexithymia scale for use in the OAQ-G2. The resultant changes to the OAQ have created a second generation questionnaire (G2) reflecting its ongoing evolution as independent from other alexithymia measures.

**OAQ – G2 target-factors:**

**F1 - Difficulty Identifying Feelings**
- When asked which emotion I'm feeling, I frequently don't know the answer.
- I have puzzling physical sensations that even friends/acquaintances/others don't understand.
- When I am upset I find it difficult to identify the feelings causing it.
- I sometimes experience confusing sensations in my body.
- I can’t identify feelings that I vaguely sense are going on inside of me.
- When involved in difficult or turbulent relationships, I sometimes develop confusing physical symptoms.

**F2- Difficulty Describing Feelings**
- I’m unsure of which words to use when describing my feelings.
- I can describe my emotions with ease.
- Describing the feelings I have about other people is often difficult.
- I get into a muddle when I try to describe how I feel about an important event.

**F2b- Vicarious interpretation of feelings**
- I often ask other people what they would feel if in my personal situation (any situation), as this better helps me understand what to do.
- I tend to rely on other people for interpreting the emotional details of personal/social events.
- I like it when someone describes the feelings they experience under circumstances similar to my own, because this helps me see what my own feelings might be.
F3- Externally-Oriented Thinking
- I prefer to find out the emotional intricacies of my problems rather than just describe them in terms of practical facts.
- You cannot functionally live your life without being aware of your deepest emotions.
- I prefer doing physical activities with friends rather than discussing each others’ emotional experiences.
- When helping others I prefer to assist with physical tasks rather than offering counsel about their feelings.
- I find it useful to ponder on my feelings as much as the practical issues when setting my priorities.
- I don’t like conversations in which more time is spent discussing emotional matters than daily activities because it detracts from my enjoyment.
- I make decisions based on principles rather than gut feelings.

F4- Restricted Imaginative Processes
- When other people are hurt or upset, I have difficulty imagining what they are feeling.
- I sometimes get upset with me, and I can’t imagine why.
- I am not much of a daydreamer.
- I don’t dream frequently, and when I do the dreams usually seem rather boring.
- I use my imagination mainly for practical means, eg., like how to work out a problem or construct a useful idea or object.
- My imagination is usually not spontaneous and surprising, but rather used/employed in a more controlled fashion.
- My imagination is often spontaneous, unpredictable and involuntary.

F5- Problematic Interpersonal Relationships
- People tell me to describe my feelings more, as if I haven’t elaborated enough.
- People tell me I don’t listen to their feelings properly, when in fact I’m doing my utmost to understand what they are saying!
- I don’t like people’s constant assumptions that I should understand or guess their needs... it’s as if they want me to read their minds!
- Friends have indicated, in one way or another, that I’m more in my head than in my heart.
- Some people have told me I am cold or unresponsive to their needs.
- People I’ve been in close relationships with have complained that I neglect them emotionally.

F5b- Sexual difficulties and disinterest
- Sex as a recreational activity seems pointless.
- I often get confused about what the other person wants from a sexual relationship.
- I often feel incompetent, awkward, uncomfortable, or occasionally physically sick in sexual situations.
- For me sex is more a functional activity than it is an emotional one.

This questionnaire is a second generation (G-2) version which may be updated if future validation studies indicate areas for improvement, in which case 'G-3' (etc.) will be applied. The OAQ - G2 has proven a popular revision and is currently being translated into several languages. Clinical application, and validation trials are presently underway, and the results of these studies will be collated and published in due course. The Online Alexithymia Questionnaire G-2 is copyrighted (c)-2007 and may be used online by individuals without permission, or reproduced in professional settings or for study/research purposes for free with permission from the author. If prospective parties wish to trial the OAQ - G2 please contact the author (Jason Thompson) at hippolytus_101@yahoo.com.au

See also, alexithymia assessment tool: Two-Factor Imagination Scale (TFIS).

Alexithymia and Asperger syndrome [Alexitimia y síndrome de Asperger – translated from Spanish].
Isabel Paula-Pérez, Juan Martos-Pérez, María Llorente-Comi.
[Rev Neurol] 2010, 50 (Suppl. 3): S85-S90
[PMID: 20200852 - Presentation - Publication Date: 03/03/2010]
Quick view
Full-text PDF

Introduction: The study starts with the hypothesis that the difficulty in identifying and describing emotions and feelings, and distinguishing among the feelings of bodily sensations that accompany them, are a common denominator in the constructs of alexithymia and Asperger syndrome (AS).

Patients and methods: The study evaluates the levels of alexithymia in nine males with AS.

Apparatus and procedure: We used the following scales and questionnaires (with the sample we also used other instruments not included in current study): Toronto Alexithymia Scale (TAS-20) The TAS was developed by Bagby et al [6] has two validations: the Moral de la Rubia and Retana [7] and Martinez-Sanchez [8]. Alexithymia scale for observers (OAS) has been used in various publications, for example, Haviland et al [10] and was translated directly from its original source. Online Alexithymia Questionnaire (OAO-G2) The OAO-G2 was developed in 2005 by Thompson [9] in response to perceived limitations in other existing alexithymia questionnaires, and was translated by A J Ordinas and R. Noguérs.

Results: With the TAS-20, 5 subjects (55%) obtained a score indicating the presence of alexithymia, 1 subject (11%) obtained a score that suggests possible alexithymia, and 3 cases (34%) the score indicates absence of alexithymia. That is, with this instrument, two thirds of subjects had alexithymia. With the OAO-G2, 3 subjects (34%) obtained a score indicating a clear presence of alexithymia, 4 patients (44%) obtained a score that suggests possible alexithymia, and in 2 subjects (22%) the score indicates absence of alexithymia. With this instrument and adding the first two groups of people, three-quarters of the subjects have or may have alexithymia.

Discussion: The research reveals an overlap between alexithymia and AS. The data obtained in the sample agree with those obtained by Hill et al [12], who found that 85% of people with AS showed a moderate or severe alexithymia. The global analysis of data prompts a differentiation of results according to whether the source of information is the subject itself with AS (TAS-20 and OAO-G2) or if the source is a relative who lives with the person with AS (OAS). In the first case, the data are significant but not conclusive: two thirds of patients with AS have or may alexithymia, according to the TAS-20 and three quarters have or may alexithymia, according to the OAO-G2. However, when it comes to assessing the levels of alexithymia by the family, the data are crucial, doubling the score in the neurotypical population.

The study results are very significant when it comes to assessing the levels of alexithymia in patients with AS by people living with them, their families. These are those who experience daily the impact it has on their interpersonal relationships of family: little warmth in the relationship, difficulty feeling compassion, little tenderness, stiffness in everyday life, confusion to stress, frustration in dealing with uncertainty, little sense of humor, etc. The prospective research invites the question of how to explain the high comorbidity between alexithymia and AS. Is alexithymia a neuroanatomical structural consequence or is it the result of a neurobiological impairment, or is it rather an idiosyncratic personality trait of individuals with AS? If so, would alexithymia therefore be a useful diagnostic criterion for the AS? Not surprisingly, the diagnostic criteria covers various aspects of alexithymia: 'lack of social and emotional reciprocity' (DSM-IV-TR) [5], '); 'impaired or deviant response to other people's emotions' (ICD -10) [16], 'difficulty expressing themselves, especially when talking about emotions' (definition of the National Autistic Society) [17], emotionally inappropriate behaviour… impairment of comprehension (Gillberg diagnostic criteria) [18]… As it says Attwood [19], 'we now have a psychological term, alexithymia to describe other characteristics associated with AS, ie someone who has an impaired ability to identify and describe emotional states. Clinical experience and research have confirmed that alexithymia can be recognized in the skills and profile of people with AS. "

Conclusion: Based on the adults studied a significant comorbidity was confirmed between alexithymia and AS, leading to the question of whether alexithymia is an idiosyncratic feature of subjects with AS.

If you would like to talk about alexithymia please click here: Alexithymia Exchange